

HCPC approval process report

Education provider	The National School of Healthcare Science
Name of programme(s)	Certificate of Completion of Scientist Training Programme, Full time
Approval visit date	28 April 2020
Case reference	CAS-15823-Y2Q3J5

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Executive Summary

We are the Health and Care Professions Council (HCPC), a regulator set up to protect the public. We set standards for education and training, professional knowledge and skills, conduct, performance and ethics; keep a register of professionals who meet those standards; approve programmes which professionals must complete before they can register with us; and take action when professionals on our Register do not meet our standards.

The following is a report on the approval process undertaken by the HCPC to ensure that programme(s) detailed in this report meet our standards of education and training (referred to through this report as 'our standards'). The report details the process itself, the evidence considered, and recommendations made regarding programme approval.

Through undertaking this process, we have noted areas that may need to be considered as part of future HCPC assessment processes in section 6 of this report.

Section 1: Our regulatory approach

Our standards

We approve programmes that meet our education standards, which ensure individuals that complete the programmes meet proficiency standards. The proficiency standards set out what a registrant should know, understand and be able to do when they complete their education and training. The education standards are outcome focused, enabling education providers to deliver programmes in different ways, as long as individuals who complete the programme meet the relevant proficiency standards.

Programmes are normally [approved on an open-ended basis](#), subject to satisfactory engagement with our monitoring processes. Programmes we have approved are listed [on our website](#).

How we make our decisions

We make independent evidence based decisions about programme approval. For all assessments, we ensure that we have profession specific input in our decision making. In order to do this, we appoint [partner visitors](#) to undertake assessment of evidence presented through our processes. The visitors make recommendations to the Education and Training Committee (ETC). Education providers have the right of reply to the recommendation of the visitors, inclusive of conditions and recommendations. If an education provider wishes to, they can supply 'observations' as part of the process.

The ETC make decisions about the approval and ongoing approval of programmes. In order to do this, they consider recommendations detailed in process reports, and any observations from education providers (if submitted). The Committee meets in public on a regular basis and their decisions are available to view [on our website](#).

HCPC panel

We always appoint at least one partner visitor from the profession (inclusive of modality and / or entitlement, where applicable) with which the assessment is concerned. We also ensure that visitors are supported in their assessment by a member of the HCPC executive team. Details of the HCPC panel for this assessment are as follows:

Louise Towse	Lay
Matthew Craddock	Clinical scientist
Geraldine Hartshorne	Clinical scientist
Niall Gooch	HCPC executive
Jamie Hunt	HCPC executive (observer)

Other groups involved in the virtual approval visit

There were other groups involved with the approval process as follows. Although we engage in collaborative scrutiny of programmes, we come to our decisions independently.

Suzie Normanton	Independent chair (supplied by the education provider)	National School of Healthcare Science
Virginia de La Hamayde	Secretary (supplied by the education provider)	National School of Healthcare Science

Section 2: Programme details

Programme name	Certificate of Completion of Scientist Training Programme
Mode of study	FT (Full time)
Profession	Clinical scientist
Proposed first intake	01 September 2020
Maximum learner cohort	Up to 350
Intakes per year	1
Assessment reference	APP02195

We undertook this assessment of a new programme proposed by the education provider via the approval process. This involved consideration of documentary evidence and a virtual approval visit, to consider whether the programme meets our standards for the first time.

There are important differences in this approval process that distinguish it from the normal HCPC approval process, and these should be noted. The Certificate of Completion (CoC) is being treated as a new programme for HCPC regulatory purposes. However, the Scientist Training Programme (STP) itself, successful completion of which is recognised with the CoC, is not a new programme and no changes to its curriculum or assessment were made at this time. The visitors were informed at the visit that a substantial revision of the curriculum was planned. This would need to be assessed by the HCPC through the major change process.

This approval process was focused on a change in the way the National School of Healthcare Science oversees the STP – assuring the quality of the STP programmes themselves rather than this responsibility sitting with the Academy of Healthcare Science (AHCS), which is the current arrangement. The CoC, if approved, will replace the AHCS Certificate of Attainment. In future, the NSHCS will become the education provider, rather than the AHCS. Up until the point of approval, the AHCS remains responsible for overseeing and monitoring this programme.

Therefore, the approval process, and the assessment of the visitors, has focused on policies and procedures relevant to the running of the programme, as well as the management, governance and quality structures. The visitors have not assessed the programme's curriculum, as this has not changed.

Section 3: Requirements to commence assessment

In order for us to progress with approval and monitoring assessments, we ask for certain evidence and information from education providers. The following is a list of evidence that we asked for through this process, and whether that evidence was provided. Education providers are also given the opportunity to include any further supporting evidence as part of their submission. Without a sufficient level of evidence, we need to consider whether we can proceed with the assessment. In this case, we decided that we were able to undertake our assessment with the evidence provided.

Type of evidence	Submitted	Comments
Completed education standards mapping document	Yes	
Information about the programme, including relevant policies and procedures, and contractual agreements	Yes	
Descriptions of how the programme delivers and assesses learning	Not Required	We did not require this document through the process, because, as noted above, we have not assessed the programme's curriculum, as this has not changed.
Proficiency standards mapping	Not Required	See above.
Information provided to applicants and learners	Yes	
Information for those involved with practice-based learning	Yes	
Information that shows how staff resources are sufficient for the delivery of the programme	Yes	
Internal quality monitoring documentation	No	Not Required

Due to the COVID-19 pandemic, the education provider decided to move this event to a virtual (or remote) approval visit. In the table below, we have noted the meeting held, along with reasons for not meeting certain groups (where applicable):

Group	Met	Comments
Learners	Yes	
Service users and carers (and / or their representatives)	No	A service user and carers meeting was organised. However, it was not clear to the visitors that the attendees at this meeting were service users in the sense understood by the standard (see the condition under SET 3.7 below).
Facilities and resources	No	Due to the nature of the programme, and as it is currently running, we determined that this was not necessary.
Senior staff	Yes	
Practice educators	Yes	
Programme team	Yes	

Section 4: Outcome from first review

Recommendation of the visitors

In considering the evidence provided by the education provider as part of the initial submission and at the virtual approval visit, the visitors recommend that there was insufficient evidence to demonstrate that our standards are met at this time, but that the programme should be approved subject to the conditions noted below being met.

Conditions

Conditions are requirements that must be met before programmes can be approved. We set conditions when there is insufficient evidence that standards are met. The visitors were satisfied that a number of the standards are met at this stage. However, the visitors were not satisfied that there is evidence that demonstrates that the following standards are met, for the reasons detailed below.

We expect education providers to review the issues identified in this report, decide on any changes that they wish to make to programmes, and then provide any further evidence to demonstrate how they meet the conditions. We set a deadline for responding to the conditions of 26 June 2020.

2.6 There must be an appropriate and effective process for assessing applicants' prior learning and experience.

3.18 The education provider must ensure learners, educators and others are aware that only successful completion of an approved programme leads to eligibility for admission to the Register.

6.4 Assessment policies must clearly specify requirements for progression and achievement within the programme.

The following condition applies to the above standards. For simplicity, as the issue spans three standards, the education provider should respond to this condition as one issue.

Condition: The education provider must show:

- the process by which they will identify and transfer learners from the Academy (AHCS) programme onto the National School's (NSHCS) programme;
- how they will ensure learners who commenced the Academy (AHCS) programme are fit to practice on completion of the National School programme; and
- how these learners, and others involved in the programme, will understand the route they will take to registration.

Reason: Through the early parts of the process, the education provider noted that they intended the route to registration to change for learners who are part way through the programme (where the AHCS is the approved education provider). Through discussions, this would mean HCPC approving the programme for existing learners, or the NSHCS formally 'transferring' existing learners from the AHCS. This is to fulfil Health Education England's expectations around discontinuing the AHCS qualification prior to the NSHCS programme being approved, so two routes to registration are not being maintained simultaneously. This would mean that all new Scientist Training Programme (STP) graduates from the point of approval would be given the NSHCS certificate of completion, which would be the registerable qualification.

Although not prohibited, it is unusual for the HCPC to approve a programme for learners who commenced prior to HCPC assessment. Although we recognise the unique position of this proposal (as discussed in section 2 of this report), in order to approve this arrangement, we need to properly consider the education provider's approach, and be satisfied that it aligns with and meets relevant standards of education and training (SETs).

Therefore, when working with the education provider through the process, the HCPC executive requested they set out the proposed approach through the documentary submission. For example, in early correspondence the education provider suggested that some form of confirmation of transfer from the AHCS might be provided through the submission, if this was the approach they decided to take. However, there was no reference to the education provider's intentions in this area in the documentation submitted, and therefore visitors have not been able to assess or ask questions relating to the proposed approach for transfer of responsibilities from AHCS to NSHCS through the process so far.

Therefore, the education provider must define how their chosen approach is consistent with the standards being met, with particular focus on:

- Whether they intend to formally transfer learners in some way, or if they are requesting an alternative means of ensuring continuity of learners' education on the programme
- Which groups of learners this would apply to
- The process by which they will identify and transfer learners onto the National School's (NSHCS) programme
- How they will ensure learners who commenced the AHCS programme are fit to practice on completion of the NSHCS programme, particularly:
 - Which organisation will apply their portfolio QA processes for these learners
 - Who is responsible for practical issues around assessment for these learners
- How these learners, and others involved in the programme, will understand the route they will take to registration

The visitors note that there is overlap in conditions set against other standards, particularly for SET 6.3. Therefore, this condition cannot be met until the other conditions are also met

3.4 The programme must have regular and effective monitoring and evaluation systems in place.

Condition: The education provider must demonstrate how the Quality & Standards Committee will:

- Provide effective and appropriate oversight of the Scientist Training Programme; and
- Maintain operational independence from the other functions of the National School of Healthcare Science.

Reason: From the programme documentation and from discussions at the visit, the visitors were aware that, as part of their assumption of oversight of the quality assurance of the Scientist Training Programme (STP) from the Academy of Healthcare Science (AHCS), the National School of Healthcare Science (NSHCS) planned to

create a committee that would have operational responsibility for this oversight function. The AHCS operates a similar body as part of its existing processes.

The visitors considered that such a group would be essential for the effective functioning of the oversight role as that role was envisaged by the education provider, However, they noted that key aspects of its operations had not yet been decided upon by the NSHCS. The NSHCS had not yet formulated terms of reference for this group, or provided formal evidence about its operational remit.

It was not clear, either from the evidence provided or from the discussions at the visit, from what disciplines or areas of expertise its membership would be drawn. The education provider had yet to determine to whom the committee would be answerable for its decisions or how appointments to it would be made. All these questions were raised with the education provider, and it was clear that they were under consideration. For example, the idea of shadowing the work of the currently operational AHCS committee was mooted.

However, the visitors were not shown evidence relating to how the committee's various functions would be delivered, and how the NSHCS, in its new role as the HCPC-approved education provider, would ensure that the planned committee would be able to fulfil its intended role. This involves providing effective and appropriate oversight and also operating independently from the administration of the programme, to ensure the perceived and actual integrity of the quality assurance process.

The visitors were unable to be certain that the standard was met. They require further evidence relating to how the education provider will ensure that the NSHCS is able to provide appropriate ongoing monitoring of STP programmes, to ensure the Certificate of Completion is awarded only to those who will practise safely and effectively as clinical scientists.

3.7 Service users and carers must be involved in the programme.

Condition: The education provider must demonstrate how they will ensure that there is an appropriate level of service user and carer involvement specifically in the National School of Healthcare Science's (NSHCS) quality assurance process.

Reason: In their evidence for this standard, the education provider submitted materials relating to how the HEIs who were delivering the STP would involve service users and carers in the programme, including the findings of an STP curriculum review. The visitors were aware, based on this evidence, that there was not a strategy from the NSHCS for specifically involving an appropriate range of service users and carers in the processes which the NSHCS were operating to quality assure the STP. It was this quality assurance that was the focus of the visit, rather than the input into the STP that took place at the level of the individual HEI.

The individuals that the visitors spoke to in the service users and carers meeting were not able to provide much information about this role, as they were lay representatives with specific areas of expertise in more of a governance role, rather than service users and carers in the sense that this standard requires. The visitors were informed that there was not a formal job description or brief for the service user role at the level of the NSHCS. The visitors also noted that the service users and carers had professional links to clinical science, and there was no lay representation of the kind that would

ensure an appropriate level of genuine service user and carer involvement as required by the standard. Additionally, the visitors understood that there had not been new service user involvement with the group for some time. The visitors were informed that there was a recruitment plan for more service users, but they considered that there was not sufficient evidence around what exactly these future service users would do and what kinds of background they would be drawn from, and how exactly they would feed into the National School's QA process rather than the local STPs. The visitors therefore determined that the standard was not met and require further evidence showing how service users will have appropriate input into the NSHCS's proposed new processes for overseeing the STP award.

3.8 Learners must be involved in the programme.

Condition: The education provider must demonstrate how they will ensure that the feedback generated from learners about the programme will be acted upon appropriately, and in a timely fashion.

Reason: The visitors were aware from the documentation that there was a Trainee Board in operation, from which the National School of Healthcare Science (NSHCS) could receive feedback relating to the programme, and that this could be used to support continuous improvement as required by the standard, in the context of this programme. They also knew that there was a new trainee support unit (TSU) planned for when the NSHCS would take ownership of the eligible award. At the visit they discussed the intended functioning of these bodies.

The visitors did not see evidence that laid out how the information generated through these bodies would be acted upon, and so it was not clear to them that they constituted an effective means of meeting the standard. At the visit this area was discussed and the NSHCS were able to fill in some of the detail about the feedback processes through verbal assurances. However, the visitors were not able to view specific evidence about how this would work and so they were still not clear on how and where the Trainee Board and the TSU would report in to the appropriate structures at the NSHCS. They also noted that the learners did not seem clear about these matters, which they considered to be a potential problem because a process that is not clearly understood by those who are intended to use it may not be an effective process.

The visitors also noted that in the Document 2 submitted as part of the pre-visit submission, in the part where the NSHCS set their expectations with HEIs (page 15), the onus for dealing with learner input to the programme seemed to be placed largely on the HEI providing the STP. They considered that while that could be a reasonable approach, it was important for the NSHCS to understand that for HCPC regulatory purposes they would now be treated as the education provider and so would need to take a more active role in seeking out, and responding to, learners' contributions to the STP.

The visitors were therefore unable to be certain the standard was met, and require further evidence to demonstrate how the NSHCS will take an appropriate role in ensuring learner involvement with the STPs.

3.13 There must be effective and accessible arrangements in place to support the wellbeing and learning needs of learners in all settings.

3.15 There must be a thorough and effective process in place for receiving and responding to learner complaints.

3.17 There must be an effective process in place to support and enable learners to raise concerns about the safety and wellbeing of service users.

The following condition applies to the above standards. For simplicity, as the issue spans three standards, the education provider should respond to this condition as one issue.

Condition: The education provider must demonstrate that, where the issue arising falls within their purview as the quality assurance provider and commissioner of the STP partners, they are in a position to communicate effectively and appropriately with learners, and in a timely fashion, around the following areas:

- Learners' wellbeing and learning needs;
- Learner complaints; and
- Concerns around safety and wellbeing of service users.
- Concerns around communication and expectations between the HEI and the placement provider

Reason: From the documentation, the visitors had noted that it was not always clear how feedback loops would be closed in the processes that the National School of Healthcare Science (NSHCS) intended to adopt for creating channels of communications for learners enrolled at STP-providing organisations. The relevant higher education institutions (HEIs) and placement providers had their own processes for meeting their learners' needs and responding to their complaints, and enabling them to raise concerns, which the NSHCS ensured through the tendering process when awarding the STP contracts.

However, there are particular areas where learners may need to raise issues specifically with the NSHCS rather than the HEI or the placement provider. From the HCPC perspective, the NSHCS will be the education provider and so will have the responsibility for ensuring that such issues can be raised and dealt with appropriately. In the learners' meeting at the visit, the visitors heard from learners that the NSHCS was not always responsive when matters of concern were raised, and that they did not always understand what steps they had to take to communicate with the NSHCS and receive a response. In particular, feedback loops were not always closed appropriately, meaning that learners were not always sure what action had been taken in response to matters they did raise. Additionally, learners were not clear about lines of responsibility around communication, and expressed a need for clarification about the different areas of responsibility of the HEI and the NSHCS.

In later discussions, the NSHCS representatives at the visit suggested that the COVID-19 crisis has created communication difficulties, but the nature of the issues highlighted by learners were such that there appeared to be a broader structural challenge for the NSHCS in ensuring clear information about processes was available. The visitors were

not given evidence, for example, of a clear breakdown which showed whether an HEI or the NSHCS would be responsible for communicating around which areas, or of what timescales would be considered appropriate for responses to particular complaints.

In particular the visitors considered that there was a lack of clarity about the mechanisms for escalating concerns about experience in practice education. In discussions with the learners it emerged that some formalised complaints had not been processed appropriately, and while this was under the current arrangements rather than the proposed new ones, it highlighted an area of concern.

The visitors were therefore unable to determine whether these standards are met, and require further evidence to demonstrate how the NSHCS will make clear to learners which issues can be escalated to them from the HEIs, how these will be handled, and how actions generated from these processes will be reported back.

6.3 Assessments must provide an objective, fair and reliable measure of learners' progression and achievement.

Condition: The education provider must demonstrate how they have robust processes in place to assure the quality of assessed portfolios submitted by candidates for the Certificate of Completion.

Reason: From the documentation submitted and from discussions at the visit, the visitors were aware that the arrangements for assessment of portfolios submitted by learners on the Scientist Training Programme were still to be finalised. This would include assessment of practical competencies by workplace Training Officers (TOs) and others to whom this responsibility was delegated. The National School of Healthcare Science (NSHCS) would then have responsibility for providing QA oversight of the submitted portfolios prior to learners being awarded the Certificate of Completion.

At present the visitors understood that the intention was to sample a certain percentage of the work in the submitted portfolios, but that it had not been decided how large a sample would be taken. The programme team suggested that 10 per cent might be a reasonable figure, but the visitors were not sure how this figure had been determined. It did not appear to them to have been drawn from existing effective practice in comparable quality assurance settings.

More broadly, the visitors were not sure what processes were in place to mitigate against risks to the reliability of the portfolio assessment approach, in particular for those portfolios which were not part of the selected sample and so would not be subject to the same scrutiny as those which were.

For example, it was not clear that there were appropriate measures in place to check for plagiarism, or other indications of an unacceptable submission. Additionally, the education provider had not provided a clear explanation of how they would ensure that practice education assessors in workplaces, who were under the supervision of a TO, would be suitably qualified and prepared for their role. In discussions around this point the education provider stated that they would rely on the professional discretion of TOs. However, the visitors considered that they were not clear how the NSHCS's determining whether TOs were delegating assessment roles appropriately and consistently would be evidenced and formalised.

The visitors were therefore unable to determine whether the standard was met, and require further evidence to demonstrate how the assessment of portfolios by the HEIs contracted to deliver the STP will be appropriately overseen, and that the NSHCS will take an appropriate level of responsibility.

6.7 The education provider must ensure that at least one external examiner for the programme is appropriately qualified and experienced and, unless other arrangements are appropriate, on the relevant part of the Register.

Condition: The education provider must demonstrate how they will ensure that an appropriate external examiner is in place.

Reason: The education provider noted in their mapping exercise that they would follow the process used by the Academy of Healthcare Science (AHCS) for external examiner appointments, but did not submit further detail about how this would be done, or what criteria would be used to make an appointment. From discussions at the visit, the visitors were aware that the plans around this particular issue had not been developed further and so they were unable to determine that the standard was met. They understood that at this stage it might not be possible to have finalised an appointment but they considered that it would be reasonable to see evidence of a plan for recruitment, for example a role description, timescales or similar information. They therefore require further evidence to demonstrate how the education provider will ensure they have an appropriately qualified and experienced external examiner in place.

Section 5: Visitors' recommendation

Considering the education provider's response to the conditions set out in section 4, the visitors are satisfied that the conditions are met and recommend that the programme(s) are approved.

This report, including the recommendation of the visitors, will be considered at the 20 August 2020 meeting of the ETC. Following this meeting, this report should be read alongside the ETC's decision notice, which are available [on our website](#).

Section 6: Future considerations for the programme(s)

We include this section to note areas that may need to be considered as part of future HCPC assessment processes. Education providers do not need to respond to this section at this time, but should consider whether to engage with the HCPC around these areas in the future.

The visitors considered that the conditions were now met at threshold. However, there were certain areas where they had outstanding concerns. The education provider should pay close attention to these in future. The visitors strongly consider that these are important areas for HCPC visitors to review in future monitoring, and that the education provider should pay particular attention to them going forward.

These areas were as follows:

- Feedback from learners. The visitors considered that the relevant conditions had been met at threshold. However, they also noted that the feedback mechanisms had possible weaknesses, notably because they were weighted towards reactive feedback rather than being designed to pick up ongoing issues in a prompt way. The visitors consider that careful review of the effectiveness of feedback acquisition, monitoring and responses is required in order to ensure the required standard continues to be met in future. In particular, the education provider needs to ensure that feedback from learners is acted upon.
- The operation of the Quality & Standards Committee. The visitors considered that the information supplied about the QSC meets the condition set under SET 3.4 at threshold, in terms of clarifying the workings of the QSC and showing how it would have operational independence. However, they also noted that there was some overlap between the personnel on the QSC and senior staff at the education provider. The visitors strongly suggest that the education provider should further consider how best to ensure that the QSC maintains its separate identity and distance from the leadership of the education provider.
- Additionally, the panel wish to highlight the importance of timely and appropriate communication with service users and carers, in order that SET 3.7 continues to be met.