

Education and Training Committee, 7 March 2013

Service user involvement in education and training programmes –  
consultation responses

Executive summary and recommendations

### **Introduction**

A consultation was held between 3 September 2012 and 7 December 2012 on a proposal to amend the standards of education and training and supporting guidance to require the involvement of service users in approved programmes. The summary of consultation responses is appended.

The attached paper looks at the key issues which emerge from the responses to the consultation and seeks the discussion of the Committee about whether or how our proposals should be amended in light of the responses.

### **Decision**

The Committee is invited to discuss the attached paper and appendix.

The Committee is invited to agree the following.

- The standard and guidance should refer to the involvement of ‘service users and carers’.
- The standards of education and training should be amended to require the involvement of service users and carers in approved programmes.
- The standard (once agreed) should be implemented as follows.
  - New programmes; new professions programmes; and programmes requiring a visit as a result of major change or annual monitoring (wherever possible) – from 2014-2015.
  - All other existing approved programmes – from 2015-2016.

### **Background information**

- Chambers and Hickey (2012). Service user involvement in the design and delivery of education and training programmes leading to registration with the Health Professions Council.  
<http://www.hpc-uk.org/publications/research/index.asp?id=550>

- HCPC (2012). Consultation on service user involvement in education and training programmes approved by the HCPC.  
[www.hcpc-uk.org/aboutus/consultations/closed/index.asp?id=150](http://www.hcpc-uk.org/aboutus/consultations/closed/index.asp?id=150)

### **Resource implications**

The resource implications of this paper and following papers on this topic include the following.

- Amending consultation responses document and revising standard and guidance as appropriate.
- Communicating the outcomes of the consultation with stakeholders.

This is accounted for in Policy and Standards Department and Education Department planning for 2012/2013 and 2013/2014.

### **Financial implications**

The financial implications of this paper and following papers on this topic include the following.

- Re-publishing the SETs and SET guidance to add the new standard and guidance (timing dependent upon the effective date of the standard).
- Communicating with education providers including as part of education seminars (this may not involve additional cost as seminars take place every year).

The following will be accounted for in budgeting in future financial years. There are no financial implications as a direct result of this particular paper.

### **Appendices**

- Consultation on service user involvement in education and training programmes approved by the Health and Care Professions Council (HCPC) – Summary of responses to the consultation.

### **Date of paper**

25 February 2013

## **Service user involvement in education and training programmes – consultation responses**

### **1. Introduction**

- 1.1 This paper identifies the key areas for further consideration and discussion which arise from the responses to the consultation on our proposal to amend the standards of education and training and supporting guidance to make service user involvement in approved programmes an express requirement.
- 1.2 This paper covers the following.
  - A summary of the background to our work in this area.
  - A summary of our consultation proposal.
  - The key issues, questions and decisions which arise from the analysis of the consultation responses.
- 1.3 The discussion of the Committee will inform proposed revisions to the draft standard and guidance. The consultation responses will also be updated to describe the HCPC's decisions as a result of the consultation feedback.
- 1.4 Subject to its discussion and decisions at this meeting, the Committee will be invited to agree and recommend to the Council the text of the revised standard and guidance and the text of the consultation responses document at its meeting in June 2013.

### **2. Background**

- 2.1 The subject of service user involvement and whether or how this should affect the HCPC's role in approving education and training programmes has been discussed by the Committee on a number of occasions over the last three years.
- 2.2 The following provides some background to our consultation proposals.

#### **Standards of education and training guidance**

- 2.3 The existing SETs guidance encourages education providers to provide evidence of service user involvement. However, this is not a mandatory requirement so it is possible we could approve a programme which did not involve service users at all.

## **PSA requirements**

- 2.4 The Professional Standards Authority for Health and Social Care (PSA) undertakes an annual performance review of the regulators against its standards for good regulation.
- 2.5 These standards require that the regulators should ensure that: 'Students' / trainees' and patients' perspectives are taken into account as part of the evaluation.' The PSA have previously clarified that they expect to see patient and student involvement in the design and delivery of education programmes. (Please note that student involvement is addressed in a number of places in the SETs and is not included in the scope of this work.)
- 2.6 In its performance review report for 2011-2012, the PSA said that, although we did not meet its standard yet, it was 'encouraged' by the steps we had taken, including our consultation on amending the standards of education and training.

## **Regulation of social workers in England**

- 2.7 In August 2012, the HCPC became responsible for regulating social workers in England.
- 2.8 The previous regulator, the General Social Care Council (GSCC) required that 'service users and carers' were involved in all aspects of pre-registration social work programmes including in selection, teaching, assessment, design and quality assurance. This involvement activity has been supported by specific funding.

## **Research**

- 2.9 In 2011, we commissioned Kingston University London and St George's, University of London to carry out research in this area. The research looked at the 15 professions we then regulated and included a literature review; a survey of HCPC approved education providers; focus groups with students, educators and service users; and a workshop to discuss the research findings and to develop recommendations.
- 2.10 The research found that there were no education providers, approved programmes or professions that did not involve service users in some way. Education providers frequently involved service users in a range of areas, but this was less developed in the area of summative assessment. A range benefits and barriers were identified from the literature and primary research, which mirror well the arguments made across the consultation responses.

### **3. Our consultation proposal**

3.1 We proposed that the SETs and SETs guidance should be amended to require service user involvement in approved programmes. We said the following in the consultation document.

- Service users should be involved in approved programmes.
- Service user involvement can help ensure that programmes are up-to-date; ensure that students benefit from a wide range of different perspectives; and ensure that, once qualified and registered, registrants understand the need to, and are able to, involve service users in decisions about their care or services.
- Requiring involvement through our standards would:
  - be consistent with ensuring that a student completing an approved programme meets the standards of proficiency and is fit to practise at entry to the Register;
  - recognise the involvement activities already taking place;
  - act as a driver for education providers to think about how best to involve service users in their programmes; and
  - send out a strong message that service user involvement has an important contribution to make to public protection.
- If the standard was agreed, we proposed that it should be effective from the 2015-2016 academic year.

3.2 The consultation draft of the proposed standard and guidance is reproduced overleaf.

**SET 3.17 Service users must be involved in the programme****Guidance**

You must provide evidence of how and where service users are involved in the programme.

The term 'service user' is used as a broad phrase to refer to the involvement of those who typically use or are affected by the services of registered health and care professionals. Service users may include patients, clients, carers, organisations, other members of the multidisciplinary team and so on.

Who service users are will vary between and within the different professions we regulate. For example, biomedical scientists typically interact with other clinicians rather than directly with patients or carers; occupational psychologists provide services primarily to organisations. We will want to see that you have considered the service user groups which will be appropriate for your profession and your programme.

Service users could be involved in a programme in a variety of different ways. For example in the following.

- Selection and recruitment of students.
- Development of teaching tools and materials.
- Programme or module development, planning and evaluation.
- Role play and teaching of students.
- Feedback on students.
- Assessment of students.
- Quality assurance.

We do not prescribe the areas of the programme in which service users must be involved, but we will want to see evidence that involvement is taking place, and that you are able to explain where service users are involved, appropriate to your programme. You are also encouraged to explain how you evaluate the involvement of service users in your programme.

The information you provide us to show how you meet this standard may also be relevant to meeting SET 3.3 and SET 4.4.

#### **4. Key discussion points from the consultation**

4.1 The Executive has identified a number of points for discussion which arise from the consultation responses, outlined below.

##### **Service user and carer**

4.2 A strongly articulated argument in the consultation responses was that we should use the term 'service user and carer' rather than 'service user'. The term 'service user and carer' (or similar terms separately identifying carers) was frequently used in responses, even where a specific comment was not made on this aspect of our proposal.

4.3 In previous discussion, the Committee has preferred the term 'service user' because it has considered that carers are one service user group; that carers will not be relevant to the practice of all professions; and because of the need to maintain a consistent approach in our use of the term.

4.4 However, we are arguably already inconsistent.

- In the CPD standards, we use service user to refer to anyone who uses or is affected by the services of a registrant (standard four). The purpose of the standard is about CPD benefiting other people, so in this context service users could include a diverse range of groups dependent on the practice of a registrant – for example, this might include students if a registrant was an educator.
- The existing standards of proficiency use a variety of different phrases including 'service users, their relatives and carers', 'service users and carers', 'service users and others' and 'service users'. In the current review, the Executive has aimed to ensure consistency of usage as far as possible, applicable to each profession. Therefore, some professions will retain use of 'carer' separate from the use of the term 'service user'.
- Our consultation proposal was not fully consistent with the above approaches. We said that service users were those who 'typically use or are affected by the services of registered health and care professionals'. This wording was deliberately chosen, in part, to ensure that the involvement of students in programmes was not brought within the scope of the proposed standard.

- 4.5 The Executive recommends that the term should be amended to refer to ‘service user and carer’. There is strong evidence from the consultation to suggest that the term ‘service user and carer’ is in common usage. Although, overall, there are a variety of terms used in health and social care, often dependent upon setting and context, this term might be the most appropriate for the HCPC as a national regulator with regulatory responsibility for a diverse range of professions. We received arguments that carers had a complementary but important perspective to those of service users. Further, the Executive considers that, given the strength of feeling on this issue, failing to use this term runs the real risk of detracting from the positive message behind the introduction of a new standard – that the involvement and contribution of people who use services and carers in programmes is important and adds value.
- 4.6 With some minor amendments to the guidance, using this term need not mean that all programmes have to include carers if this is not appropriate to the profession concerned in any event – the existing draft of the guidance already makes it clear that our expectation is that an education provider would need to consider the service user groups which will be appropriate to the profession and programme.<sup>1</sup>

**Decision: The Committee is invited to agree that the standard and guidance should refer to the involvement of ‘service users and carers’.**

#### **Amending the standards of education and guidance**

- 4.7 A large majority of respondents agreed with the principle of our consultation proposal. The evidence in responses overall was that there were no significant concerns solely on the basis of profession or model of education delivery which would indicate that introducing a standard would be an unreasonable step. This is consistent with the findings of the published research.
- 4.8 The issues raised in the detailed comments we received across all responses will assist in developing the text of the proposed standards and guidance further.

**Decision: The Committee is invited to agree that the standards of education and training and guidance should be amended to require involvement in approved programmes.**

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<sup>1</sup> Carers UK define a ‘carer’ in the following terms. ‘Someone who has or who currently looks after family, partners or friends who are in need of support because they are ill, frail or have a disability.’

Carers UK

<http://www.carersuk.org/help-and-advice/quick-guide-to-caring/item/483>, accessed 02/01/2013



## **Flexibility versus prescription**

- 4.9 Many of the comments about the detail of the proposals touched on whether we had struck the correct balance between flexibility and prescription in articulating our proposed requirement.
- 4.10 Some respondents, predominantly in the social work field, said that we should be much more prescriptive by prescribing that involvement must take place in specific areas of programmes. However, this was not a unanimous view.
- 4.11 The Executive's assessment, based on the consultation responses and the research, is that a more prescriptive requirement across all the professions might be unreasonable at this stage. The existing draft of the guidance uses terminology which would ensure that the standard can be applied appropriately to different types of programme and different professions – for example, we said that we would want to see that an education provider had considered the service user groups which will be appropriate to the programme and profession.
- 4.12 A number of minor changes to the guidance, however, will help to clarify the intent of the standard and guidance and strengthen the requirement overall.

## **What is involvement?**

- 4.13 A common theme throughout responses to the consultation was that we should clarify what we mean by involvement and by doing this the level or extent of involvement we expected (this touches on some of the issues discussed above).
- 4.14 Albeit a very small minority, it was concerning that some stakeholders considered that student contact with service users and carers whilst on practice placements amounted to involvement.
- 4.15 The basic premise underpinning involvement activity in education is one of opportunity to contribute and participate such that the perspectives and experiences of service users and carers can influence the design and delivery of the programme in some way.<sup>2</sup>
- 4.16 A minor amendment could be made to the opening paragraph of the guidance to make it clearer what we mean by involvement, in line with the key points outlined above.

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<sup>2</sup> This provides an appropriate summary of the key components of what is said to constitute involvement, related to an education context. Other principles often included in definitions of involvement overall include ideas of partnership and equality between service providers and service users; and 'two way' 'active' participation in decision making processes.

## **End recipients of services**

- 4.17 There was a view from some respondents that it would be inappropriate to include organisations and other members of the multi-disciplinary team as part of our definition of 'service users'. In part, this was owing to concern that education providers might seek to evade their obligations by engaging only with professionals when it was appropriate and feasible that they should be involving individuals such as patients and clients who are the 'end recipients' of services.
- 4.18 For most professions and programmes it will be appropriate for education providers to engage with end recipients of services and carers. However, for others, such as in occupational psychology and biomedical science, where the nature of contact with individual users of services and carers is rather more indirect, this might be more problematic.
- 4.19 The guidance is already clear that involvement needs to be appropriate to the programme and profession concerned, but some minor revisions to the text of the guidance might assist in assuaging this concern and in clarifying our expectations of education providers.

## **Implementation**

- 4.20 The majority of respondents agreed with the proposed implementation date of the new standard from the 2015-2016 academic year, mainly on the basis that this would allow existing approved programmes the time to make any necessary changes. Social work education providers generally requested an earlier implementation date on the basis that involvement was well developed and previously a regulatory requirement for this profession.
- 4.21 In light of the responses, the Executive proposes the following arrangement. The standard would become effective in the approvals process from 2014-2015. This would mean that the standard would apply from this date to new programmes seeking approval for the first time and to transitionally approved social work programmes being visited for the first time. Approved programmes subject to an approval visit as a result of a major change or annual monitoring submission would be required to meet the new standard wherever this is possible. The standard would become effective for existing approved programmes via annual monitoring from 2015-2016.
- 4.22 These proposed arrangements are consistent with how the revised standards of proficiency are being implemented in the education processes. Implementing the standard in the approval process in 2014-2015 is reasonable given the requirements that have existed in this area in the social work profession. This implementation date would also assist the proposed pilot of service user and carer visitors.

- 4.23 The Education Department would be responsible for implementation and this is likely to include discussion and engagement with education providers via seminars and publication of examples and additional resources.

**Decision: The Committee is invited to agree that the standard (once agreed) should be implemented as follows.**

- **New programmes; new professions programmes; and programmes requiring a visit as a result of major change or annual monitoring (wherever possible): from 2014-2015.**
- **All other existing approved programmes: from 2015-2016.**

#### **Other issues**

- 4.24 There are a range of other minor changes that can be made to the draft guidance to take account of the responses to the consultation. They include making it clear that involvement of service users might include engagement with service user groups or representative / advocacy organisations as well as individual service users; and, in line with other SETs, indicating the kinds of evidence that might be submitted by an education provider to demonstrate the standard was met.
- 4.25 Other issues were frequently raised by respondents – either as common challenges, or areas in which we were asked to produce separate guidance. They included funding for involvement activities and the infrastructure and support required for effective involvement. Education providers will meet the standard in different ways and dependent on their approach may have to negotiate and overcome these issues. However, it is important that the correct balance is struck between providing sufficient guidance and avoiding inadvertent prescription or duplicating guidance which is available elsewhere. The list of helpful external reference sources linked to each SET maintained in the education section on the website will be updated as appropriate.
- 4.26 The Executive has undertaken desk research which has included reviewing the other regulator’s requirements and how they are expressed; and looking at definitions of key terms including ‘service user’, ‘carer’, and ‘involvement’. This will provide a useful reference point when revising the standard and guidance for the Committee’s consideration at its next meeting.

**Consultation on service user involvement in education and training  
programmes approved by the Health and Care Professions Council (HCPC)**

Summary of responses to the consultation – March 2013

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## 1. Introduction

- 1.1 We consulted between 3 September 2012 and 7 December 2012 on a proposal to amend the HCPC's standards of education and training and supporting guidance to require the involvement of service users in approved programmes.<sup>1</sup>
- 1.2 We emailed a link to the consultation document to a range of different individuals and organisations including education providers, professional bodies and charities. The consultation was promoted on our website, through a press release and in our 'In Focus' and 'Education update' newsletters.
- 1.3 We received responses via an online survey tool, by email and by letter.
- 1.4 We would like to thank all those who took the time to respond to the consultation.

### **About the Health and Care Professions Council (HCPC)**

- 1.5 We are a regulator and were set up to protect the public. To do this, we keep a register of professionals who meet our standards for their professional skills and behaviour. Individuals on our Register are called 'registrants'.
- 1.6 We currently regulate 16 professions.
  - Arts therapists
  - Biomedical scientists
  - Chiropodists / podiatrists
  - Clinical scientists
  - Dietitians
  - Hearing aid dispensers
  - Occupational therapists
  - Operating department practitioners
  - Orthoptists
  - Paramedics
  - Physiotherapists

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<sup>1</sup> For a copy of the consultation document, please see here:  
<http://www.hcpc-uk.org/aboutus/consultations/closed/index.asp?id=150>

- Practitioner psychologists
- Prosthetists / orthotists
- Radiographers
- Social workers in England<sup>2</sup>
- Speech and language therapists

### **Our consultation proposals**

- 1.7 In the consultation we proposed adding an additional standard to the programme management and resources standards in the HCPC's standards of education and training (SETs).<sup>3</sup> We proposed that the standard should read: 'Service users must be involved in the programme.' We also proposed draft supporting guidance.

### **About this document**

- 1.8 This document summarises the responses we received to the consultation.
- 1.9 The document starts by explaining how we handled and analysed the responses we received, providing some overall statistics from the responses. An overall summary of responses is provided in section three. Sections four to eight are then structured around the questions we asked in the consultation document.
- 1.10 In this document, 'you' or 'your' are references to respondents to the consultation; 'we' and 'our' are references to the Health and Care Professions Council.

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<sup>2</sup> Please note. Social workers are registered separately in the other three countries by the Scottish Social Services Council, Care Council for Wales and Northern Ireland Social Care Council. The regulation of social work education and training in Scotland, Wales and Northern Ireland will be unaffected by any decisions made as a result of this consultation.

<sup>3</sup> <http://www.hcpc-uk.org/aboutregistration/standards/sets/>

## **2. Analysing your responses**

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

### **Method of recording and analysis**

- 2.2 The majority of respondents used our online survey tool to respond to the consultation. They self-selected whether their response was an individual or an organisation response, and, where answered, selected their response to each question (e.g. yes; no; partly; don't know). Where we received responses by email or by letter, we recorded each response in a similar manner.
- 2.3 When deciding what information to include in this document, we assessed the strength and frequency of the comments made across the consultation responses and identified common themes.
- 2.4 During the consultation period, we discussed the consultation questions with groups of our education visitors as part of our on-going programme of refresher training. We made a note of the feedback at these sessions. We have taken into account this feedback in putting together the summary that follows, but we have not recorded this in the consultation statistics.

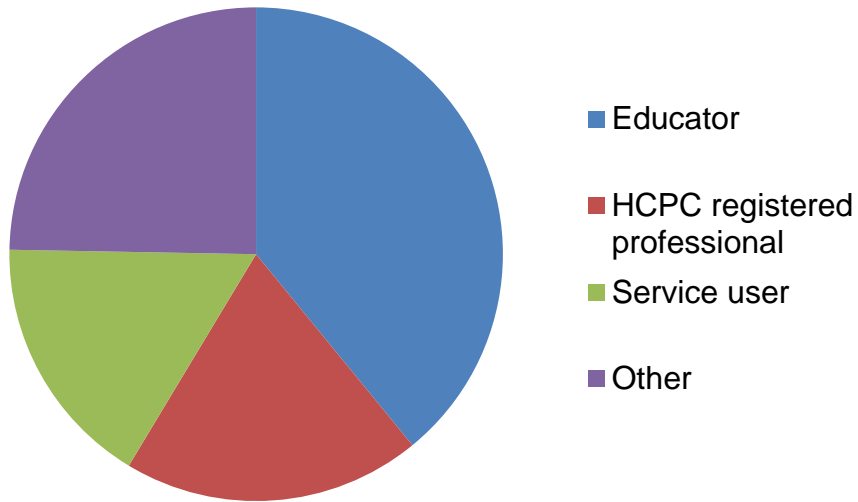
### **Statistics**

- 2.5 We received 297 responses to the consultation document. 139 (47 per cent) responses were made by individuals and 158 (53 per cent) responses were made by organisations.
- 2.6 Education providers and educators were the largest groups of organisations and individual respondents (55 per cent and 39 per cent respectively). However, the education provider figure includes a number of service user and carer forums and groups hosted by education providers. Approximately 23 per cent of individuals described themselves as service users or as carers and around 15 per cent of organisations that responded were service user or carer-led, had an advocacy or involvement role or were charities or third sector organisations. (These figures include some respondents from the 'other' category described overleaf.)

- 2.7 The statistics give a good indication of overall level of agreement or disagreement with our proposals. However, they should be treated with caution. Often similar issues and concerns were raised by respondents who had answered each question very differently and some respondents were more equivocal in their responses than others. For example, the statistics for question one indicate that a large majority of respondents agreed with the principle of amending the standards to require involvement; they do not indicate that there was any broad consensus on how that was best achieved.
- 2.8 The breakdown of respondents and of responses to each question is shown in the graphs and tables that follow.

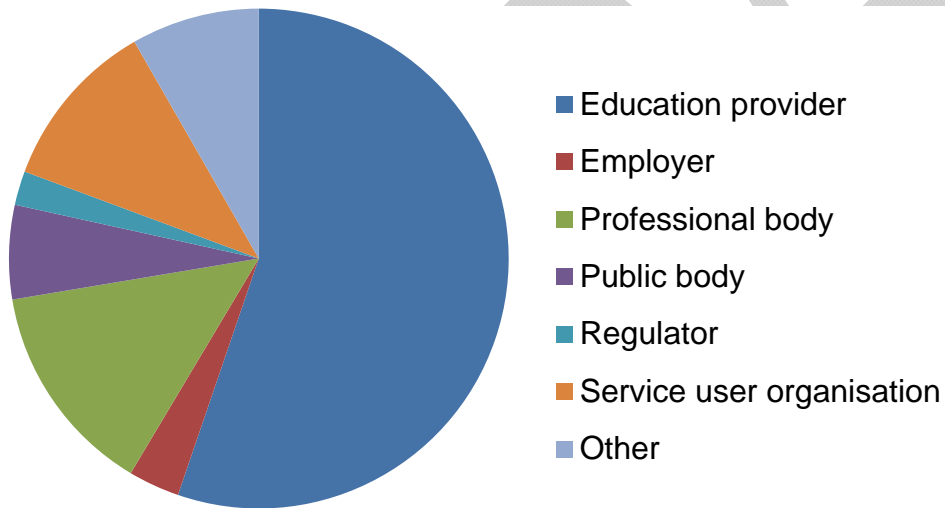
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**Graph 1 – Breakdown of individual responses**

Respondents were asked to select the category that best described them. The largest groups in the 'other' category were individuals who identified themselves as carers, and educators who noted that they were also HCPC registered.



**Graph 2 – Breakdown of organisation responses**

Respondents were asked to select the category that best described them. The 'other' category included some voluntary groups and charities.

**Table 1 – Breakdown of responses to each question**

Question	Overall results			
	Yes	No	Partly	Don't know
Question 1 – Do you agree that the standards of education and training should be amended to require the involvement of service users in approved programmes?	88%	4%	8%	1%
Question 2 – Do you consider that the proposed standard and guidance are appropriate to different types of approved programmes, and to different professions? If not, why not?	71%	5%	15%	9%
Question 3 – Do you agree with the approach to defining 'service users' in the proposed standard and guidance? If not, why not?	65%	12%	22%	2%
Question 4 – Do you agree that there should be a lead-in period, with the standard becoming effective from the 2015-2016 academic year? If not, what alternative arrangements should we put in place?	64%	17%	18%	1%

**Key**

- Percentages in the above table have been rounded to the nearest whole number and therefore may not add to 100 per cent.
- Question five invited any further comments rather than a 'yes or no' answer so is not included in the table above.

**Table 2 – Breakdown of responses by respondent type**

Question	Individuals				Organisations			
	Yes	No	Partly	Don't know	Yes	No	Partly	Don't know
Question 1	86%	4%	10%	N/a	89%	4%	7%	1%
Question 2	71%	4%	12%	13%	71%	6%	17%	6%
Question 3	71%	7%	18%	3%	59%	16%	25%	1%
Question 4	67%	20%	12%	2%	61%	15%	23%	1%

**Key**

- Please see Table1 for information about each question.
- Percentages in the above table have been rounded to the nearest whole number and therefore may not add to 100 per cent.

### **3. Summary of responses**

#### **Amending the standards of education and training**

- A large majority of respondents agreed that the standards should be amended to require involvement.
- The reasons given included that involvement was good practice in delivering education and training; most if not all approved programmes already involved service users; and that there were a range of benefits from involvement.
- Some respondents were more qualified in their agreement dependent upon the exact detail of the standard which was introduced, often referring to the conditions or challenges for effective involvement.
- A minority disagreed. The reasons given included the principle and impact of a standard; differences between professions; and factors which were considered to inhibit the feasibility of involvement.

#### **Different types of approved programmes and different professions**

- The majority of respondents agreed that the proposed standard and guidance were sufficiently broad and flexible.
- Other respondents considered that the standard should be more specific, including that it should be more prescriptive in setting out our expectations or requirements for involvement.

#### **Defining service users**

- The majority of respondents agreed with the proposed definition.
- The most frequently received comments about the definition were that the term we used should refer directly to carers, and that we needed to amend the guidance to focus on the 'end recipients' of services and remove references to other members of the multi-disciplinary team.

## **Implementing the standard**

- The majority of respondents agreed with the proposed lead-in period for implementation, but some groups of respondents were significantly less in agreement than others.
- Where it was proposed that the standard should be implemented sooner, the most common suggestion was by 2014-2015.

## **Additional comments**

- We received a range of other comments about this topic overall. They covered areas including funding for involvement; establishing the impact of involvement; and how we would assess that a standard had been met once it is introduced.
- We received a range of detailed suggestions about the wording and content of the standard and guidance including that we should provide more guidance on the recruitment, training, and payment of service users.

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#### **4. Amending the standards of education and training and guidance**

**Question 1. Do you agree that the standards of education and training should be amended to require the involvement of service users in approved programmes?**

##### **Summary**

- A large majority of respondents, 88 per cent, agreed that the standards of education and training should be amended to require the involvement of service users in programmes approved by the HCPC.
- There was no significant overall difference between responses from individuals compared to responses from organisations. The proportion of respondents agreeing with this question was slightly higher for service users and service user organisations, compared to educators and education providers.

##### **Support for a standard**

- There was widespread agreement across all types of respondent for a standard to be introduced requiring the involvement of service users in approved programmes.
- The involvement of service users in approved programmes was commonly referred to as a part of good practice in delivering education and training.
- A number of respondents, noted that most if not all programmes should already be doing this anyway, but concluded that formalising this as a requirement for education providers would be helpful.
- A small number of respondents welcomed the standard as part of a common approach to these topics across different professions and regulators. The regulators of social workers in the other countries said that a common UK-wide approach to this issue was important.
- Some individual respondents commented that this standard was required by the Council for Healthcare Regulatory Excellence (CHRE, now renamed the Professional Standards Authority for Health and Social Care) and therefore the HCPC would have to meet their requirements anyway.

## **Benefits**

- Many respondents outlined the benefits they saw in the involvement of service users in programmes.
- The benefits identified frequently in responses included the following.
  - Involvement provides a link between theory and the real world of practice.
  - Involvement is consistent with a partnership between service users and professionals and is consistent with meeting service user needs and expectations.
  - Involvement was linked to professional values such as empowerment and inclusion.
  - Involvement was a way of students benefiting from the lived experience of service users which could not be obtained in any other way.
  - Involvement was seen as breaking down barriers. For example, by dispelling myths and stereotypes leading to attitudinal change.
  - Learning experiences involving service users (for example, as guest lecturers) frequently receive very positive evaluations from students.
  - Involvement increases the accountability of programmes to those who receive the services from students once they are qualified.
  - Involvement of service users was considered as a right in of itself.
  - Involvement was linked to keeping the curriculum up-to-date and relevant to the reality of practice.

## **Qualified support**

- Some respondents were more qualified in their support, agreeing in principle but seeking further clarity on the detail behind the proposal, or setting out what they saw as the challenges for effective involvement. The common areas which were raised in responses included the following.
  - The need for funding and resources, including for training and supporting service users and staff working on involvement.

- The possibility of tokenism rather than meaningful involvement as a result of introducing a requirement. This was a theme across all responses.
- The representativeness of service users and the limitations of involvement in some areas such as assessment.
- The standard and guidance should avoid prescription and allow flexibility in how it could be put into practice by different professions. This was common theme amongst education providers (excluding social work) and professional bodies.
- Some said they needed more information about how the requirement would be implemented, including the level of involvement that the HCPC would expect.

### **A standard should not be introduced**

- A small minority of respondents disagreed with the proposal to introduce a new standard. The majority of these respondents were educators and education providers.
- The following provides a summary of the arguments we received. This includes both responses which were unequivocal in their opposition to a standard and those respondents which were less so, but which nonetheless articulated similar concerns which they considered to be significant. Some of the points below were also raised by respondents who were in agreement with the proposed standard.
  - Some saw a requirement as problematic owing to the diversity of the professions regulated by the HCPC. It was argued that this meant that the concept and definition of a service user was very different for different professions and therefore a standard would be inappropriate and difficult to assess.
  - There was concern about adopting a 'one size fits all approach' to this issue.
  - There was concern about 'tokenism' in which education providers would do the minimum required to 'tick the box', accruing few benefits.
  - Some educators and education providers cited a lack of feasibility or ability to involve service users in their programmes as reasons for why a standard should not be introduced. They included access to service



users; service users having their own agenda; the representativeness of service users; payment of service users in the current financial climate; and previous experience of involvement in some programme areas having limited perceived value.

- The responses did not suggest overall that any particular professions were less supportive of a standard than others. However, a few respondents, including some who were in agreement with the principle of a standard, raised the following profession-specific issues.
  - In forensic psychology, there was concern about the feasibility of involving individual service users, who may be past or serving prisoners with a history of serious offending behaviour such as sexual offences. There was concern about their access to information, such as safeguarding information or teaching materials which relate to their area of offending. It was suggested by a professional body that this would be less of an issue if the standard could be met through involving representative / advocacy organisations rather than through individual service users.
  - A few respondents saw particular challenges with regards to involving service users in the psychological therapies, with reference to the arts therapies (art, music and drama therapy). Points raised included concern about involving service users who were undergoing therapy; and the necessity that only service users with experience of the specific profession / therapy concerned could or should be involved. Similar concerns were not raised by other respondents.

### **Other comments**

- We received a variety of other comments in relation to this question, most of which are summarised in relation to other consultation questions. However, they included the following.
  - Some service users and carers and some education providers referred to their experience of involvement activities across a range of different areas such as preparation for placements; teaching; selection; design; and quality assurance.
  - Other areas cited as involvement by a small minority of respondents included students themselves undergoing therapy as a part of training; and students having contact with service users as part of practice placements.

## 5. Different types of approved programmes and different professions

**Question 2. Do you consider that the proposed standard and guidance are appropriate to different types of approved programmes, and to different professions? If not, why not?**

### Summary

- The consultation document outlined that the proposed standard and guidance would need to apply across the 16 different professions we regulate, as well as to different types of programmes (for example, programmes which are not delivered or validated by a higher education institution).
- The majority of respondents, 71 per cent, said that the proposed standard and guidance were appropriate. 15 per cent of respondents said that the standard and guidance was only appropriate in part.
- There was no overall significant difference between responses from individuals compared to responses from organisations.
- 75 per cent of educators and education providers agreed with this question, compared with 67 per cent of service users and 61 per cent of service user organisations.

### A flexible and broad requirement

- A number of respondents agreeing with this question concluded that the standard and guidance were set at a threshold level and were sufficiently broad and flexible to apply across a range of professions (and parts of professions) whilst avoiding over-prescription.
- Some respondents said that it was important and appropriate that the education provider was able to make and justify their definition of service user within their specific context.
- Some respondents were content with the broad nature of the standard as currently proposed as they considered this would be an appropriate starting point which could be built upon in the future.

## **Standard should be more specific**

- A number of respondents (including both some who agreed and disagreed with this question) argued that the standard should be more specific.
- Some respondents, including a few HCPC visitors, concluded that the standard and guidance were too broad and as such too open to interpretation. Some argued that we needed to provide much more information about the threshold of involvement we were looking to achieve.
- Some organisations, particularly some education providers and other organisations in the social work field, argued that the standard should be much more prescriptive – either for social work programmes or across all professions. They were concerned that the standard as it was currently drafted set the bar for involvement too low.
- In the draft proposed guidance, we included a bullet pointed list of the areas of a programme in which service users might be involved. Some suggested that the involvement of service users in some or all of these areas should become mandatory. The list included the following.
  - Selection and recruitment of students.
  - Development of teaching tools and materials.
  - Programme or module development, planning and evaluation.
  - Role play and teaching of students.
  - Feedback on students.
  - Assessment of students.
  - Quality assurance.
- With regards to social work, some organisations in the field recognised that the standard and guidance may be more appropriate for some programmes and professions where involvement may be less developed. This included professions where direct contact with service users was limited. However, concern was expressed that this should not be detrimental to involvement in professions where it was already well developed, such as in social work.

## **Different professions and programmes**

- A handful of respondents questioned whether some professions may find meeting the proposed standard and guidance harder than others. The most frequently cited profession was biomedical science, where practitioners do not often have direct day-to-day patient-facing contact.

- A few other examples were given of issues related to specific professions which may need to be addressed explicitly in the standard and guidance or which would need to be negotiated by education providers. They included the following from a minority of respondents.
  - The guidance should address specific issues in the psychological therapies around the vulnerability of client groups. The therapeutic context would make it inappropriate to involve service users in assessment.
  - There may be specific challenges in some domains of psychology, particularly outside of an NHS context, in terms of differing access to service users. For example, in occupational psychology, commercial sensitivities may make it difficult to work with some organisational service users.
- Only one respondent commented directly on applicability across different types of programme. They said that the guidance as currently written was too focused on higher education institutions but did not provide any further information.

### **Changes to the standards or guidance**

- We received a range of other suggestions for changes to the standard and guidance in response to this question. We have summarised these in the section of this document about consultation questions three and four.

## 6. Defining 'service users'

### Question 3. Do you agree with the approach to defining 'service users' in the proposed standard and guidance? If not, why not?

#### Summary

- In the proposed draft guidance, we said that the term 'service user' was used as 'a broad phrase to refer to the involvement of those who typically use or are affected by the services of registered health and care professionals'.
- The majority of respondents, 65 per cent, agreed with the proposed definition. 12 per cent said they disagreed, and 22 per cent said they only partly agreed.
- Overall, a higher proportion of individuals (71 per cent) agreed with this question compared to organisations (59 per cent).
- Amongst specific respondent groups, education providers and educators had the highest proportion of respondents agreeing to this question (77 per cent and 68 per cent). Service user organisations and professional bodies had the lowest rate of agreement (56 per cent and 57 per cent).

#### Service user

- Where respondents broadly agreed with the definition of service user proposed in the consultation document they often said that given the diversity of the HCPC register the definition was appropriate.
- A small number of respondents said that in their view it was unnecessary to add 'carer' to the term which was used.

#### Service user and carer

- In the consultation document we also noted discussion about whether 'carers' were one group of service users or whether they should be identified separately in the proposed standard. We said that we would particularly welcome the views of stakeholders on this topic.
- Amongst those who disagreed with the proposed definition and those who agreed in part, a prevalent theme was that the terminology should be amended to refer to carers.
- This view was sometimes strongly articulated, with some respondents, (including respondents identifying themselves as service users or carers and service user organisations) highly critical of what they viewed as our failure to

include carers 'on equal terms' with service users in the definition we had used.

- The following provides a summary of the common arguments that we received.
  - Carers are recognised separately from service users in various pieces of legislation, in policy documents, academic literature and in common terminology.
  - Future health and care professionals should be equally aware of the important role unpaid carers such as family and friends play in supporting and advocating on the behalf of service users, and involve them in decisions appropriately. Each has interlinked but different perspectives.
  - Not recognising carers is a negative approach which overlooks a large portion of the population and undermines those trying to raise the profile of carers. The contribution of carers should be equally valued and therefore should be equally prominent in our terminology.

### **End recipients of services**

- In the proposed guidance, we said we recognised that service users may vary between and within the different professions we regulated. We said that service user could include 'patients, clients, carers, organisations, other members of the multidisciplinary team and so on'.
- Amongst those who disagreed with the proposed definition overall and those who agreed in part, another prevalent theme in responses was concern about this approach. The following provides a summary of the common arguments that we received.
  - We had lost sight of 'end users' or 'end recipients' of services. Service user involvement should be about involving the end recipients of services not 'intermediate users'. This could include individual service users and carers or organisations representing them.
  - Including organisations and the multi-disciplinary team is confusing. We had confused service users with stakeholders. Stakeholder involvement is not service user involvement. Stakeholder involvement is important and should be addressed in a separate standard.

- There was a concern that the standard and guidance as proposed would increase the risk that programmes might go for the 'easy option' by engaging with other professionals rather than with people who use or receive services.
- A small number of respondents said that we should engage with service users or service user led organisations to further develop our definition.
- A few respondents said that they saw involvement of 'end recipients of services' (e.g. patients and clients) as essential and beneficial even if the profession itself typically did not have direct contact on a day-to-day basis. This argument was made with specific reference to biomedical scientists.
- In contrast, as previously described, other respondents emphasised the importance of flexibility in our approach. One organisation from the healthcare science field described how it was important that organisations and the multi-disciplinary team were specifically included in our definition.

### **Other terminology**

- We received a number of other suggestions for the terminology we should use. A small number of individuals reflected on the term 'service user' and whether they identified with it.
- A range of alternatives were suggested by respondents including the following.
  - People who use / have used / services (or similar wording).
  - People with lived experience (or similar wording).
  - Experts by experience.
  - Patient and public involvement.

### **Other comments**

We received a range of other comments. They included the following.

- The definition we proposed was that service user referred to both those who use the service of registered health and care professionals and those who are affected by their services. Two respondents said that this aspect of the definition was too broad and too big to manage and should be narrowed to focus on users of services.

- In contrast, small numbers of respondents said that the public should be included in our definition. One respondent said that the public should be included because someone with a psychological difficulty might make a useful contribution to the development of a clinical psychology programme; they would not necessarily need to have had direct contact with a clinical psychology service.
- The use of the word 'typically' in the definition ("Service user' is used as a broad phrase to refer to the involvement of those who typically use...') is unhelpful and reinforces stereotypes, argued one respondent.
- We should define involvement clearly. This comment was made by a number of respondents across the different consultation questions.
- One respondent, a professional body, said that the definition and guidance should specifically refer to service user and carer organisations not just individual service users. A number of other respondents referred to the engagement of community or voluntary groups, charities and service user and carer led organisations when referring to involvement.

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## 7. Implementing the standard

**Question 4. Do you agree that there should be a lead-in period, with the standard becoming effective from the 2015-2016 academic year? If not, what alternative arrangements should we put in place?**

### Summary

- In the consultation document we proposed a lead-in period before the standard became effective.
- The majority of respondents, 64 per cent, agreed that the standard should become effective from the 2015-2016 academic year. 17 per cent disagreed, and 18 per cent only partly agreed.
- Overall, a higher proportion of individuals (67 per cent) agreed with the proposed lead in period compared to organisations (61 per cent).
- Amongst specific respondent groups, only 45 per cent of service users and 33 per cent of service user organisations agreed with this question. 25 per cent or more of both of these groups disagreed with the proposal and relatively high proportions only partly agreed or said that they did not know.

### Lead-in period to 2015-2016

- Where respondents agreed that the standard should be introduced from 2015-2016, they generally agreed that this was a fair and reasonable time period which would allow time to share best practice across education providers and, where necessary, for education providers to develop the systems and processes to support effective involvement.
- Across responses as a whole, including responses advocating a 2015-2016 lead in period, respondents referred to the importance of the HCPC engaging with education providers including facilitating the sharing of good practice, for example, through its seminars with education providers.

### The introduction date should be brought forward

- Where respondents disagreed or only agreed in part with our proposed introduction date, the majority said that we should bring the date forward. Many of these respondents argued that this was justified given the importance of involvement and because the HCPC's own research had indicated that most education providers were doing this anyway.

- We received suggestions that we should introduce the standard and guidance immediately; from the 2013-2014 academic year; and from the 2014-2015 academic year. The most common suggestion was to introduce within two years or by 2014-2015.
- Amongst those who suggested it was introduced immediately, many were social work education providers or other individuals or organisations in the social work field who argued that involvement had been a requirement for some time in social work education. It was argued that delaying the introduction might have the unintended consequence of reducing the amount of involvement in social work education in the interim period.
- A small number of respondents suggested introducing the standard immediately, with close monitoring of progress and development of action plans to ensure programmes come-up to standard. A small number of others suggested piloting now and then bringing in a mandatory requirement from 2014-2015.

#### **There should be a longer lead-in period**

- We received few requests for a longer lead-in period. A few respondents referred generally to the challenges of introducing or developing involvement to meet the standard by 2015-2016 if this was not already taking place.
- We received suggestions that we should introduce the standard in 2016-2017 and 2017-2018.

## **8. Additional comments**

**Question 5. Do you have any other comments you would like to make about the proposed standard and guidance, or about any other aspect of the proposals?**

- We received a range of different comments in response to this question, some of which overlapped with themes in responses to the other consultation questions.
- This section summaries those comments. We have included here a summary of themes which we identified throughout the responses but which were not directly related to another consultation question, and comments we received about the content of the standard and guidance which did not relate directly to our proposed definition of 'service user' (see question three).

### **Funding**

- The importance of adequate funding and resourcing for involvement was a frequent comment throughout responses, particularly from social work education providers drawing on their own experience.
- Respondents argued that it was essential that specific funding for involvement in social work education continued and that this might be extended to the other professions that the HCPC regulates.
- Some respondents said that the guidance should refer directly to the financial and resource implications for effective involvement and that this was currently a significant omission in the draft.
- A few respondents referred to the difficulty of valuing service users and carers by paying for their time if this might impact upon their ability to continue to receive benefits. It was suggested that we might liaise with the Department for Work and Pensions to reach a way forward in this area.

### **The impact of involvement**

- We received a few comments about the importance of establishing the impact or difference that involvement makes, in order to reinforce its value. Some thought we should be more specific about this or make evaluation a mandatory requirement. We received a few suggestions for changes to the standard or guidance to make undertaking such evaluation a requirement.

- Other respondents referred generally to the importance of evaluation taking place and a few referred to the importance of that evaluation involving or being carried out by service users and carers.

### **Representativeness**

- The representativeness of service users and carers was considered to be an issue across responses to the consultation questions. This was sometimes linked by respondents to the need for a clear definition of 'who service users are' in each profession. Some referred to the importance and challenge of ensuring the representativeness and diversity of service users, including the challenges of engaging with vulnerable people and harder to reach groups such as those with acute rather than chronic or long term conditions, and of ensuring a diversity of views and experiences. It was suggested that this could be an issue addressed in guidance.

### **Equal status for service users**

- A few individual service users or service user organisations that responded emphasised the importance of delivering involvement in a way which valued the contribution of service users and carers on an equal basis to other contributors. This included acting on the feedback of service users; paying service users on the same basis as other contributors; and service users acting as full members of any approval, validation or review panel.

### **Evidence and assessment**

- The evidence that education providers might provide to support that the standard had been met and how the HCPC would assess that information was a theme, particularly amongst responses from educators, education providers and HCPC visitors.
- Some respondents referred to this area more generally, but we received a range of comments including the following.
  - We should be more specific about the types of evidence we require or would expect to meet the standard.
  - How will we evaluate the information we receive?
  - We should be clearer and more specific about what we mean by terms used in the proposed guidance including 'involvement', 'encourage' and 'evaluate'.

- A concern that the standard and guidance could be interpreted by visitors as a 'checklist' and implemented in a stricter manner than was intended.
- The guidance needed to ensure that education providers were required to use the outputs of involvement activity and explain and justify their decisions.
- The HCPC should speak directly to service user and carer groups at visits as this is the only way to gauge effectiveness.
- Visitors should receive thorough training; particularly so that they are alert to the diversity of possible service users and to the range of different permissible involvement activities.

### **Additional guidance or issues**

- In addition to the areas previously subscribed, the following were areas most frequently cited by respondents as ones where it was argued either we should provide more guidance or where our expectations should be more specific.
  - We should provide more guidance on issues as recruitment, induction, preparation, training and support of service users; payment; contractual arrangements; and ethical considerations in involving vulnerable people. Some respondents suggested that our requirements should be more specific in seeking evidence that education providers had systems, policies and procedures in these areas.
  - We should require that service user involvement forms part of the education provider's business plan; teaching and learning strategy; or is outlined in a separate strategy. These suggestions were made as specific expectations or sources of evidence which should form part of the guidance, or as alternatives to the proposed standard.
  - The guidance should specifically mention that involvement can include individual service user and carers as well as charities, service user and carer led organisations, networks, forums and voluntary sector organisations.
  - The guidance should include a wider range of examples. Suggestions included education commissioners and employers as examples of organisations which could be involved. A minority of respondents referred to the potential or need for profession-specific guidance.

## **Service user involvement at the HCPC**

- A few respondents referred to the involvement of service users and carers in our work. This included the following suggestions.
  - The HCPC should have service users and carers on its visit panels as the best way of ensuring that the standard was met effectively.
  - Service users and carers should be involved in the evaluation of the consultation results and implementation of the new standard.
  - Consultation documents should be co-produced with service users and carers to improve readability and to reduce jargon. A summary in Easy Read might increase accessibility.

## **Other comments**

- We received a range of other specific comments from a minority of respondents, including the following.
  - Service user and carer involvement should also be embedded into research and development.
  - Role play should be deleted from the bullet pointed list in the proposed guidance because it is only one type of teaching. We should make it clear that assessment could include assessment on placements.
  - Service user involvement might be addressed through existing SETs – such as SET 4.4 which requires that the curriculum remains up-to-date.
  - The reference to biomedical scientists in the guidance should be amended as their role may involve more direct patient contact in the future. The reference to occupational psychologists should be amended to refer to this group as ‘often’ rather than ‘primarily’ providing services directly to organisations.
  - We should refer to involvement taking place on an inter-professional basis.

## 9. Respondents

The following lists the names of the organisations that responded to the consultation.

Academy of Medical Royal Colleges (Patient Lay Group)  
Alzheimer's Society  
Aneurin Bevan Community Health Council  
Anglia Ruskin University (multiple responses including Service user and carer involvement advisory group)  
Association for Clinical Biochemistry  
Association for Perioperative Practice  
Association of Directors of Adult Social Services  
Bangor University  
Birmingham City University  
British and Irish Orthoptic Society  
British Association for Music Therapy  
British Association of Art Therapists  
British Association of Dramatherapists  
British Association of Social Workers  
British Chiropody and Podiatry Association  
Board of Community Health Councils in Wales  
British Psychological Society  
British Society for Histocompatibility and Immunogenetics  
British Society of Hearing Aid Audiologists  
CAIPE (Centre for the Advancement of Interprofessional Education)  
Canterbury Christ Church University (multiple responses, including Department of Applied Psychology)  
Cardiff University (Occupational Therapy programme)  
Cardiff University (South Wales D.Clin.Psy programme)  
Care Council for Wales  
Centre for Public Scrutiny  
Chartered Society of Physiotherapy  
City University London  
Cleft Lip and Palate Association  
College of Human and Health Sciences, Swansea University  
College of Occupational Therapists  
College of Operating Department Practitioners  
College of Paramedics  
College of Social Work  
Community Anti-bullying Project  
Council of Deans of Health  
Council of Healthcare Science in Higher Education  
Coventry University (multiple responses)  
De Montfort University

Department of Health, Office of the Chief Scientific Officer  
University of Huddersfield (Division of Podiatry and Clinical Science)  
Teesside University (Doctorate in Clinical Psychology)  
East Midlands Ambulance Service NHS Trust  
Expert Patients Programme Community Interest Company  
York St John University (Faculty of Health and Life Sciences)  
University of Southampton (Faculty of Health Sciences)  
Glasgow Caledonian University (Life sciences)  
Goldsmiths, University of London  
Hertfordshire County Council  
Higher Education Academy  
Hope for Home  
Institute of Biomedical Science  
Institute of Medical Illustrators  
Joint University Council Social Work Education Committee  
Keele University (School of Health and Rehabilitation, BSc (Hons) Physiotherapy Programme)  
Kingston University (School of Social Work)  
Lancaster University (Doctorate in Clinical Psychology)  
Learn to Care  
Leeds Metropolitan University (Faculty of Health and Social Sciences)  
Leeds Metropolitan University (Speech & language Therapy)  
University of Leeds (Clinical Psychology Doctoral Training)  
Liverpool Community College (multiple responses)  
Liverpool John Moores University (multiple responses)  
London Metropolitan University (Service users and carers - social work programme)  
London South Bank University (multiple responses)  
Merseyside Partners in Policymaking  
Metanoia Institute  
National Allied Health Professions Patients' Forum  
National Development Team for Inclusion  
New College Durham  
NHS Commissioning Board  
NHS Education for Scotland  
NHS National Services Scotland  
North East Worcestershire College (BA (Hons) Social Work Programme)  
Northern Ireland Ambulance Service Health and Social Care Trust  
Northern Ireland Social Care Council  
Northumbria University  
Nottingham Trent University (multiple responses)  
Nursing and Midwifery Council  
Open University  
Patients Association  
Pennine Acute Hospital NHS Trust



Plymouth University (School of Health Professions)  
Plymouth University (Service Receiver and Carer Consultative Group)  
Plymouth University (Trainees on the Doctorate in Clinical Psychology)  
Queen Margaret University (multiple responses)  
Robert Gordon University (Nutrition and Dietetics)  
Royal College of Anaesthetists  
Royal College of General Practitioners  
Royal Holloway University of London (Service User and Carer Involvement Group)  
Royal Holloway, University of London (Doctorate in Clinical Psychology programme)  
Royal Holloway, University of London (Service User and Carer Advisory Group and the Department of Social Work)  
Scottish Social Services Council  
Self Help Nottingham  
Shadow Healthwatch (previously LINKs)  
Shaping Our Lives  
Sheffield Hallam University (Faculty of Health and Wellbeing)  
Skills for Care  
Social Care Association  
Social Care Institute for Excellence  
Social Work Education Partnership  
South Staffordshire and Shropshire Healthcare NHS Foundation Trust (Allied Health Professions Leads)  
Southern Health and Social Care Trust (Senior AHP Governance Forum)  
Staffordshire University (multiple responses)  
Steve Turner Innovations  
Teesside University (Physiotherapy)  
Royal College of Anaesthetists  
Royal College of Surgeons of Edinburgh  
Society of Sports Therapists  
Teesside University (School of Health and Social Care)  
Therapy in Praxis Limited  
University College London (Doctorate in Clinical Psychology)  
University College London (Service User and Carer Committee, Doctorate in Clinical Psychology)  
University College London (Speech and Language Therapy)  
University of Birmingham (multiple responses including social work programmes and carer contributors)  
University of Bradford (multiple responses including social work programmes)  
University of Brighton (Social Work, School of Applied Social Science)  
University of Central Lancashire (multiple responses including physiotherapy programme team)  
University of Chester (multiple responses including social work and clinical sciences departments)  
University of Cumbria

University of Essex  
University of Exeter (Doctorate in Educational Psychology)  
University of Greenwich  
University of Hertfordshire (multiple responses)  
University of Huddersfield  
University of Hull (multiple responses including Faculty of Health and Social Care)  
University of Leeds  
University of Leicester  
University of Lincoln (Service User Participation Advisory Group)  
University of Lincoln (Social work teaching team)  
University of Liverpool (School of Health Sciences)  
University of Manchester (Doctorate in Clinical Psychology - Community Liaison Group)  
University of Oxford (Oxford Institute of Clinical Psychology Training)  
University of Portsmouth (School of Pharmacy and Biomedical Science)  
University of Roehampton (Music Therapy MA team)  
University of Salford (Occupational Therapy Directorate)  
University of Surrey (multiple responses including ODP and dietetics teams)  
University of the West of England  
University of Wales, Newport  
University of Warwick (Social Work Masters Course Team)  
University of Winchester  
Wiltshire College