
Education and Training Committee, 3 March 2016

Education annual report 2015

Executive summary and recommendations

Introduction

The tenth Education annual report covers the period 1 September 2014 to 31 August 2015 and presents statistical information relating to the approval and monitoring processes.

Following Committee's input, the report will go through the HCPC's publication process, where it will be reviewed to consider presentation of message, compliance with house style, and will be subject to legal scrutiny. It is anticipated that this review will be completed and the report formally published in May 2016.

The purpose of bringing these reports to this Education and Training Committee is to provide a formal opportunity for the Education and Training Committee to review the reports content prior to publication. Additionally, members of the Committee are encouraged to assess the information provided in the document to assist in identifying areas that may become projects in future Education Department work plans.

Decision

The Committee is asked to discuss the Education annual report 2015 and provide feedback on the draft content. It is also asked to comment of the report's general themes.

Background information

None

Resource implications

Resource implications for the Education and Communications Departments have been accounted for in departmental work plans.

Financial implications

Costs associated for publication and distribution have been accounted for in the Education Department budget 2015-16.

Appendices

Education annual report 2015

[Front cover]

[HCPC logo]

1 September 2014 to 31 August 2015 [strapline]

Education annual report 2015 [main title]

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Contents

[Front cover]	1
Executive Summary	4
About us	6
Our main functions.....	6
About our standards of proficiency	7
About our standards of education and training	7
What are the approval and monitoring processes?	7
Who makes the decisions on programme approval?	7
What programmes can be approved?.....	8
About this document.....	8
Number of approved programmes.....	9
Approval.....	12
Number of approval visits	12
Cancelled visits.....	14
What types of programmes were visited?.....	15
Outcomes of visits	16
Conditions.....	17
Visitors' reports	23
Who makes observations on visitors' reports?	24
How long does it take to meet conditions?	25
Annual monitoring	28
Number of annual monitoring submissions.....	28
When did the monitoring take place?.....	29
Method of assessment.....	32
Requests for further information	33
Summary of outcomes.....	34
How long does it take for us to consider a submission?	34
Number of change notifications	38
When were the notifications received?	39
Which professions submitted change notifications?	40
Summary of outcomes.....	41
How long does it take for us to consider a major change submission?	43
Social workers in England.....	48

Background to transfer	48
Transitional approval	48
Approval visits and outcomes	48
Approved mental health practitioners (AMHP).....	51
Background to transfer	51
Approval criteria for approved mental health professional (AMHP) programmes .	51
Transitional approval	52
Approval visits and outcomes	52
List of graphs and tables.....	55
Protected titles	57

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Executive Summary

Welcome to the tenth Education annual report of the Health and Care Professions Council (HCPC). This report covers the period 1 September 2014 to 31 August 2015.

This report aims to give an insight into the HCPC's work in approving and monitoring programmes offered by UK education providers. These programmes provide successful students with eligibility to apply to register with us. The report gives information about the number and types of approval visits, the outcome of these visits, the number and types of monitoring submissions and the outcomes of this monitoring.

Compiling the annual report each year draws attention to the continually changing nature of our work. 2014–2015 saw the predicted reduction in approvals work and increase in our monitoring work, as we carried out the third and final year of our scheduled approval visits to social work programmes following the opening of the Register to this profession on 1 August 2012. We also undertook the second and final year of scheduled approval visits to post-registration programmes for approved mental health professionals (AMHP) following the introduction of the approval criteria for this entitlement in 2012–13.

With this in mind, our monitoring processes have been, and will increasingly be, the main way in which we interact with our approved programmes. We received more major change notifications from education providers this year than in any previous year, with the majority being assessed through either our major change or annual monitoring processes. This means that our model of open-ended approval is achieving the task it was set out to do; preventing the need for cyclical re-approval visits where possible.

A key area of work has been focused on programmes for paramedics due to workforce planning and the subsequent reactive commissioning of training as well as professional body curriculum changes that have been experienced by this profession. The impacts of these changes on our work in 2014–15 are reflected in the analysis throughout this report.

During 2014–15 we also assessed programmes against our new standard of education and training about service user and carer involvement while also involved lay Visitors in the approval process for the first time. Following revisions to the standards of proficiency for 15 of our regulated professions from March 2013 to July 2015, we also began to assess existing education and training programmes against the revised standards of proficiency for their profession through the annual monitoring process.

Like other areas of our work, the evidence-base has grown considerably each year. However, we do not report on all facets of the data, but we do provide:

- core information for each approval or monitoring process for the year;
- analysis of significant trends from previous years;
- analysis of variances from established trends; and
- themed reviews of particular features of the work conducted over the year.

We hope this report makes information more accessible and more relevant to anyone wanting to know more about the HCPC, or how to go about meeting our standards and working with our processes.

If you need any further information on our approval and monitoring processes, please see www.hcpc-uk.org, call +44 (0)207840 9812 or email education@hcpc-uk.org

Abigail Gorringe
Director of Education

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Introduction

About us

We are the Health and Care Professions Council, a regulator set up to protect the public. To do this, we keep a register of professionals who meet our standards for their professional knowledge, skills and behaviour. At the time this report was prepared, we regulated members of the following 16 professions.

Arts therapists
Biomedical scientists
Chiropodists / podiatrists
Clinical scientists
Dietitians
Hearing aid dispensers
Occupational therapists
Operating department practitioners
Orthoptists
Paramedics
Physiotherapists
Practitioner psychologists
Prosthetists / orthotists
Radiographers
Social workers in England
Speech and language therapists

We may regulate other professions in the future. For an up-to-date list of the professions we regulate, visit www.hcpc-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. For a full list of protected titles, visit www.hcpc-uk.org

Our main functions

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

Our governing legislation 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

The standards of proficiency (SOPs) 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.

About our standards of education and training

The standards of education and training (SETs) are the standards that an education provider must meet in order for a programme 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 to apply for admission to the Register.

The standards cover:

- the level of qualification for entry to the Register;
- programme admissions;
- programme management and resources;
- curriculum;
- practice placements; and
- assessment.

What are the approval and monitoring processes?

Our approval and monitoring processes ensure that programmes and education providers meet the SETs. The approval process involves an approval visit followed by an initial decision as to whether a programme meets the standards. A programme is normally approved on an open-ended basis, subject to satisfactory monitoring.

There are two monitoring processes; annual monitoring and major 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 the SETs. The major change process considers significant changes to a programme and the impact of these changes in relation to our standards. We also listen to and, where necessary, investigate concerns raised about programmes we have approved. All of our processes ensure our regulation is robust, rigorous and effective, without being overly burdensome for education providers.

Who makes the decisions on programme approval?

The Education and Training Committee (ETC) has statutory responsibility for approving and monitoring education programmes leading to eligibility to apply to register with the HCPC. ‘Visitors’ are appointed by the HCPC to visit education providers and assess monitoring submissions. Visitors come from a range of

backgrounds including registered members of the professions we regulate. Visitors work as agents of the HCPC (and not employees) and provide the expertise the ETC needs for its decision making. Visitors normally operate in panels, rather than individually. Each panel includes at least one Visitor from the relevant part of the Register for the programme under consideration. All registrant Visitors are selected with due regard to their education and training experience. From September 2014 onwards, each visit panel has included a lay visitor. All lay Visitors are selected with due regard to their service user or carer experience. Visitors represent the HCPC and no other body when they undertake an approval and monitoring exercise. This ensures an entirely independent process. 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 in local anaesthetics and prescription-only medicine for chiropodists / podiatrists; independent prescribing for chiropodists / podiatrists and physiotherapists and; supplementary prescribing for chiropodists / podiatrists, physiotherapists and radiographers. For people who successfully complete these programmes, we will make a note on the Register known as an 'annotation'. We also approve programmes for approved mental health professionals (AMHP) in England. We publish a list of all approved programmes on our website at www.hcpc-uk.org/education

About this document

We have collected a large volume of data regarding our approval and monitoring processes over the years. Each year the annual reports have increased in length and depth of analysis. Much of the analysis has helped to establish trends in our patterns of working or the outcomes of our approval and monitoring processes. The format of this report establishes a core set of information to be reported each year to ensure the information contained in the annual report is useful to our stakeholders. The core information provides an overview of the work that has taken place across a particular year. Whilst the later sections of the annual report vary from year to year depending on the significant features of our work, the core information is the same to allow comparisons to be drawn each year.

Number of approved programmes

Our workload focuses on two key areas. The first is the initial approval and monitoring of new programmes of study, or programmes that have been transferred to us following the opening of a new part of the Register. The second is the approval and monitoring of currently approved programmes that may be undergoing change as a result of a variety of factors. These could include institutional change, changes to local service delivery, national changes in policy or the law, changes to our own standards and, most commonly, changes in a profession's curriculum as it evolves over time.

For these reasons the number of approved programmes is a useful indicator of the current approval and monitoring activities that need to be undertaken, but also to predict where future work may be directed. At the start of the 2014–15 academic year there were 1,113 approved programmes and at the end there were 1,084.

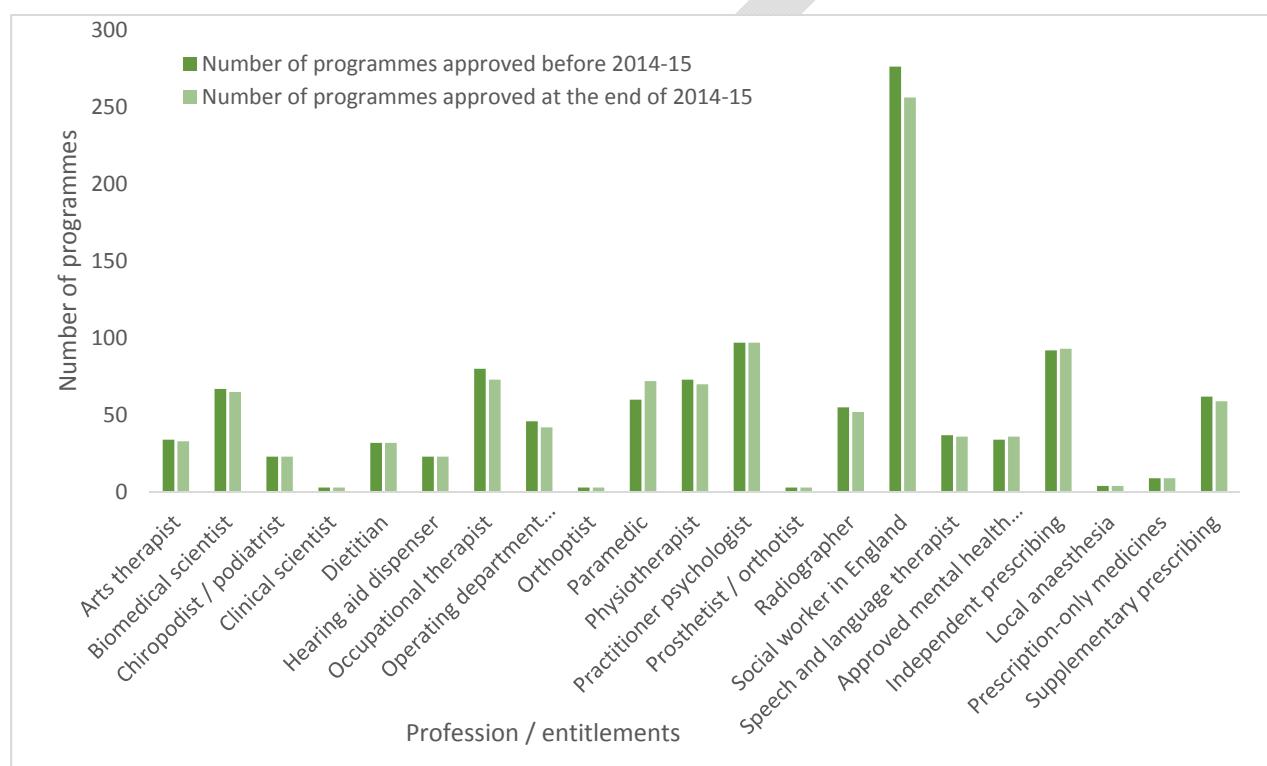
The number of approved programmes in 2014–15 reflects those which are approved and open to new students enrolling, or are closed to any more enrolment but have students yet to graduate. This is a slight variation on the numbers reported in previous annual reports which did not count those programmes which were approved but had yet to enrol students. However, once programmes are approved they must engage with our monitoring processes until they graduate their final cohort. As such we consider this to be the most accurate criteria for reporting the number of approved programmes.

Table 1 – Number of programmes approved and open before and at the end of 2014–15, by profession / entitlement

Profession	Number of programmes approved before 2014–15	Number of programmes approved at the end of 2014–15	Difference (+/-)
Arts therapist	34	33	-1
Biomedical scientist	67	65	-2
Chiropodist / podiatrist	23	23	0
Clinical scientist	3	3	0
Dietitian	32	32	0
Hearing aid dispenser	23	23	0
Occupational therapist	80	73	-7
Operating department practitioner	46	42	-4
Orthoptist	3	3	0
Paramedic	60	72	+12
Physiotherapist	73	70	-3
Practitioner psychologist	97	97	0
Prosthetist / orthotist	3	3	0
Radiographer	55	52	-3
Social worker in England	276	256	-20
Speech and language therapist	37	36	-1

Post registration entitlement				
Approved mental health professional	34	36		+2
Independent prescribing	92	93		+1
Local anaesthesia	4	4		0
Prescription-only medicines	9	9		0
Supplementary prescribing	62	59		-3
Total	1113	1084		-29

Graph 1 – Number of programmes approved and open, before and at the end 2014–15, by profession / entitlement



There has been a small reduction (2.6 per cent) in the number of approved education and training programmes across the 2014–15 academic year. The reduction has been due to the final cohort of students graduating from 28 social work and 44 other programmes, which closed and had their ongoing approval withdrawn. In 2014–15 61 programmes closed. This figure has continued to reduce, as in the previous two years, and is a trend that is anticipated to continue in 2015–16. The reduction has also been offset by the approval of new programmes in the social work and paramedic professions (eight and seventeen respectively).

The most significant increase in approved programmes was in the paramedic profession. This increase is linked to workforce planning for the profession which led to reactive commissioning, the creation of new programmes and an increase in student numbers for existing programmes. Education providers have also been creating new programmes in response to the publication of the College of Paramedic's new curriculum framework. Changes in paramedic education have

significantly impacted on our approval and major change work during the year and this is explored in more detail throughout this report.

Despite the small reduction in 2014–15, the number of approved programmes increased from 663 five years ago to 1,084 at the end of the year. This increase is largely due to HCPC becoming the statutory regulator for social workers in England in August 2012, which meant approximately 270 programmes were transferred from the previous regulator. Changes in prescribing legislation allowing chiropodists / podiatrists and physiotherapists to prescribe independently has also contributed to the increased number of programmes over the past five years. The number of prescribing programmes (including supplementary and independent prescribing programmes) increased from 81 at the start of 2013–14 to 152 at the end of 2014–15.

Many of the recent increases in programme numbers have been due to legislative change, when a new profession comes onto the Register, or when post registration entitlements change. However, when looking at pre-registration programmes for professions other than social work (which have all been on the Register for at least six years), there is an upward trend in programme numbers, with a total increase of 16 programmes.

This trend for an increased number of approved programmes could therefore continue next year, despite the small reduction overall in 2014–15. However, in light of [proposed changes to funding arrangements for allied health professional \(AHP\) programmes](#) and the [proposed changes in the higher education sector](#) in England it is difficult to confidently predict how programme numbers will change in the future. The recent announcement that the [regulation of the social work profession in England](#) is likely to change by 2020 may also impact the number of approved programmes in future years.

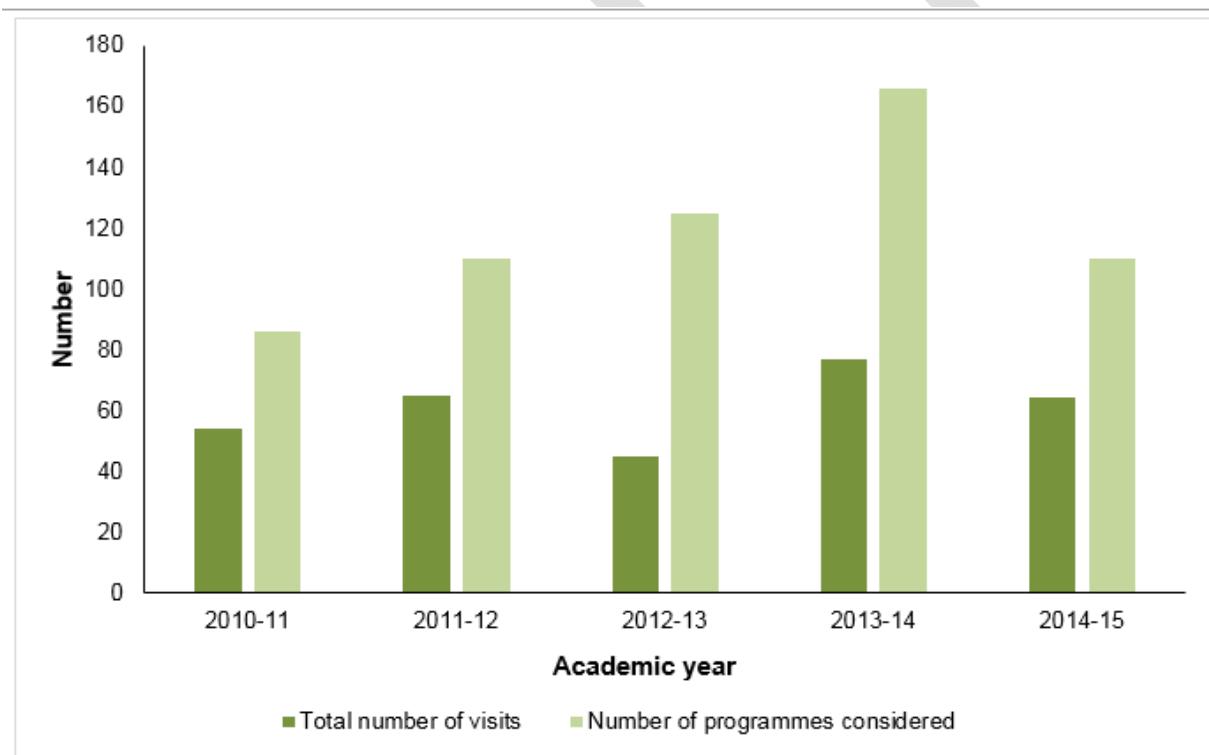
Approval

Number of approval visits

We conducted 64 visits covering 110 programmes in 2014-15.

Graph 2 illustrates how the number of visits and number of programmes visited over the last five academic years have varied. As highlighted in the introduction, visits and programme numbers are often linked to professions joining the Register. When a profession joins the Register, we undertake a series of visits to all of the programmes that transferred. The number of visits in 2010-11 and 2011-12 are linked to the schedule of visits we undertook to practitioner psychologist and hearing aid dispenser programmes. The number of visits in 2012-13, 2013-14 and 2014-15 is linked to the schedule of visits we undertook to transitionally approved social work and approved mental health professional (AMHP) programmes.

Graph 2 – Number of programmes visited and considered, compared over the last five academic years

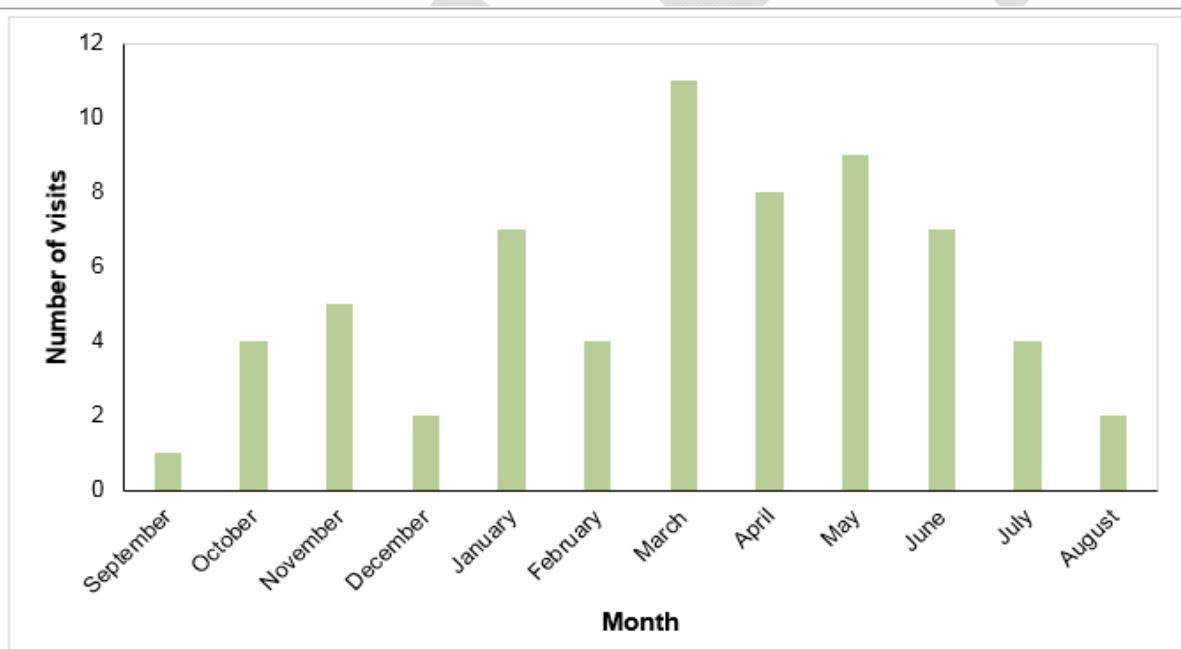


While there was a decrease in the number of visits undertaken in 2012-13 this is partly due to the visit scheduling exercise that we undertook when planning our workload for the approval and monitoring of social work programmes. The Register for social workers in England opened on 1 August 2012. As such the time available to visit these programmes was condensed to allow for the six-month notice period we normally require prior to a visit and the three month post visit timescale to complete the process. Given the additional time to plan there was a predicted increase in the number of approval visits in 2013-14 with social work programmes being responsible for the majority of this increase.

We had initially planned to undertake 39 visits to transitionally approved social work and AMHP programmes in the 2014–15 academic year a reduction from the 48 undertaken in 2013–14. We therefore expected a reduction in the overall number of visits we undertook in 2014–15. However an unexpected increase in the number of paramedic visits meant that the number of visits didn't decrease as much as anticipated.

Graph 3 shows how visits were distributed across the 2014–15 academic year. As in previous years, there was a peak of activity between March and May. In contrast to previous years, we saw visits continue into the summer, with six visits taking place in July and August. The timing of these visits may have impacted on the programmes' ability to recruit students if the approval process had not been completed before September. However, four of the six visits in July and August were to paramedic programmes, two of which were as a result of major changes. In these instances, we were able to assess the impact of the changes on the programmes after they had been made. Therefore, we did not need to assess the changes prior to the next cohort starting and the process did not impact on their ability to recruit students.

Graph 3 – Number of visits per month



We still prefer education providers to avoid selecting months late in the summer for visits due to the availability of staff and students, and to ensure that there is sufficient time for any conditions on approval to be met before a September start date. However, in some instances education providers are working towards January start dates for programmes or deliver full calendar year programmes, and so are able to work around these usual restrictions.

As the number of visits planned throughout the year increases, education providers have less choice over visit dates. We require at least six months notice of a visit to a

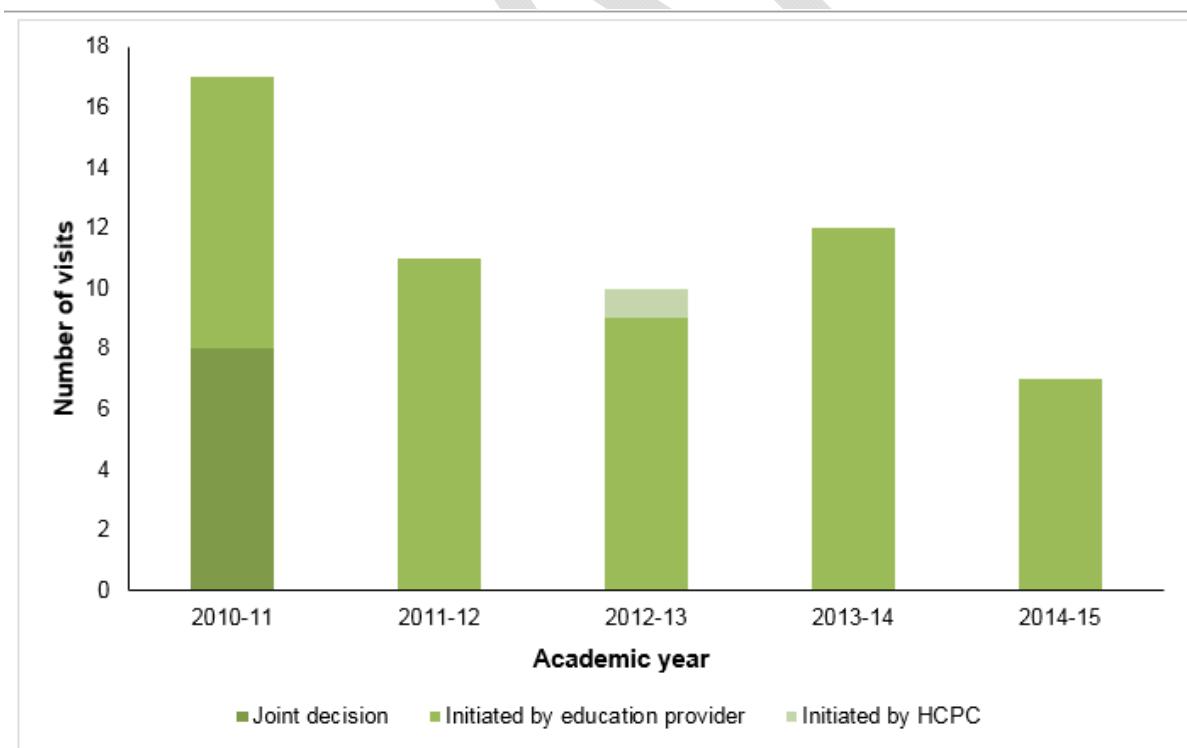
new programme to enable ourselves, and the education provider, to prepare effectively. We regularly communicate the deadlines for education providers to submit visit request forms to us. However, as the number of significant changes being made to existing programmes has increased year on year, we will revisit this communication. We will encourage education providers to engage with us proactively so that where a major change triggers a visit, we are able to schedule it as soon as practically possible.

Cancelled visits

In 2014–15 we received formal requests to undertake 71 approval visits. However, seven visits were cancelled by education providers before the approval process was complete.

Graph 4 shows how many visits were cancelled, and which party cancelled the visit, over the last five years. In previous years, the majority of cancellations were initiated by education providers. This is a trend that continued in 2014–15 and was usually linked to a decision by an education provider not to pursue approval, owing to changes in funding or lack of preparedness as the visit drew close.

Graph 4 – Number of visits and who cancelled them, compared over the last five academic years

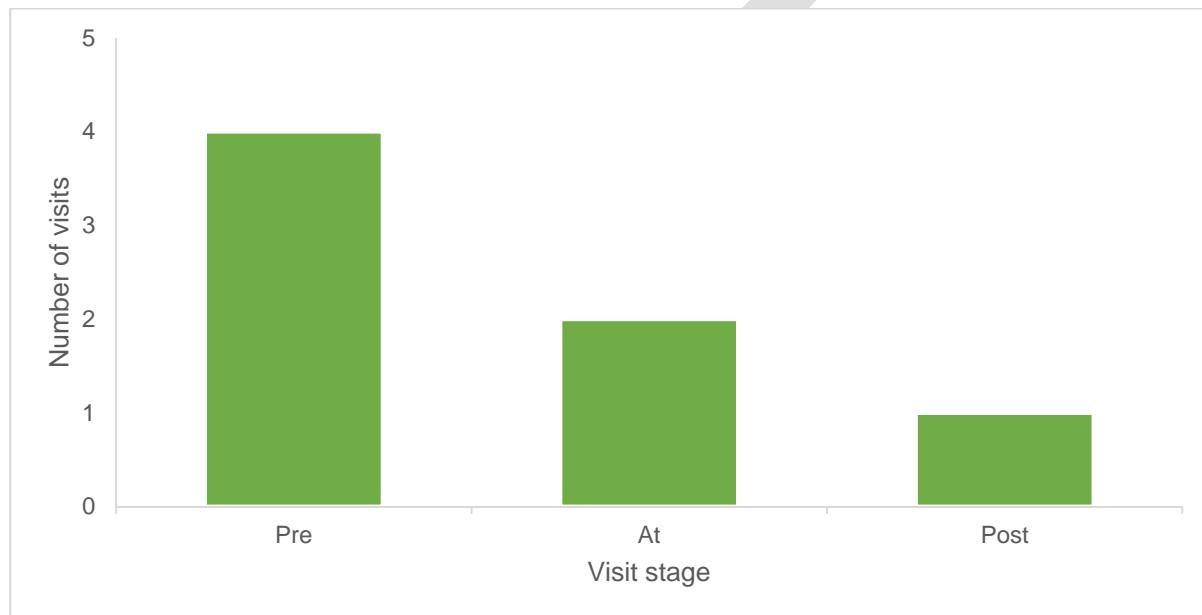


In 2014–15, all cancelled visits were initiated by the education provider. Five of the seven visits cancelled were to new programmes. Three of these were to education providers that run other approved programmes; whilst two were to education providers that have no existing relationship with us as a regulator. In all instances the

providers decided not to seek HCPC approval for these new programmes. The two remaining cancelled visits were to transitionally approved programmes where the education provider took the decision to close the programmes. These programmes were removed from the list of approved programmes.

Education providers can decide to withdraw from completing our approval process at any point. However, once the report is considered and approved by the ETC it becomes publicly available. For this reason, it is usually the case that education providers withdraw prior to this, particularly where conditions placed on approval may be difficult for a programme to meet.

Graph 5 – Number of approval visits that were cancelled, by visit stage



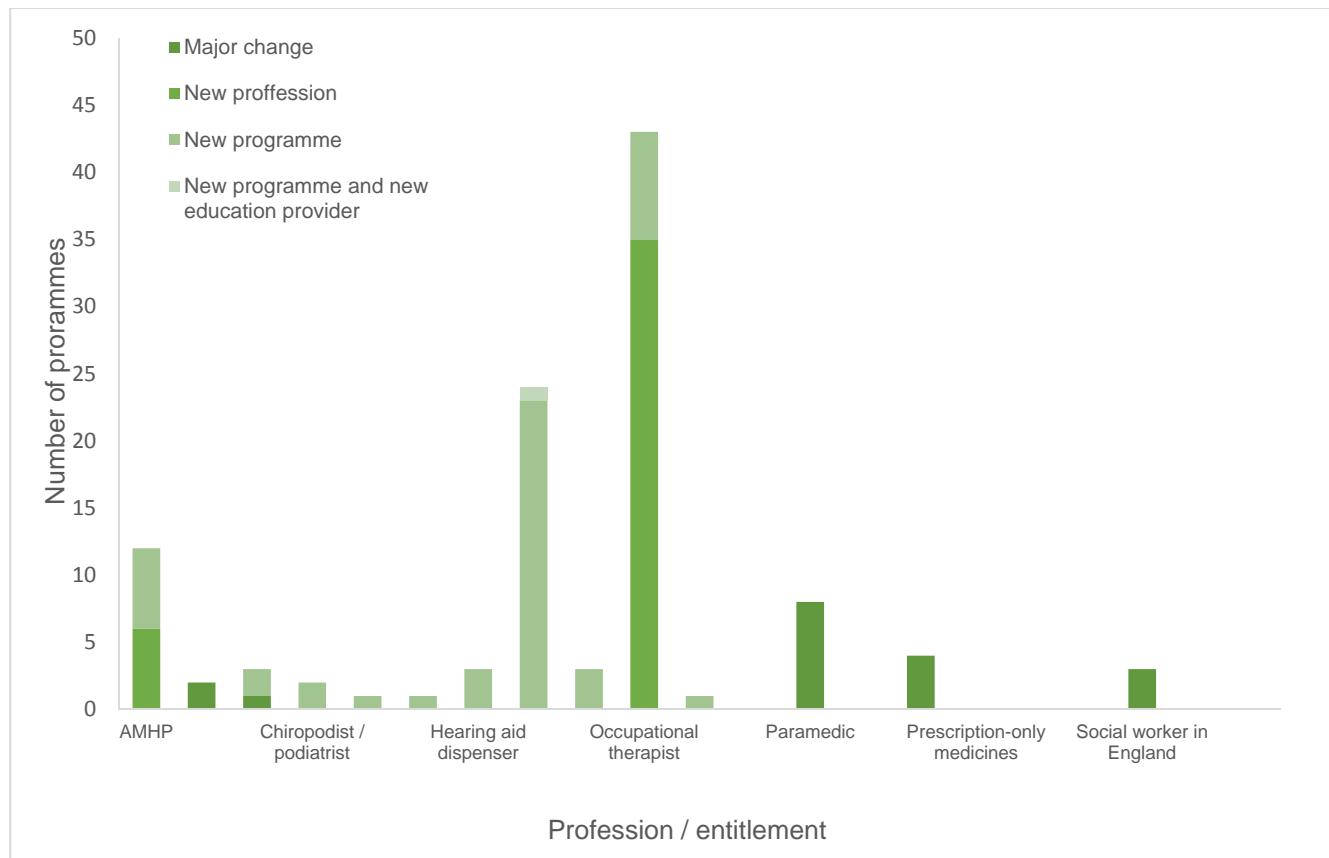
Graph 5 shows the different stages in the approval process when education providers decided to withdraw. In previous years, the majority of visits were cancelled before they took place. This is a trend that continues in 2014–15, although proportionately more withdrawals took place at or after the visit than last year. In 2014–15, 43 per cent of cancellations took place following the visit compared to 25 per cent in 2013–14. Withdrawing from the approval process at or after the visit means that we incur the full financial cost. We do not charge a fee for our approval and monitoring processes and we are unable to recover expenditure on visitor fees and expenses. We are able to minimise our operating costs when a visit is cancelled before the event, however if a visit is cancelled with eight weeks or less notice, then we still incur a considerable financial cost. This year, five of the seven cancelled visits (71 per cent) incurred a financial cost.

What types of programmes were visited?

2014–15 was the third and final year of visits to transitionally approved social work and AMHP programmes that transferred from the previous regulator. We planned that year two of the three would be the busiest year and therefore we saw a reduction in the number of social work programmes visited over the year, from 113 to

46. We saw an increase in the number of paramedic programmes visited for the reasons noted in the elsewhere in this report.

Graph 6 – Number of programmes visited, by profession and reason for visit



Outcomes of visits

After an approval visit, Visitors can make one of four recommendations to the ETC.

- 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.

All programmes visited in the 2014–15 academic year were recommended for approval, of which seven were recommended for approval without any conditions.

Table 2 summarises all the outcomes from the visits that took place in the 2014–15 academic year. Of the pending decisions, two received a final decision for approval in January 2016 with one programme still subject to the process. There have been no delays to the start date of the programmes where the decision was pending at the end of the academic year.

Table 2 – Summary of outcomes

Decision	Number of outcomes	Percentage
Approval of a programme without any conditions	7	7%
Approval of a programme subject to all conditions being met	90	90%
Non-approval of new programme	0	0%
Withdrawal of approval from a currently approved programme	0	0%
Pending	3	3%

A programme is only considered in this table if it was submitted to our Committee, and therefore these figures do not include the programmes that were withdrawn from the approval process.

Conditions

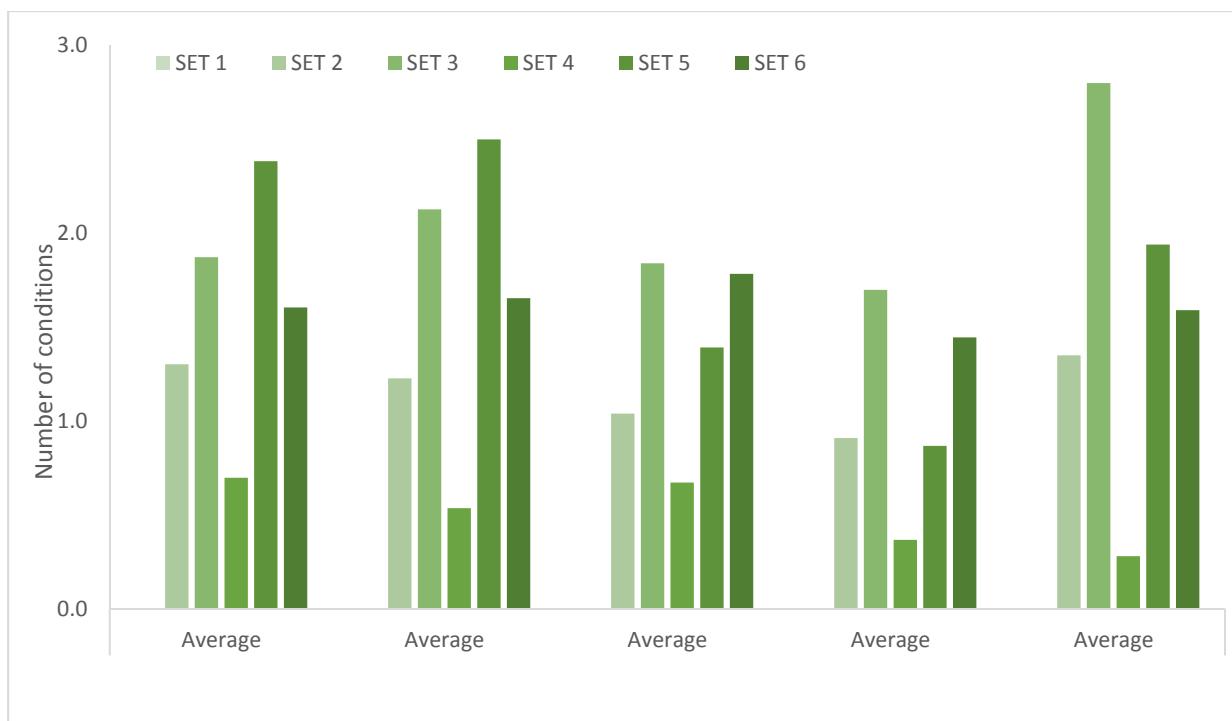
'Conditions' are requirements made of an education provider by ETC which must be met before a programme can be recommended for approval. Conditions are linked to the standards of education and training (SETs) and require changes to the programme to ensure the threshold standards are met. In 2014–15 there were 58 specific standards which could have conditions mapped against them. It is possible to set more than one condition against each standard.

Over the year there were 796 conditions set across the 100 programmes visited. This gives an average of eight conditions per programme, which is three more conditions than last year's average. This increase is due to a high number of conditions placed on AMHP programmes (an average of eleven per programme) and paramedic programmes (an average of thirteen conditions per programme). We have analysed why a higher number of conditions were set on these programmes later in this report. Without taking these into account, the average number of conditions applied to each programme is five, the same as last year's average.

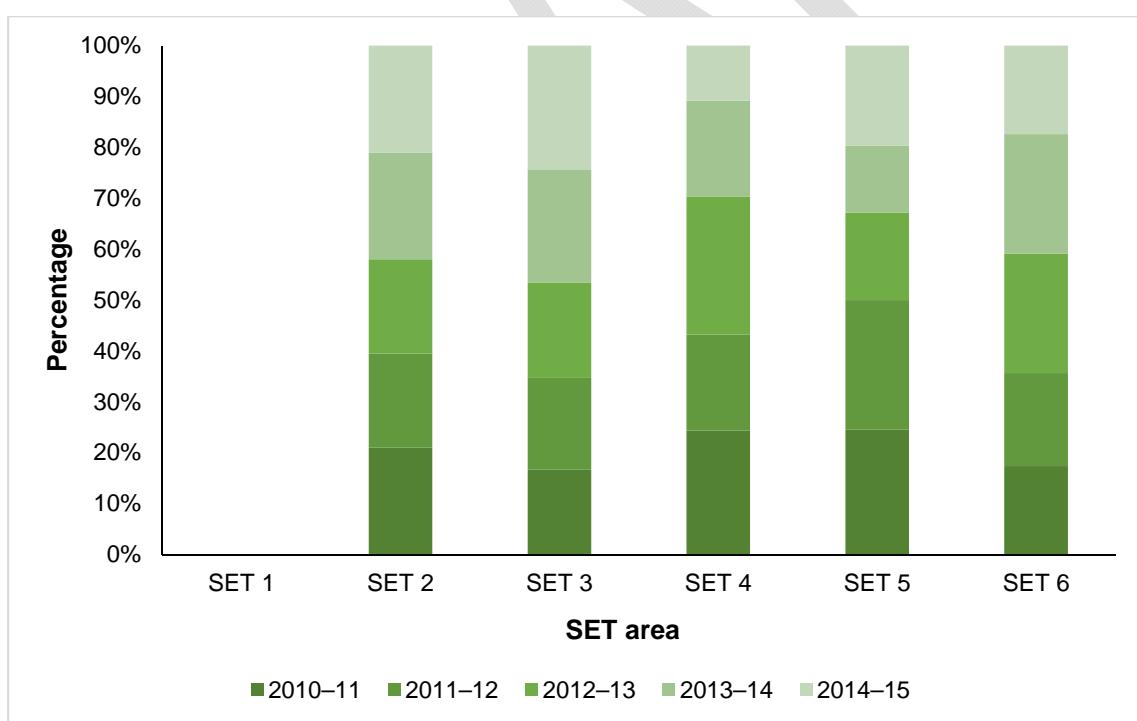
There is a separate criteria for approving AMHP programmes which are based on the SETs. Therefore, in the graphs and analysis below, we have considered AMHP criteria mapped to their equivalent SETs.

In 2014–15, there was an increase in the number of conditions in all of the different areas, with the exception of SET 4 (curriculum) where there has been a slight reduction. We did not set any conditions for SET 1 in either 2013–14 or 2014–15. SET 3 (programme management and resources) had the most significant increase with, on average, one extra condition set per programme compared to 2013–14. In 2014–15, there was also an increase in the average number of conditions for SET 5 (2 per programme). SET 3 (programme management and resources) remains the area with the most conditions for the second year; whilst SET 5 (practice placements) has seen the sharpest increase in conditions, moving from the fourth to second highest over two years with almost as many conditions, on average, as in 2011–2012.

Graph 7 – Number of conditions by SET area, compared over the last five academic years



Graph 8 – Percentage split of conditions applied to each SET, compared over the last five academic years



The increase in conditions around SET 3 this year can partly be explained by the introduction of a new standard in this area.

In September 2014 we introduced a new standard (SET 3.17), which requires education providers to demonstrate how service users and carers are involved in the

programme. We are not prescriptive about who service users and carers are or how they are involved but we need to be satisfied that education providers have considered and can justify why the service user and carer involvement they have chosen is appropriate for their programme. We appreciate that expectations about the level and type of service user and carer involvement will vary between professions, and that different programmes will meet the standard in different ways. For this standard it is key that the evidence explains articulates how and why service user and carer involvement takes place, and is appropriate for the programme.

2014–15 saw the introduction of a mandatory meeting with service users and carers for all approval visits. This meeting is an opportunity for service users and carers who are involved in the programme to provide their perspective about their involvement, and how they are supported.

We set 26 conditions on SET 3.17 in 2014–15, which is an average of 0.3 conditions per programme. This means SET 3.17 was one of 10 standards where conditions were most frequently set. When considering the professions that conditions were applied to, almost half (46 per cent) of those placed on SET 3.17 were for paramedic programmes. This is slightly higher than the percentage of conditions placed on other standards, where paramedic programmes accounted for 40 per cent of all conditions in 2014–15. As highlighted in the guidance for the new standard the way biomedical science and clinical science programmes could meet this standard may have been less established than some other professional programmes and could potentially have led to a number of conditions being placed on these programmes. However, in 2014–15, of the four scientist programmes assessed we set only one condition on SET 3.17. This is a positive outcome and demonstrates the flexibility with which this standard can be interpreted by education providers and scrutinised by HCPC panels, to ensure that service users and carers are being appropriately involved by approved education and training programmes.

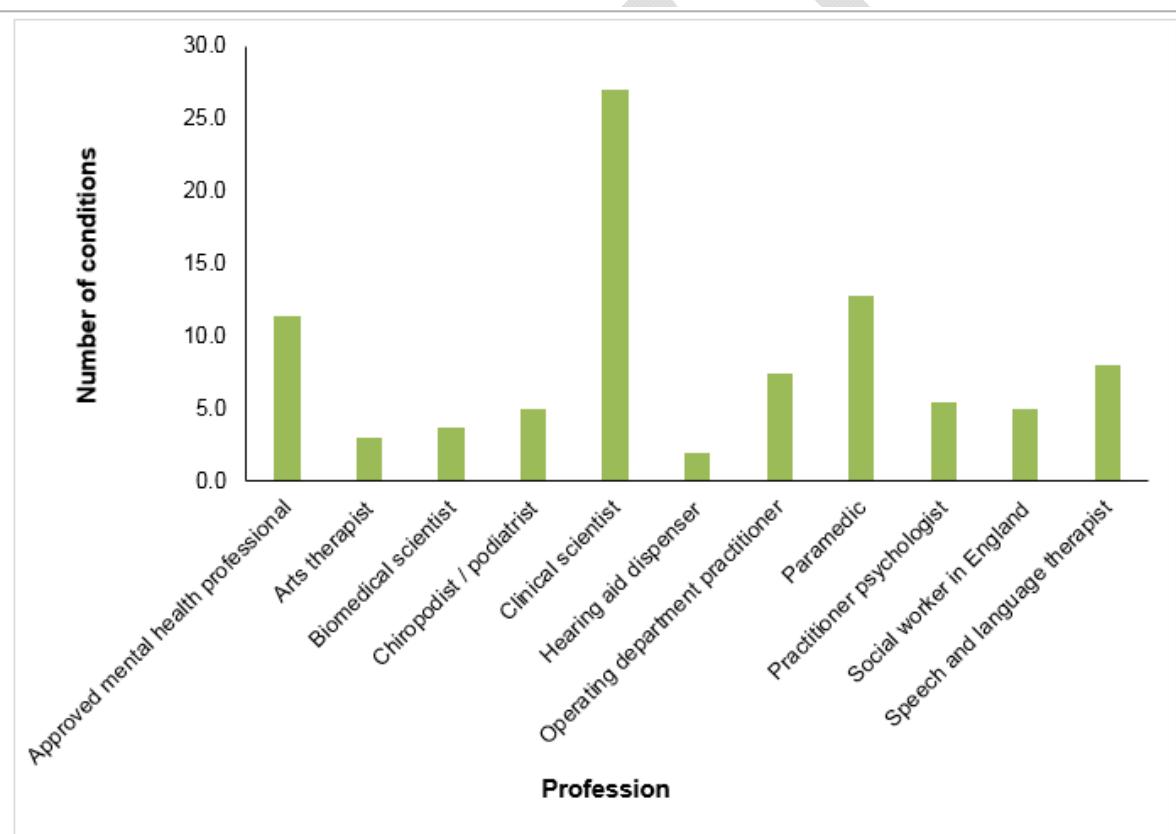
We saw that social work and AMHP programmes which transferred from the previous regulator were usually able to provide evidence that they met standard 3.17 at the first time of asking. Only two of the 40 transitionally approved programmes visited (five per cent) had a condition placed on this standard. This is due to the previous regulator for social work and AMHP training having a similar requirement in place for service user and carer involvement which was already well developed within these programmes. In contrast, nine of the seventeen programmes visited as a result of major changes (53 per cent), and 15 of the 43 ‘new programmes’ visited (35 per cent) had conditions placed on SET 3.17.

The most prevalent issue with programmes meeting this standard was that service users and carers had been involved in some capacity in the past (in, for example, programme design), but that it was not clear if or how they would continue to be appropriately involved as the programmes develop. This was the case for 17 of the 24 (71 per cent) conditions set for SET 3.17. Other issues included lack of support for service users and carers (three conditions), no involvement at all (two conditions), and lack of clarity about which areas of the programme service users and carers were involved in (two conditions).

We are requiring existing programmes to demonstrate how they meet the service user and carer involvement standard via their annual monitoring submissions over the next two years and will review any trends from this work in future annual reports.

A comparison of graph 9 and graph 6 illustrate that the distribution of conditions does not correlate with the distribution of visits across the professions. While it is useful to demonstrate where there may be profession specific developments which influence how many conditions are set the sample size should enable reasonable conclusions to be drawn. This year, we only visited one clinical scientist programme and so the sample size is too small to draw profession wide conclusions. This visit was to a new programme at an education provider who had not delivered clinical science programmes before.

Graph 9 – Comparison of the number of conditions per visit – by profession / entitlement



As previously noted, we visited a large number of paramedic programmes in 2014–15 and set a high number of conditions on these programmes, which accounted for 40 per cent of the conditions set in 2014–15. This number of visits was unexpected and was due to reactive commissioning which came about as a result of workforce planning. Because of this, approval visits were to existing paramedic programmes that were subject to change, often related to significant increases in student numbers, as well as new paramedic programmes at education providers with existing provision.

The majority of these visits were to programmes based in higher education institutions (HEI's) with differing inputs from the ambulance trusts. Many of these programmes engaged with us early and we organised visits in good time. However, a significant number of education providers did not and felt that changes could be made within a higher education context without necessarily needing to engage with us. This contributed to a lack of awareness of the potential impact that significantly increasing student numbers to an existing approved programme or adding another programme alongside existing provision would have on that programme's approval. Impacts included:

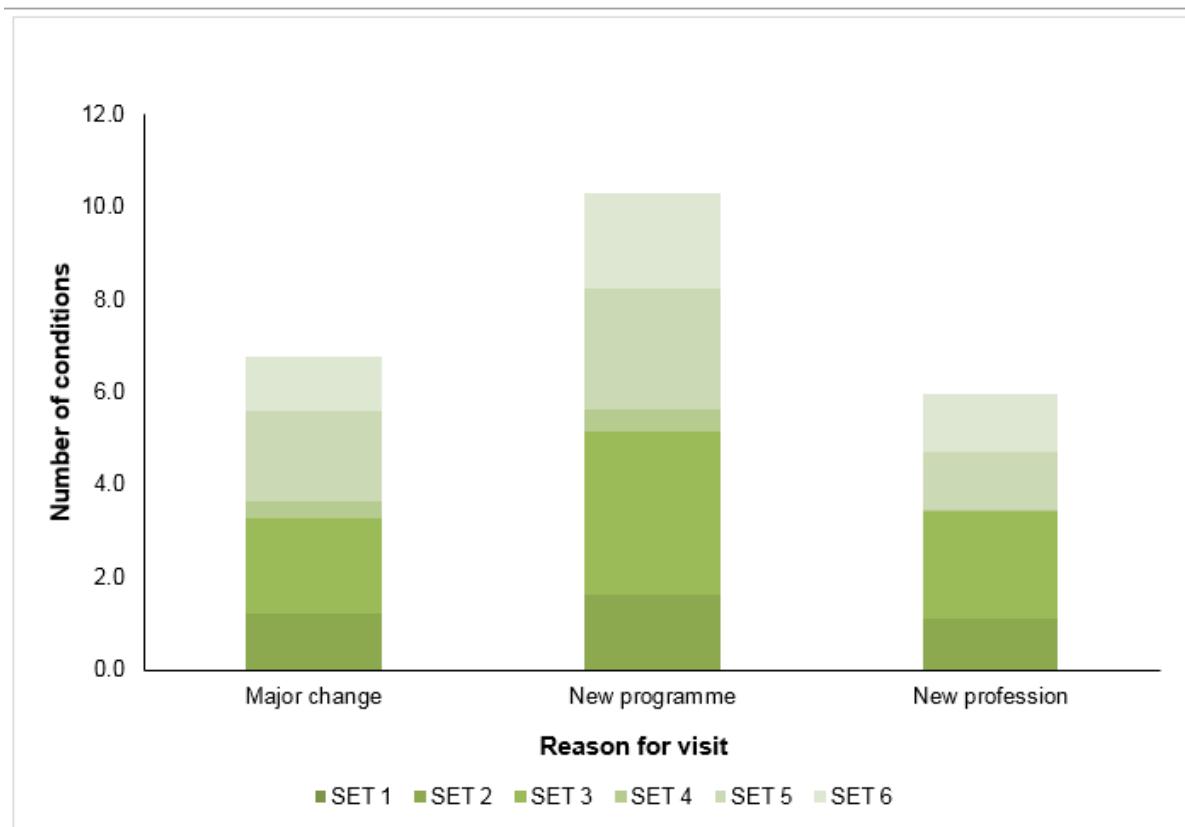
- difficulty evidencing that the required number of practice placements were available, given the increase in student numbers;
- difficulty evidencing the number of staff required to manage the increase in student numbers; and
- difficulty evidencing that available facilities were suitable, given the increasing number of students.

A further complicating factor for these programmes when they were making the changes were the long standing partnership agreements that employers and education providers had in place. Often, because of these partnership agreements the evidence that was provided at approval visits wasn't always clear as to who would 'own' aspects of the programme and if students would also be employees while studying. As such a high number of conditions placed around admissions procedures for programmes (SET 2) as well as programme management (SET 3). A lack of clarity around who was responsible for admitting students, the employer or education provider, and whether applicants to programmes had the right information about the programme before applying were the main reasons for these conditions.

The lack of engagement with the HCPC also meant that some education providers had to revise their initial estimated start dates for their programmes once they started to engage with the approvals process. These estimates were further impacted when the breadth and nature of conditions were set on the programmes following their initial approval visits. A number of institutions responsible for providing paramedic education only engaged with the HCPC once proactive communications had been sent out in April 2015. This reduced the window in which an approval visit could be arranged and this tight timescale impacted on providers' ability to prepare for visits. This led to a high number of conditions being placed on several paramedic programmes and as such led to a higher number of conditions being placed on paramedic programmes than any other profession.

For AMHP programmes we set an average of just over 11.4 conditions in 2014–15 but the dataset is small for this entitlement since we only visited 12 programmes. Because of this the higher than average number of conditions per programme is due to three programmes in particular. When they are taken out of the overall numbers we set an average of just under 7.6 conditions per programme, which is much more comparable to the overall average. This suggests that this higher average is due to a small number of programmes rather than issues relating to the model of training or profession.

Graph 10 – Average number of conditions set against standards – by reason for visit

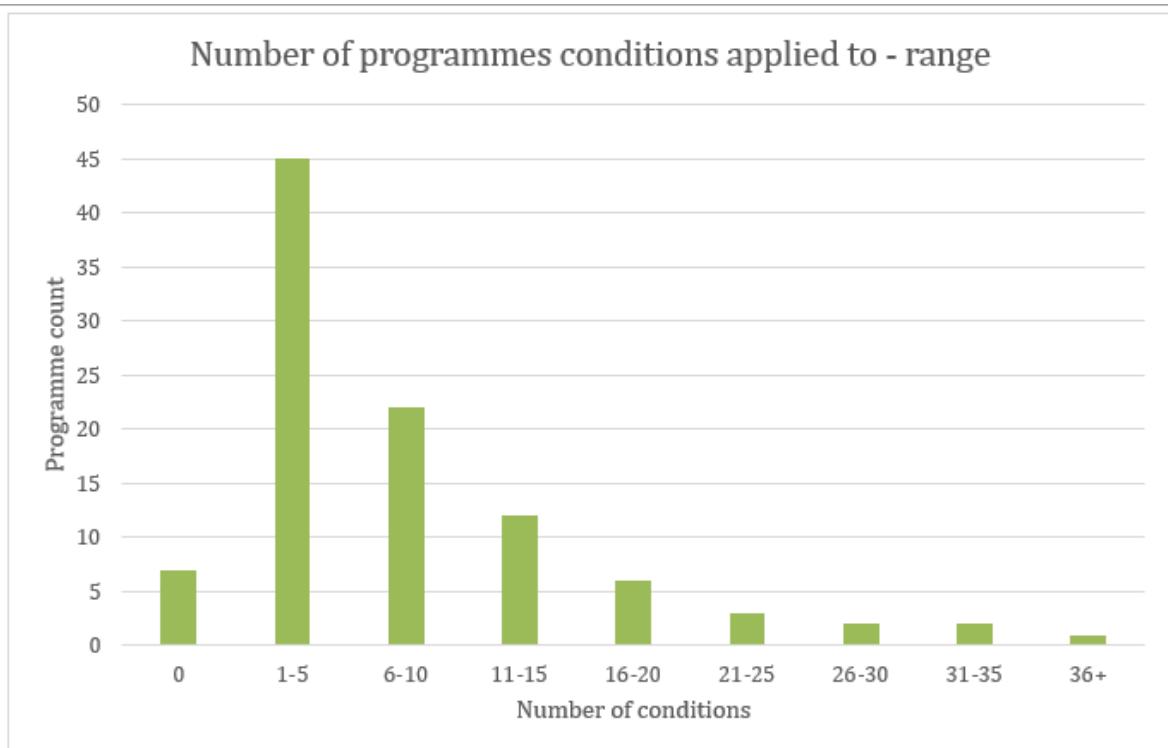


Paramedic programmes account for 40 per cent of the 43 new programmes visited and we set an average of 15.5 conditions per new paramedic programme. Again, this high number of conditions is as a result of several programmes being set very high numbers of conditions, with the highest being 34. When paramedic programmes are removed from the analysis, new programmes visited for other professions had an average of 6.9 conditions set. Although even this figure is inflated by two programmes which had 27 and 24 conditions.

The number of conditions set when a visit was the result of a major change or when a visit was to a programme from a new profession were much more consistent with previous years. Although, as with new programmes, a small number of programmes received disproportionately more conditions and increased the overall average. Three programmes visited as a result of major change received fourteen conditions each and one programme received eighteen conditions. For programmes from a new profession, we set 17 conditions for one programme and 22 each for two programmes.

Outlying programmes receiving high numbers of conditions is a theme in this report and one of the reasons that the average number of conditions set overall was higher in 2014-15 than in previous years. Graph 13 shows that the majority of programmes (74 per cent) received 10 conditions or less and that very high numbers of conditions were applied to a small number of programmes.

Graph 11 – Number of programmes with conditions applied, by range of condition numbers

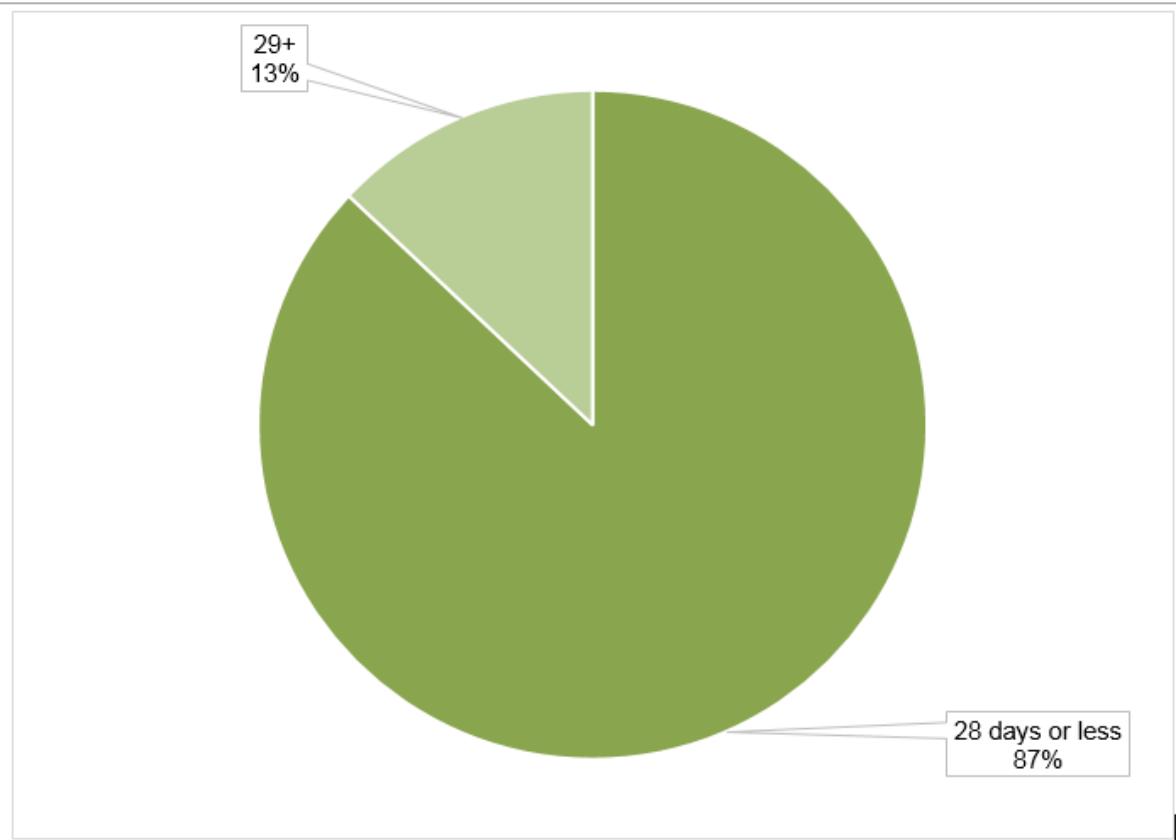


Visitors' reports

Following a visit, our Visitors produce a report. This is subsequently sent to the education provider. We then have up to 28 days to produce this report. After the report is sent, the education provider has 28 days to make observations. Following this period, the Visitors' report and any observations made by the education provider are considered by the ETC and a final decision, including any conditions, is made.

In 2014-15 a quarter of the reports that were produced within 28 days were produced within two weeks, and over a half within three weeks.

Graph 12 – Number of days taken to produce Visitors' reports



13 per cent of Visitors' reports took longer than 28 days to produce a higher this figure than the previous year, 2013-14, when only four per cent of reports took more than 28 days to be produced. Nine of these 13 reports were produced within a calendar month and the longest it took us to produce a report was 34 days. Usually these reports were more complex to produce owing to a high number of conditions. For example, the two reports that took the longest to produce had 35 and 43 conditions each. We will continue to work to reduce the number of reports that take longer than 28 days to produce.

Who makes observations on visitors' reports?

Observations are an opportunity for the education provider to make comments on the report if they feel there is a factual inaccuracy, or if they wish to comment on particular conditions proposed by visitors. We provide guidance about the purpose of providing observations, when they should be submitted and how observations will be taken into account in considering a visitor's report. During the year, we published visitors' reports for 100 programmes. We received observations from education providers on six of these reports. This is a slight increase in comparison to last year, where two per cent of reports received observations from education providers. This is an anomaly in comparison to the trend identified in last year's annual report, which showed a year-on-year decrease in this figure since 2011-12, when 15 per cent of visitors' reports received observations.

The ETC considered the visitors' reports for all 100 programmes. Variations were made to conditions set for four programmes and for one of these programmes a condition was removed. The ETC also varied a recommendation on one occasion.

These variations were made to correct minor factual inaccuracies, or to provide further clarity to the education provider. On one occasion, a condition was removed due to additional evidence being provided by the education provider as part of their observations.

How long does it take to meet conditions?

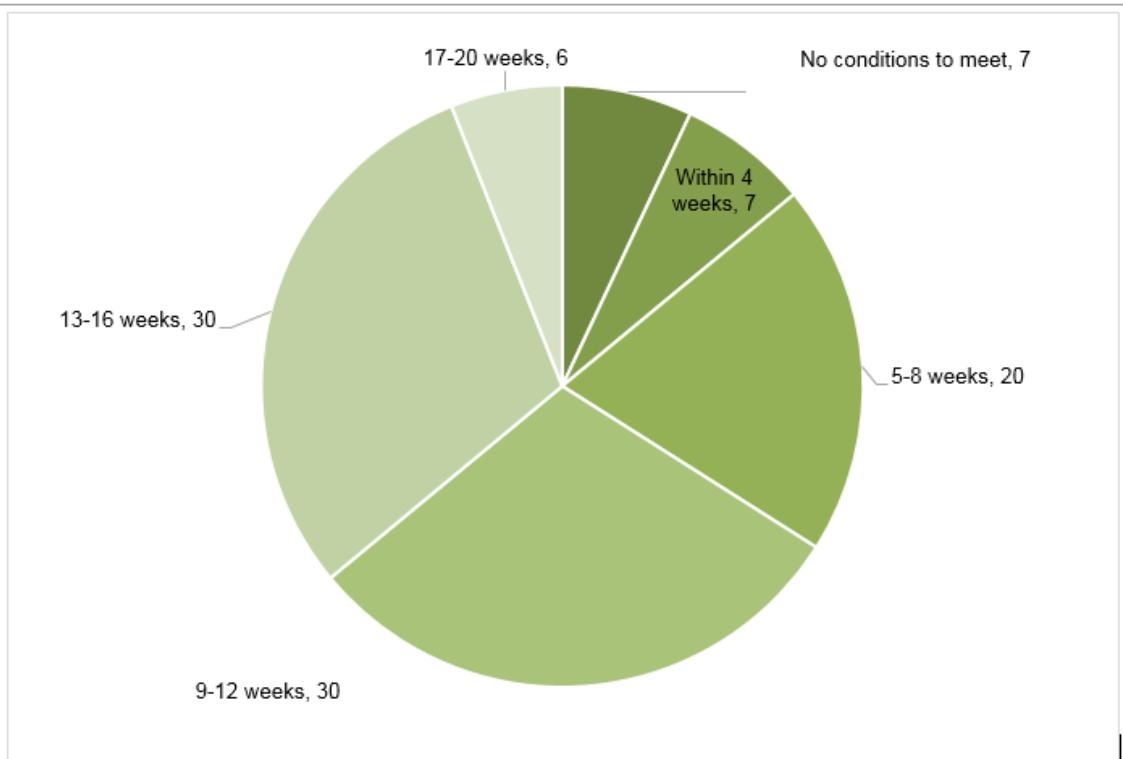
If we have placed conditions on a programme, we will negotiate a due date by which the education provider should meet the conditions. When deciding on a due date, we will consider factors such as:

- how long education providers need to address conditions;
- the proposed start date of the programme; and
- the schedule of ETC meetings.

Once a response from an education provider is received, our visitors assess the documentation and make a final recommendation to the ETC about whether the conditions have been met or not.

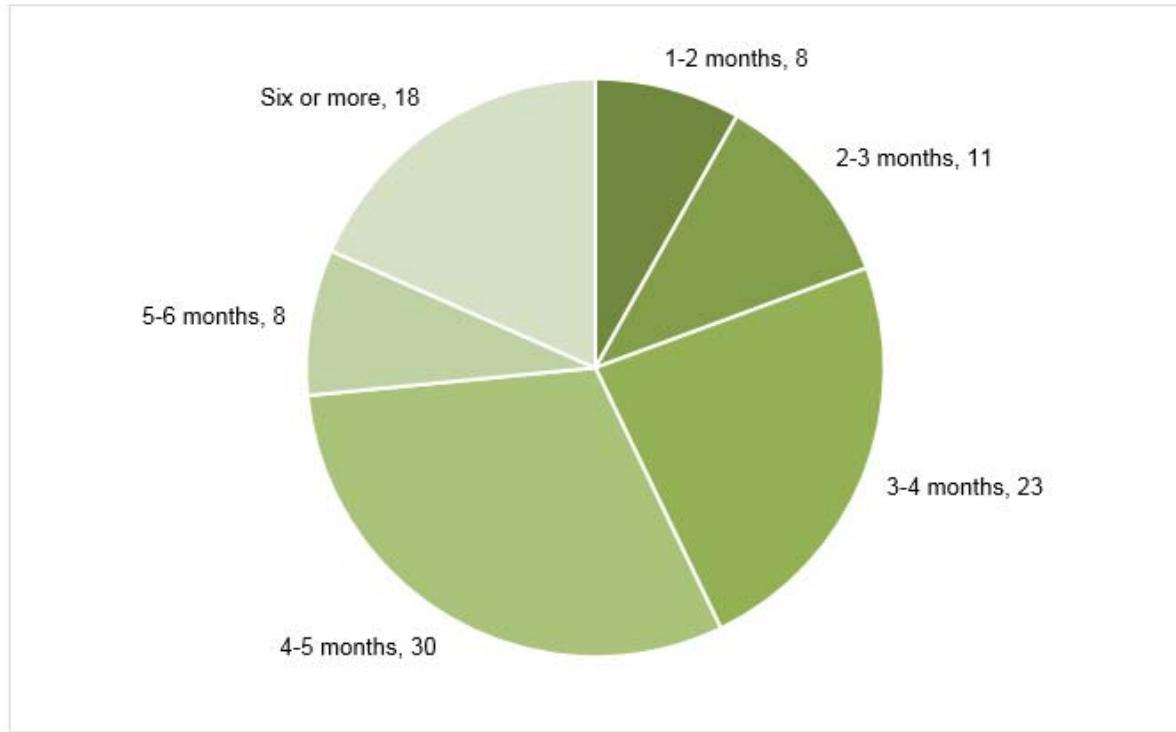
Graph 13 shows how long it took education providers to respond to conditions set on programme approval, following receipt of the Visitors' report. In 2013–14, 97 per cent of programmes responded to conditions within twelve weeks, which is within our expectations of the time required to produce reports and for education providers to take action to address conditions. In 2014–15, only 64 per cent of programmes responded to conditions within this timeframe. The average number of conditions rose from eight to twelve for those programmes that took longer than 12 weeks to respond, which suggests that more time is needed to address the issues raised through more conditions.

Graph 13 – Time taken for education provider's initial response to conditions



Graph 14 sets out the time taken from the date of the visit to reach a final decision on approval. In 2014-15 19 per cent of programmes were approved within three months of the visit date including 14 programmes which had to meet conditions. This is a decrease in comparison to the previous year, when 47 per cent of programmes were approved within three months of the visit date. 80 programmes (82 per cent) of programmes were approved within six months of the visit date. This is a significant decrease when compared to 2013-14 when 99 per cent of the programmes were approved within six months.

Graph 14 – Number of months between visit and final decision on programme approval



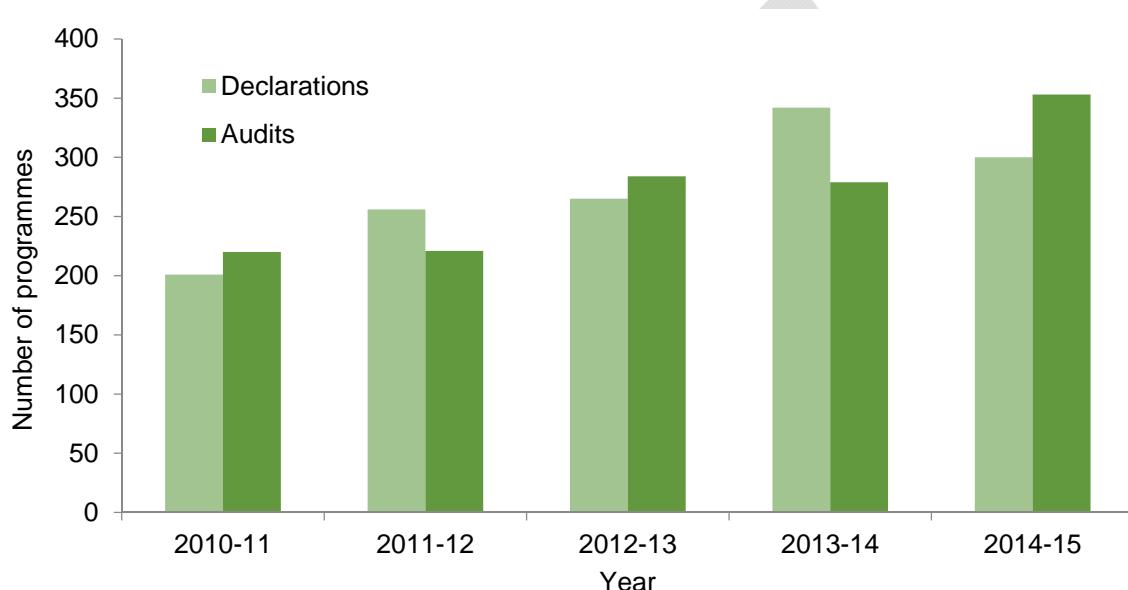
As highlighted above the increase in the amount of time it has taken to complete the approvals process this year is intrinsically linked to the average time education providers took to initially respond to conditions in 2014-15. The most significant factor to this response time is linked to the increased number of conditions that education providers had to meet after initial visits. Of the 18 programmes that took over six months to complete the approval process only three responded to conditions within three months. In addition, the ETC is required to meet and formally approve programmes. They meet ten times each calendar year, so education providers are often able to have approval granted shortly after a recommendation is made by the Visitors.

Annual monitoring

Number of annual monitoring submissions

In 2014–15 we processed 653 annual monitoring submissions. This included 300 declarations and 353 audits.

Graph 15 – Number of programmes monitored by submission type, compared over the last five academic years



Graph 15 illustrates that the trend for the number of submissions to increase year on year has continued with 421 received in 2010–11 compared to the 653 received in 2014–15. This is an increase of 55 per cent in the last five academic years. This trend has been identified in previous annual reports and is the result of the increased number of education and training programmes that have been approved as new professions have joined the Register.

2014–15 has seen a five per cent increase in the number of programmes monitored in comparison to last year, continuing the predicted trend. Following the schedule of visits to social work programmes in the last two academic years, 75 of these programmes were expected to be involved in annual monitoring for the first time, along with a small number of new programmes from other professions. However, the small five per cent overall increase in submissions for 2014–15 also takes account of the existing 51 supplementary prescribing programmes which were not subject to annual monitoring this year. These programmes were not required to provide a submission as they were subject to an amended approval process in 2013–14 following the publication of the HCPC's standards for prescribing in 2013. More information on the introduction of these standards can be found in [last year's annual report](#).

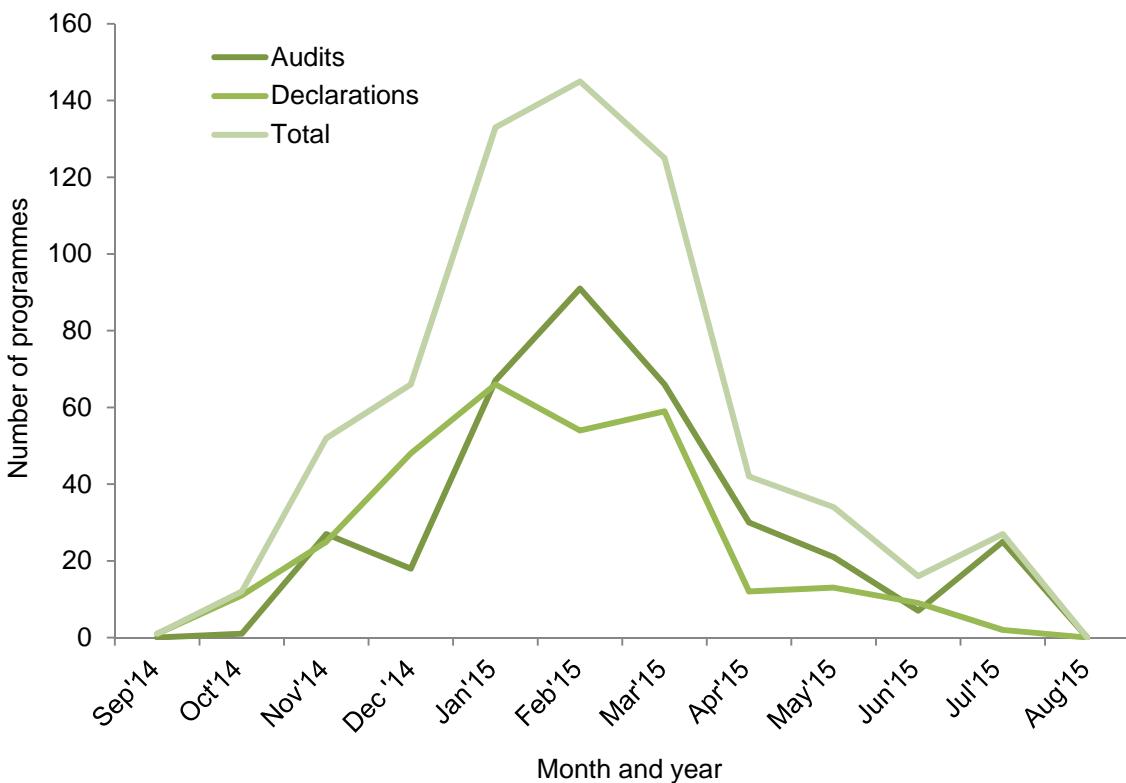
It is anticipated that the trend for increasing number of submissions will continue and that there will be a significant growth in the 2015–16 academic year. This growth will be driven by the additional social worker and AMHP programmes moving into the monitoring cycle following the completion of the scheduled visits to these programmes in 2013–14. These programmes will not have provided any submissions previously having not been engaged in annual monitoring since they were transferred from the previous regulator, the GSCC, in 2012. Supplementary prescribing programmes that were exempt from annual monitoring in 2014–15 and new independent prescribing programmes will also be providing submissions which will increase the number of submissions in 2015–16.

When did the monitoring take place?

As in previous years, various submission dates were planned across the 2014–15 academic year which required education providers to submit audits or declarations one month after their own internal quality audit (IQA) date. For example, if they were due to submit an IQA report internally in January they would need to provide us with the relevant submission by the end of February.

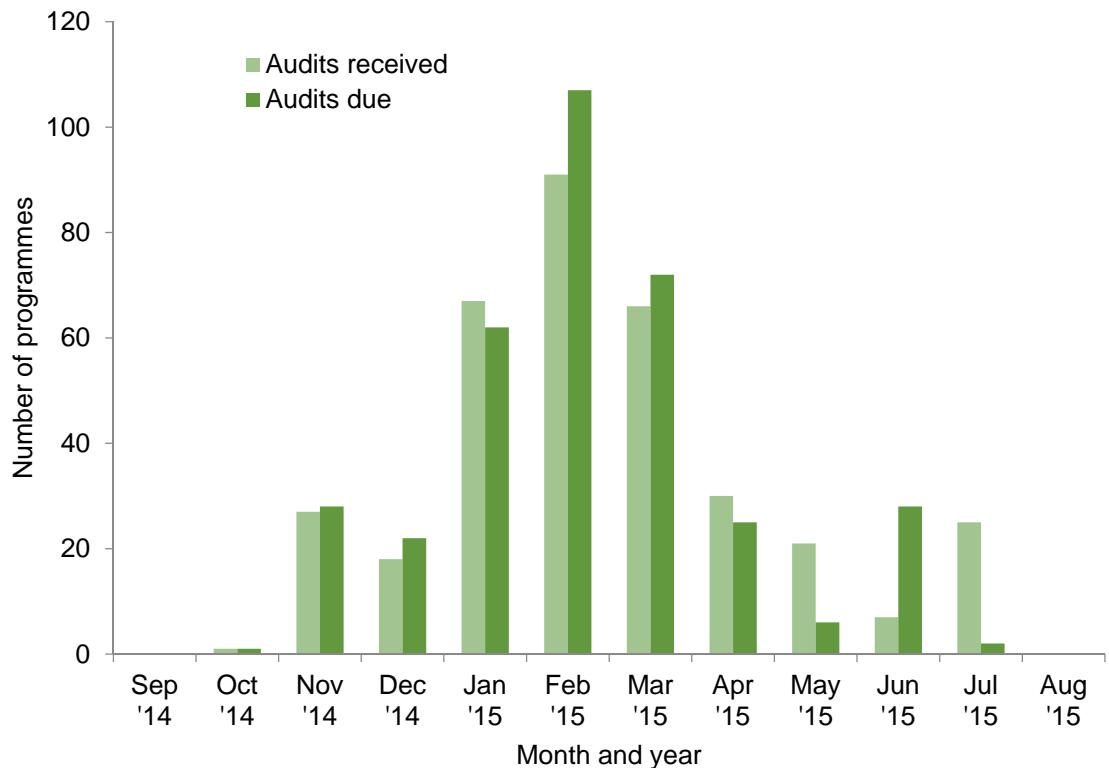
Whilst there are peaks and troughs of activity, the areas of peak activity remain fairly consistent and predictable from year to year. Graph 16 shows that the majority (62 per cent) of submissions were received in the three months between January and March 2015. This is consistent with the peak seen in 2013–14 when 63 per cent of the total submissions were received over the same period. It is also consistent with previous years when the same system of managing the deadlines was used. For instance, during the same period in 2012 and 2013, 63 per cent and 57 per cent of submissions were received respectively. This demonstrates a trend for a consistent peak of activity through each cycle of the annual monitoring process between January and March.

Graph 16 – Number of audits and declarations received in 2014–15



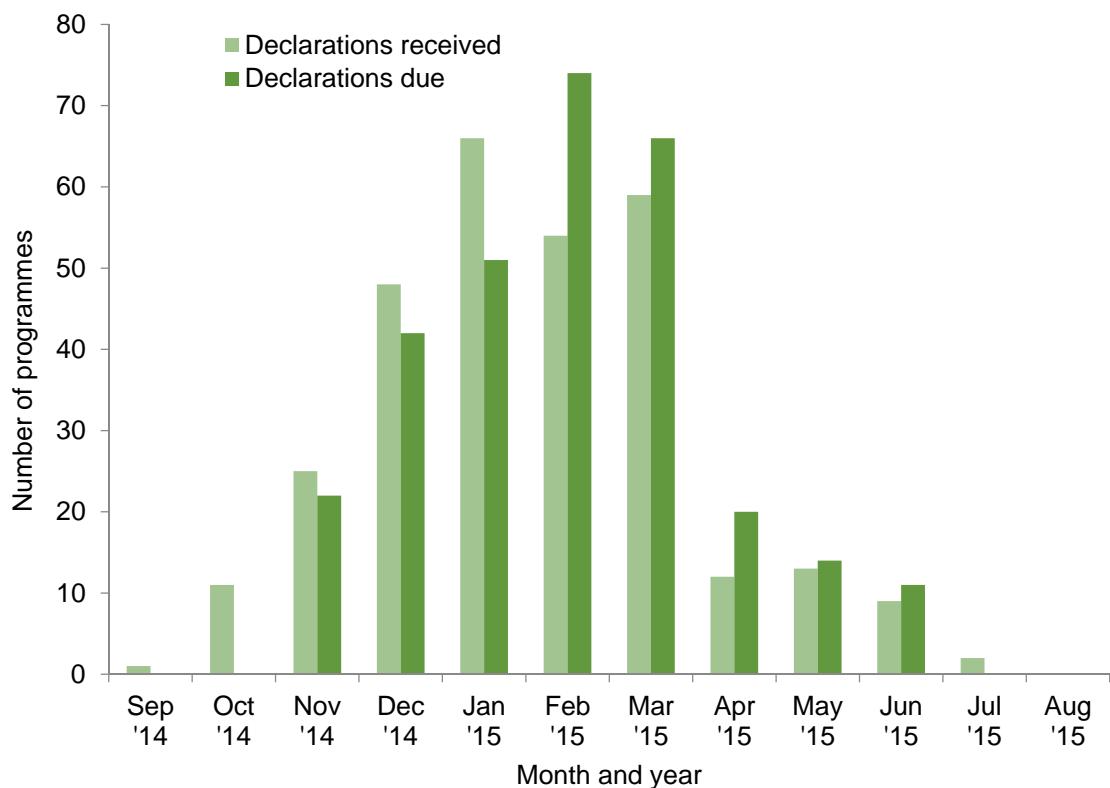
Graph 17 shows the due dates for audit submissions alongside the dates when they were received. In most cases, education providers submitted documentation by their particular deadline. The only significant difference between submissions that should have been received and those actually received is in February and June 2015. The reason for the difference in these months is that in each case a significant proportion of submissions were slightly late. In February 17 per cent of submissions due by 28 February 2015 were slightly late and arrived in the first week of March and in June 75 per cent of submissions due by 30 June 2015 arrived in the first week of July. However, these small delays had no effect on our ability to scrutinise these audit submissions to planned timescales.

Graph 17 – Number of audits due and received – by month



Graph 18 illustrates the planned and actual submission dates for annual monitoring declaration submissions. It is expected that education providers will provide us with their submissions after they have completed their own internal quality audits. For 2014–15 this was largely the case with 70 per cent of submissions being received in the month immediately after the programmes' internal quality audit. Only five per cent were received later than expected. It is significant that 74 were received prior to the programmes' stated internal quality audits. We hope to reduce this number next year by explaining more clearly in our communications to education providers that we expect internal quality audit mechanisms to have been completed before a declaration is submitted.

Graph 18 – Number of declarations due and received – by month



Method of assessment

Audit submissions are normally considered by at least two Visitors at assessment days or by correspondence.

Table 3 – Method of assessment, compared over the last five academic years

Year	Method of assessment	
	Assessment day	Correspondence
2010–11	192 (87%)	28 (13%)
2011–12	191 (86%)	30 (14%)
2012–13	240 (85%)	44 (15%)
2013–14	252 (90%)	27 (10%)
2014–15	322 (91%)	33 (9%)

Table 3 shows that we continued to assess the majority of audit submissions at assessment days which are cost-effective due to the number of submissions that can be assessed at one event. However, we continue to rely on assessment via correspondence for a small number of submissions each year. These either fall outside of the peak of activity for annual monitoring or arise if the submission cannot be assessed at an assessment day. This normally occurs when a new conflict of interest arises between the Visitor and the education provider, or where a Visitor is unable to attend an assessment day at short notice. Whilst the overall number of submissions considered via correspondence has grown over the last five years, this

reflects the overall growth in the number of programmes subject to annual monitoring.

The actual percentage of programmes being assessed via correspondence has remained at a fairly consistent low percentage in each of the last five years. For 2015–16 education providers will be expected to provide evidence to meet our new standard of education and training about service user and carer involvement (SET 3.17). Coupled with the increased number of programmes subject to annual monitoring for the first time, it would seem that both the number and the percentage of programmes that are assessed by correspondence could potentially increase. However, we have changed how we communicate with education providers to emphasise the additional evidence requirement and the number of assessment days will increase to enable us to minimise the number of submissions that will be considered via correspondence.

Requests for further information

Table 4 shows if Visitors needed to request further information from an education provider before they could make a recommendation about the continued approval of a programme. This is when the evidence provided in the initial submission was not sufficient for them to do so. In 2014–15, 19 per cent of the submissions required further information to be submitted, compared to 16 per cent last year. This small percentage increase is due to visitors needing further information from education providers where no students had been enrolled on a programme in the previous two years. If this was the case the Visitors requested information about how a programme that has no students enrolled on it retains a place in the education provider's business plan (SET 3.1); continues to be monitored and evaluated (SET 3.3); and how the curriculum remains current to relevant practice (SET 4.4).

Table 4 – Requests for further information, by method of assessment

Method of assessment	Further information was requested	
	Yes	No
Assessment day	66	254
Postal	2	31

As mentioned above, in 2015–16 there will be an additional requirement for education providers to provide evidence to meet our new standard of education and training about service user and carer involvement (SET 3.17). When the SETs were last revised, there was a significant increase in requests for additional information in 2010–11 and 2011–12. Therefore it is possible that there will be an increased number of instances when Visitors will need to request further information before they can make a recommendation in 2015–16. However, we hope to mitigate this by explaining more clearly in our communications to education providers our requirements around SET 3.17 and also by amending process documentation to ensure that submissions will contain the information that is required.

Summary of outcomes

A declaration form asks education providers to confirm that a programme continues to meet our SETs and that, upon completion, students will meet the SOPs. Our Visitors do not assess declaration forms. They are forwarded to the ETC for consideration.

Table 5 – Summary of outcomes

Outcome	Number of programmes				
	2010–11	2011–12	2012–13	2013–14	2014–15
Sufficient evidence of standards continuing to be met	208 (99%)	215 (100%)	272 (99%)	273 (100%)	349 (99%)
Insufficient evidence of standards continuing to be met	2 (1%)	0 (0%)	1 (1%)	0 (0%)	4 (1%)

Each audit submission is considered by at least one Visitor and a recommendation is made to the ETC. Visitors can make one of two recommendations to the Committee. These are as follows;

- There is sufficient evidence that the programme continues to meet the SETs and that those who complete the programme will continue to meet the SOPs for the profession; or
- There is insufficient evidence that the programme continues to meet the SETs and that those who complete the programme will continue to meet the SOPs for the profession. An approval visit is required to gather information and, if necessary, place conditions on continued approval of the programme.

Once all final outcomes for submissions pending a decision were accounted for, 99 per cent of programmes showed sufficient evidence of standards continuing to be met in 2014-15 a reduction from the 100 per cent of programmes in 2013-14. Of those programmes that provided insufficient evidence all four of them had not had any students enrolled on them since they had been approved. In response to the decision that insufficient evidence had been provided, each education provider asked for their programmes to have ongoing approval withdrawn therefore removing the need for an approval visit in 2015-16. It is anticipated that we will see instances like this occur in future years as programmes are required to provide evidence through the annual monitoring process to demonstrate that while they are not being delivered, they continue to meet the SETs.

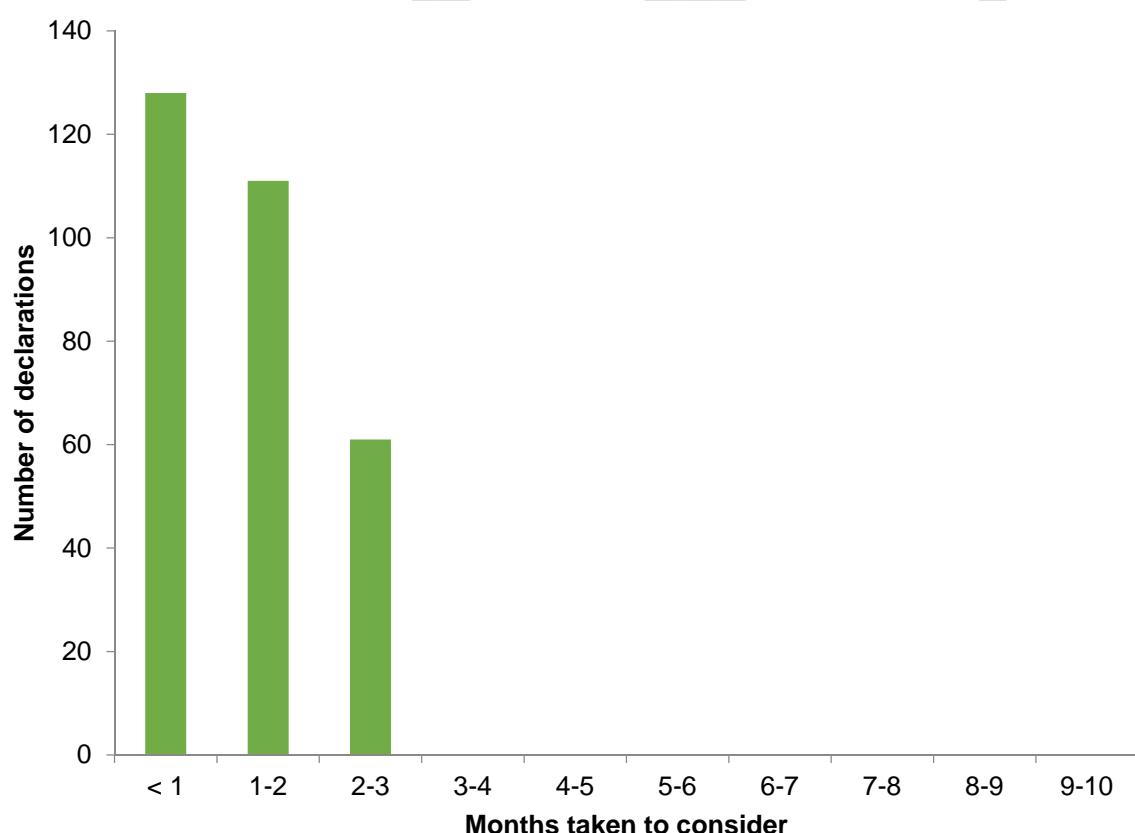
How long does it take for us to consider a submission?

Declaration submissions are forwarded directly to the ETC for consideration after they have been received and checked. We aim to process all of these submissions and have an ETC consider them within two months.

Audit submissions are considered at an assessment day or by correspondence prior to a recommendation being made to the ETC. At assessment days, our Visitors produce a report which is forwarded to the next ETC for consideration. Visitors have approximately two weeks to consider a submission by correspondence and produce a report for consideration at the next ETC. Through both methods of assessment, Visitors have the opportunity to request additional documentation before making a final recommendation. We aim to process all of these submissions within three months.

Graph 19 shows that 80 per cent of declaration submissions were processed within two months, the same percentage as in the 2013–14 academic year. 43 per cent of submission received a decision within one month, which is a significant improvement on the 32 per cent of submissions that were processed in the same timeframe last year. Submissions took longer than two months to process when the date they were received did not coincide with ETC dates. Overall, the average time taken to process these submissions was just over a month.

Graph 19 – Number of months taken to consider declaration submissions

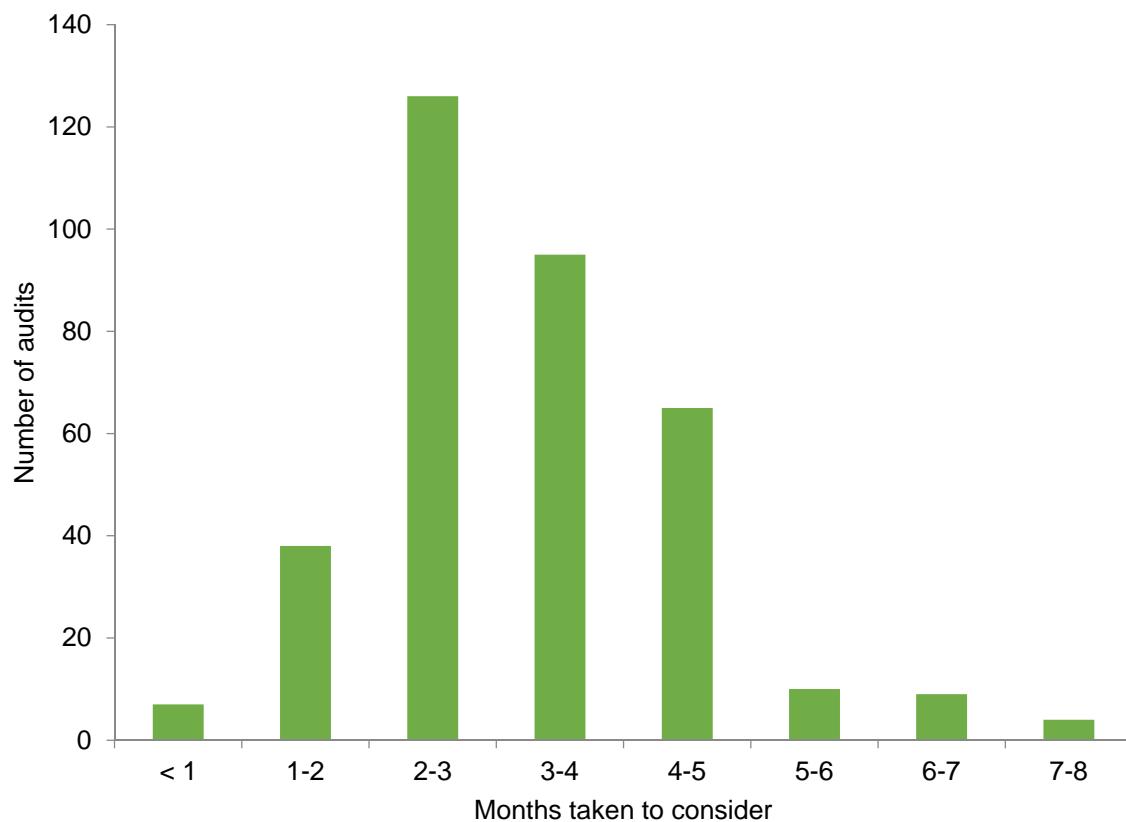


Graph 20 shows that in 2014–15, 48 per cent of audit submissions were processed within three months in comparison to 37 per cent last year and 34 per cent in 2012–13. This was partly due to process improvements made this year including a more comprehensive check of the submissions being undertaken prior to an assessment day. This would involve an executive going through each submission to determine if

there were any errors, such as missing documents or printing mistakes, which would enable us to have these errors rectified by education providers before the submissions were considered. This enabled us to remove a large number of instances when visitors would have to request additional information from education providers due to missing or incomplete submissions. Overall, the average time taken to consider these submissions was just over three months this year; the same as the overall average for 2013–14. This is due to an eight per cent increase in the number of audit submissions which took more than four months to complete, which increased the overall average.

The length of time taken to process audit submissions is influenced by the fact that some programmes submitted them well in advance of a scheduled assessment day. For example, an education provider might submit in October, but the assessment day might not be planned to take place until February. Of the submissions which took over six months to complete, 54 per cent had submitted well in advance of the assessment day. A number of audit submissions also required additional evidence to be provided which increased the total time taken to process the submission overall. On average, the request for additional evidence increased the time taken to process a submission by one month. This trend of submission arriving well in advance of an assessment day has been highlighted in previous years, but we anticipate that this will change in 2015–16 when assessment days will be scheduled to align more closely with the expected peaks and troughs of annual monitoring activity, as highlighted previously.

Graph 20 – Number of months taken to consider audit submissions



The majority of audits and declarations continued to be processed within, or just outside, our expected timescales. The trend for submissions at or around the planned dates continued this year, allowing us to accurately predict peaks and troughs of activity and prepare to meet operational timescales. We also managed to significantly increase the speed with which we considered declarations and a large proportion of audits in 2014–15 which we will endeavour to continue next year. As noted above, in 2015–16 we will change the way we plan assessment days so that they are more closely aligned to submission dates, this will help manage the anticipated increase in number of submissions. We will also continue to encourage education providers to send their submissions after their internal quality assurance processes have been completed. By implementing these changes we will hope to reduce the overall time taken to consider submissions and ensure that only in exceptional cases will they not be considered within the our stated time frames.

Major change

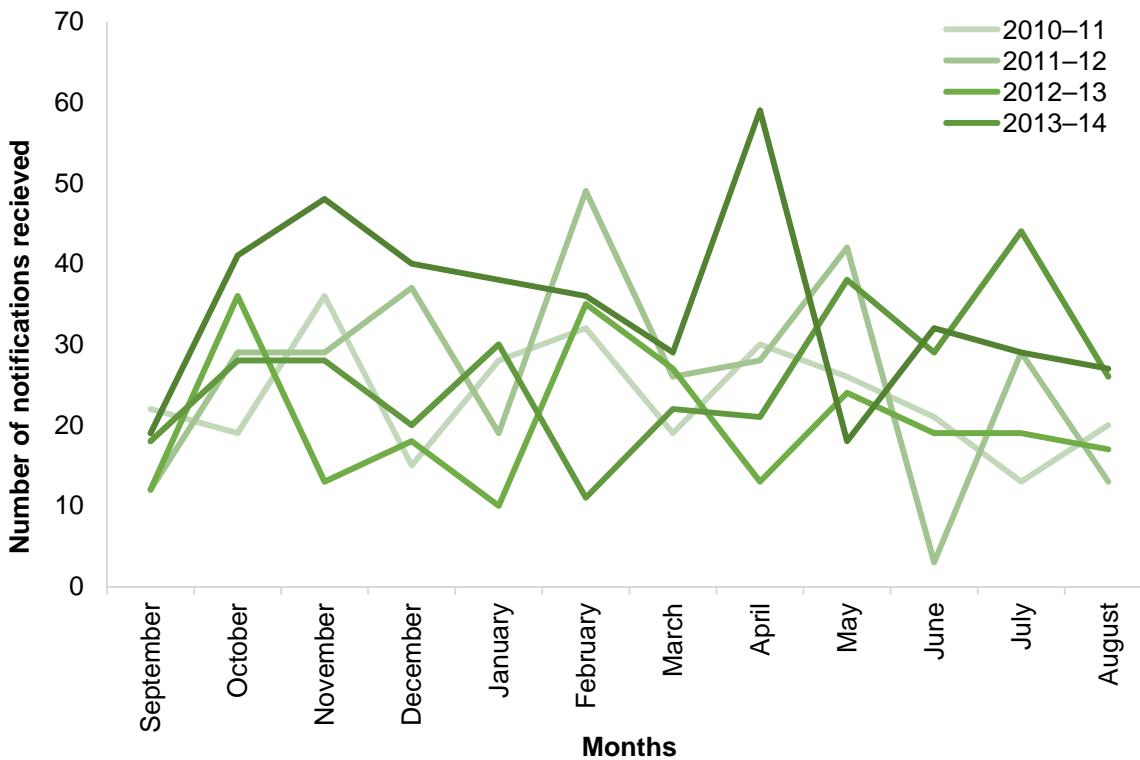
Number of change notifications

During 2014-15 416 change notifications were received representing a 32 per cent increase on the number received in 2013–14. This significant increase was expected as the number of approved programmes subject to the major change process continues to increase.

Fifty notifications were withdrawn by education providers after being submitted (12 per cent) which is comparable to the number withdrawn last year (15 per cent). If education providers decide not to change a programme following a submission to us, this can be done at any time as long as confirmation of the intention to leave the programme unchanged is received in writing.

The timing of when change notifications are submitted continues to be hard to predict, with no consistent trends apparent from year to year. However for the last four years (2011–15), there has been a significant increase in the number of notifications received in October when compared to the September of the same year. In autumn, typically late September or early October, we contact education providers with information on the annual monitoring process for the forthcoming academic year, including the type of submission they need to provide and their deadline for doing so. This communication is directed at key programme staff, such as programme leaders, and this appears to trigger education providers notifying us if the person we have contacted is no longer the programme leader. There would therefore appear to be a correlation between the timing of these communications and the increase in change notifications received in October when compared to September each year. However, while an increase may be expected, numbers still vary in October and are difficult to predict. This variability year on year is highlighted in Graph 21, which demonstrates the lack of any identifiable trend in the receipt of notifications during an academic year.

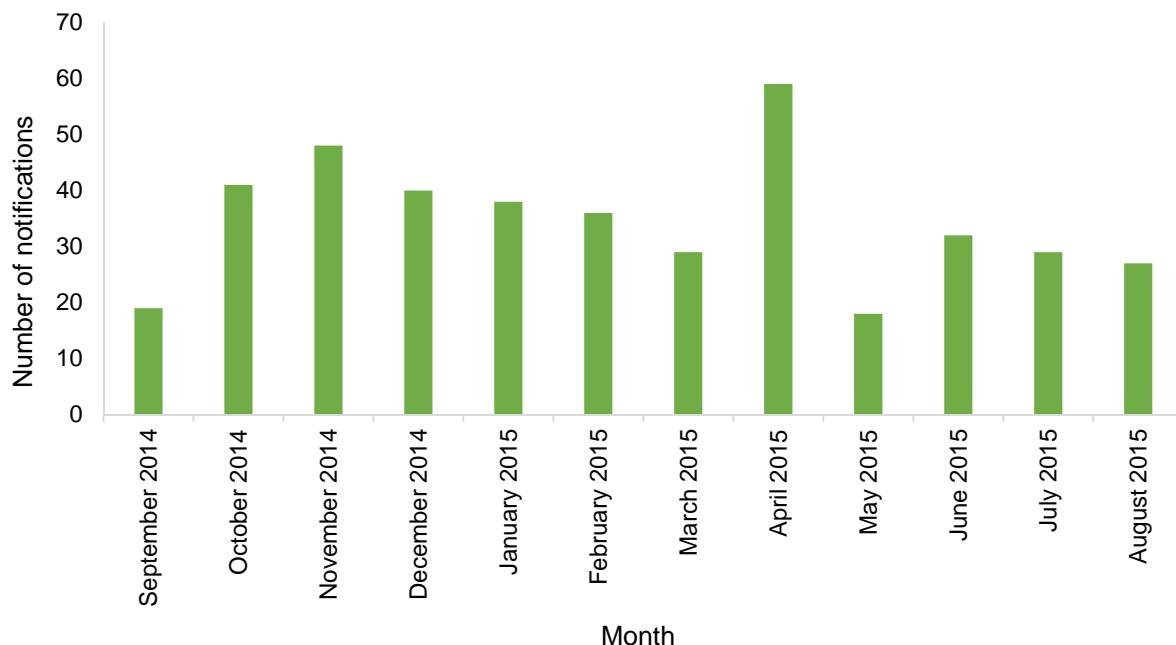
Graph 21 – Number of change notifications received by month, compared over the last five academic years



When were the notifications received?

Graph 22 further illustrates how this year has continued to see significant variations in the number of change notifications from month to month, with a spike in numbers in April 2015 (fifty nine) and a decrease the following month to eighteen. The spike of change notifications received in April can be attributed to the proactive work that was done to contact providers of approved paramedic education and training to identify if they had made changes to their programmes. However, this was a unique event and unlikely to be repeated. Due to the unpredictable flow of work generated through this process, it is difficult to suggest any particular factors influencing this fluctuation.

Graph 22 – Number of change notifications received per month

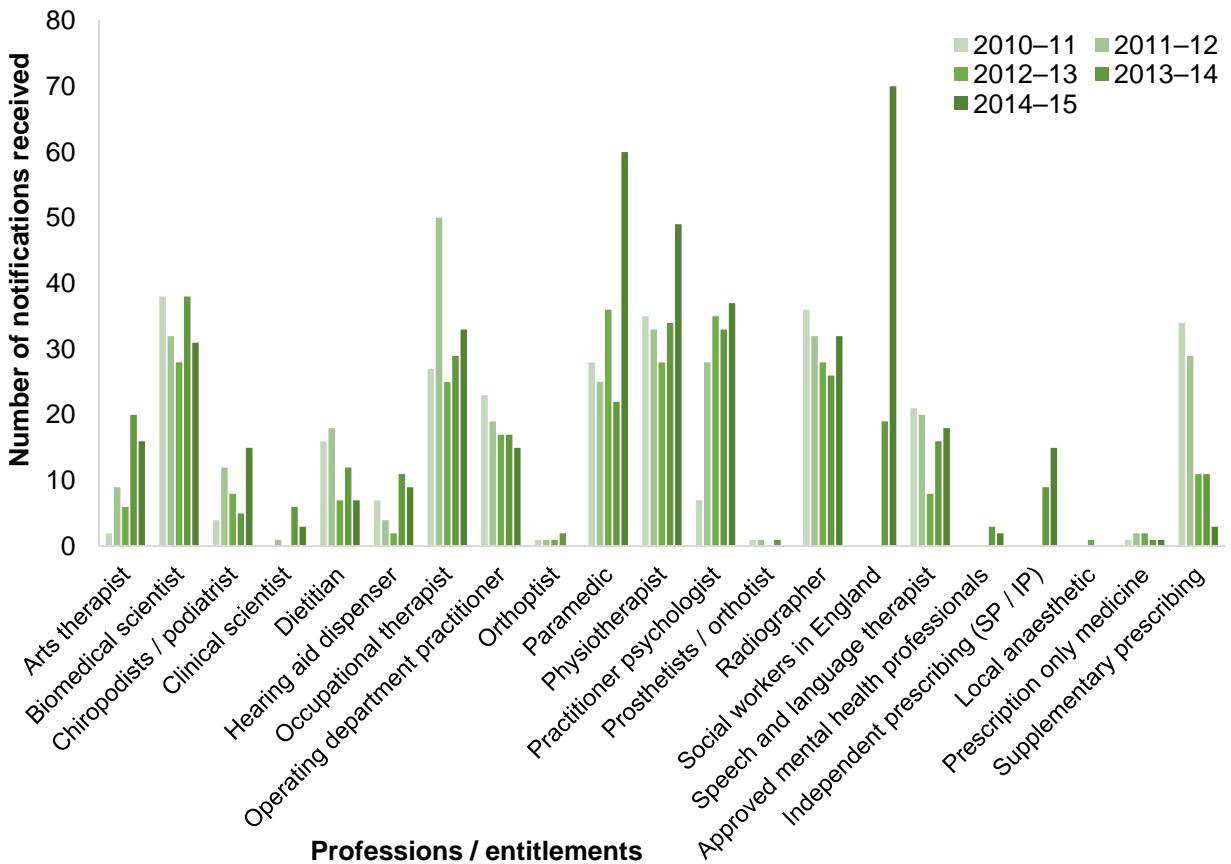


Which professions submitted change notifications?

In 2014-15 we considered most change notifications from social work, paramedic, physiotherapy, practitioner psychology and occupational therapy programmes. This is expected as these professions have the greatest number of approved programmes and the link between number of approved programmes and change notifications submitted is a trend that has been broadly seen over the past five years. Overall social work programmes submitted seventy change notifications (seventeen per cent) this year, compared to just nineteen (6 per cent) in 2013-14. This is in part due to the large number of programmes we visited for this profession in 2013-14 which then became eligible to engage with the major change process in 2014-15. Social work programmes also account for the largest group of approved education and training programmes, with 242 approved.

It is also the case that the number of change notifications received from paramedic programmes increased significantly by 172 per cent when compared to the number received in 2013-14. This was largely due to proactive action by us to gather information about the changes in the profession brought about by workforce planning which led to the creation of new pathways through existing programmes and increases in student numbers. By taking these steps, we could identify where changes were being made to programmes and request that change notification forms are submitted. Revised curriculum guidance by the College of Paramedics was published in 2015, which also led to changes being made on a small number of programmes and the submission of more notification forms. Analysis of the notifications received from paramedic programmes shows a peak of ten notifications received in April 2015, which contributed significantly to the spike we saw in that month.

Graph 23 – Change notifications received – by profession and entitlement, compared over the last five academic years



As in previous years a significant proportion of change notifications were received which affected how a programme continued to meet the standards but only required one Visitor to assess it rather than two, such as the change of a programme leader. Further investigation of the type of change notifications we received shows that 48 per cent of all major change notifications were reviewed by one visitor. In the vast majority of cases this represents a proportionate response in terms of risk and cost. For example, of the 34 major change notifications received in November 2015, 20 (59 per cent) were in regards to change of programme leader.

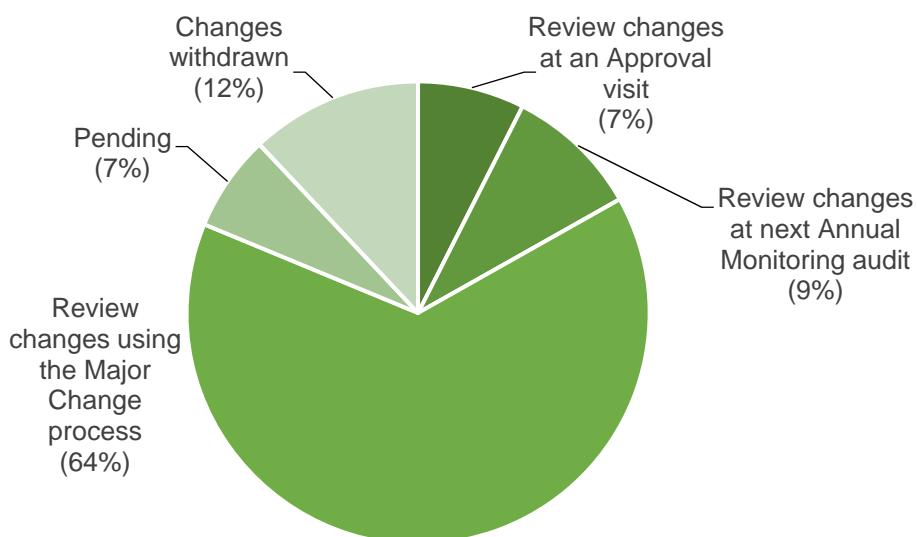
Summary of outcomes

The major change process asks education providers to tell us about any significant changes to their programmes, whether proposed or retrospective.

When they have been received all change notifications are reviewed and a decision is made about the most appropriate process to consider the change. If it is decided that either the approval or annual monitoring process is most appropriate, the education provider is informed and further arrangements are made to arrange a visit or receive an audit submission at the appropriate time. If the major change process is most appropriate we ask the education provider to submit a documentary submission to compliment the change notification, which should evidence how the programme continues to meet the standards. This documentary submission is then reviewed by at least one Visitor and they are asked to make a recommendation to the ETC.

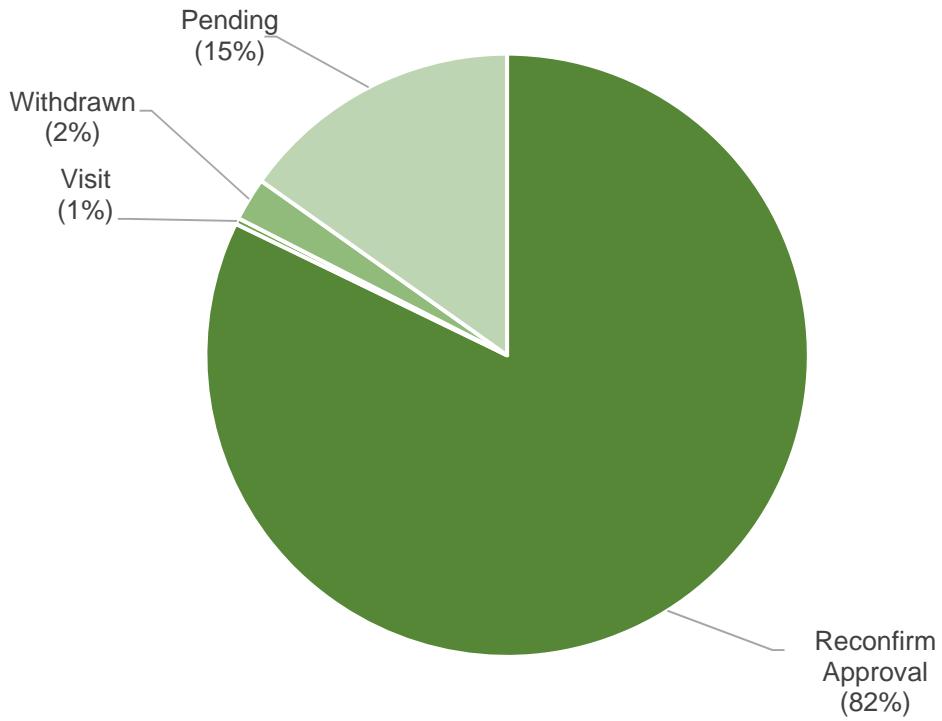
Graph 24 shows that 16 per cent of change notifications were channelled to the approval or annual monitoring processes. This represents a decrease from 23 per cent in 2013–14.

Graph 24 – Change notification recommendation – by HCPC executive recommendation



Of the thirty one notifications channelled through the approvals process, twelve (39 per cent) were from paramedic programmes. This coincides with the proposed increases to student numbers and new pathways through existing programmes as a result of workforce planning as detailed in previous sections of this report. In February, three education providers submitted notification forms outlining significant increases in student numbers to meet a workforce shortage in their local area. Recognising that these changes may affect other programmes, we contacted all approved paramedic programmes in April 2015 to determine if they planned to increase their student cohort, leading to a spike in the number of notification forms received. In cases where there were significant changes to the cohort size and subsequently, programme management, resources and practice placements, we decided to review the changes via the approval process.

Graph 25 – Major change decisions by the ETC



Fifteen per cent of notifications were pending a decision by the ETC as of 31 August 2015 which is a reduction from 2013–14 when 37 per cent were pending a decision. Of the 46 pending submissions, all had a decision made by the end of January 2016 with all but one having programme having had their ongoing approval reconfirmed. This one programme required a visit, as it did not demonstrate sufficient evidence to show how the SETs continued to be met. As such 99 per cent of notifications channelled through the major change process, enabled programmes to demonstrate that they continued to meet our standards. This is an encouraging outcome as it continues to support and endorse our open-ended approval model and use of a documentary process to scrutinise significant changes made to approved programmes. Without the need for overly burdensome scrutiny, education providers appear able to make changes to programmes that, whilst significant, allow them to continue to demonstrate how they meet our standards.

How long does it take for us to consider a major change submission?

If a decision is made that a change can be effectively reviewed at an approval visit or at the next annual monitoring audit, we aim to notify education providers of this within two weeks of the change notification being received. When we decide a change needs to be reviewed through the major change process, we aim to complete this process within three months.

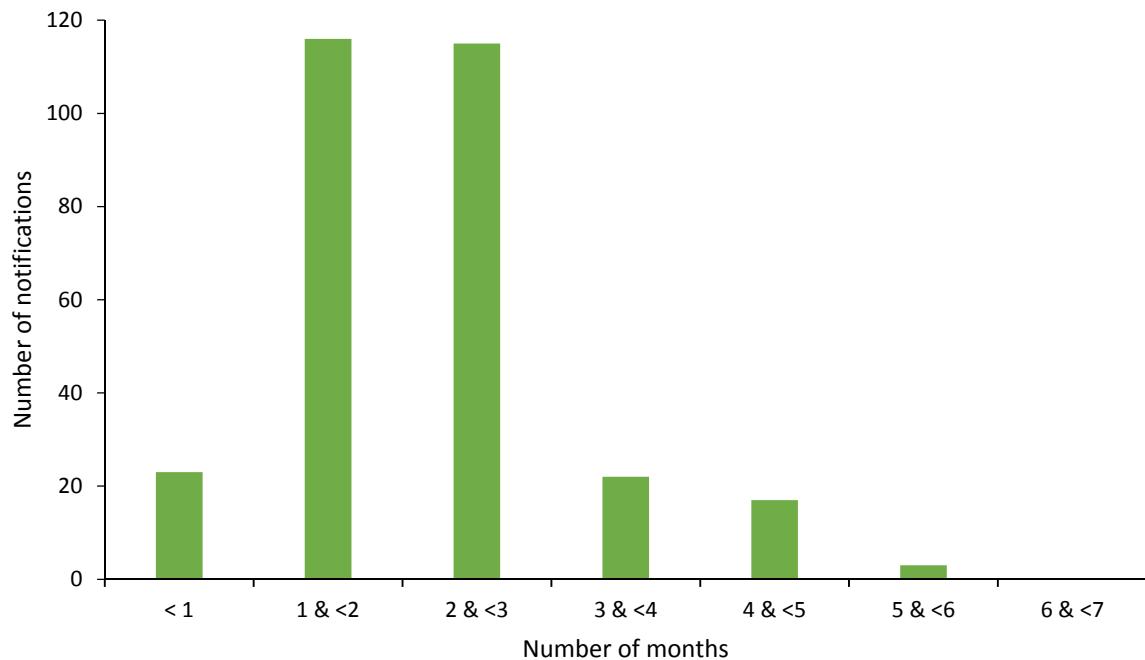
When a change requires scrutiny through the major change process we ask visitors to consider the major change submission. Once we have selected visitors to consider it, we need to see if they have a conflict of interest with the programmes under consideration. This process takes a minimum of two weeks. The submission is sent to the visitors, who assess it and provide a joint report. Again, this takes a

minimum of two weeks. The visitors may ask for extra documents. This would add an extra two to four weeks to the process. Once we have a satisfactory visitors' report, their recommendation must go to the ETC for approval. Once received, it can take one to four weeks for the completed visitors' report to reach the Committee. The ETC meet on average once a month.

In 2014–15 it took on average 1.8 weeks after a change notification was received, for an education provider to be advised that changes would be most effectively reviewed at an approval visit or as part of an annual monitoring audit. This is within the two week target we aim for, but is an increase from the average of 1.1 weeks in 2013–14. This increase can be explained by the flexible way in which the HCPC executive have been able to deal with information received regarding changes. Information is now recorded about changes regardless of the way it is received, rather than waiting for a notification form to be received as we did prior to 2014–15. As such the average of 1.8 weeks includes instances where the executive needed to wait for further information or a formal notification to be submitted before a decision could be made and the education provider notified. For 2015–16 we anticipate that the average will remain broadly similar with the average for 2014–15 but as we continue to refine the system of recording information about changes this average time may change over time.

Once all of the required documentation regarding a major change submission was received it took on average 2.2 months for the process to be completed and an education provider notified of the outcome in 2014–15. Eighty six per cent of all major changes submissions were considered and had a decision made about them within three months. This means that in the great majority of cases education providers had a clear and unambiguous answer from the HCPC regarding their programmes ongoing approval in a short timeframe, appropriate to the changes they had made. This demonstrates the proportionality of using a documentary process like major change to consider changes. If we were to consider changes through the approval process this would take a minimum of nine months and the allocation of significant resource both from the HCPC and the affected education provider in order for often small changes to be scrutinised.

Graph 26 – Number of months taken to consider a major change submission



Concerns about programmes

As well as routinely approving and monitoring our approved programmes, we also listen to concerns that anyone might have about them. Anyone can raise a concern about an education provider or approved programme. However, we would usually expect an individual to have gone through the education provider's internal concerns processes before we consider the concern. When we investigate a concern about a particular programme, the outcome will only affect whether we continue to approve that particular programme. The process does not consider concerns which are:

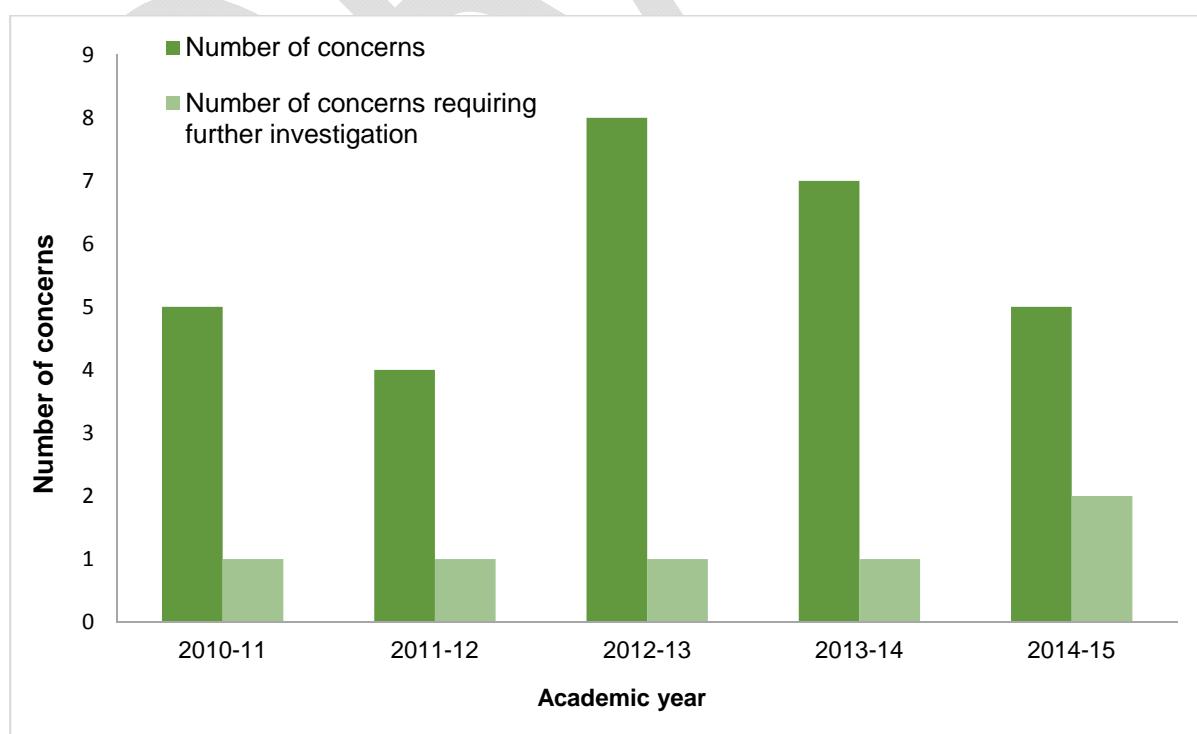
- unwarranted (not well-founded);
- about the academic judgement of a training or education provider;
- about an individual's fitness for an academic award; or
- frivolous (not serious).

To raise a concern, we ask complainants to review the guidance available on our [website](#) and submit a completed concern form to us at concerns@hcpc-uk.org

We received five concerns in the 2014–15 academic year. Of the five received, two met the HCPC requirements for further investigation. We were unable to investigate the remaining three concerns further due to one or more of the following reasons.

- The information provided did not suggest that an education provider is unable to meet our standards.
- The concern related to issues of academic judgement.

Graph 27 – Number of concerns received and investigated, compared over the last five academic years



Graph 27 shows the number of concerns that were received and the number of these concerns which meet our requirements for further investigation, compared over the last five academic years.

We received 29% fewer concerns in 2014–15 than in the previous academic year, when seven concerns were received. Compared to the other approval and monitoring processes, we receive a very small number of concern submissions each year. So whilst in percentage terms this appears to be a significant decrease, in we only received two fewer concern submissions in 2014–15. The number of concerns received is also broadly comparable with 2010–11 and 2011–12 where five and four concerns were received suggesting that there was a spike in 2012–13 and 2013–14. Based on this data, we expect the number of education provider concerns we receive next academic year to remain relatively consistent.

50 per cent more concerns met our criteria for further investigation in 2014–15, when compared to the concerns received in the previous five years. However, it was still the case that the majority (three of the five concerns received) did not meet our criteria for further investigation. This suggests that it would be helpful for us to build on the communications work we have undertaken previously to raise awareness of this process among our key stakeholders.

The percentage of programmes that are the subject to concerns has remained below one percent in 2014-15 which has been a consistent trend since the concerns process was developed and has remained so despite the growth in the number of programmes on the Register. This is a another positive message which reinforces the fact that there are very few approved programmes that people have concerns about and emphasises the role the approval and monitoring of programmes plays in ensuring that programmes continue to meet the SETs.

Social workers in England

Background to transfer

Social workers in England were first brought into statutory professional regulation in 2001, when the General Social Care Council (GSCC) was established. The Social Care Register was opened in 2003. Only those on this register could use the title of 'social worker' in England.

As part of its review of arm's-length bodies in 2010, the government abolished the GSCC and transferred most of its regulatory functions to the HCPC on 1 August 2012. From this date we became the statutory regulator for social workers in England, which included responsibility for approving and monitoring qualifying social work programmes in England and any ongoing concerns about social workers.

Transitional approval

All social work programmes in England that were approved at the time of the GSCC's closure were granted approval by us on 1 August 2012. That approval was transitional and only applied until we had the opportunity to assess each programme against our standards. We undertook a schedule of approval assessments over a three-year period from the 2012–13 academic year. When programmes had demonstrated that they met our standards they became approved, and will remain so as long as they continue to satisfactorily engage with us around changes and monitoring.

In total, 282 programme records were transferred from the GSCC. After initial contact with education providers, we amended the records and agreed that 250 programmes, delivered by 82 education providers, remained open and were transitionally approved until we made a decision whether to grant open-ended approval. Most of these amendments to programme data were due to:

- education providers considering and rationalising their social work provision in line with requirements we were imposing;
- education providers informing us of inaccuracies in the way their programmes were recorded; and
- differences in the way we recorded programmes compared to the GSCC.

Approval visits and outcomes

Over the three years we considered 235 social work programmes in total, including 187 of the transitionally-approved programmes, packaged together into 93 approval assessments. We approved 184 of the 250 programmes that transferred, requiring changes of 175 of these programmes. We have also considered 43 new programmes, many of which were at existing education providers, but with some entirely new provision. We required changes of all new programmes. We have considered two programmes twice in the three-year schedule, due to significant changes being made to these programmes following their initial approval. In total, we

required changes of 96 per cent of social work programmes before we approved them.

Six of the programmes visited withdrew after we conducted the visit element of the process and were not approved. The non-approval in these cases was due to significant conditions being placed on approval and education providers deciding to withdraw from the process rather than attempt to meet the conditions.

As part of our normal procedures, we withdraw approval from programmes with no students on them. We do this to ensure that the list of approved programmes is accurate and to eliminate the risk of education providers enrolling to dormant programmes, which may not be up to date and well resourced.

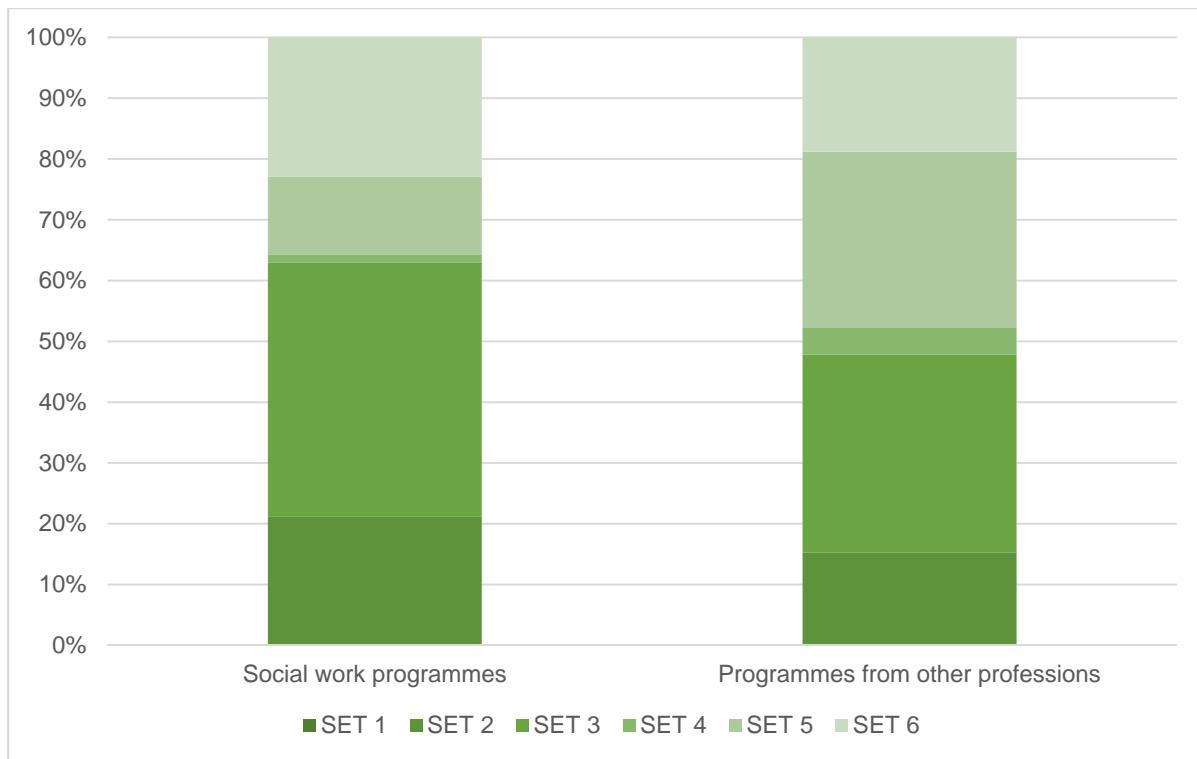
Social work education providers have closed 68 programmes in the time that we have been the regulator, including 66 transitionally-approved programmes and two new programmes which we approved for the first time, but which were closed by education providers after one or two cohorts of students. Across the three years, we did not consider programmes at four education providers as we planned to, as they stopped running their social work provision entirely.

Following the completion of our approval process, there are 221 approved social work programmes at 78 education providers. This is down 11 per cent from the 250 transitionally approved programmes.

Table 6 – Average number of conditions set on social work programmes, compared to all other programmes in 2014–15

	Number of programmes visited	Total number of conditions	Average number of conditions set
Social workers programmes	45	227	5.0
Programmes from all other professions / entitlements	55	569	10.3

Graph 28 – Percentage of conditions set against social work programmes, compared to all programmes in 2014–15



For reasons noted earlier in this report, we set fewer conditions on social work programmes than for other programmes. The percentage distribution of conditions was also different for social work programmes. A major concern in social work education in 2012 was the availability and quality of practice placements. Although we saw issues with practice placements come through in conditions, these issues were not as significant as expected, with less than one condition set per programme for SET 5 (practice placements) on average across the three years.

We set fewer conditions as we progressed through the three year visit schedule, setting an average of 6.9 conditions per programme in 2012–13, reducing to 5.3 in 2013–14, then 5 in 2014–15.

Over the three years, we have required changes of 96 per cent of social work programmes to ensure they comply with our standards. There were a wide range of issues that programmes faced in meeting our standards. These ranged from fundamental issues with programme design and delivery to issues with how policies and procedures were used and documented. Our approval process has effectively captured these issues, with only a small number of programmes not being able (or being unwilling) to make the changes we required to become approved.

We have produced a report entitled *Review of the approval process 2012–15: Social work education in England*, which reviews the first three years of our work in the area of qualifying social work education. This report can be accessed on our [website](#).

Approved mental health practitioners (AMHP)

Background to transfer

The GSCC was responsible for maintaining a set of post-qualifying (PQ) programmes which, in the main, we did not take responsibility for. These programmes included training to undertake specific roles such as Best Interest Assessors (BIA) as well as broader training for continuing professional development (CPD).

However, when the GSCC closed on 31 July 2012, we became responsible for approving and monitoring approved mental health professional (AMHP) programmes in England from 1 August 2012. This function transferred to us since the GSCC was specifically defined in legislation as being responsible for this area. Therefore, when legislation was amended, the function needed to transfer to another organisation.

AMHPs exercise functions under the Mental Health Act 1983 (amended 2007). Their role relates to decisions made about individuals with mental health disorders, including the decision to apply for compulsory admission to hospital. Registered mental health and learning disabilities nurses, occupational therapists, practitioner psychologists, and social workers may train to become AMHPs. It is the responsibility of an AMHP's employer, a Local Social Service Authority (LSSA), to ensure that they are able to practice within the competencies as defined by the [relevant legislation](#).

As part of the package of changes to our legislation to enable us to regulate AMHP training in England, we were required to set criteria for approving AMHP programmes. However, we were not given any legal powers to appoint individual AMHPs or to annotate our Register. It remains the LSSA's decision to appoint and use an individual as an AMHP. Therefore, as the link between completing an AMHP programme and performing the functions of an AMHP is not absolute, there is no AMHP annotation on our Register.

Approval criteria for approved mental health professional (AMHP) programmes

In line with our statutory responsibility, and following a public consultation which ran in early 2013, we developed the [approval criteria for AMHP programmes](#). The criteria became effective from September 2013 and all AMHP programmes assessed from this date were required to meet the criteria in order to be approved.

The criteria is split into two sections. Section 1 sets out criteria around how an education provider must design and deliver an AMHP programme. This section is drawn from our standards of education and training (SETs), to which we hold all pre-registration programmes from the 16 professions that we regulate. This ensures that AMHP programmes are considered consistently with the 16 professions under our multi-professional model of regulation.

Section 2 of the AMHP approval criteria defines the knowledge, understanding and skills that must be delivered by the programme. We based this section on Schedule

2 to the Mental Health (Approved Mental Health Professionals) (Approval) (England) Regulations 2008. In the sector the competencies defined in this legislation are referred to as the “statutory instrument”. Although the statutory instrument is not directly quoted, section 2 of the AMHP approval criteria is reflective of the competencies as defined by this legislation. Broadly speaking, within the context of us assessing AMHP training, section 2 functions as the SOPs do for pre-registration programmes.

Transitional approval

All AMHP programmes that were approved at the time of the GSCC’s closure were granted approval by us on 1 August 2012. This approval was transitional, which means that programmes remained approved until we made an assessment against our AMHP criteria via the approval process.

During 2011, the GSCC inspected all approved AMHP programmes to determine whether they continued to meet their requirements. With this in mind, and as we had not yet developed the AMHP approval criteria in 2012, we made a risk based decision that we would not assess transitionally approved AMHP programmes in the 2012–13 academic year. Instead, we decided to undertake a two year programme of approval assessments beginning in September 2013. Programmes which successfully completed the approval process were granted open ended approval, subject to meeting our ongoing monitoring requirements.

Approval visits and outcomes

Considering the transferred data, and after our own initial contact with education providers, we decided that 28 AMHP programmes, delivered by 22 education providers, remained open and were transitionally approved.

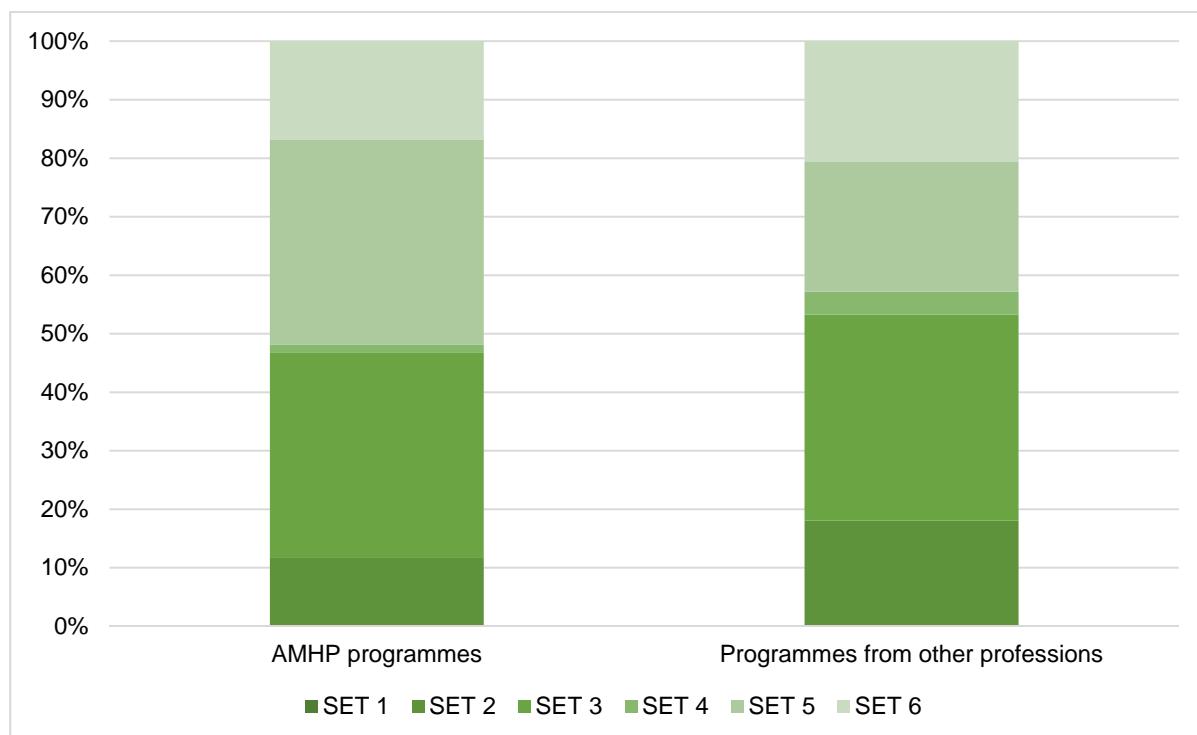
Across the two years, we considered 30 programmes packaged together into 20 approval assessments. Thirteen of the 28 transitionally approved programmes have closed in the last three years but ten of these programmes were directly replaced by new programmes. The closures and replacements were often due to education providers rationalising their provision in light of wider changes to post qualifying programmes and due to our requirements for education providers to give a named award. Following the completion of our approval assessment schedule, there are now 29 AMHP programmes delivered by 19 education providers.

Three education providers with transitionally approved programmes withdrew from the approval processes and stopped running their AMHP provision entirely. All of the decisions to close programmes were made by education providers. As all of these programmes had stopped taking students, and because they had recently been inspected by the GSCC, we made the risk based decision to not assess these programmes.

Table 7 – Average number of conditions set on AMHP programmes, compared to all other programmes in 2014–15

	Number of programmes visited	Total number of conditions	Average number of conditions set
AMHP programmes	12	137	11.4
Programmes from all other professions / entitlements	88	659	7.5

Graph 29 – Percentage of conditions set against AMHP programmes compared to all programmes in 2014–15



We set an average of 8.3 conditions per AMHP programme across the two academic years. We set more conditions on average in 2014–15 (11.3 conditions) compared to 2013–14 (6.2). However, there were some outliers which impact the number of conditions set disproportionately. We set between 16 and 23 conditions for four programmes at three education providers in 2014–15. As there were a small number of programmes considered in total and these programmes needed to provide significant additional evidence, this has increased the overall average number of conditions for 2014–15 and across both years.

The majority of areas in where additional evidence was required were focused around practice placements (criteria D) and programme management (criteria B). Notably, there were few conditions set around the curriculum (criteria C). This shows that we were generally satisfied, at the first attempt, with how AMHP competencies were delivered by curricula, how they were kept up to date, and how they integrated theory and practice.

We have produced a report entitled *approved mental health professional (AMHP) training in England and its engagement with the HCPC approval process*, which

analyses the work undertaken in assessing approved mental health professional (AMHP) programmes in the last two academic years. The report also considers how our regulatory model, which was new to AMHP programmes, has impacted on AMHP training. This report can be accessed on [our website](#).

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List of graphs and tables

List of tables

Table 1 – Number of programmes approved and open before and at the end of 2014–15, by profession / entitlement

Table 2 – Summary of outcomes

Table 3 – Method of assessment, compared over the last five academic years

Table 4 – Requests for further information, by method of assessment

Table 5 – Summary of outcomes

Table 6 – Average number of conditions set on social work programmes, compared to all other programmes in 2014–15

Table 7 – Average number of conditions set on AMHP programmes, compared to all other programmes in 2014–15

List of graphs

Graph 1 – Number of programmes approved and open, before and at the end 2014–15, by profession / entitlement

Graph 2 – Number of programmes visited and considered, compared over the last five academic years

Graph 3 – Number of visits, per month

Graph 4 – Number of visits and who cancelled them, compared over the last five academic years

Graph 5 – Number of approval visits that were cancelled, by visit stage

Graph 6 – Number of programmes visited, by profession and reason for visit

Graph 7 – Number of conditions by SET area, compared over the last five academic years

Graph 8 – Percentage split of conditions applied to each SET, compared over the last five academic years

Graph 9 – Comparison of the number of conditions per visit – by profession / entitlement

Graph 10 – Average number of conditions set against standards – by reason for visit

Graph 11 – Number of programmes with conditions applied, by range of condition numbers

Graph 12 – Number of days taken to produce Visitors' reports

Graph 13 – Time taken for education provider's initial response to conditions

Graph 14 – Number of months between visit and final decision on programme approval

Graph 15 – Number of programmes monitored by submission type, compared over the last five academic years

Graph 16 – Number of audits and declarations received in 2014–15

Graph 17 – Number of audits due and received – by month

Graph 18 – Number of declarations due and received – by month

Graph 19 – Number of months taken to consider declaration submissions

Graph 20 – Number of months taken to consider audit submissions

Graph 21 – Number of change notifications received by month, compared over the last five academic years

Graph 22 – Number of change notifications received per month

Graph 23 – Change notifications received – by profession and entitlement, compared over the last five academic years

Graph 24 – Change notification recommendation – by HCPC executive recommendation

Graph 25 – Major change decisions by the ETC

Graph 26 – Number of months taken to consider a major change submission

Graph 27 – Number of concerns received and investigated, compared over the last five academic years

Graph 28 – Percentage of conditions set against social work programmes compared to all programmes in 2014–15

Graph 29 – Percentage of conditions set against AMHP programmes compared to all programmes in 2014–15

Protected titles

The titles below are protected by law. Anyone using one of these titles must be registered with the HCPC, or they may be subject to prosecution and a fine of up to £5,000. This information was correct at the time this report was written. Please see our website for an up-to-date list.

Profession	Protected title
Arts therapists	Art psychotherapist Art therapist Dramatherapist Music therapist
Biomedical scientists	Biomedical scientist
Chiropodists / podiatrists	Chiropodist Podiatrist
Clinical scientists	Clinical scientist
Dietitians	Dietician Dietitian
Hearing aid dispenser	Hearing aid dispenser
Occupational therapists	Occupational therapist
Operating department practitioners	Operating department practitioner
Orthoptists	Orthoptist
Paramedics	Paramedic
Physiotherapists	Physical therapist Physiotherapist
Practitioner psychologists	Practitioner psychologist Registered psychologist Clinical psychologist Counselling psychologist Educational psychologist Forensic psychologist Health psychologist Occupational psychologist Sport and exercise psychologist
Prosthetists / orthotists	Orthotist Prosthetist
Radiographers	Diagnostic radiographer Radiographer Therapeutic radiographer
Social workers in England	Social worker
Speech and language therapists	Speech and language therapist Speech therapist