

**Agenda Item 12**

**Enclosure 11**

**Paper ETC 108 / 03**

## **Education and Training Committee**

**Committee – Processes and Output**

**from the Chairman**

**FOR DISCUSSION**

## **Committee – Process and Output**

### **Executive Summary**

The Chief Executive has asked Committees to review their processes and the quality of their outputs and produce a report. The report will " identify firstly, what went right, secondly what went wrong, and lastly lessons that should be learnt ".

Attached is the Chairman's suggested report for discussion and for change or addition (to the Secretary).

## **Review of the Education and Training Committee : Process & Outputs**

This report is for the first transitional period – with the Committee in its present form – to September 2003. The main items the Committee has been involved with are :

- set-up work and preparation for the Rules,
- participation in the consultation and consultation feedback processes,
- devising new Standards, requirement, criteria and procedures,
- publications, and
- approvals and continued approvals of programmes, institutions, and qualifications.

### 1. **Tasks**

#### **Task Achieved**

- Twelve meetings of the Committee held,
- Standards of Proficiency,
- Interim approval arrangements,
- Seventy-five approvals and re-approvals of programmes under the PSM Act,
- Forty meetings of advisory bodies held,
- Engagement with the Department of Health, Quality Assurance Agency, and Nursing and Midwifery Council's " Partnership Working Arrangements " meetings and " roadshows " ,
- Admission requirements to approved programmes,
- \* Criteria for grandparenting and international applicants' assessment,
- \* Tests of Competence and for Knowledge of English.,
- Representing and promoting HPC and the Committee at conferences, meetings, seminars, etc, and
- Setting up three Professional Liaison Groups (PLG) to take the work forward.

#### **Tasks in Progress**

- Standards of Education and Training
- \* Return to practice and re-admission criteria,
- \* Requirements for 5 + year old approved qualifications, CPD consultation, Brochures and Operating Manuals, and Long term approvals procedures.

\* Lead with Registration Committee to make recommendations

### 2. **Meetings / Attendance**

The intensity of business in the " first transitional period " , combined with the quorum being set at half the members, did cause the Committee problems. This is accepted as a temporary difficulty, but the Committee does need to remain very focused on its business and on the value of its members' time (see 8 below).

3. **UK –wide Perspective**

The Committee has managed to retain a UK-wide focus, despite the preponderance of in-put from English policies and documents. The other three countries' members have contributed valuable cohesion and perspective to the Committee. The Committee has established an excellent working relationship with Health Professions Wales. These are real achievements to be sustained.

4. **Moving to new Standards and Processes**

This was the largest part of the Committee's work and the part which caused the Committee the most difficulty. There was a learning curve, probably still not completed, in moving away from the PSM Act and its ethos to the HPC's requirements. This was particularly the case in Standards of Proficiency where it felt as if standards had to be set ever lower and ever more separate from best practice and – especially to the professional bodies – professional development. This caused concern and tensions until the full implications of the Order were better understood.

The main lesson to be learnt here is not to underestimate the scale of the issues – or the level of detail in them – raised by a fundamental change in the philosophy of regulation. Some of the training and advice the Committee received seemed to be inconsistent and not always in the best sequence. (An example of this is that the Human Rights Act (HRA) briefings for Panel and Assessor training in summer 2003 seemed much more focused than the more general DH HRA briefing to the Shadow Council more than two years earlier). It may be that the sheer level of unknown factors would always create such an impression. It is also unlikely that such a major change in ethos of regulation will recur in the working life of current members and staff at HPC. Should another statute be enacted in the future with fundamental implications for regulation (perhaps emanating from Europe ?) then the Committee would benefit from much more intensive initial briefing).

All this said, the Committee is all too aware of not being alone here.

5. **Publications**

The Committee did find it difficult to try to comply with the request to produce publications before it had established the policy and procedures to be included in them. Some members, also, were not always content with the need to pitch every communication at a general audience, rather than being able to target audiences and choose different styles for different purposes. Better liaison is needed between the policy making at ETC and the communications strategy, and more on-going dialogue with the Communications Committee.

6. **Approvals and Continued Approvals of Education and Training Provision**

The Committee immediately recognised that it was not an expert body on each of the 12 professions. It could only operate effectively if advised by peer expert groups from each profession. The Committee has successfully resisted taking contentious business from individual professions without this advice and before all the proper profession-specific procedures had been completed.

The volume of work transacted has been awesome.

The HPC is a reactive institution in the educational world. New developments tend to be initiated by the UK Health Departments (or equivalents) as the funding agencies. What the Committee has noticed is that the DHs' drive to expand programmes is outstripping the supply of qualified teaching staff and suitable practice placements. This has started to cause real strains in the current approved provision and could be a concern for the future.

The Committee has not had to withhold or withdraw any approvals.

7. **Multi-Professional Working**

The Committee needed to work multi-professionally, and with a lay (ie, user) in-put. These were both complete breaks with the previous system of regulation.

It was a challenging experience, especially grappling with the Standards of Proficiency, but it was successfully accomplished. The Committee has demonstrated that twelve very different professions working alongside lay members can identify common interests and requirements and develop common procedures.

The multi-professional streamlining and formatting of our approvals work has been an outstanding success. It has made the work accessible and intelligible where the 12 separate systems inherited from CPSM had seemed impenetrably complex.

This area of work has given the PLGs their point of departure.

8. **Conclusion**

With the benefit of hindsight it has been a successful – if roller-coaster – first 18 months. If there is one theme of a lesson to be learnt it is that much fuller briefing and lead times are needed for this scale of change and tasks. This could have been better addressed by DH and CPSM in the Shadow period, and the one two-day DH event in June 2001 should have been a curtain raiser not the entire performance. Again, it is unlikely that this situation will recur.