

Health Professions Council
Council meeting, 14th December 2006
Standards workplan

Executive Summary and Recommendations

Introduction

The attached paper seeks to set out the aims and direction of the Council's work on standards. In particular, it sets out a rationale for reviewing the standards; for producing guidance; and for ongoing and periodic review of the standards.

The workplan has been considered and approved by the Health, Investigating, Conduct and Competence and Education and Training Committees

Decision

The Council is invited to approve the attached document.

Background information

The Council considered an updated workplan for the policy and standards department at its meeting on 12th September 2006:

http://www.hpc-uk.org/assets/documents/10001423council_meeting_20060912_enclosure07.pdf

Resource implications

None

Financial implications

None

Background papers

None

Appendices

None

Date of paper

4th December 2006

Standards workplan

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This document

This document sets out broad areas for the future direction of the Council's work in the area of standards. It begins by establishing the legal basis and function of the standards and sets aims for the Council's work, including reviewing standards and the publication of guidance.

The document includes information about past activities in relation to the standards and planned or possible future activities. It should be read in conjunction with the workplan for the policy and standards department.

Introduction

The Council produces five key standards which are the subject of this document. They are:

- Standards of proficiency
- Standards of conduct, performance and ethics
- Standards of education and training
- Standards of continuing professional development
- Standards for returners to practice

Setting standards is one of the Council's key processes and the standards are central to how individuals become and remain registered.

Overall aims

The Council's standards should:

- a) effectively protect the public;
- b) not hinder the development by education providers, registrants and others of innovative and pragmatic ways of working;
- c) be applicable to all or most registrants (except in the case of profession-specific standards of proficiency);
- d) be written in broad terms to allow for developments in best practice, technology and legislation;
- e) be set at a 'threshold' level – e.g. the level which is necessary for safe and effective practice, and public protection; and
- f) describe outcomes or broad principles and not be prescriptive about ways of meeting the standards.

Review of non-medical regulation

A number of recommendations are made in the department of health report, 'The regulation of the non-medical healthcare professions' on standards related issues. The report recommends:

- Regulators should be more consistent with each other about the standards they require of someone registering for the first time – employers and regulators should agree on common standards. In particular, there should be a single definition of good character.
- CHRE should work to develop common standards 'in all those areas where this would benefit patient safety'.¹

The outcomes of the consultation on the report may well influence the way in which the Council develops its work on standards in the future. Further, the report's emphasis of the importance of 'common standards', where possible, mirrors the approach taken by the Council in publishing its five key standards.

¹ Department of Health, The regulation of the non-medical healthcare professions, July 2006, <http://www.dh.gov.uk/assetRoot/04/13/72/95/04137295.pdf>, page 40.

Legal background to the standards

Standards of proficiency

Legal background

Article 5 (2) (a) of the Health Professions Order 2001 says that the council shall:

'establish the standards of proficiency necessary to be admitted to the different parts of the register, being the standards it considers necessary for safe and effective practice under that part of the register.'

Summary

The standards are set at a threshold or 'necessary' level and play a central role in entry to the register.

The standards are used in the following ways:

- in making decisions against the standards about international and grandparenting (route b) applications;
- in assessing education programmes to decide whether the learning outcomes meet the standards of proficiency; and
- in making decisions about lack of competence cases.

The standards include a 'generic core' which is common to all professions on the register and profession-specific standards.

Although the standards are threshold standards for entry to the register, the interaction between the standards and the standards of education and training means that a small number of standards relate to additional or post-registration entitlements and are therefore 'optional'. For example, the standards for radiographers, physiotherapists and chiropodists and podiatrists include a standard which relates to supplementary prescribing entitlements. It is only necessary for registrants to meet this standard if they wish to practise as a supplementary prescriber.

History

The standards for the first 12 professions regulated were first published in 2002 and were subsequently reviewed in 2005/6. The standards for Operating Department Practitioners were published in July 2004.

Standards of conduct, performance and ethics

Legal background

Article 21 (a) says that the Council shall –

‘establish and keep under review the standards of conduct, performance and ethics expected of registrants and prospective registrants and give them such guidance on these matters as it sees fit.’

Article 27 (a) (i) further provides the Conduct and Competence with the role of advising the Council on the *‘performance of the Council’s functions in relation to standards of conduct, performance and ethics expected of registrants and prospective registrants’*.

Rule 8 of The Health Professions Council (Practice Committees) (Constitution) Rules Order of Council 2003 says that the Conduct and Competence Committee must review the standards each year.

Summary

The standards describe our expectations of registrants in terms of their professional attitudes and behaviour. They:

- may be taken into account by fitness to practise panels in deciding whether the fitness to practise of a registrant is impaired; and
- are used in making health and character decisions on admission to the register.

The standards are generic across all registered professionals and specifically apply to prospective registrants. Applicants for registration are asked to confirm that have read and understood the standards and will keep to them once registered.

History

The standards were published following consultation in 2003.

Standards of education and training

Legal background

Article 15 (1) (a) says that:

The Council shall from time to time establish—

‘the standards of education and training necessary to achieve the standards of proficiency it has established under article 5 (2).’

Article (6) (a) further provides that –

'In respect of additional qualifications which may be recorded on the register the Council may establish standards of education and training'.

Summary

The standards ensure that education programmes allow graduates to successfully meet the learning outcomes described in the standards of proficiency. The standards cover such areas as admissions, assessments and practice placements.

The standards are generic and are monitored via the Council's approvals monitoring processes.

History

The standards were published in November 2004 after extensive consultation. The Council recently consulted on guidance on the standards for education providers.

Standards of continuing professional development

Legal background

Article 19 (1) says that:

'The council may make rules requiring registrants to undertake such continuing professional development as it shall specify in standards.'

Summary

The standards of continuing professional development (CPD) link the learning and development of registrants to continued registration, meaning that health professionals must continue to learn while they are registered, to help ensure that they remain safe and effective practitioners.

The standards are generic and focus on the outcomes of registrants' learning,

All registrants are required to confirm when renewing their registration that they understand and meet the Council's standards. From 2008 a sample of registrants will be audited to ensure that the standards have been met.

History

The standards were agreed by the Council in July 2005 after extensive consultation and became effective from 1st July 2006.

Standards for returners to practice

Legal background

Article 19 (3) says that:

‘The Council may by rules require persons who have not practised or who have not practised for or during a prescribed period, to undertake such education or training or to gain such experience as it shall specify in standards.’

Summary

The Council has defined the practise of a profession as someone drawing on their professional skills in some way in the course of their work. The returners to practice requirements make additional requirements of registrants who have been out of practise for more than two years in order to remain registered or readmit to the register. The requirements also apply to someone who has never been registered, who has been out of practise for more than two years and who holds an approved qualification which is over five years old.

Health Professionals are required to undertake a period of updating which may include supervised practise, formal study or private study and provide evidence of this in order to become re-registered.

History

Previous returners requirements which required supervised practice were suspended by the Council in April 2005. The Council agreed new requirements in March 2006 which became effective from 31st July 2006.

Workplan

The workplan for standards is structured around the two main aims identified in the Policy and Standards work plan for 2006/2007.

Five areas of work are identified. This plan should be read in conjunction with the Policy and standards workplan, which sets-out the specific projects to be completed in a given financial year.

Improve

“The council aims to review its standards, guidance and policies, to consult with stakeholders, to gain feedback and to make improvements to ensure that these continue to reflect the Council’s purpose and principles.”

1. Review

<p>Aims/ Objectives</p> <ul style="list-style-type: none">▪ <i>All standards reviewed on an ongoing and periodic basis in accordance with review policy and timetable</i> <p>Recent and ongoing work</p> <ul style="list-style-type: none">▪ Standards of proficiency review (October to July 2006)▪ Standards of conduct performance and ethics review (From July 2006)▪ Consultation on SET 6.7.5 <p>Future work</p> <ul style="list-style-type: none">▪ Standards for operating department practitioners review (planned from January 2007)▪ Standards of education and training review (planned for 2007/08 financial year)

Ongoing and periodic review will ensure that the standards continue to be fit for purpose and that their content is well understood by the Council’s stakeholders

Ongoing review should focus on ensuring that the standards continue to be fit for purpose. ‘Ongoing review’ is the ‘day-to-day’ reviewing of the standards by the Council, its Committees and the Executive. This will ensure that the standards do not limit effective ways of working for health professionals and education providers.

Ongoing review might indicate that a specific change to a standard was necessary or indicate that a more detailed 'periodic' review should be brought forward.

The Council recently agreed to consult on a proposed amendment to Standard 6.7.5 of the standards of education and training in response to information received from education providers about difficulties in meeting the standards. Ongoing review indicated that a specific change may be necessary.

A **periodic** review should be more thorough and comprehensive. The purposes of periodic review would be to look at the standards at a given point in time and:

- ensure that the standards remain fit for purpose – in making decisions about education programmes and in making fitness to practise decisions, for example;
- ensure that they are well understood by our stakeholders including registrants, patients, education providers and the public; and
- ensure that they take account of change including changes in practice, legislation, technology, guidelines and wider society.

A periodic review therefore looks at the standards in the round, seeks to engage more widely with the Council's stakeholders, and is structured with a clear workplan. Ideally, no more than one periodic review of the Council's standards should take place in any one financial year. This ensures that confusion is avoided, allows the Council to more effectively engage with its stakeholders and allows for the effective use of resources.

In education, internal periodic review of programme quality is generally undertaken by universities in five year cycles. In addition the Quality Assurance Agency's (QAA) subject statement benchmarks are reviewed every five years. Amongst regulators, the General Medical Council aims to review their standards and guidance every five years. In keeping with this practice, periodic reviews will take place (or be planned to take place) every five years (see page 17).

The rules specifically provide that the standards of conduct, performance and ethics should be reviewed by the Conduct and Competence Committee each year. This specific requirement does not exist for the Council's other standards. Accordingly the policy and standards department will produce a paper each year (in a year where no periodic review is taking place) for the consideration of the conduct and competence committee. This might include:

- information about the standards topics where requests for information and advice were received over the past year;
- information about the fitness to practise cases considered, any learning points and the use of the standards by panels in their decisions;
- information about the health and character decisions made by registration panels;
- changes in legislation or guidance since the last review; and
- any other information requested by the Committee.

This discussion could also be used to inform whether an early periodic review is necessary or whether a specific change to the standards may be necessary. It could also inform discussion of whether additional guidance may be necessary.

2. Standards guidance and information

Aims/ Objectives

- *To improve understanding of, and compliance with, the standards amongst registrants*
- *To improve understanding of the standards amongst other stakeholders*

Recent and ongoing work

- Conduct and Competence Committee agreed to produce guidance to the standards of conduct, performance and ethics on confidentiality
- Additional information written for website explaining relationship between standards and issues around interpreting and meeting the standards

Future

- More guidance/ information published

The Hampton review concluded that regulators place insufficient focus on providing advice to ensure compliance and recommended that regulators should provide more advice as ‘better advice leads to better regulatory outcomes’.²

The Council presently publishes guidance on topics in a small number of areas directly related to the standards or on topics building upon the principles expressed in the standards:

- Standards of education and training guidance for education providers
- Managing fitness to practise
- A disabled person’s guide to becoming a health professional

A distinction is drawn between publications providing information about the Council’s processes and publications which provide specific guidance on standards or standards related issues.

² Hampton, Philip (HM Treasury), Reducing administrative burdens: effective inspection and enforcement, March 2005, p.10 and p.15.

<http://www.hm-treasury.gov.uk/media/A63/EF/bud05hamptonv1.pdf>.

In particular, the Executive has identified the potential need for guidance to the standards of conduct, performance and ethics in a small number of discrete areas.

Formal guidance should be produced if:

- there is good evidence to suggest that guidance would be helpful;
- the topic is not substantially covered in another HPC publication or another authoritative sources;
- the topic is relevant to most professionals who are registered; and
- the topic builds upon the existing standards.

Whilst links to the Council's key fitness to practise functions should be clear, any guidance should be positive in nature by focusing on ways of meeting the standards rather than situations would not meet the standards or the possible consequences of a failure to meet them. Guidance should focus on the importance of health professionals making individual decisions which are informed and reasonable.

The Executive will also explore developing the standards section of the HPC website. This could include producing a 'bank' of information on a small number of topics. Such information could be produced where a topic is not substantive enough to merit formal guidance being produced.

This might also include case studies drawn from the standards and ethics queries received and/or fitness to practise cases.

The Council recognises the important role of professional bodies and other organisations in publishing guidance and information to assist registrants in meeting the standards. Any guidance should not seek to replace this role and should provide signposts to other information available where possible.

3. Standards and ethics queries

Aims/ Objectives:

- *Responses to standards and ethics queries are appropriate and consistent*

Recent and ongoing

- Standards training for fitness to practise department held
- Additional information in standards section of the website about links between the standards and meeting the standards

Future

- Database to track standards queries
- Training for departments when necessary
- Auditing responses to ensure consistency

We regularly receive letters and e-mails from registrants and employers asking questions about our standards, particularly the standards of conduct, performance and ethics. Most commonly we receive enquiries asking about how to interpret the standards, particularly registrants and employers seeking assurances that their working practices meet our standards. (Queries received from individual registrants on matters related to fitness to practise are answered by the fitness to practise department.)

We are also regularly asked for information on topics with some relevance to the standards such as the drug administration entitlements of those we register.

The policy and standards department will work with the fitness to practise department to ensure consistency and best practice in answering standards and ethics queries including:

- establishing a 'central' database to track standards queries;
- training of staff members on standards and ethics related topics (where necessary);
- producing 'standard' responses to common queries, where appropriate; and
- periodic auditing of responses to standards queries to ensure quality and consistency.

Influence and promote

“The Council aims to build on its growing reputation as a respected voice within the policy arena on the regulation of healthcare workers.”

The Council aims to *promote* its standards and guidance to its stakeholders.

The Council aims to *influence* the development of other standards and guidance relevant to its aims. It also aims to learn from the experience of other organisations and engage its stakeholders when producing standards and guidance.

In this section, the key areas are structured around the headings of *involve*, *engage* and *communicate*. *Involve* in this paper is used to encompass activity which involves stakeholders in some way in the Council’s work and also includes the involvement of the Council in the work of its stakeholders.

4. Involve

Aims and Objectives

- *To involve stakeholders in developing standards and guidance*
- *To be involved in the development of standards and guidance by other organisations where this is relevant to the Council’s aims*
- *To be recognised as a source of expertise in producing clear, accessible and appropriate standards and guidance*

Recent and ongoing

- Participation in working groups and at consultation events for various groups
- Participation from representatives of outside organisations as members of PLGs considering issues around health, disability and registration and reviewing the standards of proficiency
- Discussion meetings held with professional bodies and groups with a patient/ public/ consumer focus during review of standards of conduct, performance and ethics.
- Public consultation

Future

- Continue engaging where appropriate
- Attending and speaking at events on standards related issues

The Council will involve its stakeholders in the production of its standards and guidance. For example, the Council invited input from charities and disability groups when it established a PLG to consider issues around health, disability and registration. It also invited input from a member of a patient public involvement forum when reviewing the standards of proficiency.

The involvement of external stakeholders benefits the Council in developing its standards and guidance in a number of ways. The Council benefits from the knowledge and expertise of its stakeholders, often profession-specific and drawn from a wide range of practice areas. Involving our stakeholders in the development of standards and guidance (rather than simply at the consultation stage) also ensures 'buy-in' from stakeholders and improved dissemination of the completed work. It also raises the profile of the organisation.

The Council also involves its stakeholders by consulting whenever it produces guidance or standards. It also provides input into other standards development by others by responding to external consultations where appropriate.

The Council is often involved in the development of standards and guidance by other organisations. The Executive has recently participated in the development of standards and guidance by other organisations, including:

- the National Patient Safety Agency's (NPSA) development of guidance about handling concerns about professional performance;
- the NMC's draft guidance on health, character and disability; and
- the NMC's review of their code of conduct.

Becoming involved in the development of standards and guidance by other organisations will:

- allow sharing of knowledge, expertise and best practice for mutual benefit;
- provide opportunities for networking; and
- raise our profile.

5. Communicate

Aims and Objectives

- *To effectively communicate the role and purpose of the Council's guidance to its stakeholders*

Recent

- Press releases for reviews and consultations
- Newsletter articles about standards consultations, scope of practice and medicines

Future

- Further development of the website
- Newsletter content
- Promoting standards at events
- Standards-focused consultation events

The Council should aim to effectively communicate the role and purpose of its standards to a variety of different stakeholders including employers, registrants and education providers

The policy and standards department will work with the communications department to develop effective ways of communicating the purpose and function of the Council's standards and guidance.

This could include:

- using opportunities to promote the Council's standards work at events;
- producing content for the newsletter which explores standards and ethics type issues such as a regular "Standards in focus" section which focuses on a particular standard or other articles focusing on a specific topic or an anonymised case study;
- developing the HPC website; and
- exploring possibilities of standards focused consultation events in the future

Date	Ver.	Dept/Cmte	Doc Type	Title
2006-05-19	a	POL	PPR	Standards and Ethics

Status	Int. Aud.
Draft	Confidential
DD: None	RD: None

Standard	Date of publication	Date of first review (financial year)	Date of next review*
Standards of proficiency	2003	2005/06 ³	2010/11
Standards of conduct, performance and ethics	2003	2006/07	2011/12
Standards of education and training	2004	2007/08	2012/13
Standards of continuing professional development**	Effective 07/06	TBC	TBC
Standards for returning to practice	Effective 07/06	2009/10	2014/15

³ This does not include the standards of Operating Department Practitioners

N.B:

Standards of proficiency for each new profession should be reviewed after the end of the transitional ‘grandparenting’ period. The profession’s standards of proficiency should then be included in the next periodic review of the standards, where timing is appropriate.

*Periodic reviews every five years thereafter.

** The Standards for CPD will be reviewed in light of the audits to take place in 2008

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