## **Executive Summary**

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This operating operating manual is for the Committee's information. It shows the procedures deriving directly from the Health Professions Order as they will apply internally at HPC.

While HPC's procedures must retain their independence and integrity, they must also be implemented with due regard for the need to consult and co-operate as set out in Part II of the Order. This is dealt with elsewhere in other contexts.

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## **Input Standards**

Level of qualification awarded by reference to the QAA's The Frameworks for higher education qualifications in England, Wales and N Ireland and in Scotland (Jan 2001)

HPC would normally expect the entry routes to the Register to operate at:

- BSC (Hons) level or above for: Chiropody/Podiatry; Dietetics; Biomedical Science; Occupational Therapy; Orthoptics; Physiotherapy; Prosthetics and Orthotics; Radiography and Speech and Language Therapy
- PG Dip level or above for the Arts Therapies
- MSc level or above for the Clinical Sciences
- DipHE level or above for Paramedics
- All awards must be made by a body approved by government for that purpose

All currently approved entry routes follow this pattern.

| AI  | All currently approved entry routes follow this pattern.  |   |  |  |
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|   | Course Admissions   |   |  |  |
| ₽   | <ul> <li>Evidence that recruitment and selection processes give both parties the<br/>information they require to make an informed choice about whether to make, or<br/>take up the offer of a place on the course</li> </ul>  |   |  |  |
|   | Agree   | d selection and entry criteria are applied including:   |  |  |
|   | (i)   | Good command of written and spoken English  |  |  |
|   | (ii)  | Criminal convictions check and compliance with any mental health legislation requirements   |  |  |
|   | (iii)   | Benchmark academic entry standards (against three good passes in relevant A Levels for DipHE and BSc level courses and a relevant first degree for PGDip and Masters courses) |  |  |
|   | (iv)  | Approved institutions should accept candidates with other qualifications<br>of an equivalent standard through Accreditation of Prior Learning and<br>Experience schemes       |  |  |
| <ul> <li>On application to the course, it is advised that:</li> </ul> |   | plication to the course, it is advised that:  |  |  |
|   | (i)   | a health declaration be signed by each applicant  |  |  |
|   | (ii)  | a reference be obtained from the previous employers/institution   |  |  |
|   | (iii)   | applicants are interviewed to assess professional suitability where necessary   |  |  |
|   | <ul> <li>Any approved institution must have an equal opportunities policy in relation to<br/>candidates and students, together with an indication of how this will be<br/>implemented and monitored. Recent extensions to anti-discrimination legislation<br/>(e.g. Disability Discrimination Act, 1995 as extending to HPC in 2004) must be<br/>taken into account.</li> </ul> |   |  |  |

| Course Duration  |   |
|--|---|
| All entry routes should constitute in total a requirement to have spent three or more academic years in higher education, or equivalent  |   |
| All education institutions must have sufficient arrangements in place to set a maximum period for course completion that are appropriate to its own circumstances.   |   |
| <br>Course Management and Staffing   |   |
| <ul> <li>The structure and processes must be in place to manage the course effectively</li> </ul>  |   |
| <ul> <li>The resources to support student learning in all settings must be deployed<br/>effectively</li> </ul>   |   |
| <ul> <li>There must be adequate allocation of staff to the course</li> </ul>   |   |
| <ul> <li>Each member of staff must be appropriately qualified and experienced</li> </ul>   |   |
| <ul> <li>Subject areas must be taught by staff with relevant specialist interest and<br/>knowledge</li> </ul>  | ( |
| <ul> <li>The education centre must ensure that all academic staff are approved by the<br/>Council at approval of the course and are on HPC's Register where<br/>appropriate</li> </ul>   |   |
| <ul> <li>The education centre must ensure that all academic staff employed must have<br/>at least two years full-time, post-qualification clinical experience in the<br/>profession they are teaching</li> </ul>                               |   |
| <ul> <li>A policy for staff development must be in place</li> </ul>  |   |
| <ul> <li>Development courses for individual members of staff must be adequately<br/>resourced, reviewed, updated and revised</li> </ul>  |   |
| <ul> <li>All academic staff employed by the educational centre must continue their<br/>relevant professional development, including the maintenance of their<br/>clinical practice where appropriate</li> </ul>                                |   |
| <ul> <li>Research and development by members of the course team should be actively<br/>encouraged</li> </ul>   |   |
| <ul> <li>Students must have regular meetings with a personal tutor whose task is to<br/>monitor the student's progress in all aspects of the course</li> </ul>   | ( |
| <ul> <li>Time must be allocated as part of the course for independent study</li> </ul>   | Ĵ |
| <ul> <li>The quality assurance process underpinning the course needs to be clearly defined</li> </ul>  |   |
| <ul> <li>Evidence that the course has a secure place in the education provider's<br/>business plan and that the interests of its various clients and sponsors are<br/>owned and supported at both a strategic and operational level</li> </ul> | • |
| <ul> <li>Evidence that the facilities needed to ensure the welfare and well-being of<br/>students are both adequate and accessible</li> </ul>  |   |
| <ul> <li>Ensuring students have effective opportunities to contribute to their own<br/>experiences as part of the wider process of course management and<br/>monitoring</li> </ul>   |   |
| <ul> <li>The course must have a dedicated placement/fieldwork co-ordinator</li> </ul>  |   |
| <ul> <li>Throughout the course of the programme the academic institution must:</li> </ul>  |   |
| <br>(i) keep attendance records for each student, noting the duration and reason   |   |

|        | for absence   |
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| (ii)   | specify a minimum period of attendance.   |
|        | Physical Resources  |
| • 7    | The physical resources, both on and off campus, must adequately support th<br>equired teaching and learning activities of the course  |
|        | Reports to the Education and Training Committee   |
|        | The education centre must provide an annual report to the Education and<br>Training Committee   |
| • ,    | When a visit is made, the education centre must provide the Education and Training Committee with a progress report for the purposes of the visit.  |
|        | Curriculum  |
| •      | Institutions must address changes in health-care provision  |
| •      | Teaching and learning activity must be geared to the attainment of<br>demonstrable outcomes and promote in students the autonomy needed to<br>sustain life-long learning                          |
| •      | Teaching and learning activity must include written, oral and group work a well as research and clinical elements   |
| •      | The course must reflect the history of the profession, current best practice as<br>recent advances in the field   |
|        | Practical/clinical elements must be integrated with the academic/theoretica<br>elements   |
|        | Courses should include a component on ethical issues and professional conduct.  |
| cur    | e delivering and awarding institutions must specifically ensure that the riculum enables the student, as a minimum requirement, to meet the ndards of Proficiency for their Part of the Register: |
| Sta    | ndards of proficiency   |
| 1 Exp  | ectations of a health professional:   |
| 1a Pro | ofessional autonomy and accountability  |
|        | egistrant must be able to:  |
| ₿      | understand and practice within the legal and ethical responsibilities of professional practice; maintain the principles and practice of patient/clien confidentiality;                            |
| •      | be aware of and understand the concept of informed consent and practice accordingly;  |
| 1      | exercise a professional duty of care to patients/clients/carers;  |
| •      | recognise the limits of his/her practice;   |
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|        | recognise the obligation to maintain fitness for practice.  |
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| <ul> <li>recognise professional and personal scope of practice and make referrals<br/>where appropriate;</li> </ul>   |   |
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| <ul> <li>work, where appropriate, with other health and social care professionals,<br/>support staff and patients/clients/carers</li> </ul>   |   |
| <ul> <li>demonstrate effective and appropriate skills in communicating<br/>information, advice, instruction and professional opinion to colleagues,<br/>patients, clients, their relatives and carers;</li> </ul>                             |   |
| <ul> <li>demonstrate continuation of this communication throughout the care of the client/patient.</li> </ul>   |   |
| 2 The skills required for the application of practice:  |   |
| 2a Identification and assessment of health and social care needs  |   |
| The registrant must be able to adopt a systematic approach to:  |   |
| <ul> <li>collecting case histories and other appropriate information;-<br/>undertaking or arranging clinical investigations as appropriate;</li> </ul>  |   |
| <ul> <li>analysing and evaluating the information collected;</li> </ul>   |   |
| <ul> <li>using appropriate assessment techniques.</li> </ul>  | - |
| 2b The formulation and delivery of plans and strategies for meeting health and social care needs  |   |
| The registrant must be able to:   |   |
| <ul> <li>use reasoning and problem solving skills to make judgements/decisions in<br/>determining appropriate actions;</li> </ul>   |   |
| <ul> <li>formulate specific and appropriate management plans, including treatment<br/>and prognosis as necessary, for meeting needs/problems, setting these<br/>within a timescale;</li> </ul>  |   |
| <ul> <li>conduct appropriate treatment/therapy or other actions safely and<br/>skillfully and in accordance with best/evidence-based practice;</li> </ul>   |   |
| <ul> <li>maintain records appropriately including notes on professional<br/>judgements, decisions taken and treatment or advice given.</li> </ul>   |   |
| 2c The critical evaluation of the impact of, or response to, their actions  |   |
| The registrant must be able to:   |   |
| <ul> <li>monitor and review the ongoing effectiveness of the planned activity and<br/>modify accordingly; audit, reflect on and review practice.</li> </ul>   |   |
| 3. Knowledge and understanding  |   |
| The registrant must be able to demonstrate a broad understanding of:  |   |
| <ul> <li>how professional principles are expressed and translated into action<br/>through a number of different treatment and management approaches and<br/>how to select or modify techniques to meet the needs of an individual;</li> </ul> |   |
| <ul> <li>models of health, disease and illness and how these inform a critical<br/>consideration of patient care and management;</li> </ul>   |   |
| <ul> <li>the structure and function of the human body, relevant to their practice,<br/>together with a knowledge of disease, disorder and dysfunction;</li> </ul>   |   |
| <ul> <li>the need for and utilisation of, a safe clinical environment.</li> </ul>   |   |

|   | Requirements for Clinical Placement Centres   |
|---|---|
| • | Clinical/practical/fieldwork placement (hereafter just referred to as<br>placement) must form an integral part of the degree and must be carried out<br>at centres approved by the academic institution in accordance with the<br>Council's requirements for clinical placement |
| • | The course must incorporate an adequate programme of accredited practical placements providing the necessary opportunities to learn in and from practice  |
| • | Students and those who supervise them must be fully prepared for each<br>placement and have a clear understanding of the expected learning outcomes<br>and of their own role in assessing whether these are achieved  |
| • | The number of clinical placement weeks will be laid down by the Education and Training Committee  |
| • | All students on the course must be issued with a clinical logbook before goin<br>on their clinical placement in which to record how much time they have spen<br>there and what they have done   |
| 3 | The status of students on courses involving clinical placements and leading t<br>eligibility for state registration must be understood and acknowledged and<br>any questions which arise about professional suitability must be dealt with<br>promptly and effectively          |
| • | The academic institution's clinical placement coordinator or designated<br>officer must adhere to the set standards of clinical education and the basic<br>requirements for the approval of clinical placement centres and clinical<br>supervisors/fieldwork educators          |
|   | The annual report to the Education and Training Committee must include a list of the approved centres used for clinical placement within the previous academic year   |
| • | Employers who provide placement opportunities and/or employ graduates<br>from the course must contribute effectively to the monitoring and evaluatior<br>of the programme.  |
|   | Approval of Placement Centres   |
|   | The academic institution must maintain a thorough and effective system of monitoring the quality of all placements  |
| • | procedures laid down by the academic institution are implemented in the clinical situation  |
| ı | with a handbook detailing the clinical placement procedures   |
| 1 | • The clinical supervisor/training officer must provide the following to the clinical placement coordinator before commencement of the clinical placement:  |
|   | (i) Confirmation of the names of the personnel involved in supervising the placement  |
|   | (iii) Clinical placement pack (including departmental profile and informatio  |
|   | <ul> <li>(iv) Confirmation that the clinical placement centre can meet the objectives of<br/>the placement</li> </ul>   |

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| (v)   | Confirmation that the clinical placement centre can comply with the  |          |
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|       | assessment process and schedule  | )        |
|       | Unless other arrangements are agreed, the clinical supervisor/training officer<br>must:  |          |
| (i)   | be state registered on the appropriate part of HPC's Register and have a minimum of two years post-qualification clinical experience   |          |
| (ii)  | undertake an appropriate clinical supervisor/training officer induction procedure  |          |
| (iii) | maintain continuing professional development   |          |
|       | Before the start of the clinical placement, the clinical supervisor/training officer must carry out the following:   |          |
| (i)   | Review the objectives of the placement   |          |
| (ii)  | Plan the students' case-load   |          |
| (iii) | Plan the placement   | A. C. C. |
| (iv)  | Ensure that all relevant information from the education centre has been received   |          |
| •     | Throughout the clinical placement, the clinical supervisor/training officer should liaise with patients or their parents regarding student participation in the clinical workload  |          |
|       | On commencement of the clinical placement, the student must have an induction and be informed of departmental protocols and facilities.  |          |
|       | Assessment and Examination Requirements  |          |
| •     | The assessment process must complement the selected teaching and learning strategy, systematically address the declared learning outcomes and promote the active involvement of students in the assessment of their own progress and achievement                                     |          |
| •     | The academic institution must ensure that students meet the minimal<br>acceptable standards of coursework, placement learning and examination<br>performance throughout the periods spent at the academic institution. The<br>pass-mark must not be less than 40% across all modules |          |
| •     | The measurement of student performance and progression must be a systemic part of the wider process of monitoring and evaluation   | !        |
| •     | Appropriate weight must be given to the assessment of clinical practice.   |          |
|       | External Examiners   |          |
|       | The academic institution must appoint suitably qualified external examiners for the theoretical and clinical aspects of the course   |          |
| •     | The names of the external examiners must be notified to the Education and Training Committee   |          |
| •     | The academic institution must demonstrate external examination<br>arrangements and how external examiners' reports are handled within the<br>institution.  |          |

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## **Glossary of Terms**

- Academic institution A higher education institution
- Clinical placement centre A clinical unit approved by the academic institution as a centre for clinical education
- Clinical placement coordinator A registered professional with an appropriate educational qualification who is responsible for clinical education. The clinical placement coordinator will take responsibility for all matter related to the conduct of the clinical education
- Clinical supervisor/training officer A registered professional who is involved in clinical teaching and who is accountable to the clinical placement coordinator
- Course leader The individual who has overall responsibility for the course.
- Education centre The centre/division of the academic institution approved by the Council where the course(s) approved for purposes of registration is/are provided

| Tamata | Courses  |
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| Inputs | Sources: |

| Profession               | Document Reviewed   |  |
|--------------------------|---|--|
| Arts Therapists          | JQAC handbook – initial approval of programmes  |  |
| Biomedical Scientists    | 1. CPSM standards for training in the laboratory  |  |
|                          | <ol><li>Guidance notes for laboratories being visited by the<br/>CPSM to assess their training standards</li></ol>                      |  |
|                          | <ol><li>Guidance notes for visitors from the CPSM to<br/>laboratories being assessed for training</li></ol>                             |  |
|                          | 4. Guidelines for institutions wishing to submit degrees for specific approval for state registration purposes                          |  |
| Chiropodists/Podiatrists | JQAC for Chiropody/Podiatry - Handbook 2000   |  |
| Clinical Scientists      | · .   |  |
| Dietitians               | Dietitians Board – Course Requirements and guidelines<br>for pre-registration courses leading to state registration in<br>dietetics     |  |
| Occupational Therapist   | JVC - Validation and periodic review in occupational therapy education – standards, policies and procedures                             |  |
| Orthoptists              | The Orthoptists Board – Requirements and Directions for<br>states registration of graduates of orthoptic degree<br>programmes in the UK |  |
| Paramedics               | IHCD Health and Care Limited – Training and Common<br>Core Syllabus for Ambulance Paramedic (Extract)                                   |  |

| Physiotherapists                  | JVC validation guidelines   |
|-----------------------------------|---|
| Prosthetists and<br>Orthotists    | The Prosthetists and Orthotists Board – Requirements<br>and Directions for approval of courses and institutions in<br>the UK for the purposes of state registration as<br>prosthetists and orthotists |
| Radiographers                     | Radiographers Board JVC handbook  |
| Speech and Language<br>Therapists |   |

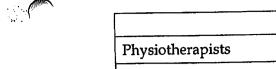
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## Outputs

Outcomes to be achieved by education and training necessary achieve the standards of proficiency are set out in the following documentation:

- Subject benchmarks statements provide a means of describing the nature and characteristics of programmes of study and training in health care. They also represent general expectations about standards for the award of qualifications at a given level and articulate the attributes and capabilities that those possessing such qualifications should be able to demonstrate
- Competencies for clinical scientists provide a set of competencies against which clinical scientists should be able to demonstrate that they have worked in an environment that has enabled them to receive relevant training and gain relevant experience
- IHCD Ambulance Personnel Awards This syllabus includes details of the awards available from IHCD for Ambulance Personnel, the framework for training pathways leading to IHCD Ambulance awards, responsibilities for assessment and minimum time spans relevant to the awards. Detailed information on the learning objectives for each of the areas is contained in this document.

| Profession               | Document Reviewed   |
|--------------------------|---|
| Arts Therapists          |   |
| Biomedical Scientists    | Subject benchmark statement   |
| Chiropodists/Podiatrists | Subject benchmark statement   |
| Clinical Scientists      | Competencies required for clinical scientists to achieve state registration             |
| Dietitians               | Subject benchmark statement   |
| Occupational Therapists  | Subject benchmark statement   |
| Orthoptists              | Subject benchmark statement   |
| Paramedics               | IHCD Ambulance Personnel<br>Awards – Training and Common<br>Core Syllabus for Ambulance |



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|                                | Personnel – September 2000  |
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| Physiotherapists               | Subject benchmark statement |
| Prosthetists and Orthotists    | Subject benchmark statement |
| Radiographers                  | Subject benchmark statement |
| Speech and Language Therapists | Subject benchmark statement |

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