

**Agenda Item 5**

**Enclosure 3**

**Paper ETC 87 / 02**

**Education and Training Committee**

**CHAIRMAN'S AND SECRETARY'S REPORT**

**from the Chairman and Secretary**

**for information**

# **PROGRESS REPORT ON EDUCATION AND TRAINING COMMITTEE'S IMPLEMENTATION OF THE " PROJECT PLAN " AFTER THE COMMITTEE MEETING ON 12 NOVEMBER 2002**

## **General Comments**

1. Much of the immediate work which can be progressed on brochures and publications can be around ethos and framework while the detail of uni-professional content can be being worked up in parallel.
2. The various standards, criteria, and processes all draw from pre-existing common data sets.
3. The material to be published by 1 April 2003 must cover all the standards, requirements, guidances and criteria the Council will be using by that date. These will be produced collaboratively and will be reviewed periodically and may evolve as needed.
4. The Committee confirmed that it had agreed to produce – in cross- and uni-professional modes as appropriate – a number of standards for April 2003, a number of approaches (eg. education approvals) over a longer term in 2003, CPD not before 2006, and not to produce detailed criteria for admissions to courses.
5. These points in 4 above will appear in a draft document to appear on 20 November 2002.
6. It was confirmed that outside the UK the Council could only approve provision arising from courses delivered wholly or partly outside the UK which led to the award of UK qualifications.

## **Specific Topics**

An account of the position for each specific topic follows and the two main supporting papers are appended. These are the notes of the (Internal) Processes Group on 21 October 2002 and the AHP Values statements.

## **ADMISSION REQUIREMENTS TO APPROVED COURSES**

### **1. Background**

The HPO allows the Council via the Committee to set requirements for those entering approved courses as to their academic qualifications, good health, and good character.

### **2. Current Position**

HPC currently operates a policy of working with the other stakeholders (eg. the course authorities for academic requirements and the commissioning bodies for good health and good character) within the broad guidance of :

- evidence of relevant academic accomplishment and aptitude (whether at A level / Scottish Highers or degree level as appropriate for the profession),
- a robust Accreditation of Prior Learning and Experience policy,
- an ability to complete the course, and
- suitability to work in the public sector after qualification (by specific reference to the Rehabilitation of Offenders Act).

### 3. Options

The options here were to move to a very detailed and prescriptive scheme or to work with other stakeholders and issue broad guidance.

The other option was to develop a separate and different set of criteria for good health and good character from those to be developed by the Conduct and Competence Committees (CCC).

### 4. Action and Timetable

The objective of HPC requirements on admissions will be to work with other stakeholders to ensure that appropriately qualified and motivated students will be admitted to courses against criteria which will be as inclusive as possible. HPC will, however, be anxious to prevent enrolling students who, for whatever reason, cannot either complete the course or practise the profession after completion of the course and where that could have been predicted.

The current position set out in para. 2 will be continued and ETC will adopt CCC's criteria for good health and good character in future and reflect them into the context of admissions to approved courses.

This policy could be published at the earliest convenient date.

## PUBLICATION OF ADMISSIONS REQUIREMENTS

### 1. Background

The HPO requires HPC to publish the admissions requirements to approved courses.

### 2. Current Position

The 12 professions currently do make this information available where it exists, but not in a consistent and coherent fashion.

### 3. Options

There is no option not to publish, only whether to do so in isolation from the other stakeholders or in collaboration with them.

### 4. Action and Timetable

The admission requirements (academic and for good health and good character) will be published in hard copy and on HPC's web-site.

They will also be distributed to relevant course authorities, to professional bodies, to education commissioners, and to other relevant stakeholders.

HPC should ask that bodies such as the DoH, Universities UK, and the Standing Conference of Principals should circulate them widely within their own channels of communication. Where bodies such as Health Professions Wales already publish these entry criteria as they understand them HPC should liaise with them to keep the information up to date.

This can be done as soon as the Requirements are confirmed.

## **STANDARDS OF EDUCATION AND TRAINING TO ACHIEVE THE " STANDARDS OF PROFICIENCY "**

### **1. Background**

The HPO requires HPC to publish explicit standards for approved education and training provision, standards which will ensure those successfully completing courses will meet the Standards of Proficiency.

It must be understood, however, that these standards relate to courses and institutions and help define the professions as a whole. They operate differently from the Standards of Proficiency for the safe and effective practice of individual registrants (or prospective registrants).

### **2. Current Position**

The information needed is already embedded in the separate documents for each profession which can be described, in shorthand, as the " JVC Handbooks " and their equivalents and the various curriculum framework and development papers. Other data sources, such as National Occupational Standards, also feed into this activity.

### **3. Options**

The options are around formatting the data, and particularly the boundary between cross- and uni- professional content of whatever guidance is published.

### **4. Action and Timetable**

This is the single largest task for the Committee in terms of the volume of work involved. It will be remitted to the consultants to start work on 4 December 2002, and the Council may need to obtain additional consultancy over and above Newchurch.

The (previously circulated) work undertaken by the Allied Health Professions will be the point of departure for any common statements to be made.

This work needs to be published by 1 April 2003.

## **STANDARDS OF PROFICIENCY**

### **1. Background**

The Council is required to establish " standards of proficiency necessary to be admitted to the parts of the register being the standards it considers necessary for safe and effective practice under that part of the register ".

### **2. Current Position**

This is a new requirement and no such standards exist as such at present. HPC has asked the Quality Assurance Agency (QAA) to facilitate production of Standards of Proficiency (SoPs) based on their successful previous facilitation of Subject Benchmarks for 8 of the 12 professions and a project has been established and the first workshop held on 31 October 2002.

Concern was expressed in the consultation exercise that HPC might be taking too narrow a view of SoPs and basing them too firmly on Subject Benchmarks.

The Committee and QAA are mindful of this, and inclusive legal advice has been obtained to clarify some of the issues around SoPs (attached) – particularly their status and purpose.

### **3. Options**

The options only really exist around the formatting of SoPs, and QAA started a debate on these options at its workshop on 31 October 2002.

QAA prepared a brief for the exercise, which is also appended.

### **4. Action and Timetable**

The current timetable specific to this project is :

4 December 2002	–	meeting of the steering group
6 February 2003	–	second workshop facilitated by QAA
28 February 2003	–	usable drafts prepared
March 2003	–	editorial work across the 12 SoPs
17 April 2003	–	final workshop and publication.

This last date is under review, and the focus for HPC purposes is on usable material by 28 February 2003.

The Committee placed on record the following views on SoPs at its meeting on 12 November 2002.

- " 9.3 The Chairman and President put on record that SoPs were not about lowering standards. They were different standards from Subject Benchmarks, albeit derived from them, and had a different purpose around minimum standards for safe and effective practice where these were not embedded in an approved UK course and qualification. The SoPs could not recreate a degree curriculum by another route.
- 9.4 Competence and proficiency were different criteria in the HPO. The terminology in SoPs' documentation needed to be reviewed to ensure the correct language was used.
- 9.5 It was agreed that the relationship between the different standards and criteria did need to be explored and a statement made about it. It was also confirmed in this context that Subject Benchmarks operated at threshold level.
- 9.6 SoPs were the minimum, not the ideal, standards for safe and effective practice.
- 9.7 The various standards and criteria had to be aligned and interact.
- 9.8 It had been agreed that for the Project Plan the SoPs must be ready by 1 April 2003 because they underpinned so much of HPC's work elsewhere. Of all the activities falling to the Committee, preparation of SoPs was the only one where completion to the rigid deadline of 1 April 2003 was essential. Without them HPC would have to ask Ministers for a deferral of HPC's Rules. The initial work should be completed by the end of February and needed to be expedited and whatever assistance was needed should be provided to ensure progress. The progress should be monitored closely to ensure all groups were moving forward together. It could be that the final – as against the usable – version would not be available until into April 2002.
- 9.9 The SoPs had to be owned by the professions concerned, not imposed upon them.
- 9.10 SoPs had to be drafted to take account of the need to demonstrate Continued Professional Competence at re-registration.

#### **Continuing Professional Development (CPD)**

This was a scheme to be devised by Council and specified in the body of the Order, but it could not of itself be a measure or test of competence. It could be tailored to scopes of practice.

#### **Continuing Professional Competence (CPC)**

This was not specified as such explicitly in the Order, but was implicit. It had to be demonstrated for continued or re-registration to meet the Standards of Proficiency. Simple compliance with CPD could not be taken to demonstrate CPC. CPC did have to show proficiency in basic clinical competence even if the registrant was working in teaching, research, or management. The Council could be "satisfied" as to compliance with CPC by indirect means and not necessarily by a specific (biennial) test of competence for every registrant. "

## **OUTCOMES TO BE ACHIEVED BY APPROVED EDUCATION AND TRAINING PROVISION**

### **1. Background**

This is an explicit requirement linked to the wider Government modernisation agenda in several contexts and specifically in the HPO.

It has been progressed centrally through the DoH commissioning the Quality Assurance Agency (QAA) to produce " Subject Benchmarks " (SB), which are statements about the outcome attributes expected of those successfully completing an approved course to make them fit for :

- award (at the institution concerned and for academic progression)
- purpose (specifically for employment in the NHS), and
- practice (i.e. state registration at HPC and membership of the relevant professional body).

The SBs are designed to be used for Quality Assurance (QA) purposes by all the stakeholders involved in accreditation of health care courses.

### **2. Current Position**

Phase I of the SB programme has achieved SBs in eight of the 12 professions at HPC.

The position for the remainder is as follows :-

**Biomedical Science** : a Phase II SB is being developed and already exists in draft form.

**Clinical Science** : the SB model cannot be applied here. HPC, the Association of Clinical Scientists, and DoH are in discussion with QAA on developing an equivalent data set, which will also inform the Standards of Proficiency work.

**Arts Therapists** : the information for an SB already exists. The professional bodies are in discussion with QAA to investigate how an SB can be developed.

**Paramedics** : the equivalent information exists as a publication from the Institute for Health Care Development, and will be used for the time being pending the profession's longer term move into degree courses.

### **3. Options**

The option of not using SBs for this purpose is unrealistic and would run counter to a series of interlinked policies and initiatives. CPSM and then HPC have agreed to work with other stakeholders to use SBs jointly with them for QA purposes.

The main option open to HPC is to ensure SBs remain flexible and up to date and that other data sources are used for this purpose when they are also relevant to it.

### **4. Action and Timetable**

The Committee endorses the strategy of using SBs for this purpose subject to the caveats in para 3 above.

The eight/nine SBs can be republished for this purpose immediately. The remaining professions can publish documentation or work in progress whenever needed. The issue for the consultants will be around the style and format of re-publication.

## **" COURSE COMPARISON TO CRITERIA " GUIDANCE NOTES / POLICY**

### **1. Background**

The HPO requires HPC to publish explicit guidance for making judgements about education and training provision. This will form the basic information transmitted to education and training institutions as well as to be used internally.

### **2. Current Position**

The information needed is already embedded in the separate documents for each profession which can be described, in shorthand, as the " JVC Handbooks " and their equivalents and the various curriculum framework and development papers and the Subject Benchmarks.

The equivalent publication elsewhere is the Quality Assurance Agency's Academic Reviewers' Handbook (health version), which has been circulated previously and is available from the office.

### **3. Options**

The options are around formatting the data, and particularly the boundary between cross- and uni- professional content of whatever guidance is published.

### **4. Action and Timetable**

This is one of the other large tasks for the Committee in terms of the volume of work involved. It will be remitted to the consultants to start work on 4 December 2002 for completion by 31 March 2003.

In the meantime the Committee endorses the work undertaken by the Allied Health Professions as the point of departure for any common statements to be made.

## **INFORMATION REQUIRED FROM VISITORS' REPORTS AND EXECUTIVE SUMMARY OF VISITORS' REPORTS**

### **1. Background**

Making the activities of visitors consistent, coherent, and transparent across the twelve professions is one of the main intentions of Part IV of the HPO. The mechanism for achieving it derives from the reporting procedures to be used.



The Order requires all visitors' reports to be published. If attempted uncritically, this would be an onerous task fraught with legal difficulties. The Nursing and Midwifery Council has appraised this same issue and decided to publish summaries of the reports which can always safely be made public.

2. **Current Position**

The procedures at present differ profession by profession and each has some important element of good practice to contribute to the overall exercise.

The information needed is already embedded in the separate documents for each profession which can be described, in shorthand, as the " JVC Handbooks " and their equivalents.

The equivalent publication elsewhere is the Quality Assurance Agency's Academic Reviewers' Handbook (health version), which has been circulated previously.

3. **Options**

The main options are around formatting the data, and particularly the boundary between cross- and uni- professional content of whatever guidance is published.

The other important option, however, was whether to develop these criteria independently or integrally with the other stakeholders, which is an initiative being undertaken currently by DoH and QAA.

The format for the summary reports needs to be decided in due course.

4. **Action and Timetable**

This is one of the other large tasks for the Committee in terms of the volume of work involved. It will be remitted to the consultants to start work on 4 December 2002 for publication by 31 March 2003.

In the meantime the Committee endorses the work undertaken by the Allied Health Professions as the point of departure for any common statements to be made and endorses working with DoH and QAA in their " prototype reviews " projects on these same topics. This can be progressed at the meeting of the Committee on 27 November 2002.

**LIST OF APPROVED COURSES**

The work is in progress and the Committee authorises the Executive to continue this work, which should be ready for publication shortly.

## GUIDANCE NOTES ON MAJOR AND MINOR CHANGES TO COURSES

### 1. Background

The Professions Supplementary to Medicine Act, 1960, required the then Boards to impose often arbitrary and artificial definitions of the significance of different types of changes to approved provision.

The HPO allows ETC to revisit these definitions and re-establish them on their merits. This activity is a subject within the guidance needed at item 12 above and will be included in it.

### 2. Current Position

The procedures differ profession by profession and each has some important element of good practice to contribute to the overall exercise.

The information on how this was done under the PSM Act is already embedded in the separate documents for each profession which can be described, in shorthand, as the " JVC Handbooks " and their equivalents.

### 3. Options

The options are the new criteria to be developed.

### 4. Action and Timetable

As part of the work under 12 above, it will be remitted to the consultants to start work on 4 December 2002.

In the meantime the Committee endorses the work undertaken by the Allied Health Professions as the point of departure for any common statements to be made.

## PERIOD OF TIME TO BE GIVEN TO INSTITUTIONS TO MAKE " OBSERVATIONS "

### 1. Background

The HPO allows an Institution to make an " observation " on any decision taken by the Committee affecting it (such as failure to comply with outstanding " conditions " made at " validation " of a new course, uncritical expansion of student numbers prejudicial to the maintenance of standards, failure to replace suitably qualified teaching staff, and such like).

The HPO then requires the Committee to set a time limit by when such an observation can be made.

2. **Current Position**

This is also a provision in the PSM Act, and the equivalent time limit there is " one month ".

3. **Options**

The options are around the time limit itself. The period needs to strike a balance between urgency and reasonableness.

4. **Action and Timetable**

It was agreed on 12 November 2002 that a letter which might initiate or be used in quasi-judicial proceedings should be sent by recorded delivery. Four weeks (20 working days) from the receipt of the letter by the institution should be regarded as an adequate period for an observation to be made. This decision will be incorporated into guidance, criteria, requirements and publications as they are prepared.

**PERIOD OF TIME TO BE GIVEN TO AN INSTITUTION TO CARRY OUT " CONDITIONS AND REQUIREMENTS "**

1. **Background, Current Position, and Options**

Any " condition " made at validation of a new course will always have a time period associated with it.

The period for compliance with any " condition " made by HPC at re-approval would have to be dictated by the nature of the condition. Recruitment of new staff could reasonably be expected faster than refurbishment of premises, for example.

There is a difficulty with " requirements " in that the term has different meanings in different contexts. If a requirement is a synonym for a condition, and failure to meet it would prejudice the approval of the course, then the term might be dropped in favour of a universal use of " condition ".

In other contexts requirements are treated as synonymous with " recommendations " and are discretionary and not enforceable. A requirement will normally have a time period attached to it, but there are no general principles here.

Any " requirement " serious enough to bring a course's approval into question should have been made as a " condition " from the outset. An institution could almost certainly challenge the changing of a requirement into a condition after the event, which is why clarity and consistency is so important.

## **Action**

The (internal) processes group should continue to develop a glossary of terms to be used consistently by ETC, and this issue is referred to them. In the longer term, the time allowed can only be whatever is reasonable for the specific situation. Clarification of terms and then publication of this policy should be achievable in a short space of time.

## **POLICY STATEMENT ON CLOSURE OF COURSES AND TRANSFER OF STUDENTS**

### 1. **Background**

The HPO makes explicit reference to HPC using its best endeavours to relocate students on courses which have had to be closed because approval for state registration purposes has been withdrawn.

### 2. **Current Position**

There was no provision for this in the PSM Act.

### 3. **Options**

Options do not in fact exist here because HPC has no power or capacity to undertake the actual activity of relocating students and no authority to incur any expenditure on it.

The responsibility, liability, and duty of care for students lies exclusively with the institutions delivering (and awarding) approved provision and the HPO cannot change this.

### 4. **Action and Timetable**

The Committee has adopted the following position and could publish it forthwith,

" HPC will use its good offices and best endeavours to help relocate students from courses which have to be closed following the withdrawal of approval for state registration purposes ".

## **VISITORS' QUALIFICATIONS POLICY / GUIDANCE NOTES**

### 1. **Background**

The appointment and operation of visitors is the main mechanism under Part IV of the HPO whereby the Committee will obtain the information it needs to make its decisions about education and training provision.

2. **Current Position**

The information on current procedures is embedded in the separate documents for each profession which can be described, in shorthand, as the " JVC Handbooks " and their equivalents.

The equivalent publication elsewhere is the Quality Assurance Agency's Academic Reviewers' Handbook (health version), which has been circulated previously and is available from the office. It contains a very detailed person specification for Academic Reviewers.

3. **Options**

The options are around formatting the data, and particularly the boundary between cross- and uni- professional content of whatever guidance is published.

4. **Action and Timetable**

Working up the guidance and operating manuals for visitors is one of the larger tasks for the Committee in terms of the volume of work involved. It will be remitted to the consultants to start work on 4 December 2002.

In the meantime the Committee endorses the work undertaken by the Allied Health Professions as the point of departure for any common statements to be made.

**ETC STATISTICS – WHAT INFORMATION / STATISTICS DOES EDUCATION AND TRAINING COMMITTEE WANT TO SEE TO MAKE PRO-ACTIVE JUDGEMENTS ?**

**Background, Current Situation and Options**

None were identified or used by the former Boards at CPSM, but ETC may like to review this area.

A great deal of data is collected by various agencies and how best to correlate and share it is being looked at in the DoH / QAA prototype reviews and has also been looked at by Sir Ron Cooke's working party on information needs for Quality Assurance set up by the Higher Education Funding Council for England. The Higher Education Statistics Agency (HESA), however, does not collect or publish data disaggregated by profession.

The data collected by the education commissioning bodies on attrition and the data collected by the HEIs themselves on first destinations may be of particular interest to ETC.

On a linked theme, the Secretariat Group discussed and recommended data and format for annual reporting associated with ETC at its meeting on 21 October 2002 with an annual copy date of February.

## **Action**

This will be pursued with the relevant bodies expeditiously, but no specific timetable arises.

## **JOB DESCRIPTIONS, PERSON SPECIFICATIONS, INTERVIEW EVALUATIONS CRITERIA etc**

The Committee will not pursue a policy here separate from the Council's overall procedures on "partners" (who include visitors) as agreed at the meeting on 13 November 2002. The paper submitted there and the minutes of the discussion about it form the instructions for ETC.

## **POLICY STATEMENT ON DEFINITIONS AND INTERPRETATIONS OF CONTINUING PROFESSIONAL COMPETENCE**

### **Continuing Professional Development (CPD)**

This is a scheme to be devised by Council and specified in the body of the Order, but it cannot of itself be a measure or test of competence. It can be tailored to scopes of practice.

### **Continuing Professional Competence (CPC)**

This is not specified as such explicitly in the Order, but it is implicit. It has to be demonstrated for continued or re-registration to meet the Standards of Proficiency. Simple compliance with CPD cannot be taken to demonstrate CPC. CPC does have to show proficiency in basic clinical competence even if the registrant is working in teaching, research, or management. The Council can be "satisfied" as to compliance with CPC by indirect means and not necessarily by a specific (periodic) test of competence for every registrant.

## **Progress by the Sub-Groups set up on 16 October 2002**

On 16 October 2002 the Committee established five Sub-Groups for :

- Pre-Registration Education and Training (PRETG),
- Continuing Professional Development (CPDG),
- Clinical Placements (CPG),
- (Internal) Processes (IPG), and
- Standards and Publications (BPG).

These groups were to work on both the HPC business plan in terms of brochures, leaflets, guidances, and operating manuals and in terms of response to the feedback from the consultation exercise.

The IPG met on 21 October 2002 and laid the groundwork for most of their own and the other groups' work. The recommendations made there were then confirmed by the Committee on 12 November 2002, and the decisions made there are appended.

The individual groups' work has been as follows :-

### **Internal Procedures**

As reported above.

### **Pre-Registration Education and Training**

The main work here will arise from how the consultants approach the tasks of setting and then publishing the criteria for standards of education and training leading to those successfully completing courses being able to meet the Standards of Proficiency and devising the scheme under which visitors will operate (and thus make judgements about education and training provision).

### **CPD**

This group is working within the Council's policy of not bringing a scheme in until 2006 and of being informed by the Allied Health Professions project on demonstrating competence through CPD. This group will focus on the response to the consultation. An e-mail dialogue has started within the group.

### **Publications and Standards**

This group's main function will be to connect up with the Council's wider public relations' strategy and will need to await the outcome of some of the other work elsewhere.

Enc.

**Notes of a Meeting of Education and Training Secretariat Staff held on Monday 21 October 2002**

<b><u>Present</u></b>	Dr P Burley	-	Chairing, HPC
	Mr D Lorimer	-	Chiropodists JQAC
	Ms J Brayton	-	CSP, JVC
	Ms S Stirling	-	RCSLT, JVC
	Ms M Embleton	-	COR, JVC
	Mr D Ashcroft	-	SCP
	Dr S Gosling	-	CSP
	Ms U Falk	-	HPC
	Prof D Waller	-	HPC ( Chairman, ETC )
	Dr I Illott	-	COT
	Mr G Milch	-	HPC
	Ms L Pilgrim	-	HPC
	Ms N O'Sullivan	-	HPC
	Mr T Berrie	-	HPC
	Mr G Ross-Sampson	-	HPC

**1. Introduction and Welcome, and Apologies for Absence**

1.1 The Director of Education and Policy at HPC welcomed those attending and formally introduced Prof. Diane Waller, Chairman of the Education and Training Committee.

1.2 The following changes had taken place in relevant staff at the professional bodies :

COT : Dr I Illott would be leaving. Ms A Lawson-Porter would be Group Head of Education and Practice.

CSP : Ms J Brayton would be leaving the CSP shortly and Ms J Carey would be servicing the JVC on an interim basis. Ms T Bury (Research Officer) would be leaving shortly. Since the last meeting Ms F Kitsell had been appointed Director of Learning and Development.

SCP : Ms H de Lyon would be leaving as Chief Executive on 1 November 2002. Interviews were being held for a successor.

COR : A new post of policy development would be established.

1.3 Apologies for absence were received from : Ms R Reyes and Ms C Savage.

**2. Notes of the Meeting held on 19 June 2002 and Minutes and Notes of ETC Meetings held since then (and matters arising not included elsewhere on the Agenda)**

2.1 The notes were received.



- 2.2 The issue of documentation for the ETC was raised, and was then discussed at a number of points below.\*
- 2.3 A matter arose from the ETC minutes from 16 October 2002 for information, but which was not discussed. ETC was anxious that the advisory bodies open their proceedings to the public in line with general HPC practice (and documents be placed on web sites), but this had the corollary that proper procedures for confidentiality needed to be observed when matters discussed were about identifiable individuals, financial matters, actual or potential quasi-judicial proceedings, or other such matters specified in HPC's Standing Orders.

### 3. Information Received since the last Meeting

- 3.1 The meeting noted Prof Lucas's work on " Definitive Course Documents " and the comments expressed by ETC.
- 3.2 The meeting received the common templates and formats for approvals being developed at HPC.
- 3.2.1 It was agreed to progress this work and continue to develop it. It would also relate to the nature of reporting generally to ETC.
- 3.2.2 A number of minor points emerged for clarification :
- neither the Boards previously, nor HPC prospectively, could approve parts of courses separately from the whole course (and award) nor approve courses in one profession in deference to the wishes of other professions or stakeholders; each approval had to be specific to the profession, award and course, and mindful of HPC's duty of care to the public,
  - the Privy Council criteria for when a course had to be treated as new provision for the purposes of Section 4 of the PSM Act were very prescriptive and ETC might be able to review those and lighten some burdens,
  - ETC needed to decide if it did require full course documents and visits reports needed to be available at meetings,\*
  - progressing inter-professional issues would be deferred to the AHP " Value Statement " and related work,
  - documents received by secretariat staff should be forwarded promptly to Ms Falk,
  - The HPC secretariat would continue to deal with the Privy Council, but the individual secretariat members should continue to notify institutions of continued approval under Section 5 and minor changes under Sections 4 and 5.
- 3.2.3 It was agreed that Ms S Stirling should prepare a glossary of relevant terms for ETC activity and the meeting thanked her for her offer.

\* See note at end.

#### **4. Up-Date on HPC Business and the Consultation Exercise**

- 4.1 HPC Executive reported on how HPC's business plan was proceeding with particular reference to ETC's decision that this group should look at the issues around commonality and consistency of terminology and procedures. This group would operate at the same level as the other groups, but would be in a position to be initiating much of the work for the Committee as a whole.
- 4.2 Mr Ross-Sampson and Dr P Burley drew attention to the three categories of work needed by ETC :
- Operating Manuals,
  - Leaflets / Brochures,
  - Guidances.

Guidance notes would cover policy and legal guidance, leaflets and brochures would deal with publicity and communications, and operating manuals dealt with processes.

The publication of all the criteria, standards, guidances and requirements prescribed in the HPO would fall within these categories. The main task falling to this group would be the operating manuals. The ( Committee Members' ) Pre-Registration Education & Training Group would have responsibility for the brochures and leaflets.

The proposed leaflet on JVCs would be more of a statement of broad approach and intent on collaboration between HPC and professional bodies generally rather than a replication of a " JVC Handbook ".

- 4.3 The Director of Education and Policy reported that the outcome of the consultation and the current direction of HPC thinking was to maintain the close working relations with the professional bodies in their role as Learned Societies and where there was no conflict of interests. This meant that joint working would continue, but the Executive wanted arrangements to be more coherent and consistent than at present. Discussions would be taking place at Chief Executive level as an outcome of the consultation to discuss the future HR strategy for this work.
- 4.4 It was agreed that ETC should proceed on the basis of :
- continued joint working with the professional bodies;
  - all professions to enjoy such joint working (and AHPF and HPC should use their good offices to promote this for professions not yet fully engaged with it),
  - needing to clarify if joint working should be on the basis of joint " Advisory " and / or " Assurance " procedures rather than joint " Validation " procedures (see also 4.9 below) and
  - recommendations on (re-)approvals (or not) of specific provision always reaching the Committee via a subordinate body able to exercise peer professional scrutiny and judgement.
- 4.5 Mr. Ross-Sampson confirmed that HPC would be retaining consultants (Newchurch in continuation of their current work) to assist with the production of the documentation needed by ETC and they could start work in early December.

- 4.6 In terms of existing documents and sources of information for the operating manual(s) the following points emerged :
- it needed to be clarified with QAA if the current Subject Benchmarks (SB) also covered registrable Masters qualifications,\*\*
  - SBs were not the only source of information and curriculum frameworks, National Occupational Standards, and such documents should also be used and looked at by the consultant, and
  - The AHP values statement could form the point of departure for a common framework for the operating manual.
- 4.7 The nature of a " report " needed to be clarified. At present a variety of sources of information were used. Some were owned and generated by the institutions being visited. It was confirmed that ETC needed to have confidence in the information submitted to it. It was recognised, though, that insisting on its own (and joint with the professional bodies) visitors writing their own reports duplicating other sources of information would be counter productive and counter to the spirit of the Order. It was agreed that all relevant sources of information should count as a " report " for the purposes of the Order, but noting that HPC could always exercise its own power and discretion – with the professional bodies – if it had doubts about the information available to it.
- 4.8 The Council needed to confirm that it wished to delegate the appointment and operation of visitors to ETC (as a formality in the Order).
- 4.9 An important issue of principle was established in the context of " advisory " as against " validation " committees. This was that HPC – working with the professional bodies – should be seen to approve (and re-approve) provision on its own authority and at its own expense as an independent regulator. This meant that the traditional " tri-partite " validation arrangements brokered in the 1980s by the then Council for National Academic Awards (CNAA) – whereby the visited institution bore all the costs of validation, including those for HPC and professional body visitors – should be reviewed. This had significant financial implications, which needed to be reported back to the professional bodies still using the CNAA model. At the same time, HPC and the professional bodies together needed to retain and develop integrated working with the other stakeholders. This integrated working was embedded in the AHP " value statement " and was consistent with current UK Health Department policies. Moving away from integrated working with HEIs should not be considered as a desirable option. The Chiropodists were developing a model of working with validation events which achieved both proper integration and proper distance, and this could be shared with other professions. Deciding if a common approach could be viable would be one of the consultants' main tasks.
- 4.10 Those JVCs etc which were up-dating procedures should continue to do so.

\*\* Subsequent to the meeting it was clarified with QAA that the contract with DoH had required the SBs in the AHPs to cover :

- fitness for award,
- fitness for practice,
- fitness for purpose, and
- any relevant HE qualification between Dip HE and Masters.

There was no intention that their use should be limited to judgements about the fitness for award exclusively of BSc (Hons) courses.

- 4.11 A decision was needed by ETC to underpin the processes for not approving a new provision and for withdrawal of approval from existing provision. This was the time scales to be allowed for institutions to respond. A balance had to be struck between urgency and reasonableness (as would be tested against the Human Rights Act). This period would be reflected into the various processes.
- 4.12 Another issue on failure to approve was whether a visit was needed or if a paper based assessment of a course could find it so far adrift from the subject benchmark that approval was inappropriate and unrealistic.
- 4.13 It was recognised that the DoH and QAA work around partnership workshops, evaluation of prototype reviews, a post-registration qualifications framework, and so on would have a major implication for how HPC and the professional bodies would take their work forward. It was confirmed that a long term potential outcome of these initiatives could be the alignment of an HEI's internal timetables to schedule all the review/re-approval activity to co-incide and then to be conducted collaboratively with the other stakeholders in a system which would remain robust but be hugely more economical.
- 4.14 On a purely practical level, any work which could be done to edit, distill, or analyse the twelve existing uni-professional guidances on education and training would be useful. The consultants (with a copy to Mr Ross-Sampson) would need to receive :
- AHPF values statement and paper on the modernisation agenda,
  - the Subject Benchmarks or equivalents,
  - curriculum development documents,
  - either all or a representative sample of JVC / JQAC handbooks, and
  - QAA's Academic Reviewers Handbook.
- 4.15 The meeting noted HPC's initial analysis of the results of the consultation exercise. Since then the Secretary of ETC had added and circulated a commentary on the feedback. The main points were that :
- DoH had clarified that HPC did not have the power to approve non-UK qualifications, only UK qualifications awarded for successful completion of provision either within or outside the UK; this removed a whole area from the consultation exercise;
  - on admission requirements to approved provision (health, good character, and academic) ETC would defer to the Conduct and Competence Committee for broad criteria on good health and good character. For all three areas responses had been mutually exclusive. HPC, therefore, had the discretion to develop the requirements on their merits with a presumption in favour of a lighter touch and delegation to the providing and awarding bodies, which had duplicatory powers here in any case;
  - no response had suggested a deliberate decoupling of HPC's QA procedures from those of other stakeholders while many had urged closer and more integrated working. This was consistent with the general direction this work had been taking and HPC desired;
  - on the general production of standards, criteria, and requirements respondents had urged an inclusive approach and one not reliant entirely on QAA's Subject Benchmarks. This also tallied with ETC's wishes; and

- the questions as framed on CPD had not elicited data of much value. CPD would be returned to at a later date.

No one disagreed with these broad pointers to the feedback and how ETC should respond to it.

5. **DoH Consultation Papers**

The meeting noted the linked DoH consultation papers on Funding for Learning and Development and Minimising Attrition, with particular reference to a definition of, and issues around, attrition.

6. **Outline Proposal for a " Brochure " On Quality Assurance**

The meeting received an extract from NMC's publicity on QA. The meeting agreed that this could form a point of departure for a template and /or common framework for HPC generally. It was noted that the NMC had used a similar diagrammatic format for course approval work as the HPC executive was using for HPC processes generally. This advice would be forwarded to the ETC members' sub-group on pre-registration education and training.

7. **Council of Nursing Deans**

Dr Burley reported that the Council of Nursing Deans on 17 October 2002 had discussed whether to initiate a strategy of seeking to explore extending their remit to the AHPs. The decision had been taken in principle and would lead to a round of consultations with interested parties. A report would be made to the AGM in January. A major issue would be around the current constitution of the Council, which described Learned Society functions or nursing.

8. **Briefing for the Council of Validating Universities (CVU) Workshop on Overseas Collaboration Development**

Dr Burley reported on attending this workshop on 18 October 2002. The briefing and its implications for education commissioning would be placed on CVU's web-site. Delegates had undertaken to report back to HEI staff planning courses and liaising with commissioning authorities.

9. **JVC / JOAC / JAC / ETC Reporting Year and Nature of Reporting**

9.1 The meeting discussed the issue of a common reporting date. It was established that for most professions a " copy date " of March would be realistic and appropriate.

9.2 It was agreed that annual reporting needed to cover the type and volume of activity undertaken. The editorial comment and analysis of issues would need to be brief for each profession as forwarded to ETC. Any given subordinate body might need a longer and more analytical annual report for its internal purposes.

9.3 This would need to be reported to and confirmed by ETC.

10. **DoH Modernisation Agenda and AHPF " Values " Statement**

- 10.1 The meeting received the AHPF values statement and an up-dating paper on responses to DoH modernisation agendas.
- 10.2 Workforce Development Confederations (WDC) were dissatisfied with the way the regulatory and professional bodies were approaching education and training approvals. This partly arose from Ministers having decoupled the timetable for the modernisation of education and training. There would be a need to adapt approval (and re-approval) mechanisms to reflect the changes in the environment caused by the DoH's modernisation agenda. There was concern that in England WDCs were forcing the pace and presuming that change would automatically be approved and need not be submitted through the normal channels. (HPC had made a robust response here already). There was concern that uncritical and hasty development of modernisation programmes could lead to HPC having to refuse to approve them.
- 10.3 Some other issues emerging for discussion included how to deal with Foundation Degrees, how to encompass support workers and different levels of practice, how to promote more effective working between HEIs and WDCs and undue regionalisation of what should otherwise be national issues.

11. **HEFCE INVITATION TO CONTRIBUTE TO A REVIEW OF RESEARCH ASSESSMENT**

Prof Waller introduced this tabled item and pointed out how important it was for the AHPs because of the implications of the Research Assessment Exercise for the funding of courses.

It was agreed that Prof Waller should contact the Chairman of the AHPF research forum (Dr Sandy Mather).

12. **Date of Next Meeting**

The Group would need to meet again, but not until after the meeting of ETC on 27 November 2002. It was agreed to look at holding a meeting in the week beginning 16 December 2002.

**Secretary's Note on Documentation for ETC Meetings and Agendas**

Subsequent to the meeting the Chairman has asked that the next relevant agenda be formulated for each approval as follows :

- template précis of information on the provision concerned,
- record of a discussion and recommendation in the appropriate subordinate body,
- a copy of the fuller visit report (or equivalent) to be available at the meeting, but not circulated in advance, and
- the course documentation to be available in the currently designated office but not brought to the meeting.

( HPC\Minutes\Notes of meeting of ETC Secretariat Staff on 21 October 2002 )

ENCS.

HPC\General\Progress Report on ETC's implementation of Project Plan

**Allied health professions:  
Value statement on future arrangements for the approval of  
qualifying programmes under the Health Professions Council**

**Introduction**

1. This document forms a value statement produced by the allied health professions [AHPs] [see Appendix I for a signatory bodies of these]. It sets out the principles that the professions believe must inform future quality assurance activity, and initial developmental work, in a context of significant change in health care and education. The statement has been produced following the AHPs' consideration of the complex, inter-related issues likely to impact, to varying degrees and in different ways, on future processes for the professional and statutory approval of qualifying programmes (facilitated by a seminar held on 23<sup>rd</sup> January 2002).
2. Issues that the AHPs believe need to be taken into account in formulating future processes for programme approval are summarised in the box below.

- Regulatory change, including the replacement of the CPSM with the Health Professions Council [HPC] in 2002 and the planned creation of the Council for the Regulation of Health Care Professionals [CRHCP] (AHPF, 2001; BRI Inquiry, 2001; DoH, 2000a; DoH, 2001a; DoH, 2001b; Hse. of Commons, 2001);
- Quality assurance developments involving the NHS and Quality Assurance Agency for Higher Education [QAA], including the NHS/QAA contract for prototype subject reviews in health care professions (HEFCE, 2001; NHS Exec., 2000; NHS Exec., 2001A; QAA, 2001a; QAA, 2001b);
- Modernisation of the NHS, including initiatives to increase access, flexibility and diversity in health care education (DoH, 2000b; DoH, 2001c; DoH, 2001d; DoH, 2001e; Nat.Ass.Wales, 2001; NHS Exec., 1998; NHS Exec., 2001b; NHS Exec., 2001c; Sc.Exec., 2000);
- Expanding student numbers following announcements of increases to the NHS workforce (DoH, 2001f);
- The provision and quality of practice-based learning, particularly given the increasing emphasis on assuring the quality of practice learning and needing to ensure the adequate provision of placements in terms of number and profile (DoH, 2001c; QAA, 2001c);
- The growth of inter-professional learning and practice and related educational structures within higher education institutions to facilitate shared learning, together with government initiatives to promote core curricula within all health care education (BRI Inquiry, 2001; DoH, 2001b; DoH, 2001g; DoH, 2001h; Sc.Exec., 2001).

3. The principles set out in the document relate to
  - How joint professional and statutory processes are undertaken;
  - How these processes fit within a broader context of quality assurance arrangements;
  - How these processes need to respond to a growing number of pressures created by expanding and increasingly diverse education provision.

4. The document is structured as follows:

- An explanation of its rationale;
- A statement of overarching principles;
- Principles relating to collaborative activity;
- Principles relating to HPC activity.

#### **Rationale**

5. The purpose of the value statement is to

- Assert the principles the professions believe must be upheld in new professional and statutory body [PSB] arrangements for approving, monitoring and reviewing qualifying programmes;
- Affirm the professions' commitment to exploring the scope for engaging in joint activity through which they can seek to have an appropriate influence over future arrangements;
- Seek to engage the HPC in debate and to secure its commitment to supporting collaborative and exploratory activity to inform future arrangements.

6. The statement acknowledges, and seeks directly to address, the significant challenges posed by many current developments, particularly for the professions' assertion of their central and essential role in assuring the quality of qualifying education and the professions' and others' on-going confidence in those approval processes. It also recognises uncertainty around the speed, scope and nature of developments. The principles set out in the statement are, therefore, necessarily broad. Appendix II sets out a programme of project work that, subject to funding being available, could be undertaken to sustain and inform future arrangements.

#### **Overarching principles**

7. The professions believe that the following principles should guide all activity relating to future professional and statutory arrangements for approving, monitoring and reviewing qualifying programmes:

- I. The prospective approval and on-going monitoring of qualifying programmes should be genuinely collaborative and inclusive, involving the PSBs, together with programme providers, and other stakeholders as appropriate;
- II. While future arrangements may not be identical to current ones, they should build on best practice and be akin to them in terms of professional in-put, credibility and robustness and the scope for co-terminous professional and statutory outcomes and decisions;
- III. Consideration should be given to the scope for greater inter-professional approval, monitoring and review activity, underpinned by the formulation and adoption of common terminology, documentation requirements and procedures, where this reflects the nature of programmes being considered and the institutional infrastructure within which qualifying programmes sit;



- IV. There needs to be a clear understanding among all stakeholders of the fundamental difference between the processes of validation and subject review, while genuine efforts should be made to explore the full scope for
  - Promoting areas of common ground and expectation (for example, between QAA benchmark standards and professional and statutory body [PSB] curriculum framework requirements or equivalent documents)
  - Sharing documentation across the two processes of programme approval and subject review
  - Ensuring appropriate account is taken within each process of the judgements made in the other
  - Encouraging higher education providers to consider how they can meet the requirements of each process in the most efficient ways (including through producing documentation that can fulfil both purposes)
  - Increasing the effectiveness and efficiency of each process for all concerned by optimising the timing and sequencing of each wherever possible;
- V. All processes must be receptive to significant change in professional education, practice and work settings, particularly the planned substantial increase in student numbers, growing diversity in the design and delivery of professional education, the modernisation of the NHS agenda, and health care professionals' increasingly diffuse practice settings and roles;
- VI. The new arrangements should be inclusive of qualifying education provision across the United Kingdom while being sensitive to differences in education and health care structures and funding arrangements in the different UK countries.

#### **Principles relating to professional collaborative activity**

##### **8. The professions should**

- VII. Engage in joint activity to exert a positive and appropriate influence over regulatory change and factors impacting on the quality assurance of qualifying education (including expanding student numbers and greater diversification in education provision);
- VIII. Engage in joint exploratory work to identify current good practice, agree a common terminology and formulate models for quality assurance processes that could operate under the new regulatory arrangements;
- IX. Explore the full scope for aligning policies and procedures to reflect the increasing trend towards shared learning within qualifying programmes (and therefore the structures and arrangements created by education providers to support this) to
  - Ensure coherence in their approach
  - Achieve appropriate scrutiny of provision
  - Maximise the efficiency for all concerned in preparing for, and engaging in, the approval processes;
- X. Promote and share good practice within quality assurance processes (including the ways in which profession-specific

expectations and requirements are framed), as well as within education provision (for example, on issues relating to shared learning, increasing diversification in programme delivery and maximising capacity for, and the quality of, practice learning);

- XI. Be receptive to change and demonstrate flexibility in developing new approaches to programme approval, monitoring and review, while asserting the continued central significance of assuring the quality of qualifying education and the PSBs' central role in achieving this;
- XII. Take account of changes within education and practice, while ensuring that quality assurance processes continue to allow for consistent and objective judgements about provision to be made;
- XIII. Respond appropriately to government initiatives relating to raising student numbers and increasing diversity as these impact on the quality – and assuring the quality – of qualifying education programmes;
- XIV. Explore the scope for streamlining processes with those implemented under the NHS's contract with the QAA for the prototype subject reviews, while promoting an appreciation among all stakeholders of the fundamental differences between prospective and retrospective approval processes;
- XV. Take appropriate account of changes impacting on practice learning to ensure
  - Provision reflects the changing nature of professional practice
  - The quality and capacity of placements is maintained within the context of expanding student numbers and increasingly diverse work settings.

#### **Principles relating to the HPC**

9. The professions believe the HPC should demonstrate its commitment to

- XVI. Recognising the centrality of a joint – that is, professional and statutory – approach to programme approval and monitoring;
- XVII. Maintaining appropriate levels of profession-specific scrutiny of qualifying programmes within its approval and monitoring processes;
- XVIII. Taking a genuinely inter-professional approach to matters of programme approval and monitoring in order to achieve cohesion and consistently high standards in policy development and implementation and education provision through
  - Promoting good practice across the professions
  - Acknowledging the increasing trend towards shared learning;
- XIX. Ensuring its involvement in joint approval and monitoring activity is informed, sanctioned and approved by committees within its own structures that possess an appropriate level of profession-specific education and practice expertise and have appropriate lines of accountability for decision-making;
- XX. Promoting approaches to programme approval and monitoring that
  - Are flexible
  - Encourage innovation

- Are informed by expert opinion and established good practice
  - Responsive to change
  - Subject to on-going evaluation;
- XXI. Achieving cohesion in its policy, procedures and decision-making to ensure equity and consistency across its range of functions, including
- Programme approval and monitoring
  - Re-registration
  - Consideration of overseas-qualified practitioners applying for UK state registration
  - 'Grandparenting'.

Sally Gosling  
CSP Head of Learning & Development  
15 May, 2002  
j:\AHP\valstatement

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**Support for the statement from the allied health professions**

The following professional bodies form signatories to the value statement:

- Association of Professional Music Therapists
- British Association of Prosthetists & Orthotists
- British Dietetic Association
- British Dramatherapy Association
- British Paramedic Association
- Chartered Society of Physiotherapy
- College of Occupational Therapists
- Royal College of Speech & Language Therapists
- Society of Chiropractors & Podiatrists
- Society of Radiographers

A response is awaited from the following:

- British Association of Art Therapists
- British Orthoptic Society

The Institute of Biomedical Sciences has indicated it would be interested in exploring involvement in project work if this were to be commissioned.

## Future programme approval processes for the allied health professions [AHPs]: initial proposals for project plan

### Executive summary

This document outlines initial proposals for collaborative work across the allied health professions [AHPs], for which funding would need to be secured, to explore future arrangements for assuring the quality of educational programmes leading to state registration with the Health Professions Council [HPC] and relevant professional body membership. The proposals build directly on discussions held within and between the AHPs to date and upon the draft value statement currently being circulated for approval.

The project would seek to identify current good practice and provide the opportunity for exploratory activity and consensus-building on future arrangements for programme approval, monitoring and review. Its aim would be to suggest ways in which professional and statutory body [PSB] collaboration could continue and be enhanced under new arrangements, as well as to optimise opportunities for genuinely inter-professional collaboration while ensuring appropriate levels of profession-specific in-put to quality assurance processes.

To do this, it would need to

- Be underpinned by heavy involvement from the AHPs to ensure the project's recommendations are based on current good practice, draw on the professions' experience and expertise and reflect their thinking on education, professional practice and quality assurance issues;
- Involve strong in-put from the HPC to ensure the project's recommendations would be in keeping with the Council's broader thinking and worthy of its support;
- Be sustained by the appointment of a project officer and administrator on a temporary, or seconded, basis;
- Be around twelve months in duration to allow for the in-depth exploration of issues, detailed modelling activity and consensus-building.

### Rationale

1. It is understood that formation of the HPC will lead to changes to how the quality of qualifying education programmes relating to the AHPs is assured. Such change is to be welcomed and the professions are committed to ensuring that new arrangements work well. To do this, there is a need to draw on existing good practice while seizing the opportunity to develop processes that reflect developments in the style and scale of health care education and broader change within the quality assurance arena.
2. The professions' broad thinking on quality assurance arrangements under the HPC is articulated in the accompanying value statement. Collaborative project work would allow the principles rehearsed in the statement to be explored in depth and for the AHPs to offer proposals to the HPC as to how future arrangements for programme approval, monitoring and review could be formulated.

### **Aims**

3. The aims of the project would be, through inter-professional collaboration, to develop proposals for future arrangements for programme approval, monitoring and review that

- Build on current good practice within existing professional and statutory body [PSB] quality assurance arrangements;
- Establish the scope for achieving a common approach to PSB approval processes across the AHPs through achieving adherence to common terminology, documentation requirements and procedures while respecting the need for profession-specific in-put to programme approval, monitoring and review and appropriate differences of expectation and requirements;
- Promote the scope for sharing good practice on an on-going basis and through in-built mechanisms for evaluating processes' effectiveness and efficiency.

### **Objectives**

4. The project objectives would be to

- Map the range of ways in which PSB programme approval, monitoring and review is currently undertaken across the AHPs in order to highlight areas of commonality and difference;
- Identify how genuinely inter-professional approaches to quality assurance processes could be achieved through adopting common terminology, procedures and documentation requirements that were inclusive of, and acceptable to, all;
- Identify how the expectations and requirements for qualifying education programmes relating to the AHPs could be framed in comparable formats, while respecting the distinct nature of each profession's criteria and the acceptability of different priorities and policies within these;
- Formulate acceptable common terminology, documentation requirements and procedures and frame profession-specific expectations and requirements relating to qualifying education programmes, taking account of changes in health care education and practice and differences in the structure and funding of AHP education across the UK countries;
- Assert the distinct nature of PSB quality assurance activity, while exploring and highlighting the scope for sharing documentation and judgements in appropriate ways with the process of subject review.

### **Outcomes**

5. The intended outcomes of the project would be

- An analysis of current PSB activity relating to programme approval, monitoring and review across the AHPs;
- The formulation of proposals for common terminology, documentation requirements and procedures, while asserting the continued need for profession-specific in-put to, and scrutiny of, education provision;

- The formulation of a standard format for framing expectations and requirements of qualifying education programmes for the AHPs, while respecting professional difference and the need for profession-specific criteria;
- The presentation of models for future quality assurance arrangements for formal consideration by the HPC.

#### **Basis of the project**

6. The project would build on the wealth of experience and expertise among the AHPs on developing and implementing arrangements for programme approval, monitoring and review undertaken in partnership with the relevant boards of the Council for Professions Supplementary to Medicine [CPSM]. Particular areas of work and styles of operation on which the project would be able to draw include the following:
  - Joint committee structures between some of the professional bodies and the relevant CPSM boards for the conjoint validation, monitoring and revalidation of qualifying education provision;
  - Documents outlining approval procedures and the outcomes of qualifying programmes, often produced jointly by the relevant professional body and board of the CPSM;
  - Benchmark statements published by the Quality Assurance Agency for Higher Education [QAA] that outline the expected coverage and outcomes of academic awards for different professional study routes.

#### **Stages, methodology and schedule**

7. The project methodology would need to enable the participating professions to pool their knowledge, expertise and experience to expedite the progress of developmental work, while ensuring the eventual project outcomes are worthy of support from all appropriate stakeholders. The early stages of the project, as outlined below, would form essential underpinnings to the major elements of the planned project activity and should secure a solid basis for on-going inter-professional collaboration.



**Stages**

<p><b>Initial tasks</b></p>	<p>i. Produce more detailed project plan to describe the processes and precise timings of activities to fulfil the project aims, objectives and outcomes;</p> <p>ii. Map and share all work, activities and publications relevant to the development of a common approach to programme approval, monitoring and review, leading to the preparation of a baseline report that would identify</p> <p>a) Areas of commonality b) Strengths c) Areas for development;</p> <p>iii. Initial consultation with relevant stakeholders (including participating professional bodies, the HPC, commissioning authorities, employers and patient representative groups) on future quality assurance arrangements.</p>
<p><b>Major tasks</b></p>	<p>iv. Explore, through consultation with all relevant stakeholders, the scope for common terminology, documentation requirements and procedures;</p> <p>v. Explore the scope for identifying common elements within expectations and requirements of qualifying programmes while respecting the need for profession-specific elements within these;</p> <p>vi. Explore the distinct, but complementary, relationship between PSB quality assurance processes and QAA/NHS subject review;</p> <p>vii. Undertake modelling activity, based on each of the above exercises, to formulate possible approaches to future PSB quality assurance arrangements that have the support of all relevant stakeholders.</p>

8. The tasks would be undertaken through the following:

- Workshops and seminars
- Consultative meetings with participating profession representatives and other appropriate stakeholders
- Desk-based research activity
- Consensus-building exercises.

9. A fieldworker would need to be appointed to undertake the major components of the project. It is also likely that the work of the project would require a part-time administrator, particularly given the high level of co-ordination that would be required across the participating professions for work to be undertaken effectively and efficiently. Both posts could be filled on a temporary or secondment basis.

10. A schedule for enacting the proposed project plan is outlined below.

### Outline schedule

Tasks	Timescale
Mapping exercise	4 months
Developmental/consultative activity	6 months
Refinement of proposals	2 months

### Project management and monitoring

11. A steering group, comprising a representative of each of the participating professions and other relevant stakeholders (including the HPC and AHP Forum) would need to be formed to oversee the project's direction and fulfilment of its outcomes.

12. The progress of work would need to be monitored through

- The regular submission of work and progress reports to the project steering group and to the committees of the participating professional organisations and to the education and training committee of the HPC;
- The on-going appraisal of work against agreed project objectives and expected outcomes;
- Seeking and analysing feedback from stakeholders;
- The preparation of a final report.

13. Arrangements would need to be made for the project's effective and efficient management on a day-to-day basis.