

---

## Education and Training Committee – 4 December 2007

### Approvals and monitoring annual report 2006

#### Executive summary and recommendations

##### **Introduction**

In August 2007, the first approvals and monitoring annual report was published. The annual report covers the period 1 September 2005 to 31 August 2006 and presents statistical information relating to the approval and annual monitoring processes. It is recognised that as an introductory report it is limited in its scope but the analysis provides some indication of trends across the evidence base.

The purpose of this paper is to provide a formal opportunity for the Education and Training Committee to note the publication of the first annual report from the Approvals and Monitoring Department. Additionally, members of the Committee are encouraged to assess the information provided in the document to assist in identifying areas that may become projects within the Approvals and Monitoring 2008 – 2009 work plan.

The approvals and monitoring annual report 2006 is provided as an appendix to this paper.

##### **Decision**

The Committee is requested to note the document. No decision is required.

##### **Background information**

The executive has included some of the findings in this report in the series of presentations which have been held this autumn to education providers.

The executive is currently producing the second approvals and monitoring annual report. This report will cover the period 1 September 2006 to 31 August 2007. It is intended that findings from this report will also inform the Approvals and Monitoring 2008 – 2009 work plan.

##### **Resource implications**

None

##### **Financial implications**

None

##### **Appendices**

Approvals and monitoring annual report 2006

##### **Date of paper**

22 November 2007

---

1 September 2005 – 31 August 2006

# Approvals and monitoring annual report 2006





# Foreword

Welcome to the first approvals and monitoring annual report of the Health Professions Council (HPC).

The report covers the period 1 September 2005 to 31 August 2006, or the '2005-2006 academic year' as it is more commonly known.

The 2005-2006 academic year has been a busy and productive year for the HPC's Education – Approvals and Monitoring Department. We launched the new annual monitoring and major/minor change processes in spring 2006 and have carried out a lot of work to embed the approval process (now in its second year of operation). We have produced publications and held a series of presentations to ensure increased accessibility to our processes.

This report aims to provide an insight into the HPC's work in approving and monitoring programmes offered by UK education providers, which provide students with eligibility to register with us. It provides information about the number and types of approval visits, the outcome of these visits, the number and type of monitoring submissions, and the outcome of this monitoring.

We recognise that this introductory report is limited in its scope, but are hopeful that we will be able to identify and analyse trends in future annual reports as our experiences and evidence base grows.

We hope that you find this report interesting and useful in understanding more about the work of the Health Professions Council.

**Eileen Thornton**

Chair of the Education and Training Committee

# Introduction – the approvals and monitoring overview

## About us (the HPC)

We are the Health Professions Council. We are a health regulator, and we were set up to protect the public. To do this, we keep a register of health professionals who meet our standards for their training, professional skills, behaviour and health.

We currently regulate 13 health professions.

Profession	Abbreviation
Arts therapists	AS
Biomedical scientists	BS
Chiropodists / podiatrists	CH
Clinical scientists	CS
Dietitians	DT
Occupational therapists	OT
Operating department practitioners	ODP
Orthoptists	OR
Paramedics	PA
Physiotherapists	PH
Prosthetists / orthotists	PO
Radiographers	RA
Speech and language therapists	SL

We may regulate other professions in the future. For an up-to-date list of the professions we regulate, please see our website at [www.hpc-uk.org](http://www.hpc-uk.org)

Each of these professions has one or more ‘protected titles’ (protected titles include titles like ‘physiotherapist’ and ‘dietitian’). Anyone who uses one of these titles must be on our Register. Anyone who uses a protected title and is not registered with us is breaking the law, and could be prosecuted.

You should always check that a health professional using a protected title is registered with the HPC. You can check whether a health

professional is registered by logging on to [www.hpccheck.org](http://www.hpccheck.org) or calling +44(0)20 7840 9802.

## Our main functions

To protect the public, we:

- set standards for the education and training, professional skills, conduct, performance, ethics and health of registrants (the health professionals who are on our Register);
- keep a register of health professionals who meet those standards;
- approve programmes which health professionals must complete before they can register with us; and
- take action when health professionals on our Register do not meet our standards.

The Health Professions Order 2001 says that we must set our standards to protect the public, and that we must set standards which are necessary for safe and effective practice. This is why our standards are set at a ‘threshold’ level (the minimum standard that must be met before we can allow entry onto the Register).

## About our standards of proficiency (SOPs)

The standards of proficiency are our threshold standards for safe and effective practice that all registrants must meet. They include both generic elements, which all our registrants must meet, and profession-specific elements. These standards play a central role in how to gain admission to, and remain on, the Register and thereby gain the right to use protected title(s).

## About our standards of education and training (SETs)

The standards of education and training are our standards that an education programme must meet in order to be approved by us. These generic standards ensure that anybody who completes an approved programme meets the standards of proficiency and is therefore eligible

for admission to the Register. The standards cover:

- 1) the level of qualification for entry to the Register;
- 2) programme admissions;
- 3) programme management and resources;
- 4) curriculum;
- 5) practice placements; and
- 6) assessment.

### **What are the approval and monitoring processes?**

The HPC's approval and monitoring processes ensure that programmes and education providers meet the standards of education and training. The approval process involves an approval visit and an initial decision as to whether a programme meets the standards of education and training. **A programme is normally approved on an open-ended basis, subject to satisfactory monitoring. There are two monitoring processes: annual monitoring and major/minor change.** Both of these processes are documentary and may trigger a new approval visit. Annual monitoring is a retrospective process by which we determine whether a programme continues to meet all our standards against which it was originally assessed. The major/minor change process considers significant changes to a programme and the impact of these changes in relation to our standards. All of our processes ensure our regulation is robust, rigorous and effective, without being over-burdensome for education providers.

### **Who makes the decisions on programme approval?**

The Education and Training Committee has statutory responsibility for approving and monitoring education programmes, leading to eligibility to register with the HPC. 'Visitors' are appointed by the HPC to visit education providers and assess monitoring submissions. They include registered members of the professions we regulate and members of the public. Visitors work as agents of the HPC (and not employees) and provide the expertise the Education and Training Committee need for their decision making. Visitors normally operate in panels, rather than individually. **Each panel includes at least one registrant visitor from the relevant part of the Register for the programme under consideration.** All visitors are selected with due regard to their education and training experience. Visitors represent the HPC and no other body when they undertake an approval and monitoring exercise. This ensures an entirely independent outcome. All visitors' reports from approval visits are published on our website.

### **What programmes can be approved?**

Any education provider (eg a university, college, private training institution or professional body) can seek approval of their programmes.

As well as approving and monitoring education and training for people who want to join our Register, we also approve a small number of qualifications for those already on the Register. The post-registration programmes we currently approve are supplementary prescribing programmes (for chiropodists/podiatrists, radiographers and physiotherapists) and programmes in local anaesthetics and prescription-only medicine for chiropodists/podiatrists. For people who successfully complete these programmes, we will make a note on the Register.

The HPC publishes a list of all approved programmes on our website at [www.hpc-uk.org](http://www.hpc-uk.org)

# Approvals

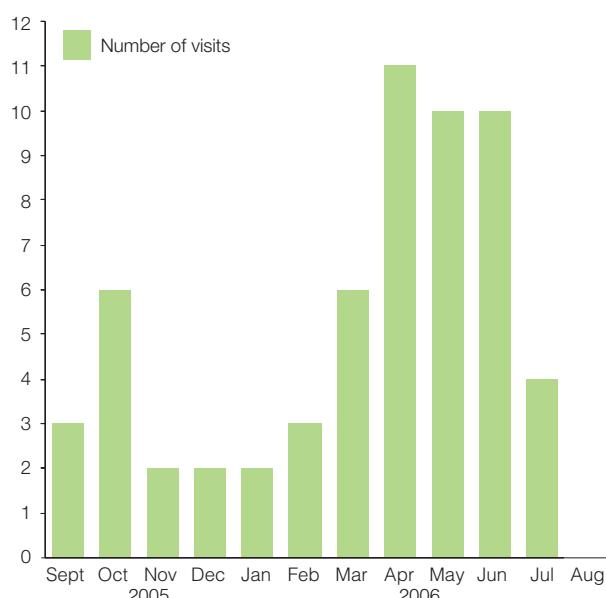
## Number of approval visits

This year we attended 59 visits.

**Table 1 Number of visits – per month**

Month	Number of visits
September 2005	3
October 2005	6
November 2005	2
December 2005	2
January 2006	2
February 2006	3
March 2006	6
April 2006	11
May 2006	10
June 2006	10
July 2006	4
August 2006	0

**Graph 1 Number of visits – per month**



The largest number of visits were made during April, May and June 2006. This is because we try to coordinate our visits, where possible, to tie in with education providers' internal periodic reviews and validations (and these tend to be held at this time of the academic year).

We do not hold visits less than three months before the start of a programme. Most programmes start in September, which means that June is the cut-off point each year. This makes April, May and June popular choices for visits by education providers.

## Number of programmes visited

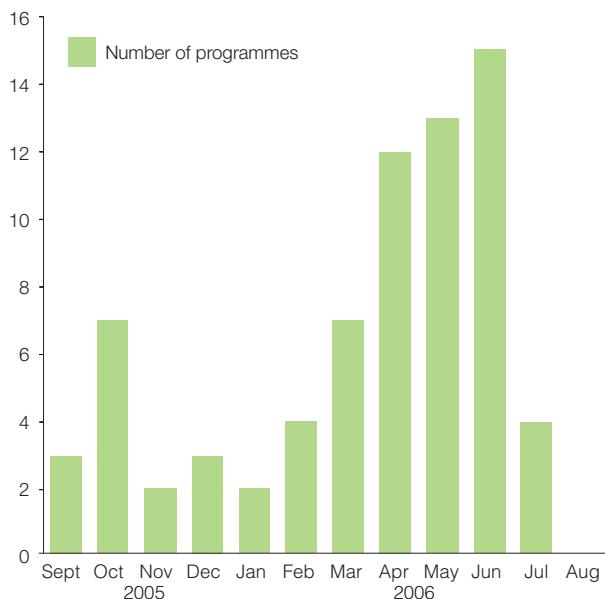
This year, during the 59 visits, 72 programmes were considered.

Each mode of study or level of qualification is recorded as a separate programme by the HPC.

**Table 2 Number of programmes visited – per month**

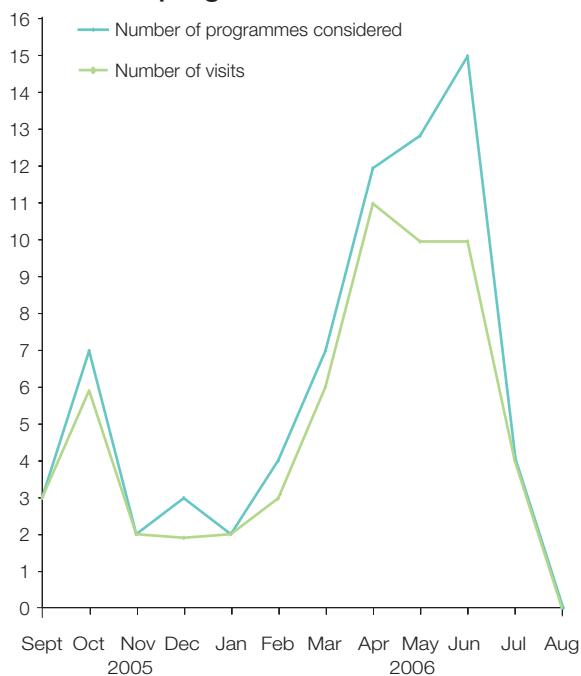
Month	Number of programmes visited
September 2005	3
October 2005	7
November 2005	2
December 2005	3
January 2006	2
February 2006	4
March 2006	7
April 2006	12
May 2006	13
June 2006	15
July 2006	4
August 2006	0

## Graph 2 Number of programmes visited – per month



Our approval process allows us to incorporate multi-professional approval, or multi-award approval into one approval visit. The majority of our visits (87%) consider one programme only. The following diagram shows the variation in number of visits compared to number of programmes considered.

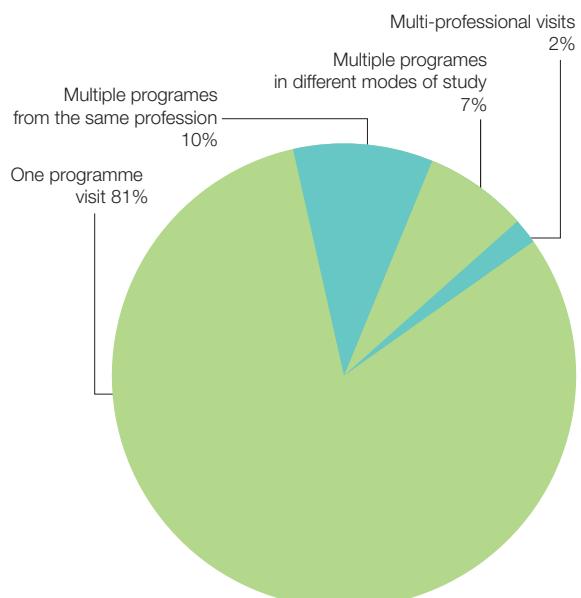
## Graph 3 Number of visits compared to number of programmes considered



Nearly 20% of visits considered more than one programme. Six visits considered more than one qualification from the same profession (eg Postgraduate Diploma Physiotherapy and MSc Physiotherapy). Four visits considered one programme offered in two different modes of study (eg MA Art Therapy full-time and MA Art Therapy part-time). One visit considered more than one profession (eg BSc (Hons) Physiotherapy and BSc (Hons) Occupational Therapy).

The variation in the number of visits compared to the number of programmes considered is to be expected, as our standards of education and training are generic and not overly prescriptive, therefore allowing education providers to design very different programmes to suit their own individual needs. One education provider might offer a single profession programme in one mode of study only; whilst another education provider might offer eight programmes in four professions in two modes of study.

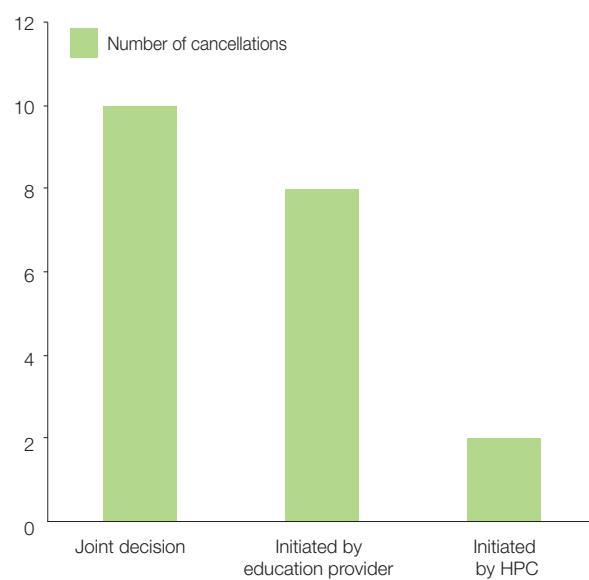
## Graph 4 Types of visit



## Cancelled and postponed visits

This year 20 visits were cancelled. On ten occasions the education provider and the HPC took a joint decision to cancel visits. The other ten cancellations were initiated either by the education provider or by the HPC. All of the visits were cancelled at least four weeks before the date of the visit, so minimum time and effort was wasted. No cancellations were made on the day or week of a visit.

### Graph 5 Who cancelled visits



There were a number of reasons for these cancellations.

Ten visits to operating department practice programmes were cancelled, to allow education providers to incorporate the profession's new curriculum guidance into their programme before approval. Education providers took this decision, following a recommendation by the HPC's Education and Training Committee to delay visits to the 2006-07 academic year.

Education providers cancelled two visits because they decided not to validate the new programmes and a further six visits because they decided to delay the validation of new programmes until the 2006-07 academic year.

The HPC cancelled two visits because they could not find visitors (who did not have a significant connection with the programme) for the selected dates.

Six visits were also postponed to later dates in the year. All of these visits were originally planned for the earlier part of the academic year (December – March) and were rescheduled into the later part of the academic year (April – July). The HPC postponed three of these visits due to visitor availability and education providers postponed the other three visits to give themselves more time to prepare.

The high cancellation rate (25%) and relatively high postponement rate (10%) affected the HPC's overall approval visit schedule adversely. The HPC require six months' notice of a visit, to allow time for arrangements to be made and for the visitors to read the documentation. Late cancellation and postponement of visits meant that there was insufficient time to reallocate slots in the schedule to other visits. **Of the twenty cancelled visits, eighteen were successfully rescheduled into the next academic year.**

### Breakdown of visits – by location

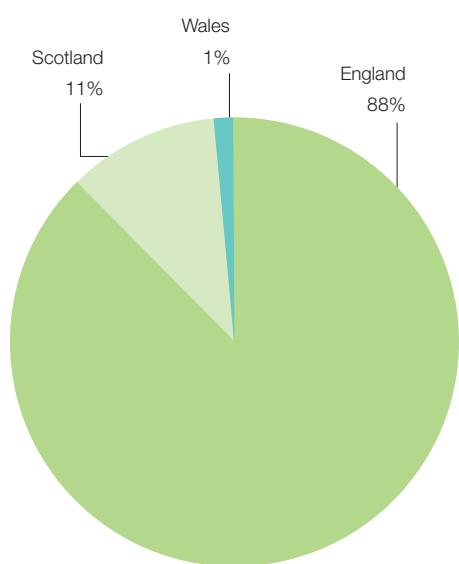
#### Where were the programmes we visited?

We visited more programmes in England than any other home country this year. This is to be expected as we have the largest number of approved programmes in England, with the second highest number of approved programmes in Scotland. No visits were made to programmes in Northern Ireland.

### Table 3 Breakdown of visits – by location

Home country	Number of programmes visited
England	63
Scotland	8
Wales	1
Northern Ireland	0

**Graph 6 Breakdown of visits – by location**



### Breakdown of visits – by profession

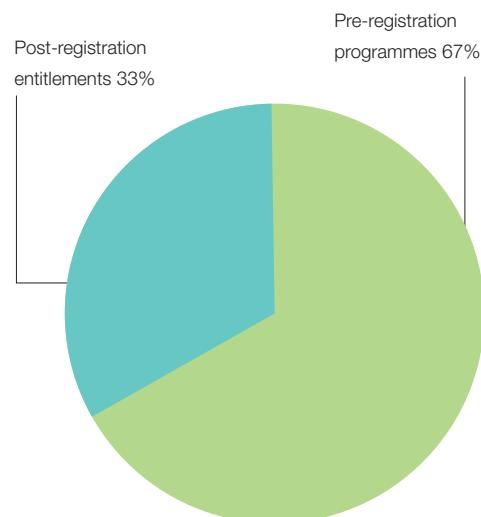
#### Which professions were visited?

We visited more supplementary prescribing programmes than any other programme this year. Arts therapy programmes and biomedical science programmes had the second and third highest number of visits. No visits were made to programmes of three professions (chiropody/podiatry, clinical science and prosthetics/orthotics). This was because there was no reason to visit existing programmes and no new programmes were developed in these professions.

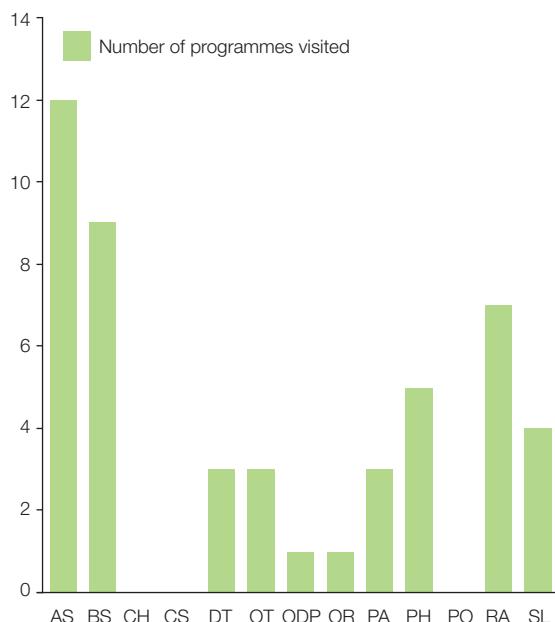
**Table 4 Breakdown of visits – by profession**

Profession/ entitlement	Number of programmes visited
Arts therapists	12 (17%)
Biomedical scientists	9 (13%)
Chiropodists / podiatrists	0 (0%)
Clinical scientists	0 (0%)
Dietitians	3 (4%)
Occupational therapists	3 (4%)
Operating department practitioners	1 (1%)
Orthoptists	1 (1%)
Paramedics	3 (4%)
Physiotherapists	5 (7%)
Prosthetists / orthotists	0 (0%)
Radiographers	7 (10%)
Speech and language therapists	4 (6%)
Supplementary prescribing	23 (32%)
Local anaesthesia	1 (1%)
Prescription only medicine	0 (0%)

### Graph 7 Breakdown of visits – by pre- and post- registration



**Graph 8 Breakdown of visits – by profession**



### Why did we visit these professions?

As we do not visit programmes on a routine or cyclical basis (ie every five years), it is difficult to predict which programmes and professions will be visited and to draw long term trends from visits. However, because we visit new programmes and programmes undergoing major change, we can make a broad forecast at the level of each profession based on universal changes in legislation and/or curriculum guidance.

This year, the high number of visits to supplementary prescribing programmes can be attributed to the changes in UK legislation. Amendments came into effect from 14 April 2005 to enable physiotherapists, chiropodists/podiatrists and radiographers to supplementary prescribe. Education providers responded by developing new programmes, which needed HPC approval. The high number of visits to supplementary prescribing programmes is unlikely to be a permanent feature. It is more likely that supplementary prescribing programmes will account for the majority of visits for another year and then once the 'market' is saturated the number of new programmes and therefore visits will reduce significantly.

The relatively high number of visits to arts therapy programmes is due to all approved programmes upgrading from a postgraduate diploma award to a masters award and therefore requiring a visit. The development of integrated biomedical science programmes in higher education institutions (as an alternative route to registration to the Institute of Biomedical Scientists' Certificate of Competence) explains the high number of visits to this profession.

For the next few years, we are assuming that the high number of visits to biomedical science programmes will continue and the number of visits to paramedic science programmes will increase, as the professions transfer the majority of their pre-registration education and training to higher education institutions. If routes to registration, alternative to the Certificate of Attainment awarded by the Association of Clinical Scientists, are encouraged, then the number of visits to clinical science programmes should increase substantially.

### Reasons for a visit

There were four reasons for all the visits this year. They are listed below.

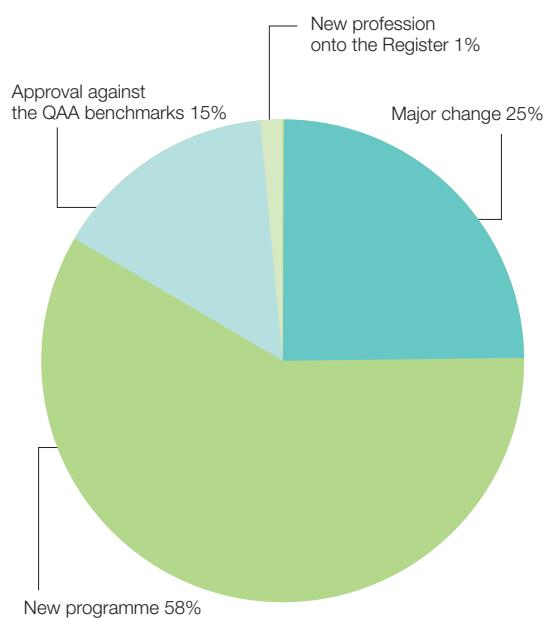
- New programme seeking HPC approval for the first time.
- New profession on the Register.
- Major change to a currently approved programme (such as a change of awarding body or radical restructuring of the curriculum and assessment).
- Currently approved programme not approved since the publication of the QAA subject benchmark statements.\*

\* When the HPC adopted all the approved programmes from its predecessor, the Council for Professions Supplementary to Medicine (CPSM), a decision was made to only visit programmes which had not been visited since the publication of the QAA subject benchmark statements. This decision ensured our processes were cost effective and flexible and that our regulation was robust and rigorous, without being over-burdensome.

**Table 5 Breakdown of visits – by reason**

Reason for visit	Number of programmes visited
Major change	18 (25%)
New programme	42 (58%)
Approval against the QAA benchmarks	11 (15%)
New profession onto the Register	1 (1%)

**Graph 9 Breakdown of visits – by reason**

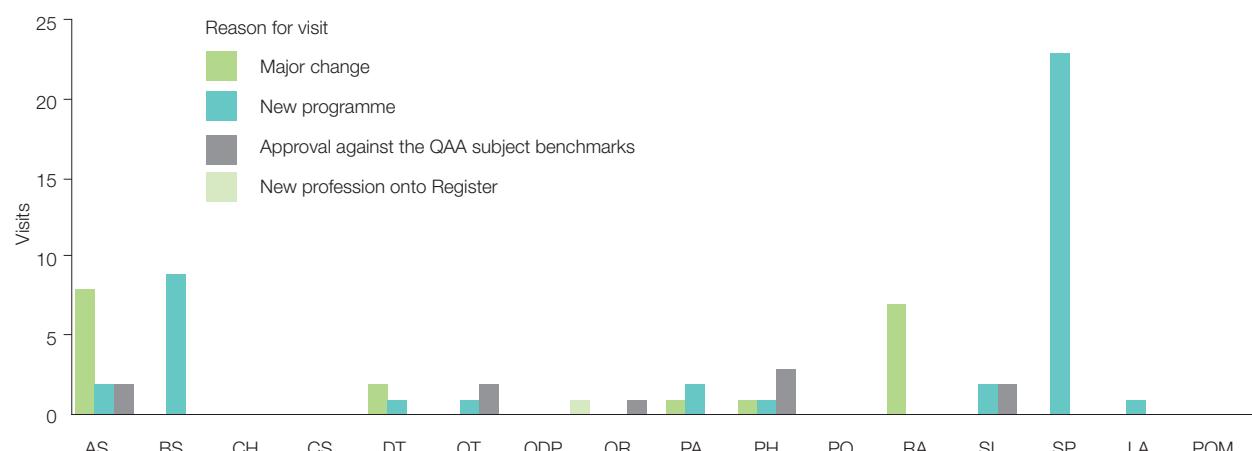


The main reason for visits this year was that new programmes were seeking approval for the first time. Supplementary prescribing programmes and biomedical science programmes accounted for the majority of these visits. The reasons for visits varied greatly between and within the professions. The following table shows the reasons for a visit broken down into each profession.

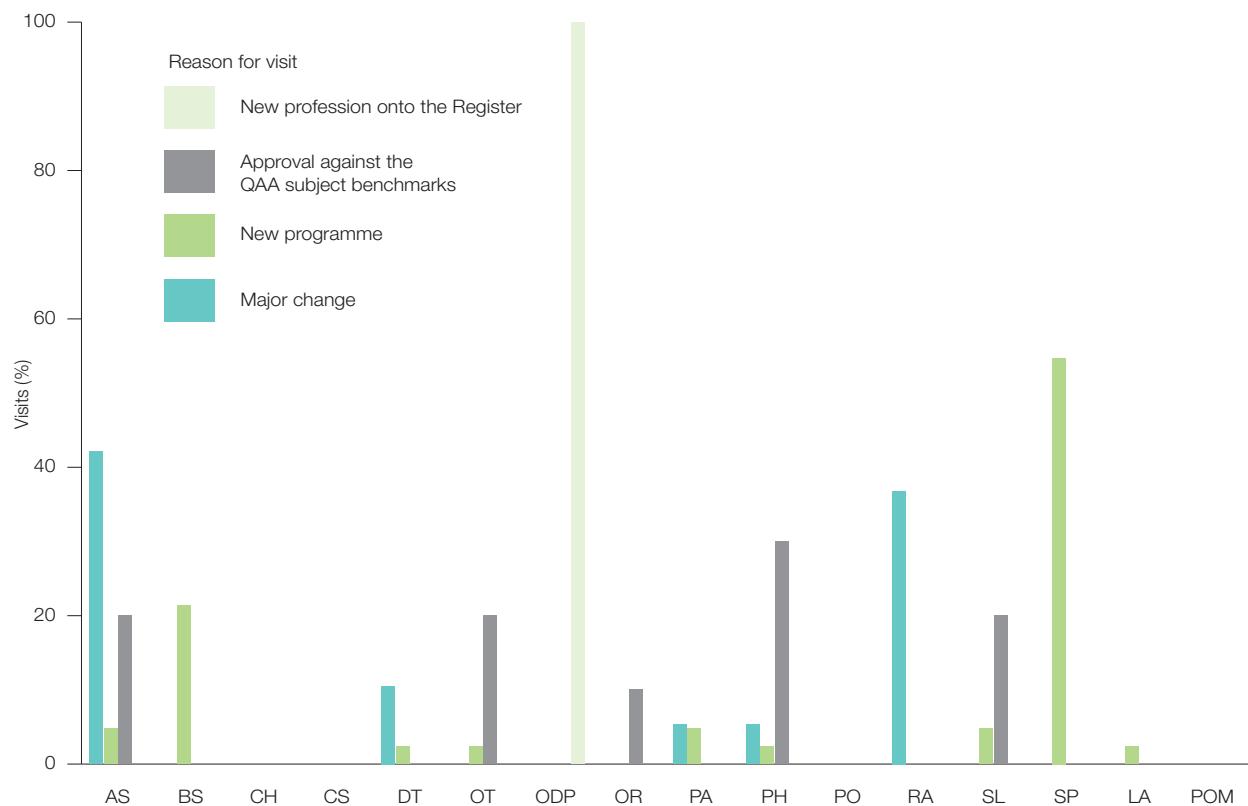
**Table 6 Breakdown of reasons for a visit – by profession**

Profession/entitlement	Reasons for a visit			
	Major change	New programme	Approval against the QAA subject benchmarks	New profession onto the Register
AS	8	2	2	0
BS	0	9	0	0
CH	0	0	0	0
CS	0	0	0	0
DT	2	1	0	0
OT	0	1	2	0
ODP	0	0	0	1
OR	0	0	1	0
PA	1	2	0	0
PH	1	1	3	0
PO	0	0	0	0
RA	7	0	0	0
SL	0	2	2	0
SP	0	23	0	0
LA	0	1	0	0
POM	0	0	0	0

**Graph 10 Breakdown of visits – by profession and reason**



**Graph 11 Breakdown of reasons for a visit – by profession**



Over 40% of the major change visits were to arts therapy programmes. The major change was the upgrading of the postgraduate diploma award to a masters award and it is not expected that this concentration of visits will repeat itself in future years. The rest of the major change visits were to radiography (37%), dietetics (11%), paramedic science (5%) and physiotherapy (5%) programmes. There is no clear explanation for why these professions had a number of major change visits and the other professions did not.

The majority of new programmes were post-registration supplementary prescribing programmes. Of the thirteen professions on our Register, only seven developed new programmes this year. There were new programmes in arts therapy, biomedical science, dietetics, occupational therapy, paramedic science, physiotherapy and speech and language therapy.

This year was the last year for visiting programmes, which have not been approved against the QAA subject benchmarks.

Operating department practitioners became the thirteenth profession to be regulated by the HPC on 18 October 2004. Consequently, we became responsible for the 28 programmes previously recognised by the professional body (Association of Operating Department Practitioners). This year, we visited one of these programmes. It is likely that this will be a reason for a high number of visits next year as the remaining operating department practice programmes are visited. Depending on the size of future professions, this reason could instigate an unprecedented number of visits for the professions during their initial few years on our Register.

In future years, we will be visiting programmes because of the previous year's annual monitoring.

## List of visits and outcomes

All HPC reports on programme approval are published on our website at [www.hpc-uk.org](http://www.hpc-uk.org). If you would like more information regarding one of the visits listed below, please look at our website.

**Table 7 Overview of visits 2005-2006**

Education provider	Programme	Date of visit	Status (as of Feb 07)
<b>2005</b>			
Guildhall School of Music and Drama	Masters Music Therapy	14 September	Approved
University of Abertay Dundee	BSc (Hons) Applied Biomedical Sciences	19 September	Approved
University of Chester	Non Medical Prescribing	28 September	Approved
University of Essex	Supplementary Prescribing for Allied Health Professionals	7 October	Approved
University of Nottingham	Non Medical Prescribing (FT)	7 October	Approved
University of Nottingham	Non Medical Prescribing (PT)	7 October	Approved
University of Lincoln	Non Medical Prescribing	7 October	Approved
Glasgow Caledonian University	Local Analgesia with Nail Surgery for Podiatrists	21 October	Approved
University of Hertfordshire	Supplementary Prescribing	25 October	Approved
The Robert Gordon University	BSc (Hons) Applied Biomedical Sciences	25 October	Approved
University of the West of England, Bristol	MA Music Therapy	23 November	Approved
The University of Bolton	Non Medical Prescribing	29 November	Approved
Queen Margaret University College, Edinburgh	MSc Dietetics	1 December	Approved
Queen Margaret University College, Edinburgh	Postgraduate Diploma Dietetics	1 December	Approved
University of Wolverhampton	Supplementary Prescribing	13 December	Approved

<b>Education provider</b>	<b>Programme</b>	<b>Date of visit</b>	<b>Status (as of Feb 07)</b>
<b>2006</b>			
University of Greenwich and University of Kent	Supplementary Prescribing	10 January	Approved
University of Northumbria at Newcastle	Prescribing for Non Medical Health Professionals	31 January	Approved
University of Plymouth	Supplementary Prescribing	9 February	Approved
University of Leeds	BSc (Hons) Radiography (Diagnostic)	15 February	Approved
University of Hertfordshire	MA Art Therapy (FT)	28 February	Approved
University of Hertfordshire	MA Art Therapy (PT)	28 February	Approved
University of Derby	MA Music Therapy (FT)	1 March	Pending
Anglia Ruskin University	MA Music Therapy (PT)	14 March	Approved
De Montfort University	BSc (Hons) Human Communication (Speech and Language)	15 March	Approved
University of Newcastle upon Tyne	MSc Language Pathology	21 March	Approved
University of Newcastle upon Tyne	BSc (Hons) Speech and Language Sciences	21 March	Approved
University of the West of England, Bristol	Prescribing Practice	23 March	Approved
Manchester Metropolitan University	Non Medical Prescribing	28 March	Approved
University of Huddersfield	Supplementary Prescribing for Allied Health Professionals	4 April	Approved
The University of Northampton	Diploma of Higher Education in Paramedic Science	4 April	Approved
Bournemouth University	Non Medical Prescribing	4 April	Approved
Sheffield Hallam University	Supplementary Prescribing	6 April	Approved
Queen Margaret University College, Edinburgh	MSc Radiotherapy and Oncology	12 April	Approved
Queen Margaret University College, Edinburgh	Postgraduate Diploma Radiotherapy and Oncology	12 April	Approved

<b>Education provider</b>	<b>Programme</b>	<b>Date of visit</b>	<b>Status (as of Feb 07)</b>
<b>2006</b>			
Coventry University	Diploma of Higher Education Operating Department Practice	19 April	Approved
University of Essex	MSc Speech and Language Therapy	21 April	Approved
University of Lincoln	BSc (Hons) Applied Biomedical Science	25 April	Approved
Royal Welsh College of Music and Drama	MA Music Therapy	25 April	Approved
University of Central Lancashire	University Advanced Certificate Non Medical Prescribing	27 April	Approved
Napier University, Edinburgh	BSc (Hons) Applied Biomedical Sciences	27 April	Request withdrawn
King's College London	BSc (Hons) Physiotherapy	2 May	Approved
King's College London	MSc Physiotherapy	2 May	Approved
University of Southampton	BSc (Hons) Occupational Therapy	3 May	Approved
University of Southampton	BSc (Hons) Physiotherapy	3 May	Approved
University of Hertfordshire	BSc (Hons) Dietetics	4 May	Approved
University of Sunderland	BSc (Hons) Applied Biomedical Sciences	9 May	Approved
Edge Hill University	Non Medical Prescribing	11 May	Approved
Oxford Brookes University	Extended Independent Supplementary Prescribing (PG Level)	11 May	Approved
Sheffield Hallam University	BSc (Hons) Physiotherapy	17 May	Approved
St George's Hospital	Foundation Degree in Health and Medical Sciences	18 May	Approved
University of Hull	BSc (Hons) Applied Biomedical Sciences	23 May	Approved
University of Hull	M Biomed Sci	23 May	Approved
Goldsmiths College, University of London	MA Art Psychotherapy	31 May	Approved
Guildhall School of Music and Drama	MA Music Therapy	1 June	Approved

<b>Education provider</b>	<b>Programme</b>	<b>Date of visit</b>	<b>Status (as of Feb 07)</b>
<b>2006</b>			
Roehampton University	MA Music Therapy (FT)	6 June	Approved
Roehampton University	MA Music Therapy (PT)	6 June	Approved
Colchester Institute	BSc (Hons) Occupational Therapy (FT)	7 June	Approved
Colchester Institute	BSc (Hons) Occupational Therapy (PT)	7 June	Approved
University of Greenwich	Foundation Degree in Paramedic Science	13 June	Approved
University of York	Extended Independent Supplementary Prescribing for Non Medical Prescribers	13 June	Approved
Suffolk College	BSc (Hons) Diagnostic Radiography (FT)	14 June	Approved
Suffolk College	BSc (Hons) Diagnostic Radiography (PT)	14 June	Approved
Suffolk College	BSc (Hons) Oncology and Radiotherapy Technology (FT)	14 June	Approved
Suffolk College	BSc (Hons) Oncology and Radiotherapy Technology (PT)	14 June	Approved
University of Brighton	BSc (Hons) Applied Biomedical Science	22 June	Approved
University of Nottingham	BSc (Hons) Physiotherapy	27 June	Approved
Nottingham Trent University	BSc (Hons) Applied Biomedical Science	27 June	Approved
Liverpool John Moores University	Supplementary Prescribing	28 June	Approved
De Montfort University	Prescribing for Health Care Professionals	12 July	Approved
Institute of Arts in Therapy and Education	MA Integrated Arts Psychotherapy	12 July	Pending
University of Sheffield	BMed Sci (Hons) Orthoptics	18 July	Approved
London South Bank University	Postgraduate Certificate in Non-medical Prescribing	19 July	Approved

## Outcome of visits

After an approval visit, visitors can recommend to the Education and Training Committee, one of the following.

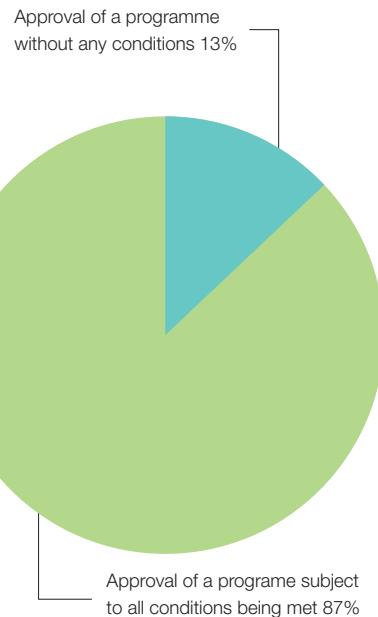
- Approval of a programme without any conditions.
- Approval of a programme subject to all conditions being met.
- Non-approval of a new programme.
- Withdrawal of approval from a currently approved programme.

This year, all programmes visited were recommended for approval, apart from one programme, where the request for approval was withdrawn. There were no recommendations for non-approval or withdrawal of approval. Only 13% of programme approvals were recommended for approval without any conditions. The majority of programmes had conditions to meet, before the Education and Training Committee could grant open-ended approval.

**Table 8 Summary of outcomes**

Recommendation	Number of outcomes
Approval of a programme without any conditions	9 (13%)
Approval of a programme subject to all conditions being met	62 (87%)
Non-approval of a new programme	0 (0%)
Withdrawal of approval from a currently approved programme	0 (0%)

## Graph 12 Summary of outcomes



## Conditions

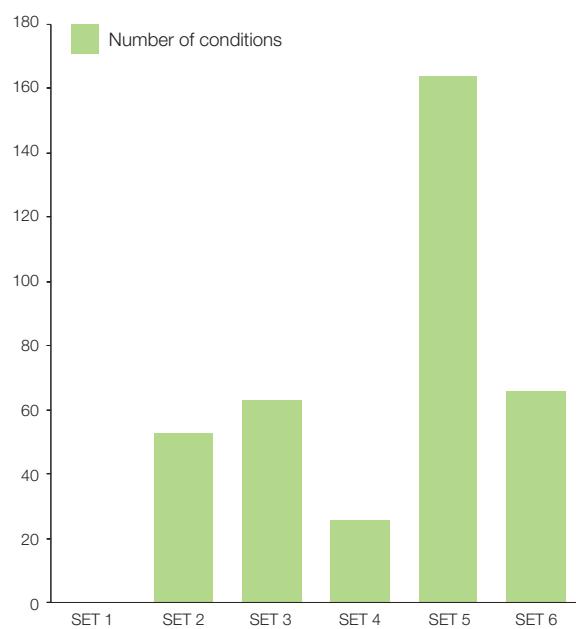
'Conditions' are requirements made of an education provider, by visitors, which must be met before a programme can be recommended for approval. Conditions are linked to the standards of education and training and require changes to the programme to ensure that the threshold standards are met.

This year, there were 372 conditions set across the 62 programmes visited. This gives an average of eight conditions per programme.

There are 63 specific standards. Each one can have a condition mapped against it. The table below shows the number of conditions listed against the broad standard categories.

**Table 9 Number of conditions**

Standards of education and training (SETs)	Number of conditions
1 - the level of qualification for entry to the Register	0 (0%)
2 - programme admissions standards	53 (14%)
3 - programme management and resources standards	63 (17%)
4 - curriculum standards	26 (7%)
5 - practice placements standards	164 (44%)
6 - assessment standards	66 (18%)

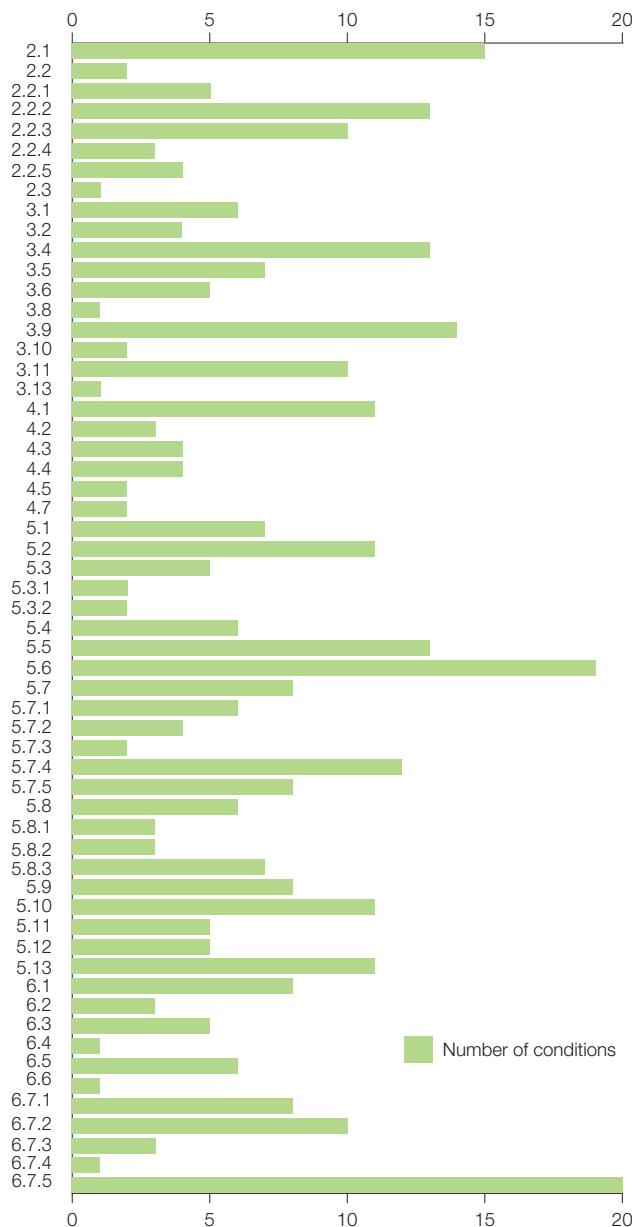
**Graph 13 Number of conditions**

The highest number of conditions was set against the placement standards and the lowest number of conditions was set against curriculum standards.

The relatively low number of conditions set against curriculum standards is encouraging; it shows most education providers are designing programmes which ensure that graduates meet the standards of proficiency. The comparatively high number of conditions set against placement standards could stem from a common misunderstanding amongst education providers, that the HPC's approval process for placements is the same as that of professional bodies and the QAA. It is actually somewhat different: the HPC expect education providers, rather than NHS trusts, to take ultimate responsibility for placements. It is hoped that our guidance on the standards of education and training will reduce this possible misunderstanding.

Within each group of standards, there are a number of individual standards. The diagram below shows the specific standards and the number of conditions set against each of them.

**Graph 14 Number of conditions linked to standards of education and training**



Of the 63 standards, 58 have had at least one condition mapped against them. Only standards 1, 3.3, 3.7, 3.12 and 4.6 did not have conditions set against them.

The number and concentration of conditions varied greatly between and within the professions. The following tables show the conditions broken down by profession.

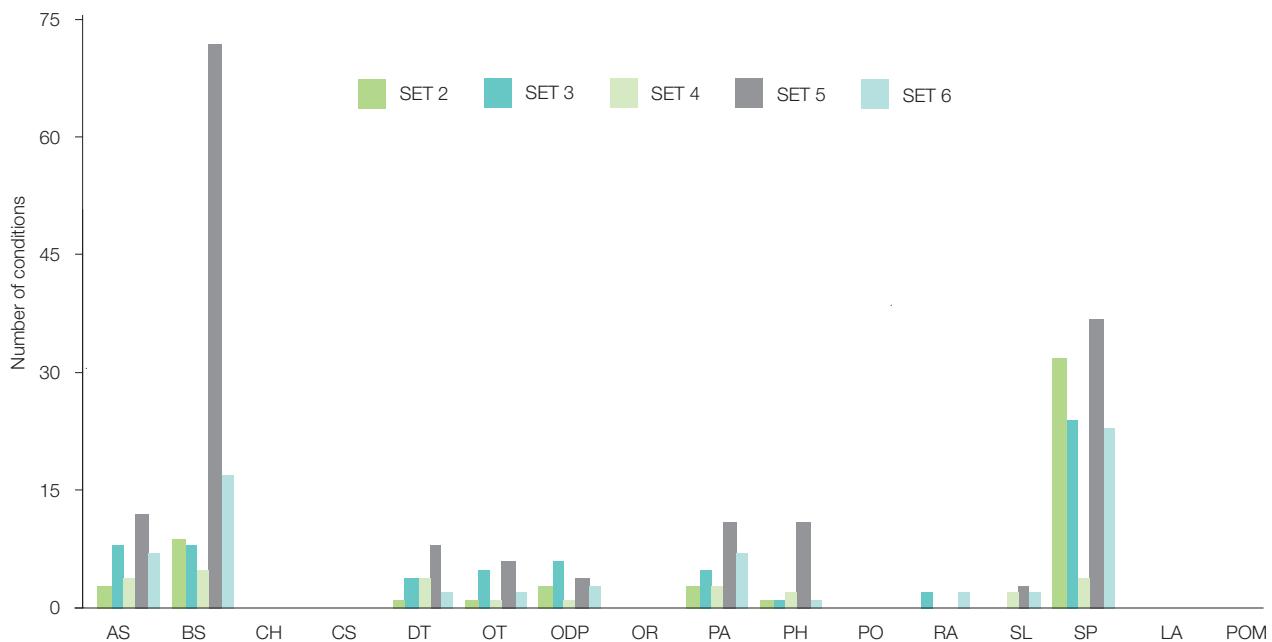
**Table 10 Breakdown of conditions – by profession**

Profession/ entitlement	Number of conditions
AS	34 (9%)
BS	111 (30%)
CH	0 (0%)
CS	0 (0%)
DT	19 (5%)
OT	15 (4%)
ODP	17 (5%)
OR	0 (0%)
PA	29 (8%)
PH	16 (4%)
PO	0 (0%)
RA	4 (1%)
SL	7 (2%)
SP	120 (32%)
LA	0 (0%)
POM	0 (0%)

**Table 11 Breakdown of conditions against standards – by profession**

Profession/ entitlement	SET					
	1	2	3	4	5	6
AS	0	3	8	4	12	7
BS	0	9	8	5	72	17
CH	0	0	0	0	0	0
CS	0	0	0	0	0	0
DT	0	1	4	4	8	2
OT	0	1	5	1	6	2
ODP	0	3	6	1	4	3
OR	0	0	0	0	0	0
PA	0	3	5	3	11	7
PH	0	1	1	2	11	1
PO	0	0	0	0	0	0
RA	0	0	2	0	0	2
SL	0	0	0	2	3	2
SP	0	32	24	4	37	23
LA	0	0	0	0	0	0
POM	0	0	0	0	0	0

**Graph 15 Breakdown of conditions – by profession**



All professions, apart from operating department practice and radiography, have the most conditions set against SET 5 – placement standards. Although SET 4 – curriculum standards – has the lowest number of conditions overall, this trend is not reflected in all the professions. In fact, only five professions have the least conditions set against curriculum standards.

Conditions set against art therapy programmes loosely mirror the overall figure with the most conditions set against placement standards (35%) and programme management standards. Assessment standards account for the remaining majority of conditions (44%).

Compared to the overall figures, biomedical science programmes account for a very high number of conditions (30%). The very high number of conditions set against placement standards (65%) could be attributed to the fact that the profession has traditionally offered a biomedical science programme without a placement component (which was not approved by the HPC) and education providers have misunderstood our placement requirements when

redesigning their programme to include a placement component. Biomedical science programmes also had a relatively high number of conditions set against assessment standards. Most of these relate specifically to assessment regulations (SET 6.7) and clarification of award titles, award requirements and external examiner arrangements. As most education providers continue to offer a biomedical science programme without a placement component (which is not approved by the HPC), these conditions are often set to distinguish the HPC-approved route from the traditional non HPC-approved route.

Compared to the overall figures, supplementary prescribing programmes have a high number (27%) of conditions set against SET 2 – admissions standards. Most of these relate specifically to selection and entry criteria (SET 2.2). The main reason for this high concentration of conditions can be attributed to the fact that the HPC approve supplementary prescribing programmes for registrants who work both within the public and private sector and many education providers initially target their programmes at the NHS market only.

The number of conditions varied greatly depending on the reason for the visit. The tables below show conditions broken down by reason for visit.

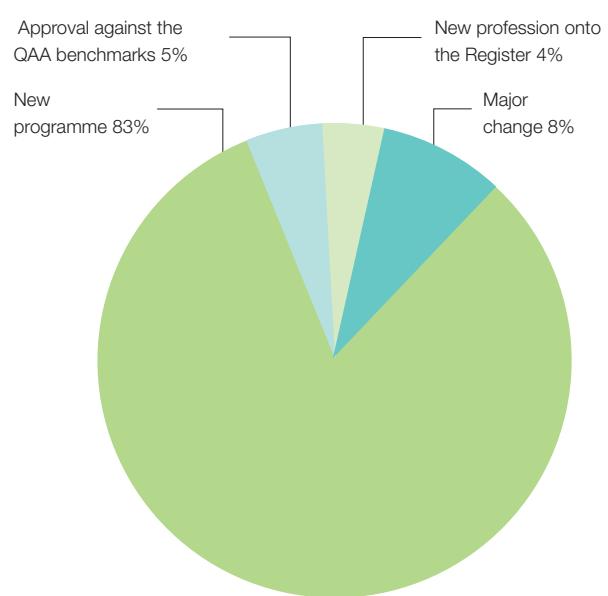
**Table 12 Breakdown of conditions – by reason for visit**

Reason for visit	Number of conditions
Major change	31 (8%)
New programme	306 (83%)
Approval against the QAA subject benchmarks	19 (5%)
New profession onto the Register	16 (4%)

**Table 13 Breakdown of conditions against standards – by reason for visit**

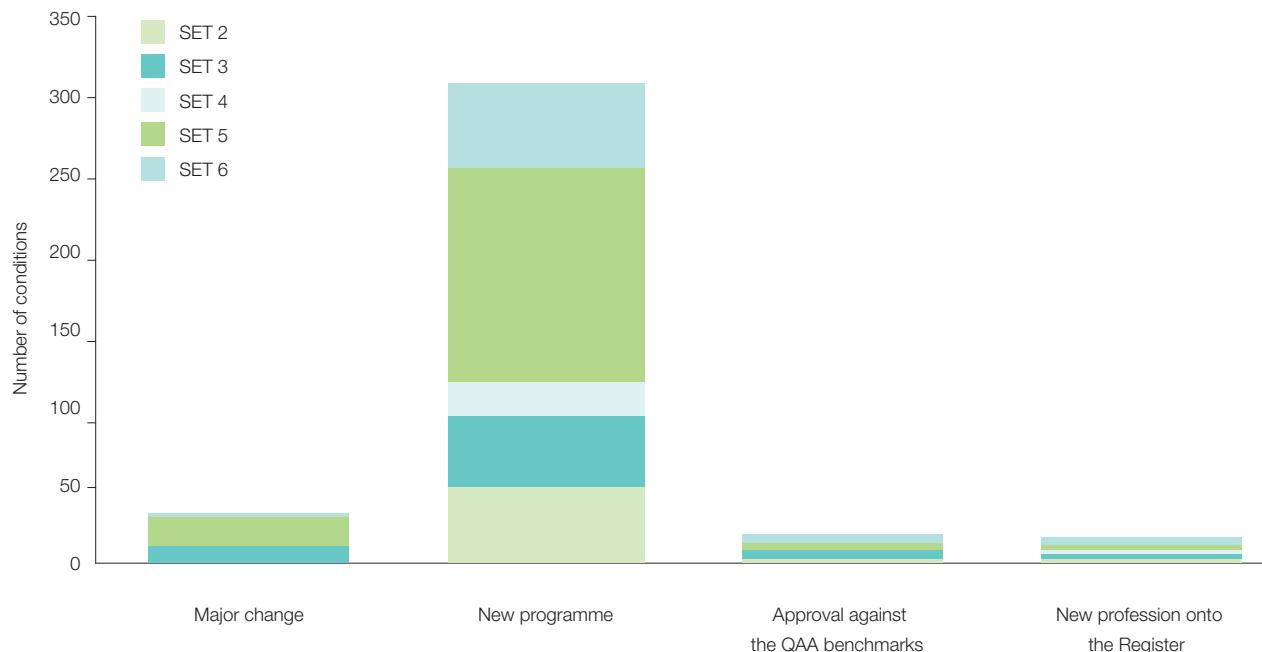
Reason for visit	SET					
	1	2	3	4	5	6
Major change	0	0	9	0	19	3
New programme	0	48	45	22	137	54
Approval against the QAA subject benchmarks	0	3	6	0	5	5
New profession onto the Register	0	3	3	3	3	4

**Graph 16 Breakdown of conditions – by reason for visit**

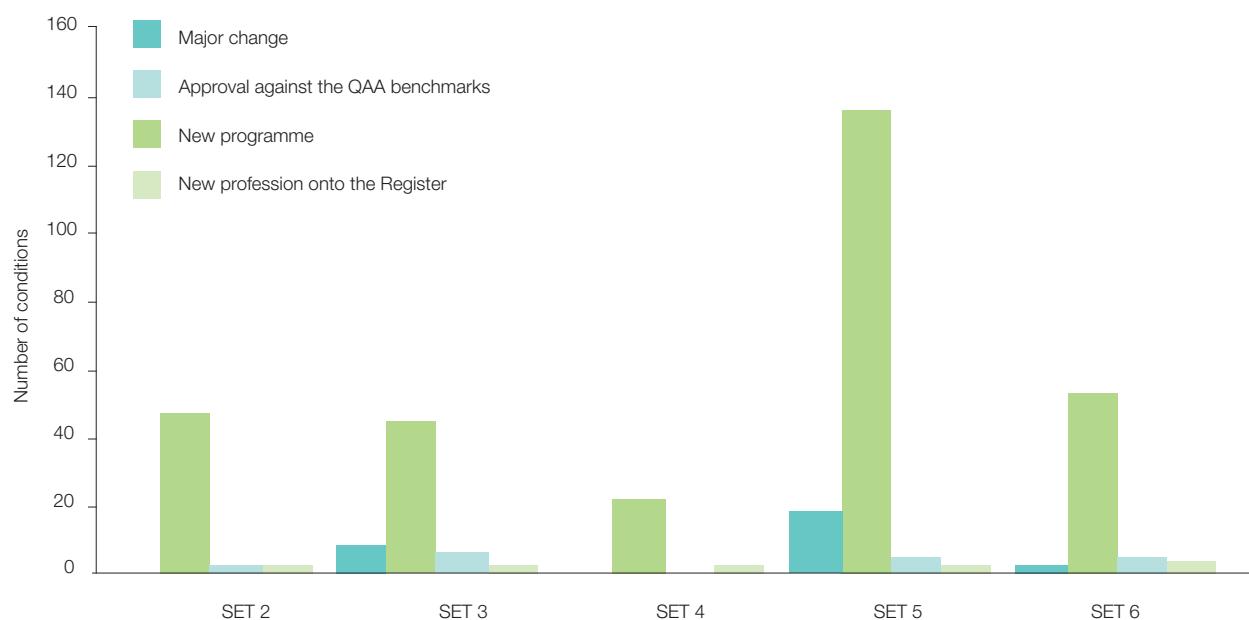


Of all conditions, 83% were set against new programmes. This is to be expected as we visited more new programmes than approved programmes. However, a proportion of the conditions may be an unavoidable result of approval visits ‘piggybacking’ education providers’ internal validations. The validation of a programme is often a pre-requisite for the financial and resource commitment it receives from an education provider. However, without this financial and resource commitment, it is difficult not to justify conditions on a programme’s approval.

**Graph 17 Breakdown of conditions – by reason for visit and SET**



**Graph 18 Breakdown of conditions – by SET and reason for visit**



This year, major change visits only resulted in conditions against programme management standards, placement standards and assessment standards.

Generally, visits to programmes new to the Register, and QAA subject benchmark visits, produced a low number of conditions. There were no clear concentrations against particular standards.

# Annual monitoring

## Number of annual monitoring submissions

This year we received 326 annual monitoring submissions.

**Table 14 Number of annual monitoring submissions – by type**

Type	Number of submissions
Declarations	147 (45%)
Audits	179 (55%)

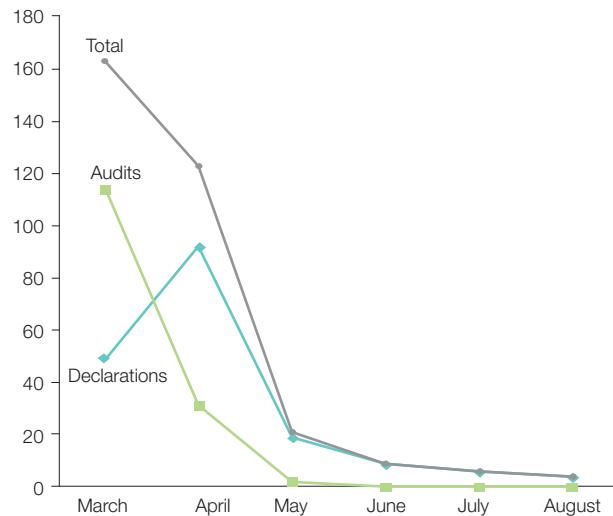
## When did the monitoring take place?

This year, we had one standard deadline for all submissions from all education providers. This was 28 March 2006. The table below shows the actual submission dates.

**Table 15 Number of annual monitoring submissions – by month**

Month	Number of declarations	Number of audits	Total submissions
March 2006	49	114	163 (50%)
April 2006	92	31	123 (38%)
May 2006	19	2	21 (6%)
June 2006	9	0	9 (3%)
July 2006	6	0	6 (2%)
August 2006	4	0	4 (1%)

**Graph 19 Number of annual monitoring submissions – by month**



The majority of submissions (88%) were received before or on the deadline. All the late submissions were received within four months.

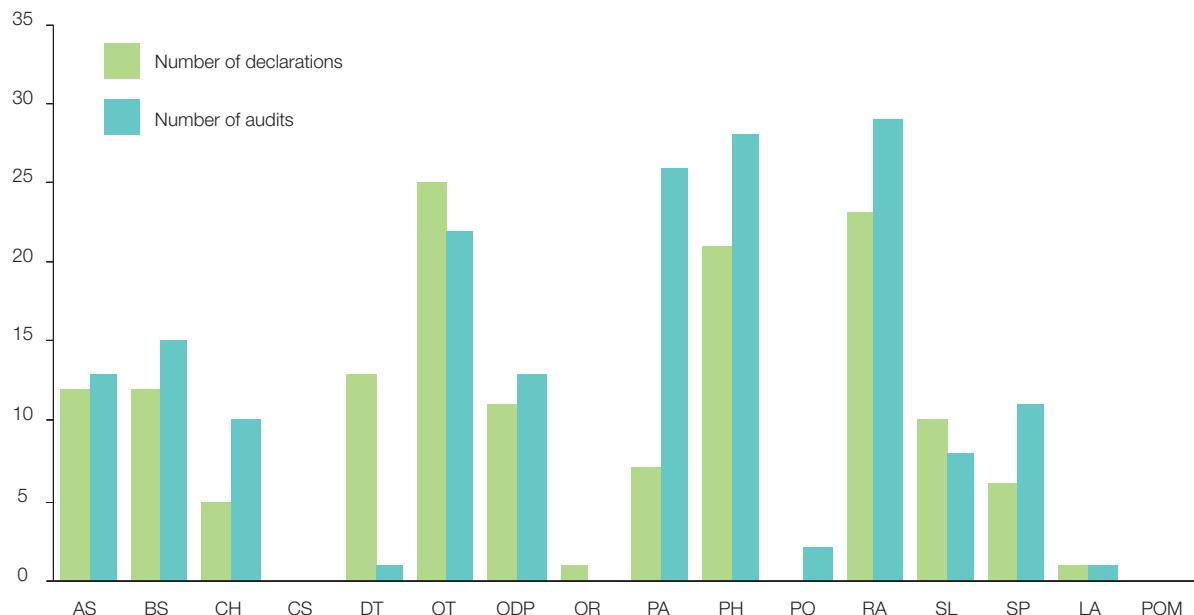
#### Which professions were monitored?

We considered more submissions from radiography, occupational therapy and physiotherapy programmes more than any other programme this year. This is to be expected as we have the largest number of approved programmes from these three professions. As all approved programmes are subject to annual monitoring, the percentage of programmes from each profession will also reflect the overall percentage of approved programmes.

**Table 16 Breakdown of annual monitoring submissions – by profession**

Profession/ entitlement	Number of declarations	Number of audits	Total
AS	12	13	25 (8%)
BS	12	15	27 (8%)
CH	5	10	15 (5%)
CS	0	0	0 (0%)
DT	13	1	14 (4%)
OT	25	22	47 (14%)
ODP	11	13	24 (7%)
OR	1	0	1 (0%)
PA	7	26	33 (10%)
PH	21	28	49 (15%)
PO	0	2	2 (1%)
RA	23	29	52 (16%)
SL	10	8	18 (6%)
SP	6	11	17 (5%)
LA	1	1	2 (1%)
POM	0	0	0 (0%)

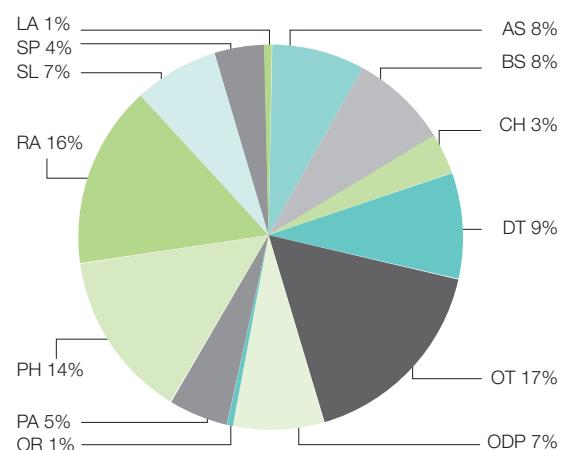
**Graph 20 Breakdown of annual monitoring submissions – by profession**



#### Who submitted a declaration and who submitted an audit?

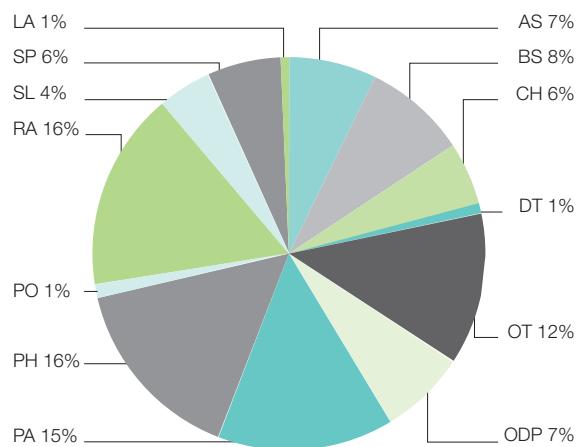
In an attempt to have an identical number of declaration and audit submissions each year, we divided our education providers into two groups. Both groups included approximately forty education providers. This year, group A submitted a declaration form and group B submitted an audit form. Programmes were divided up by education provider, rather than by profession. Therefore, the difference in declaration and audit submissions, by profession, simply reflects those professions offered in a group of education providers.

**Graph 21 Breakdown of declarations – by profession**



We considered more declarations from radiography, occupational therapy and physiotherapy programmes than from any other programme this year. This is to be expected as we have the largest number of approved programmes in these three professions.

**Graph 22 Breakdown of audits – by profession**



We considered more audits from radiography, occupational therapy, physiotherapy and paramedic science programmes than any other programme this year. As explained before, this is to be expected as we have the largest number of approved programmes from these four professions. The high number of audit submissions from paramedic science programmes (relative to the number of declaration submissions) is due to the IHCD paramedic award being included in group B. The IHCD paramedic award is delivered at a number of ambulance trusts, all of which are recorded as separate approved programmes.

### Summary of outcomes

A declaration submission asks education providers to confirm that the programme continues to meet the HPC standards of education and training and that upon qualification the students will meet the HPC standards of proficiency. Our visitors do not assess declaration forms; they are simply forwarded to the Education and Training Committee for consideration.

Each audit submission is reviewed by at least one visitor and a recommendation is made to the Education and Training Committee. Visitors can recommend to the Education and Training Committee:

- that the programme continues to meet the standards of education and training and the standards of proficiency; or
- that the programme has undergone a major change and that the HPC should visit the programme in the next academic year.

**Table 17 Summary of outcomes**

Outcome	Number of programmes
Continue to meet the SETS and SOPs	172 (96%)
Require an approval visit	7 (4%)

As a result of the first year of annual monitoring, only seven programmes were considered to be in need of an approval visit. An overwhelming majority of programmes continued to meet the standards of education and training and standards of proficiency.

The seven programmes requiring an approval visit were from three professions – dietetics, speech and language therapy and operating department practice. The visits were recommended for a variety of individual reasons.

# Conclusion from the Education Manager

This year has seen a large amount of work in the area of approvals and monitoring, all of which has helped to ensure new registrants meet the required standards to work safely and effectively. This fundamentally contributes to the HPC's primary function of protecting the public.

The work that the HPC carries out is paid for by fees from registrants. There is no fee charged to education providers for an approval visit or for monitoring submissions. We have developed publications and protocols, held presentations, and always endeavour to make our processes as open and transparent as possible.

Thank you for reading this document and I hope you have found it interesting. If you need any further information on our approval and monitoring processes, please see our website at [www.hpc-uk.org](http://www.hpc-uk.org)

You can also contact the Education – Approvals and Monitoring Department by:  
email, [education@hpc-uk.org](mailto:education@hpc-uk.org);  
fax, +44(0)20 7820 9684; or  
telephone, +44(0)20 7840 9812.

**Abigail Creighton**

Education Manager



---

Park House  
184 Kennington Park Road  
London SE11 4BU

tel +44 (0)20 7582 0866  
fax +44 (0)20 7820 9684  
[www.hpc-uk.org](http://www.hpc-uk.org)

This document is available in  
alternative formats and Welsh on  
request.

Call 020 7840 9806  
or email [publications@hpc-uk.org](mailto:publications@hpc-uk.org)



© Health Professions Council

Publication code: 20070410cEDUPUB (printed July 2007)

This document has been produced using trees from sustainable forests