

Consultation on revised standards of education and training and supporting guidance

Analysis of responses to the consultation and our decisions as a result.

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1. Introduction

About the consultation

- 1.1 We consulted between 5 September 2016 and 9 December 2016 on revised standards of education and training and supporting guidance.
- 1.2 We informed a range of stakeholders about the consultation including professional bodies, employers, and education and training providers, advertised the consultation on our website and also issued a press release.
- 1.3 We would like to thank all those who took the time to respond to the consultation document. You can download the consultation document and a copy of this responses document from our website:
www.hcpc-uk.org/aboutus/consultations/closed.

About us

- 1.4 We are a regulator and were set up to protect the public. To do this, we keep a Register of health and care professionals who meet our standards for their professional skills and behaviour. Individuals on our register are called 'registrants'.
- 1.5 We currently regulate 16 health and care professions:
 - Arts therapists
 - Biomedical scientists
 - Chiropodists / podiatrists
 - Clinical scientists
 - Dietitians
 - Hearing aid dispensers
 - Occupational therapists
 - Operating department practitioners
 - Orthoptists
 - Paramedics
 - Physiotherapists
 - Practitioner psychologists
 - Prosthetists / orthotists
 - Radiographers
 - Social workers in England
 - Speech and language therapists.

About this document

- 1.6 This document summarises the responses we received to the consultation.
- 1.7 The document starts by explaining how we handled and analysed the responses we received, providing some overall statistics from the responses:
 - section three provides an executive summary of the responses we received;

- section four is structured around the comments we received to specific questions; and
- section five sets out our responses and decisions as a result of the comments we received.

1.8 In this document, 'you' or 'your' is a reference to respondents to the consultation, 'we', 'us' and 'our' are references to the HCPC.

1.9 References to individual standards of education and training will use the format 'SET' followed by the corresponding number. For example 'SET 1'

2. Analysing your responses

2.1 Now that the consultation has ended, we have analysed all the responses we received.

Method of recording and analysis

2.2 The majority of respondents used our online survey tool to respond to the consultation. This invited them to indicate whether they were responding as an individual or on behalf of an organisation. For each question they answered, respondents were able to select from four options: yes; no, partly; and don't know. They were also able to give us their comments on each question in a free text box.

2.3 During the consultation period we held five workshops to seek the views of our education visitors about the standards. These are registrants and lay people involved in assessing education programmes against our standards. We recorded the feedback we received and have included it alongside the responses to the consultation.

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

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

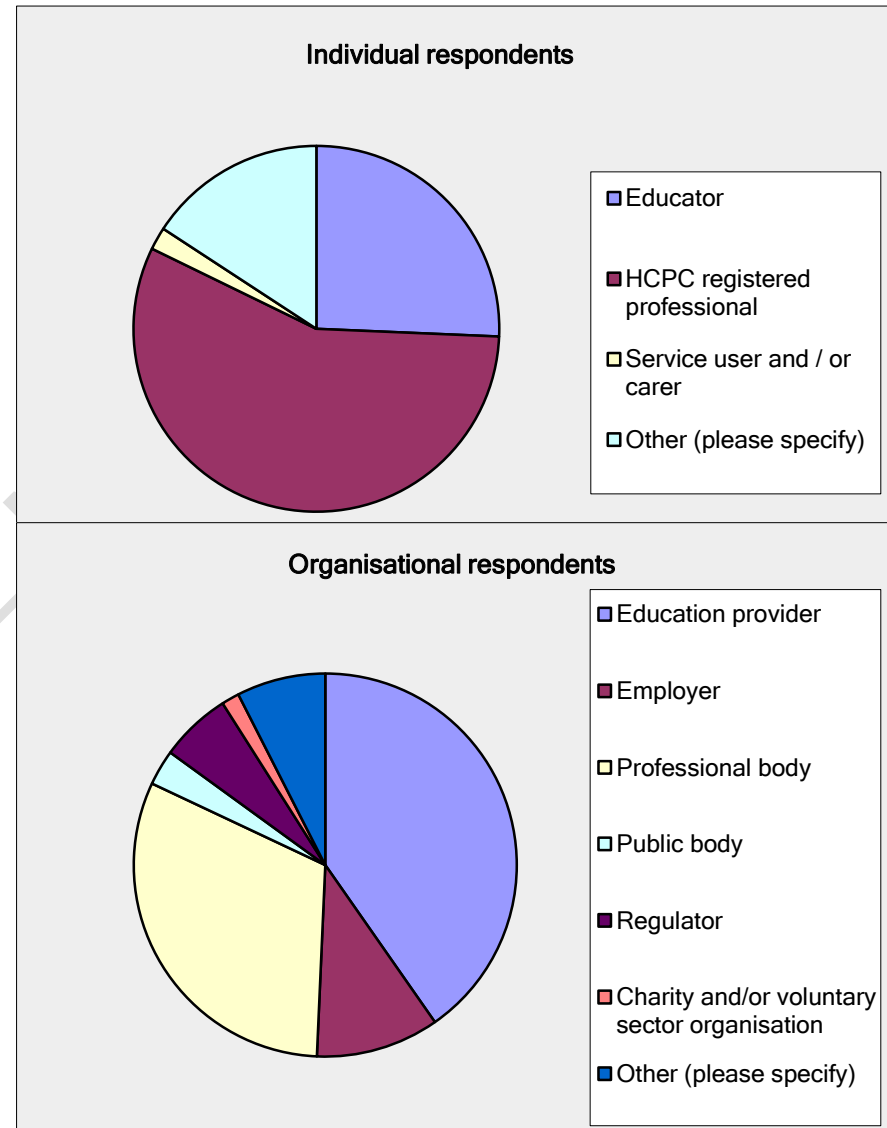
Statistical analysis

2.6 We received 218 responses to the consultation document. 152 responses (70%) were made by individuals, of which 86 (57%) were HCPC registered professionals and 39 (26%) were educators. 66 responses (30%) were made on behalf of organisations. 20 (30%) of these were professional bodies, 27 (41%) were education providers, 7 (11%) were employers.

2.7 The breakdown of respondents and responses we received to each question are shown in the graphs and tables that follow.

Graph 1 – Breakdown of individual respondents

Respondents were asked to select the category that best described them. The respondents who selected 'other' identified themselves as students not yet registered with the HCPC, ambulance technicians or other ambulance staff.



Graph 2 – Breakdown of organisational respondents

Respondents were asked to select the category that best described their organisation. The majority of organisations who selected 'other' identified themselves as trade unions.

Table 1 – Breakdown of responses to each question

Questions	Yes	No	Partly	Don't know	No answer
Question 1: Do you think the draft revised SETs are at the threshold level necessary to ensure that all learners are able to practise their profession safely and effectively by completion of a HCPC-approved programme?	47% (98)	36% (76)	16% (33)	2% (5)	7
Question 2: Do you think the draft revised SETs and supporting guidance are applicable across all HCPC approved pre-registration programmes?	58% (116)	16% (32)	10% (20)	16% (31)	19
Question 3: Do you think there are any additional standards or guidance needed?	28% (54)	55% (108)	10% (20)	7% (14)	22
Question 4: Do you think there are any standards or guidance which should be amended or removed?	41% (74)	42% (77)	7% (13)	10% (18)	36
Question 5: Do you have any comments about the language used in the SETs or supporting guidance?	29% (56)	71% (140)	-	-	22
Question 6: Do you have any other comments on the SETs or supporting guidance?	32% (63)	68% (136)	-	-	19

- Percentages in the tables above have been rounded to the nearest whole number and therefore may not add up to 100 per cent.

3. Summary of responses

Threshold for safe and effective practice

- 3.1 A slight majority of respondents (47%) considered that the draft revised SETs are at the threshold level necessary to ensure safe and effective practice. They generally considered that the SETs have been strengthened and made clearer.
- 3.2 However a number of respondents (36%) considered that the SETs were not at the threshold level necessary for safe and effective practice. Of this group, a large proportion commented that SET 1 was not articulated at an appropriate level for specific professions. The majority of these responses were about the paramedic profession.

Application across all HCPC programmes

- 3.3 The majority of respondents (58%) stated that the draft revised SETs and supporting guidance are applicable across all HCPC approved programmes. They generally expressed support for the generic approach of the standards allowing flexibility in meeting them.
- 3.4 However, a few respondents commented that the SETs should be profession specific in order to make them more robust.
- 3.5 A few respondents requested clarity on how these standards will translate across to the standards for specialist post registration programmes such as the approval criteria for approved mental health professional (AMHP) programmes and the standards for podiatric surgery.

Additional standards or guidance

- 3.6 The majority of respondents (55%) did not think that any additional standards or guidance were needed.
- 3.7 However there were a number of suggestions for additional standards and or guidance from other respondents.
- 3.8 For example, some respondents sought additional standards specific to programme admissions as well as additional, more prescriptive standards for practice based learning.
- 3.9 Other respondents sought additional guidance to provide greater clarity in some standards such learner consent and the new requirement for inter-professional education.

Standards amended or removed

- 3.10 Overall, respondents were fairly split when asked if there were any standards which should be amended or removed.

- 3.11 A large number of those who answered 'yes' to this question commented that the wording in SET1 should be amended to raise the recommended entry level for paramedics.
- 3.12 Other comments raised more general recommendations such as:
- reorganisation (moving, condensing or separating out);
 - providing more detail and or clarity;
 - outlining more prescriptive or enhanced requirements; and
 - removing or replacing particular words.

Language used

- 3.13 Respondents generally considered that the terminology used was clear and had provided consistency across the standards. A number of respondents also commented that the language had been brought up to date and expressed support for the introduction of terms such as 'learner' and 'practice based learning'.
- 3.14 Some respondents were concerned with the use of words such as 'effective' which they considered was difficult to measure. A number of respondents commented that the language might not remain appropriate for emerging apprenticeship programmes.

4. Responses to consultation questions

4.1 This section contains comments made in response to the questions within the consultation document.

Question 1: Do you think the draft revised SETs are at the threshold level necessary to ensure that all learners are able to practise their profession safely and effectively by completion of a HCPC-approved programme?

- 4.2 A slight majority of respondents (47%) agreed that the draft revised SETs are at the threshold level necessary to ensure that all learners are able to practise their profession safely and effectively by completion of a HCPC approved programme.
- 4.3 There was a significantly higher level of agreement with this question among organisations compared to individuals. The proportion of respondents who responded 'yes' to this question was higher for education providers and professional bodies compared to employers and HCPC registered professionals.
- 4.4 The vast majority of individual respondents who responded 'no' to this question were registered professionals, along with a number of respondents who identified themselves as paramedic students or ambulance technicians.

Level of qualification for entry to the register

- 4.5 Of the respondents who answered 'no' to this question a significant proportion (82%) commented that the threshold entry route to the Register outlined in SET 1 should be raised for paramedics. A small minority of respondents also argued that the threshold level for practitioner psychologists and operating department practitioners should be changed
- 4.6 Regarding paramedics, most respondents commented that the recommended entry level should be raised to a level 6 qualification (degree with honours or equivalent). Whereas some respondents commented that the recommended level should at least be raised to a level 5 qualification (certificate of higher education or equivalent) with the aim of progressing onto a level 6 qualification.
- 4.7 A number of respondents highlighted that paramedics practice as autonomous professionals. It was generally considered that the role of paramedics has evolved over recent years and now requires a higher level of education to practice safely and effectively.
- 4.8 There were also a number of comments which highlighted the threshold entry route to the Register for paramedics compared to other professions that we regulate. Most of these comments expressed frustration that the entry level for paramedics was lower than all other professions that we regulate and that this did not accurately reflect their role and profession.
- 4.9 A very small number of respondents commented that they welcomed the current threshold level as this meant that paramedic training was more accessible and able to meet the current demand for paramedics.

Support

- 4.10 Aside from comments regarding SET 1, there was widespread general support for the proposed SETs and supporting guidance.
- 4.11 Common areas that respondents welcomed included the greater emphasis on learners and their involvement in the programme as well as the increased reference to our standards of conduct performance and ethics.
- 4.12 Respondents were also supportive of the changes made to condense the standards commenting that these were more concise and eliminate duplication. The changes to and updating of terminology such as 'learner' and 'practice based learning' were also welcomed.
- 4.13 Several respondents also supported the continued requirements for service users and carers to be involved in all education and training programmes. Many reemphasised the importance of this.

Standards of conduct, performance and ethics

- 4.14 A number of respondents welcomed the increased reference to our standards of conduct, performance and ethics throughout the SETs in particular SET 4.2 and SET 6.2. It was generally considered that this should ensure that learners are able to practice safely and effectively.
- 4.15 One respondent commented that this increased reference provided a coherent thread of the importance of professional values, attitudes and ethics in training from inclusion to selection and ongoing monitoring.

Learner support

- 4.16 Overall respondents were supportive of the increased requirements for learners to be both involved in the programme and supported to raise concerns such as those outlined in SET 3.8 and SET 3.17. One respondent made reference to the fact that many programmes already have learner involvement and support, but said that the proposed changes to the SETs nonetheless help reinforce the importance of student involvement.
- 4.17 Some respondents, whilst in support of the increased reference to learner support and involvement, sought greater clarity about the new proposed requirements. See question four for more information.

Question 2: Do you think the draft revised SETs and supporting guidance are applicable across all HCPC approved pre-registration programmes?

- 4.18 The majority of respondents (58%) agreed that the draft revised SETs and supporting guidance are applicable across all HCPC approved programmes.
- 4.19 There was a higher level of agreement with this question amongst organisations compared to individuals.

- 4.20 A significant number of respondents (23%) answered 'don't know' or 'partly' to this question. Many respondents commented that they were unable to make a judgement outside of their own profession and some highlighted concerns with apprenticeship style programmes.
- 4.21 One respondent commented that future consultations should highlight how revised drafts have attempted to ensure that they consider the differences across each of the four UK countries.

Apprenticeships

- 4.22 A few respondents commented on the possibility of emerging apprenticeship programmes for many of the professions we regulate and how the revised SETs and guidance would apply to them.
- 4.23 Most of the comments about apprenticeships related to anticipation of new types of programmes and ensuring that the SETs will be transferable for these types of provision. Specifically it was considered that some of the terminology within the SETS might not directly apply to an apprenticeship style programme.
- 4.24 Respondents also raised concerns about how the SETs would ensure that the management of apprenticeship programmes is appropriately assessed. For example, the relationship between the education provider and the employer.
- 4.25 Some respondents commented that there should be more explicit reference to apprenticeship style programmes within the SETs and guidance to ensure that they are assessed comparatively to programmes which follow a more traditional style of delivery. There were concerns that without this apprenticeship programmes would not result in equivalent outcomes.
- 4.26 One respondent also commented that the SETs and any external apprenticeship standards that are developed should be appropriately aligned.

Question 3: Do you think there are any additional standards or guidance needed?

- 4.27 The majority of respondents (55%) commented that no additional standards or guidance were needed.
- 4.28 There was no significant difference in the responses to this question among organisations and individuals. The proportion of respondents who responded 'no' to this question was higher for education providers and educators compared to employers.

Practice based learning

- 4.29 A number of respondents considered that the standards around practice based learning required additional information or more stringent requirements. Some respondents specifically requested more prescriptive requirements in this area.
- 4.30 Many of these respondents sought clearer or more prescriptive guidance on the required hours for practice based learning. Some suggested that the standards

should state a minimum percentage of 'patient facing time' as simulation is insufficient.

- 4.31 However one respondent commented that there should be more emphasis on the practice competencies as opposed to the number of hours completed as learners can become fixated on hours rather than outcomes.
- 4.32 Some respondents also outlined concerns with the availability of practice based learning hours for learners and how the SETs address this. Some concerns, specifically related to paramedics, included the rise in applications for training against the competing demand for placements and the quality of practice based learning at private providers.
- 4.33 One respondent commented that the SETs should outline particular skills to be covered within practice based learning, specific to each profession.

Additional standards

- 4.34 A number of additional standards were suggested by respondents. Some suggestions included:
- a standard to ensure that education providers' maximum study periods take account of all aspects of a programme and to ensure that learners are supported to demonstrate their skills after any extended breaks in training;
 - a standard which requires evidence that educators are keeping up-to-date with legislation such as safeguarding and data protection law and are able to integrate changes and new knowledge quickly in the curriculum;
 - a specific standard outlining minimum placement hours;
 - a standard which requires maths and English entry exams to be in place; and
 - a section of standards relating specifically to resourcing
- 4.35 A few respondents suggested that an additional standard was needed to address profession specific skills that should be covered within each programme. Respondents stated that some of these skills should be prescribed within the SETs and guidance such as palliative care, intubation and working with patients who have sensory difficulties.
- 4.36 Two respondents suggested an additional standard to address those wishing to practice in specialist or advanced roles such as paramedic practitioners and radiography practitioners.

Guidance

- 4.37 Generally respondents who suggested additional guidance sought some form of clarity. Suggestions included:

- clarity about preparing learners to be safe in the practice setting, such as, ensuring up to date legislation is being taught;
 - guidance on the range of roles (relevant to each profession) that practice based learning should cover; and
 - prescriptive guidance on staff-student ratios.
- 4.38 One respondent sought additional guidance on the skills required of educators. The concern was that many education providers focus recruitment of educators on research and publishing experience as opposed to placing emphasis on clinical expertise.
- 4.39 The feedback from the workshops with our education visitors also supported this comment with many participants stating that there should be a greater emphasis on recruiting educators with relevant clinical expertise alongside those with research and publishing credentials.
- 4.40 One respondent suggested that more guidance was required on ethics when working or researching with human participants. They commented that this should be fully embedded within the guidance.

Question 4: Do you think there are any additional standards or guidance which should be amended or removed?

- 4.41 There was no consensus in the responses for this question with 41% of respondents answering 'yes' and 42% of respondents answering 'no'.
- 4.42 The proportion of respondents who responded 'yes' to this question was higher for organisations than individual respondents. A high proportion of education providers who answered this question agreed that there were no additional standards or guidance which should be amended or removed.

Specific standards

- 4.43 Some standards received a number of comments from respondents requesting amendments for further clarity. These have been outlined below:

SET 3.8 Learners must be involved in the design, delivery and review of the programme.

- 4.44 Many respondents stated that this was ambiguous and were unclear about what level a learner was expected to be involved in the programme. For example, should they be involved in the design, delivery and review of the entire programme or would it be sufficient for them to be involved in one or two distinct areas.
- 4.45 Respondents also sought clarification on the requirements for learners to be involved in the design of the programme. Many expressed that this would be impossible for new programmes therefore further clarification was required.

- 4.46 Attendees at the education visitor workshops requested clarification of what the SET meant by 'delivery'. For example, did this mean that learners should be involved in deciding how the programme is delivered or should they be involved in the delivery itself.
- 4.47 Attendees at the education visitor workshops also commented that there should be more parity with this SET and SET 3.7 'Service users and carers must be involved in the programme'.

SET 3.11 An effective programme to ensure the continuing professional and academic development of educators must be in place.

- 4.48 A large number of respondents commented on this standard. There was also a high volume of feedback on this standard from the education partner workshops.
- 4.49 The majority of comments requested more clarity on the requirements for education providers to provide training for practice educators. There was an overarching concern that the wording in the SET and associated guidance suggested that education providers would be responsible for the continuing professional development (CPD) of practice educators. Some highlighted that the standard should make clear that CPD is still the responsibility of the registrant.
- 4.50 A number of respondents commented that the guidance should include greater emphasis on the importance of research and scholarly activity. One respondent commented that research is an important part of staff development and a necessity to ensure that staff are teaching evidence based practice.
- 4.51 Some respondents suggested that the guidance should reference learning outcomes to ensure that any CPD activities benefit the individual as opposed to the education provider

SET 4.9 The programme must ensure that learners are able to learn with, and from, professionals and learners in other relevant professions.

- 4.52 The majority of respondents who commented on this standard agreed it should be included. However many had concerns about its implementation.
- 4.53 A number of respondents commented that there is a risk that implementing this standard could become somewhat of a 'tick box exercise' for education providers. One respondent in particular raised a concern that bad inter-professional education could have a negative impact on a programme.
- 4.54 Some respondents commented that inter-professional education would be particularly difficult for some professions to introduce such as those who often work in isolated practice. Respondents also commented that the standard would be difficult for some education providers to meet such as those in remote locations or with a small programme base.
- 4.55 The majority of comments on this SET requested further clarification. Specifically, respondents sought clarity on whether the standard required learners to be able to learn with, and from, both professionals and learners or if

this could be one or the other. Respondents suggested that the wording should be amended to state "...professionals and or learners in other relevant professions" as to state both would be too restrictive.

- 4.56 Some respondents suggested that further clarity and guidance outlining which groups of people might be appropriate to meet this standard would be helpful. For example, who could be included as a 'relevant profession'?

SET 4.10 The programme must include effective processes for obtaining appropriate consent from service users and learners.

- 4.57 There were a number of comments on this standard from both the consultation and the education visitor workshops. Whilst most respondents agreed that this SET was necessary, there were a number of comments regarding clarity and disparities between the SET itself and the guidance.
- 4.58 Many respondents commented that there is a disparity between the SET and its related guidance. Specifically, that the SET relates to obtaining consent whereas the guidance relates to ensuring learners' understanding of giving or obtaining consent.
- 4.59 Some respondents suggested that to provide clarity this standard should be separated out into two standards. One to focus on consent for service users and carers and one to focus on consent for learners. Respondents also commented that they should be divided as they are separate issues.
- 4.60 A number of respondents commented that the wording of this SET seemed unfinished. Suggestions were made to include text on the end of the SET such as "...for participation in the programme" or ... in a learning environment."

Question 5: Do you have any comments about the language used in the SETs or supporting guidance?

- 4.61 The vast majority of respondents (71%) did not have any comments about the language used in the SETs or supporting guidance.
- 4.62 The proportion of respondents who answered 'no' to this question was significantly higher for individuals than organisations. Of the organisations that responded 52% provided further comments on the language used, a significant proportion of these being education providers and professional bodies.

Terminology

- 4.63 There was overarching supporting for the changes in terminology such as 'learner' and 'practice educator'. In particular respondents considered that the new terminology was up to date and reflected a wider range of programmes, including those which may be emerging such as apprenticeships.
- 4.64 A few respondents commented that they preferred the use of 'student' as opposed to 'learner'. They reasoned that an individual continues to learn after

completion of their education and training programme and that the term 'student' is more widely recognised.

- 4.65 A few respondents disagreed with the proposal to replace the term 'practice placement' with 'practice-based learning'. It was argued that learning in practice was a 'placement' regardless of its type, so the previous terminology should stand.
- 4.66 One respondent queried our use of the term 'disabled people', which they considered had more appropriate alternatives such as 'people with a disability'.
- 4.67 A number of respondents commented on the frequent use of the word 'effectively' throughout the SETs. It was considered that it was difficult to measure 'effective' and this was too open to interpretation. Some respondents suggested that stronger language should be used such as 'robust'.
- 4.68 Conversely, some respondents commented that they support use of the word 'effectively' and would like to see this introduced to more standards such as 4.9

Question 6: Do you have any other comments on the SETs or supporting guidance?

- 4.69 A number of respondents provided further comments on the SETs. Some of these have already been discussed earlier in this paper. However a number of further comments were made in relation to general support or disagreement of the guidance.

Support

- 4.70 The majority of respondents who provided comments in this section supported the changes to the SETs which they said had removed ambiguity and ensured that the standards were comprehensive and remained accessible. They frequently noted the increased emphasis placed on student support; expressed their support for the new requirement for inter-professional education; and said that they continued to support SET 3.7 on service user and carer involvement.
- 4.71 However some respondents made further suggestions for changes to the SETs including a need for:
- stronger emphasis on requirements for education providers to support practice providers;
 - stronger requirements for the programme leader to be on the relevant part of the register;
 - greater consistency with other sources of HCPC guidance; and
 - more emphasis on values-based recruitment.
- 4.72 One respondent commented that they would like to see the examples brought back to the guidance. It was stated that this was a useful tool for education providers in understanding how they meet the SETs

Open ended approval

4.73 A small number of respondents commented that open ended approval was not appropriate in ensuring education and training programmes continue to meet the standards. It was suggested that a cyclical review process might be more appropriate for example, every five years

5. Our comments and decisions

- 5.1 We have considered carefully all the comments we received to the consultation and have used them to revise the draft Standards and supporting guidance. We are pleased that, overall, the Standards were very well received by respondents. The following sets out our comments and decisions in some key areas.

Level of qualification for entry to the Register for paramedics

- 5.2 We received a significant number of responses across the different consultation questions which argued that the threshold level of qualification for paramedics set out in SET 1 should be changed. The existing standard says that the level is 'Equivalent to Certificate of Higher Education'.
- 5.3 The profile of pre-registration education and training in the paramedic profession is changing and we know from our data that the vast majority of pre-registration education programmes are now delivered above the threshold level in SET 1. It is clear that there is an emerging case, in principle, for changing SET 1 for paramedics but we need to carefully consider what that change should be. We know that, in England, we are approving an increasing number of degree programmes. At the time of writing, however, there were no approved degree programmes delivered in Scotland, Wales or Northern Ireland. We are a UK wide regulator for this profession, so any decision we make in this area has to be cognisant of the UK-wide picture.
- 5.4 We have been actively involved in national discussions about the education and training of paramedics. For example, we have been represented on the Health Education England steering group looking at reforming how paramedics are educated. This topic has also been discussed by our Education and Training Committee on a number of previous occasions.
- 5.5 We did not make any proposal in the consultation to amend SET 1 for paramedics because the issues involved require careful consideration and, once proposals are formulated, a dedicated consultation. We anticipate, subject to the agreement of our Education and Training Committee and Council, consulting on proposals in the autumn of 2017. We will of course take account of the responses we received to this consultation as we move forward on this issue.

Post qualification programmes and related standards

- 5.6 We received a number of comments querying how any changes to the standards of education and training would be translated in to our post registration standards, in particular our:
- approval criteria for approved mental health professional (AMHP) programmes;
 - standards for podiatric surgery;
 - standards for prescribing; and
 - standards for the use of orthoptists to sell and supply medicines.

- 5.7 Our post registration standards are all based on the core principles of the standards of education and training. Once the revised SETs and guidance have been agreed, we will review these other standards to consider whether they need to be similarly amended. We do not have any existing plans to do this for the AMHP criteria. Our role in approving AMHP programmes is due to transfer in the future to the new regulator to be established for social workers in England.

Apprenticeships

- 5.8 There were a number of comments and words of advice relating to the likely introduction of apprenticeship style education and training programmes in the near future.
- 5.9 We are aware of the current and potential changes to funding for a number of the professions that we regulate and the consequential changes to the types of education and training programmes that will be delivered, including apprenticeships. In developing the standards we carefully considered the range of education and training programmes that we have already approved as well as those that may be seeking approval in the future.
- 5.10 Changes, particularly to terminology, were made specifically with this in mind. For example moving from 'student' to 'learner'. We focussed on areas of the standards that would be particularly affected by changes in programme delivery, such as the standards under 'section 3: Programme governance, management and leadership'. We are confident that the revised standards will be applicable across different models of delivery including to apprenticeships.

Requirements for practice learning

- 5.11 We received a number of comments around the requirements for practice learning. In particular respondents sought more prescriptive requirements outlining a minimum number of practice hours and specific practical skills that must be covered.
- 5.12 Our standards of education and training are output focussed, ensuring that whichever methods are used to deliver education and training are delivering the appropriate and desired outcomes. It would therefore not be appropriate for us to stipulate more prescriptive requirements such as practice learning hours and specific practical skills.
- 5.13 Maintaining output focussed standards allows education providers to develop programmes that are appropriate to both their profession and their demographic of learners. However, all education and training programmes approved by us must be able to demonstrate why their decisions (such as practice learning hours and skills based knowledge) are appropriate. If a programme is unable to demonstrate, for example, that their allocated practice learning hours are sufficient to support the delivery of the programme and the achievement of the learning outcomes, they will not gain HCPC approval.

- 5.14 We are pleased that the majority of respondents supported our strengthened requirements around the relevant knowledge, skills, experience and registration status of practice educators.
- 5.15 We received some suggestions that this standard should be further strengthened to require all practice educators to be HCPC registered in the profession relevant to the programme. We have reviewed these comments and have concluded that it would not be appropriate to make such a prescriptive requirement. Whilst the majority of practice educators will be on the relevant part of the register, there are instances where this may not be applicable or appropriate. We do not want to unnecessarily limit the ability of education providers to use practice educators who have relevant skills and experience in specific areas, solely on the basis that they are not registered with us.

Inter-professional education

- 5.16 There were a number of comments relating to the proposed requirements for learners to be able to learn with and from professionals and learners in other relevant professions as outlined in SET 4.9. Specifically, comments related to the difficulties in implementing this standard for those professional groups who typically work in isolated practice or education providers in remote locations.
- 5.17 We are aware that the implementation of this standard will vary greatly from profession to profession and have maintained an output focus for this reason. We do not prescribe which other professions or learners should be involved in a programme, it is up to the education provider to determine which other professions are most relevant to the programme and most useful in preparing learners for practice. Whilst we appreciate that for the majority of the professions we regulate it is likely to be appropriate to involve health and social care professions, we are aware that, for some professions, it may be appropriate to include professions outside of health and social care.
- 5.18 We are also aware of the difficulties faced for those education providers based in more remote locations. However, we do not prescribe that inter-professional education needs to be a face to face activity. Education providers could consider other platforms of delivery that are appropriate to achieving the relevant learning outcomes of their programme.
- 5.19 A number of respondents sought clarity on whether this standard required involvement from both learners and other professionals. Some suggested that this should be one or the other. The wording of the standard states "...professionals and learners in other relevant professional". This means that we expect programmes to demonstrate how learners are able to learn with and from both professionals and learners from other relevant professions. We consider learning from both students and professionals to be a vital aspect of successful and effective inter-professional education and have therefore decided to retain the proposed wording of this standard.

Language

- 5.20 The majority of respondents to the consultation said that they thought the guidance was clear and easy to understand. However, we received some common suggestions about how it might be improved further.
- 5.21 We received other comments suggesting that the term 'effective' was not appropriate language for the standards as this was subjective and difficult to measure. We use the term 'effective' to ensure that the systems and processes that education providers have in place are able to deliver appropriate outcomes. Without this terminology, there is a risk that education providers could have systems in place that fail to deliver outcomes at a safe and appropriate level to ensure public protection. Our education processes seek to ensure consistency in application by having an internal HCPC executive present at all of our approval and monitoring activities. Whilst we understand the concerns raised in this area, we have decided to retain use of this term.

Other changes

- 5.22 We have made a number of changes in light of the responses to the consultation. In considering what changes to make we have been mindful of the role of the standards in setting out clear, 'threshold' expectations of our registrants across all 16 professions we regulate.
- We have amended terminology throughout the guidance to ensure accuracy and consistency.
 - We have reworded a number of standards to provide clarity on their intention and prospective implementation. This includes amendments to SETs 2.4, 2.7, 3.3, 3.11 and 6.7.
 - We have amended the wording in the standard and guidance relating to learner involvement in SET 3.8; we received strong feedback that this was ambiguous and should be more consistent with our requirements around service user and carer involvement.
 - We have amended the language and structure of the guidance relating to consent in SET 4.10. We received strong feedback that this was unclear and diluted.
 - We have updated the lists of 'Other sources of HCPC guidance' for some of the standards.
 - We have made amendments to some minor grammatical errors

6. List of respondents

Below is a list of all the organisations that responded to the consultation.

Academy for Healthcare Science
Association for Clinical Genomic Science
Association of Ambulance Chief Executives
British Academy of Audiology
British Association of Art Therapists
British Association of Social Workers (BASW England)
British Dietetic Association
British Psychological Society (two responses, including Division of Health Psychology)
British Society for Histocompatibility and Immunogenetics (BSHI)
British Society for Rheumatology (BSR)
British Society of Hearing Aid Audiologists
Canterbury Christ Church University (three responses including Department of Allied Health Professions, Faculty of Health and Wellbeing)
Cardiff Metropolitan University (two responses, including Speech and Language Therapy Department)
Cardiff University (Operating Department Practice, School of Healthcare Sciences)
Care Council for Wales (two responses)
Centre for the Advancement of Interprofessional Education (CAIPE)
Chartered Society of Physiotherapy
City University London
College of Occupational Therapists
College of Paramedics
Council of Deans of Health
Health Education England
Institute of Biomedical Science
Keele University (School of Health and Rehabilitation)
Kingston University / St George's University of London
Leeds Beckett University
London Ambulance Service NHS Trust
Manchester Metropolitan University (three responses including, Department of Health Professionals, Faculty of Science and Engineering and Social Work Department)
National Association of Educators in Practice (NAEP)
National Community Hearing Association
Newcastle University (Speech and Language Sciences)
NHS Education for Scotland
NHS Lothian
North West Ambulance Service NHS Trust
Northern Ireland Ambulance Service
Nursing and Midwifery Council
Play Therapy UK
Psychology Directorate of NHS Education for Scotland
Royal College of Speech and Language Therapists
Royal Cornwall Hospitals NHS Trust
Scottish Ambulance Service
Sheffield Hallam University (Department of Allied Health Professions)
Society and College of Radiographers

Staffordshire University (Faculty of Health Sciences)
Teesside University
The National Association of Professional Ambulance Services
The Open University (Social Work programme team)
South Western Ambulance Services NHS Foundation Trust
The Society of Sports Therapists
University College London
University of Cumbria
University of Hertfordshire
University of Manchester
University of South Wales
University of Southampton
University of Strathclyde (Speech and Language Therapy Programme)
Welsh Ambulance Services NHS Trust
Yorkshire Ambulance Service NHS Trust