

Psychotherapists and Counsellors Professional Liaison Group
3 and 4 March 2009

Documents for reference

Executive summary and recommendations

Introduction

The Group may find it useful to refer to the attached documents during its discussion about the other papers on the agenda for this meeting.

Decision

This paper is to note. No decision is required.

Background information

These documents are also available on the HPC website as follows:

Standards of education and training at:

<http://www.hpc-uk.org/aboutregistration/standards/sets/>

Standards of education and training guidance at:

<http://www.hpc-uk.org/publications/index.asp?id=125>

Review of the grandparenting process at:

<http://www.hpc-uk.org/publications/reports/index.asp?id=137>

Resource implications

None.

Financial implications

None.

Appendices

1. Standards of Education and Training
2. Standards of Education and Training guidance
3. Review of the Grandparenting process

Date of paper

17 February 2009

Standards of

Education & Training



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Introduction

In spring 2004, the Health Professions Council consulted with education providers, professional bodies and associations, health regulators, health and education policy makers and commissioners and other stakeholders, in order to define the Standards of Education and Training under Article 15(1)-(9) of the Health Professions Order, 2001.

The Standards of Education and Training are applicable to educational providers and their programmes for those professions currently regulated, and those which may be regulated in the future, by the Health Professions Council.

Following consultation, and after analysis and consideration of the responses we received, Council approved the following Standards:

- 1) the level of qualification for entry to the register;
- 2) programme admissions procedures;
- 3) programme management and resource standards;
- 4) curriculum standards;
- 5) practice placement standards; and
- 6) assessment standards.

The Standards of Education and Training (SETs) are the standards against which the Council will assess whether a graduate from an educational programme will meet the Standards of Proficiency. Approval of that educational programme by the Health Professions Council ensures that those who undertake the programme will be eligible to apply for registration with the Council as a practitioner upon successful completion of that programme. Registration then gives the registrant the right to practise using the protected title/s of their chosen profession.

As a reference document, we will also be publishing information entitled '**The Approvals Process**' and '**The Annual Monitoring Process**' wherein the processes for approval of an educational programme, and the annual monitoring processes are outlined.

The Standards of Education and Training

1. Level of qualification for entry to the Register

- 1.1 The Council normally expects that the **threshold** entry routes to the Register will be the following:
- 1.1.1 Bachelor degree with honours for the following professions:
- chiropody or podiatry;
 - dietetics;
 - occupational therapy;
 - orthoptics;
 - physiotherapy;
 - prosthetics and orthotics;
 - radiography;
 - speech and language therapy;
 - biomedical science (with the Certificate of Competence awarded by the Institute of Biomedical Science (IBMS), or equivalent if appropriate); and
- 1.1.2 Masters degree for the arts therapies.
- 1.1.3 Masters degree for the clinical sciences (with the award of the Association of Clinical Scientists' Certificate of Attainment, or equivalent).
- 1.1.4 Equivalent to Certificate of Higher Education for paramedics.
- 1.1.5 Diploma of Higher Education in Operating Department Practice for Operating Department Practitioners.

2. Programme admissions

The admission procedures must:

- 2.1 give both the applicant and the education provider the information they require to make an informed choice about whether to make or take up the offer of a place on a programme;
- 2.2 apply selection and entry criteria, including:
 - 2.2.1 evidence of a good command of written and spoken English;
 - 2.2.2 criminal convictions checks;
 - 2.2.3 compliance with any health requirements;
 - 2.2.4 appropriate academic and/or professional entry standards; and
 - 2.2.5 Accreditation of Prior Learning and other inclusion mechanisms.
- 2.3 ensure that the education provider has an equal opportunities and anti-discriminatory policy in relation to candidates and students, together with an indication of how this will be implemented and monitored.

3. Programme management and resource standards

- 3.1 The programme must have a secure place in the education providers' business plan.
- 3.2 The programme must be managed effectively.
- 3.3 There must be a named programme leader who has overall responsibility for the programme and who should be either on the relevant part of the HPC Register or otherwise appropriately qualified and experienced.
- 3.4 There must be an adequate number of appropriately qualified and experienced staff in place to deliver an effective programme.
- 3.5 Subject areas must be taught by staff with relevant specialist expertise and knowledge.
- 3.6 A programme for staff development must be in place to ensure continuing professional and research development.
- 3.7 The resources to support student learning in all settings must be used effectively.
- 3.8 The facilities needed to ensure the welfare and well-being of students must be both adequate and accessible.
- 3.9 Where students participate as patients or clients in practical and clinical teaching, appropriate protocols must be used to obtain their consent.
- 3.10 A system of academic and pastoral student support must be in place.
- 3.11 Throughout the course of the programme, the education provider must have identified where attendance is mandatory and must have associated monitoring mechanisms in place.
- 3.12 The resources provided, both on and off site, must adequately support the required learning and teaching activities of the programme.
- 3.13 The learning resources, including the stock of periodicals and subject books, and IT facilities, including internet access, must be appropriate to the curriculum and must be readily available to students and staff.

4. Curriculum standards

- 4.1 The learning outcomes must ensure that those who successfully complete the programme meet the Standards of Proficiency for their part of the Register.
- 4.2 The programme must reflect the philosophy, values, skills and knowledge base as articulated in the curriculum guidance for the profession.
- 4.3 Integration of theory and practice must be central to the curriculum to enable safe and effective practice.
- 4.4 The curriculum must remain relevant to current practice.
- 4.5 The delivery of the programme must assist autonomous and reflective thinking, and evidence based practice.
- 4.6 The range of learning and teaching approaches used must be appropriate to the subjects in the curriculum.
- 4.7 Where there is inter-professional learning the profession specific skills and knowledge of each professional group must be adequately addressed.

5. Practice placements standards

- 5.1 Practice placements must be integral to the programme.
- 5.2 There must be an adequate number of appropriately qualified and experienced staff at the placement.
- 5.3 The practice placement settings must provide:
 - 5.3.1 a safe environment; and
 - 5.3.2 safe and effective practice.
- 5.4 Learning, teaching and supervision must be designed to encourage safe and effective practice, independent learning and professional conduct.
- 5.5 The number, duration and range of placements must be appropriate to the achievement of the learning outcomes.
- 5.6 The education provider must maintain a thorough and effective system for approving and monitoring all placements.
- 5.7 Students and practice placement educators must be fully prepared for placement which will include information about and understanding of the following:
 - 5.7.1 the learning outcomes to be achieved;
 - 5.7.2 timings and the duration of any placement experience and associated records to be maintained;
 - 5.7.3 expectations of professional conduct;
 - 5.7.4 the assessment procedures including the implications of, and any action to be taken in the case of failure; and
 - 5.7.5 communication and lines of responsibility.

- 5.8 Unless other arrangements are agreed, practice placement educators:
- 5.8.1 must have relevant qualifications and experience;
 - 5.8.2 must be appropriately registered; and
 - 5.8.3 undertake appropriate practice placement educator training.
- 5.9 There must be collaboration between the education provider and practice placement providers.
- 5.10 The education provider must ensure necessary information is supplied to practice placement providers.
- 5.11 Practice placement providers must ensure necessary information is available at the appropriate time for both the education provider and students.
- 5.12 A range of learning and teaching methods that respect the rights and needs of patients or clients and colleagues must be in place throughout practice placements.
- 5.13 The placement providers must have an equal opportunities and anti-discriminatory policy in relation to students, together with an indication of how this will be implemented and monitored.

6. Assessment standards

- 6.1 The assessment design and procedures must assure that the student can demonstrate fitness to practise.
- 6.2 Assessment methods must be employed that measure the learning outcomes and skills that are required to practise safely and effectively.
- 6.3 All assessments must provide a rigorous and effective process by which compliance with external reference frameworks can be measured.
- 6.4 The measurement of student performance and progression must be an integral part of the wider process of monitoring and evaluation, and use objective criteria.
- 6.5 There must be effective mechanisms in place to assure appropriate standards in the assessment.
- 6.6 Professional aspects of practice must be integral to the assessment procedures in both the education setting and practice placement.
- 6.7 Assessment regulations must clearly specify requirements for:
 - 6.7.1 student progression and achievement within the programme;
 - 6.7.2 awards which do not provide eligibility for inclusion onto the Register not to contain any reference to an HPC protected title in their title;
 - 6.7.3 an aegrotat award not to provide eligibility for admission to the Register
 - 6.7.4 a procedure for the right of appeal for students; and
 - 6.7.5 the appointment of at least one external examiner from the relevant part of the Register.

Reference documents

Document	Date of publication
The Standards of Education & Training and Approvals Process – Consultation Paper	March 2004
Key Decisions from our consultation on the Standards of Education and Training and the Approvals Process	September 2004
The Health Professions Order, 2001	February 2002
The Approvals Process	Early 2005
The Annual Monitoring Process	Spring/Summer 2005
Standards of Proficiency for Paramedics, Dietitians, Orthoptists, Chiropodists & Podiatrists, Radiographers, Clinical Scientists, Biomedical Scientists, Occupational Therapists, Physiotherapists, Prosthetists and Orthotists, Speech & Language Therapists and Arts Therapists.	July 2003
The Standards of Proficiency for Operating Department Practitioners	August 2004
The Standards of Conduct, Performance & Ethics	April 2003
The HPC's Curriculum Guidance	December 2005
Guidance for Visitors	Early 2005

All of these documents will be published on our website: www.hpc-uk.org

Glossary

This appendix defines or explains terms used in this document:

Aegrotat

an award to a student who was unable to complete the degree due to illness

Approval

the process of validation and accreditation that leads to decisions about the ability of a programme to meet the requirements of the Standards of Education and Training of the regulatory body

Council

the Health Professions Council

Curriculum

a structured plan of intended learning outcomes, underpinning knowledge, skills, behaviour and associated learning experiences. The learning plan is generally organized as a sequenced combination of modules so that a student can achieve specified educational and training outcomes. The curriculum includes the syllabus, teaching guides, an assessment guide and required learning resources

Curriculum Guidance

guidance on the detailed content for a programme developed by the Council with relevant stakeholder(s)

Education & Training Committee

the Statutory committee at the Council with responsibility for education and training matters

Education Provider

the establishment at which a programme is delivered or by which a qualification is awarded

External Reference Framework

This term will encompass any legislative and external standards

Practice placement

a period of clinical or practical experience that forms part of an approved programme

Programme

is the academic provision, practice placements, assessment, qualification and education provider which in totality form the programme for approval purposes

Programme Leader

person who has the overall responsibility for a programme

Register

means the Register kept by Council or any part or parts thereof

Registrant

a person who is currently on the HPC Register

Site

a location where the programme or part of the programme is delivered

Standards of Conduct, Performance and Ethics

this is a statement of standards which registrants must read and agree to abide by in order to remain on the Register

Standards of Education & Training

the standards which education providers must meet to ensure that all those completing an approved programme meets the Standards of Proficiency

Standards of Proficiency

the standards required of registrants and those applying for registration for the safe and effective practice of their profession.





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Standards of education and training guidance



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Introduction

About this document

We have written this document to supplement our programme approvals process. It provides guidance on our standards of education and training, to give you more information about how visitors will assess you against our standards.

The document is written for education providers who are preparing for an approvals visit. It will also be useful for education providers who are preparing information to tell us about a major change to their programme, or as background information for education providers preparing their submission for HPC annual monitoring.

Throughout the document, 'we' refers to the Health Professions Council, and 'you' refers to staff working on an approved programme, or a programme that you want to be approved. Where we use the abbreviation 'SET' followed by a number, this refers to a specific standard of education and training.

About us (the HPC)

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

We currently regulate 13 health professions.

- Arts therapists
- Biomedical scientists
- Chiropodists and podiatrists
- Clinical scientists
- Dietitians
- Occupational therapists
- Operating department practitioners
- Orthoptists
- Paramedics
- Physiotherapists
- Prosthetists and orthotists
- Radiographers
- Speech and language therapists

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

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 who is not registered with us is breaking the law, and could be prosecuted.

Our Register is available on our website for anyone to search, so that they can check that their health professional is registered.

Our main functions

To protect the public, we:

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

The Health Professions Order 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).

When you are developing your programme, you may also want to refer to documents published by other organisations which take a role in developing good practice, for example, professional bodies, and the Quality Assurance Agency (QAA).

Guidance on our standards

This document provides guidance on our standards of education and training, which are the standards a programme must meet before we can approve it. The detail that it contains against each standard gives suggestions of how you could show that you meet the standards.

Although you do not have to use this document to have your programme approved, we recommend that you do so, as it has been put together to give you advice on the evidence you will need to refer to.

Preparing for a visit

Before the visit, we will send you two documents for cross-referencing. One of these contains the standards of education and training, and the other contains the standards of proficiency for your profession.

We strongly recommend that you fill in the cross-referencing documents to show how your programme meets our standards. Doing this will save both your programme team and the HPC visitors' time on the day of the visit. The visitors will be able to refer easily to the information you've provided.

We recommend that you do not use phrases such as 'implicit through entire programme' or 'throughout'. If you say exactly where the visitors can find evidence to show how you meet the standards, this will help the visit go more smoothly.

Documents published by other organisations

For your information, throughout this document we have mentioned other documents that may be useful to you in providing extra information. This does not mean that we have 'approved' these documents, but they may still be helpful when you are collecting evidence to show how you meet our standards.

Working with professional bodies

Professional bodies for the professions we regulate have had important input into drafting this document.

Under the new process for approving pre-registration programmes, we have overall responsibility for the standards which programmes must meet, and under our legislation, we need to assess you against those standards independently.

Professional bodies have an important role in promoting and representing their professions. In particular, professional bodies may develop the learning and curriculum frameworks for their profession. In this document, we have referenced the curriculum documents published by professional bodies which will provide useful information, background and context.

The structure of this document

We have divided up the main part of this document into six parts, to reflect the six sections of our standards of education and training.

Under the title of each standard is a summary, which summarises the areas that the standard is concerned with. There is then a section called 'Overall guidance' which gives guidance for the whole of that standard, including information about how you can show that you meet this standard – the documents you should provide, or the people who the visitors may want to meet. This is followed by a section called 'More information'. Here we mention any other documents which may be useful to education providers in finding more information related to the whole of the standard. Certain documents, like the professional body curriculum, may have relevant information in them which relates to so many standards that, in order to save space, we have not referenced them every time, but instead have given a list at the end.

We have also provided a list of 'Example questions'. These are questions that the visitors might ask at an approvals visit, and can also be used as questions when you are putting together evidence for your documents, or considering your annual monitoring or a major or minor change to your programme. Visitors will not normally ask all of these questions, and may not use the example questions at all, but we have provided them to give you an idea of the sorts of questions that may arise during a visit. Please note that the list of questions is not a complete list, and the visitors may ask other questions that they feel are necessary to make sure that the standards are being met.

The final and most substantial section is called 'Detailed guidance'. Here, we have broken down each standard of education and training into its individual, numbered parts. Each part is in a table like the one below.

1 This box contains the standard title, for example, 'Assessment standards'
1.1 This box contains the full text of the relevant standard of education and training. Plain English Campaign's Crystal Mark does not apply to this text because it is taken from another document and cannot be altered.
Guidance This box contains guidance on the standard.
Other sources of guidance This box lists other documents which may contain more background information on possible ways of meeting the standard. Here, as with the 'more information' for the whole of the standard, you will find that certain documents may have relevant information in them which relates to so many standards that we have not referenced them against each one separately, but instead have given a list at the end.

SET 1: Level of qualification for entry to the Register

Summary

This standard is concerned with the qualifications needed to be eligible to apply to register with us.

Overall guidance

This does not apply.

More information

- Quality Assurance Agency for Higher Education, Qualifications framework for England, Wales and Northern Ireland
- Quality Assurance Agency for Higher Education, Qualifications framework for Scotland

- College of Radiographers, Handbook of the joint validation committee (Radiography)
 - 3.4 Registerable qualification (see note below)
 - Appendix two – Guidance for the development and approval of M level programmes with eligibility for registration
- Quality Assurance Agency for Higher Education, Subject benchmark statements
- Chartered Society of Physiotherapy, Expectations of Master's level programmes within qualifying physiotherapy education

Example questions

How is the MA different from the PG Dip?
Is there an exit route other than BSc or MA?

Detailed guidance

1	Level of qualification for entry to the Register
1.1	The Council normally expects that the threshold entry routes to the Register will be the following:
1.1.1	Bachelor degree with honours for the following professions: <ul style="list-style-type: none">- chiropody or podiatry;- dietetics;- occupational therapy;- orthoptics;- physiotherapy;- prosthetics and orthotics;- radiography;- speech and language therapy;- biomedical science (with the Certificate of Competence awarded by the Institute of Biomedical Science (IBMS), or equivalent if appropriate) and
1.1.2	Masters degree for the arts therapies.
1.1.3	Masters degree for the clinical sciences (with the award of the Association of Clinical Scientists' Certificate of Attainment, or equivalent).
1.1.4	Equivalent to Certificate of Higher Education for paramedics.
1.1.5	Diploma of Higher Education in operating department practice for operating department practitioners.
Guidance	
We expect that most of the programmes on our approved list will be at the standard which we have outlined above, but we realise that there may be some exceptions. We have set the level above for each profession, based on what we think is needed for people who successfully complete the programme to meet all of the standards of proficiency.	
This standard contains the word 'normally', to show that you may be able to design a programme which leads to a different qualification from that above, but which meets the rest of the standards of education and training, and the standards of proficiency, so can still be approved by us.	

SET 2: Programme admissions

Summary

This standard is about the admissions procedures for your programme, including the selection procedure and the information provided to those involved.

Overall guidance

Examples of the kinds of information that you could provide under this standard could include the information that is sent to students when they apply to you, information handed out at open days or interviews, any welcome or information pack sent in the post to successful applicants, or a copy of your section of the university prospectus.

The visitors may want to be assured that you are reviewing your admission procedures to assess how effective they are and to prevent discrimination. So, you may want to provide information about how you analyse application and admission patterns.

It is important that your admissions staff and your applicants understand that, when you assess applications, you are checking that person's suitability to do your programme, and that you are not assessing or giving any assurances about whether they will eventually be registered. This particularly applies to the sections of this standard which refer to criminal conviction checks, and health requirements.

Admissions staff, and applicants, should be aware that the offer of a place is not a guarantee of registration at the end of the programme, neither is it an opinion from the institution as to the likelihood of eventually being registered.

When someone applies to us for registration, we will look at their application individually, and make a decision about their registration based on their own individual circumstances. We cannot offer future guarantees of registration, or decide that a future application for registration would definitely not be successful.

More information

- Health Professions Council, Standards of conduct, performance and ethics
- Health Professions Council, A disabled person's guide to

becoming a health professional

- Health Professions Council, Information about the health reference
- Quality Assurance Agency for Higher Education, Code of practice for the assurance of academic quality and standards in higher education: Recruitment and admissions
- Quality Assurance Agency for Higher Education, Guidelines on the accreditation of prior learning

Example questions

How much information do students get before they apply to register?

What information do you give to applicants about the programme, and in what format?

How do you make sure that students reach International English Language Testing System (IELTs) 7.0 when they graduate?

What are your English language requirements?

Have you explained your criminal records check?

How do you make sure that overseas applicants go through the same relevant checks as students from the European Union?

What arrangements do you have to make initial health checks and any immunisations that are needed?

Do you give credit to applicants with Accredited Prior (Experiential) Learning (AP(E)L)?

What is the process for assessing an applicant's AP(E)L? How often do you do it?

How do you monitor your equal opportunities policy?

How do you tell applicants and students about your equal opportunities policy?

Detailed guidance

2 Programme admissions

The admissions procedures must:

- 2.1 give both the applicant and the education provider the information they require to make an informed choice about whether to make or take up the offer of a place on a programme;

Guidance

All of your entry requirements should be clearly set out in the information you send to interested applicants, with contact details of your admissions tutor or someone similar.

You may want to provide information to show how you tell students about accommodation costs and any other costs, such as personal therapy (for therapists), driving tests (for paramedics), criminal record checks, health checks, immunisations and any other costs that students will need to meet, including the length and possible location of their placements, whether they will need to stay away from the university, their travel, and how this is funded.

You should make sure that your documents clearly tell students that completing the programme means they are 'eligible to apply' for registration with us. Phrases like 'completing this programme entitles you to be registered with the HPC' or 'once you have completed this programme, you will be registered' could be misleading, as all students need to apply to register after they have completed their programme.

See also the guidance under SET 2.2 and SET 2.3 to make sure students understand that an offer of a place does not show that they automatically meet our standards, or that they will be registered with us in the future.

2 Programme admissions

The admissions procedures must:

- 2.2 apply selection and entry criteria, including:
 - 2.2.1 evidence of a good command of written and spoken English;

Guidance

You do not have to interview applicants to your programme, but we do need information about your selection and entry criteria, with information about how you apply these.

Please see also SET 4.1, which says that everyone who successfully completes your programme must be able to meet the standards of proficiency. This means that any English language requirements you set at the beginning of the programme should take account of the fact that at the end of the programme, all students must meet the required level of English ability for the standards of proficiency for their profession.

Those students whose first language is English will not normally need to provide evidence of meeting an IELTS standard or equivalent, but may have to have passed English at GCSE or equivalent.

2 Programme admissions

The admissions procedures must:

- 2.2 apply selection and entry criteria, including:
 - 2.2.2 criminal convictions checks;

Guidance

You will probably run checks on your students through the Criminal Records Bureau, the Scottish Criminal Record Office or the Police Service of Northern Ireland, and we would expect that this would be 'enhanced' disclosure or equivalent, due to the positions of responsibility in which health professionals are placed.

See also the comments above in the general guidance for this standard, about the role of your staff in assessing applicants for your programme, and not for registration.

However, if you are considering an application from someone who has a criminal conviction, you may find it helpful to refer to our standards of conduct, performance and ethics, and consider if any criminal conviction might affect that person's ability to meet those standards. You may also find it helpful to consult your practice placement educators to find out if they would be willing to offer the applicant a place. We will want to see what procedures you have in place if practice placement educators are not willing to offer a student a place after you have already accepted the student.

We will also like to see what you would do if you received a positive criminal conviction declaration from an applicant. You may also have a procedure for monitoring criminal records during the programme, such as an annual self-declaration form that students sign, which you can give to the visitors.

2 Programme admissions

The admissions procedures must:

- 2.2 apply selection and entry criteria, including:
 - 2.2.3 compliance with any health requirements

Guidance

Our guidance document, 'A disabled person's guide to becoming a health professional' is available, with information for disabled people applying to approved programmes, and for admissions staff on considering applications from disabled people.

We have also published a document called 'Information about the health reference' with information for applicants and doctors about the health reference.

See also the comments above in the general guidance for this standard, about the role of your staff in assessing applicants for your programme, and not for registration.

You should give candidates information about any preparation needed before their practice placement starts, for example, vaccinations.

Health checks must be carried out as part of the admissions process. Requirements vary across the professions and we will want to see that you give students clear information. For example, some programmes will need students to have immunisations while others will not. It is your responsibility to have systems in place to carry out health checks on all students, including those working in the NHS and private practice.

2 Programme admissions

The admissions procedures must:

- 2.2 apply selection and entry criteria, including:
 - 2.2.4 appropriate academic and/or professional entry standards;

Guidance

The visitors will want to be assured of your academic and professional entry standards, and also how you tell applicants about these standards and how they are applied.

2 Programme admissions

The admissions procedures must:

- 2.2 apply selection and entry criteria, including:
 - 2.2.5 Accreditation of Prior Learning and other inclusion mechanisms.

Guidance

You must show that you have a system for accrediting prior learning, and show how you do this. You may want to show how you explain your AP(E)L policies to applicants, including any details of charges that education providers may make for this administrative work (this information may also be relevant to show how you meet SET 2.1). You should also make sure that students who are eligible for AP(E)L are able to meet the standards of proficiency for their profession when they successfully complete the programme.

The visitors will need to be assured that students' prior learning is mapped against the learning outcomes for a programme or individual modules. You will need to show what the upper limit for A(P)EL is and how you decide this.

2 Programme admissions

The admissions procedures must:

- 2.3 ensure that the education provider has an equal opportunities and anti-discriminatory policy in relation to candidates and students, together with an indication of how this will be implemented and monitored.

Guidance

See also the guidance under SET 3.10.

The visitors will need to be assured that you have an equal opportunities and anti-discriminatory policy.

You may have a separate policy for equal opportunities, and one for anti-discrimination, or the documents may be published together, or perhaps your equal opportunities policy also tackles how you will deal with discrimination. Your department, school or programme may have its own policy, or your university may have a policy that applies to you.

This is not a problem, as long as the visitors have enough evidence to show that you have these policies in place, and that they are put into practice and monitored at a school or department level.

The visitors may also want to see that information that you give to students (for example, a student handbook) includes this policy, with information about the procedure to follow if a student feels that they have been discriminated against. You may also want to show what information you give students about the policies relating to placements.

SET 3: Programme management and resource standards

Summary

This standard is about managing the programme, and the resources available to the academic and support staff, and to the students on the programme.

Overall guidance

Visitors will usually take note of the on-site resources available during their tour of the library and facilities. Notes taken on this tour may help to show the visitors how you meet this standard. You might want to use the tour to tell them about facilities which you feel meet the standards particularly effectively.

Visitors may also want to ask the programme team questions about how well the policies and procedures that you outline in your documents are working in practice. Questions that the visitors ask the practice placement educators about how placements are managed, and the resources available during placements, may be relevant to this standard as well.

Visitors may also ask senior managers (for example, the head of faculty) questions about the whole of SET 3.

More information

- Quality Assurance Agency for Higher Education, Code of practice for the assurance of academic quality and standards in Higher Education

Example questions

Do you use visiting lecturers? If so, how do you quality assure them?

Do you have staff appraisals every year?

Do you do peer observation as part of staff development? (This means collecting the views of people who you work with.) If so, do you include these comments in staff appraisals?

Do students participate as clients in teaching? If so, how do you get their consent?

How do you monitor student attendance? If students don't attend, how will you deal with this?

Can students access information technology and library resources off campus or at weekends?

Detailed guidance

3 Programme management and resource standards

3.1 The programme must have a secure place in the education provider's business plan.

Guidance

The visitors will normally need to see a business plan, to make sure that the programme is secure within the institution, not under any threat, and that it has enough support.

A 'secure place' means that:

- the education provider is committed to providing enough resources to deliver the programme;
- the risks or threats to delivering the programme are minimal; and
- there is a long-term future for the programme.

The questions for this SET will be directed mainly at senior managers and workforce development confederation (WDC) planners. There must be clear information about partnerships with other education providers.

As part of your documents, you may want to include university planning statements as returned to HEFCE, SHEFC, HEFCW and Department of Health Commissioners, if appropriate.

You could, for example:

- explain the context of your programme, for example, in terms of how it fits with its research profile and strategy;
- show how you manage programmes with providers of practice-based learning, to make sure that they are effectively developed, delivered and reviewed; and
- explain your processes for reviewing the way your programme is delivered and the related need for development.

3 Programme management and resource standards

3.2 The programme must be managed effectively.

Guidance

The visitors may ask the senior managers (for example, head of faculty, Dean and Strategic Health Authority (SHA) planners) questions to make sure that this standard is being met.

Evidence you could provide that would help to show you meet this standard might include:

- external examiners' reports and your response to these reports;
- a critical review of current arrangements;
- analysis of student feedback through module evaluations, placement evaluations, programme committees, and staff student liaison committees;
- feedback through placement audits and evaluations, and partnership meetings;
- analysis of tutor feedback through module evaluations, programme committees, and annual reports;
- quality audits of practice placements; and
- clear action plans and evidence of the action taken.

If the programme proposal is new, the visitor must be convinced that there are effective systems in place to manage the programme and that individuals involved have the skills and expertise they need to work within these systems.

If there is a partnership with another person or organisation to deliver the academic content of the programme (for example, another education provider, or where a trust employs the academic staff as well as the practice placement educators), visitors may ask to see the partnership agreement and find out which regulations and disciplinary procedures apply to students and staff. The visitors will want to be assured that there are clear procedures to deal with any problems in this area, and these should be clearly written into any partnership agreement.

3 Programme management and resource standards

3.3 There must be a named programme leader who has overall responsibility for the programme and who should be either on the relevant part of the HPC Register or otherwise appropriately qualified and experienced.

Guidance

You will probably want to provide the CV of your programme leader, to show how you consider them to be 'appropriately qualified and experienced'.

We expect that your programme leader will normally be registered with us. However, we recognise that it may be possible for a programme to be led by someone who is not registered in the relevant part of the Register. If this is the case, you should show more detail about their qualifications, and their experience. If they are not registered, you must make sure that their job title does not give the impression that they are registered by using a protected title.

If your programme leader is not registered in the relevant profession with us, the visitors may want to see information about how you make profession-specific information available to support them in their role.

The information that you can give the visitors about your programme leader might include:

- evidence of their previous effective programme leadership;
- an ability to effectively organise the delivery of the programme;
- a professional qualification; or
- an educational qualification.

3 Programme management and resource standards

3.4 There must be an adequate number of appropriately qualified and experienced staff in place to deliver an effective programme.

Guidance

See also the guidance under SET 3.2.

We do not set the ratio of staff to students, but our visitors will want to make sure that there are enough staff to deliver the programme effectively, so that our standards are met. The visitors may want to look at the staffing within the overall context of your education provision. For example, involving your staff in other programmes in the same profession, your expected research, or your inter-professional learning and teaching, might all affect the staff available for the programme being considered. Visitors will need information on what administrative or technical staff are in place to support the programme, and their experience and qualifications if appropriate.

You will probably want to take account of the practical requirements of your programme, and the possible need for teaching in small groups, when deciding how many staff are needed. You may also want your staff to have clinical as well as academic experience.

The information that you give the visitors about staffing at your placements (SET 5.2) will also be relevant to this standard.

3 Programme management and resource standards

3.5 Subject areas must be taught by staff with relevant specialist expertise and knowledge.

Guidance

Your staff CVs will probably cover this SET.

The programme team must show us that the staff on the team, and any other people who help to deliver the programme (such as sessional lecturers), are qualified to deliver the programme. We do not specify the precise expertise and knowledge which are needed to deliver certain aspects of your programme, as we feel that this may change as best practice develops.

Visitors may also consider the input from specialist visiting lecturers and the expertise and knowledge that they bring to the programme balanced against the quality of delivery and continuity of students' experience. If visiting lecturers teach on your programme, the visitors may want to know how you guarantee their teaching quality.

3 Programme management and resource standards

3.6 A programme for staff development must be in place to ensure continuing professional and research development.

Guidance

It is important that all staff, including part-time staff, practice placement educators and visiting lecturers, have the opportunity to develop and maintain their professional skills, to make sure that they continue to deliver the programme effectively.

The visitors will want to be assured that there is a staff development policy. This could be supported by:

- departmental planning documents;
- staff development strategies;
- CVs;
- staff appraisal systems;
- staff profiles;
- professional development portfolios; and
- keeping up-to-date with professional body guidance.

The visitors may want to ask members of your programme team about how this works, and how accessible and available staff development is. They may ask your practice placement educators about how you support them in their development. They will also want to know about any peer observation or mentoring schemes that are run and what training is available to new lecturers.

3 Programme management and resource standards

3.7 The resources to support student learning in all settings must be used effectively.

Guidance

'Resources' in this context may include:

- student handbooks and module guides;
- information technology (IT), visual learning environments and other specialist programs;
- academic and support staff;
- buildings;
- books;
- equipment; and
- materials.

This standard means that resources must not only be available, but should also be used effectively. You could provide information about the resources students have access to, including how equipment booking systems are used, or how laboratory resources are used. (The visitors will look separately at your library provision – see SET 3.13.)

The visitors will want to be sure that resources are effectively used on placements, so, as part of your evidence to show that you meet this standard, you could show the visitors how you support student learning in a practice placement setting. They will also want to see how students who are employed and studying part-time or doing post-registration qualifications are catered for in their placements or place of work.

The visitors may want to see evidence of how you assess the effectiveness and use of the resources in your quality assurance procedures and reports.

3 Programme management and resource standards

3.8 The facilities needed to ensure the welfare and well-being of students must be both adequate and accessible.

Guidance

To meet this standard, you will need to provide evidence of the facilities available for student support, how students are informed about these, and how accessible they are. Visitors will need assurance that appropriate support facilities are in place, and these could include counselling, a health centre, medical advice and so on.

See also SET 5 about support for students on practice placement.

3 Programme management and resource standards

3.9 Where students participate as patients or clients in practical and clinical teaching, appropriate protocols must be used to obtain their consent.

Guidance

This standard is mainly concerned with preventing injuries and emotional distress, and helps to make sure that education and placement providers acknowledge risk factors. The level of involvement of students will vary from profession to profession, and may not apply to all programmes. Professional bodies will have information about this.

Examples of activities where you will need to have guidelines for gaining students' consent include:

- role play;
- bio-mechanical assessments of the arms and legs;
- patient positioning through manipulation of bony anatomical landmarks; and
- practising profession-specific techniques.

You should tell candidates how much they are expected to get involved in the programme, taking account of, for example, cultural differences or the personal medical health of the individual. In your cross-referencing document, you could explain to the visitors how and where this is made clear in the programme documents, or student handbook, and included in the programme recruitment and admissions procedures.

The visitors will want to check that there are systems in place for gaining students' consent. When necessary, we will want to see evidence, such as a copy of a consent form. Visitors will need to be provided with a copy of relevant guidelines, and they may also ask questions about this during their meetings with students or placement providers.

Other sources of guidance

- Chartered Society of Physiotherapy, Guidelines for good practice: Student consent - information for HEI physiotherapy programmes and physiotherapy students.

3 Programme management and resource standards

3.10 A system of academic and pastoral student support must be in place.

Guidance

See also the guidance under SET 3.8.

To show how you meet this standard, you can provide the visitors with information about the support that you offer to students. Visitors may want to see how your systems can support students, for example, those studying part-time, in-service or work-based learning, or mature or disabled students.

If you use a personal tutor system, you will probably want to provide information on how this works to show how you meet this standard. You could also show how you support students with dyslexia, including how they are supported during their placements. Visitors may also ask students about how well they feel the support systems are working. You should provide evidence to show the support you provide for students during periods of sick leave or carers' leave, or any other unexpected leave the student has to take. You may also like to detail the financial help available, counselling and specialist teaching or learning facilities.

3 Programme management and resource standards

3.11 Throughout the course of the programme, the education provider must have identified where attendance is mandatory and must have associated monitoring mechanisms in place.

Guidance

See also the guidance under SET 5.5.

You should provide information to the visitors to show when attendance is compulsory, and when it is not. You should show the visitors how you monitor attendance, for example, by a lecture register. You must show the systems you have in place for doing this, for example, the action that you will take if students do not go to the compulsory parts of the programme. Where attendance is linked to assessment, you must explain the systems in place for monitoring assessments.

The visitors will want to make sure that all students can meet all of the standards of proficiency to be able to practise safely and effectively. This means, for example, that aspects of the programme which are essential to make sure that students meet the standards of proficiency will need to be compulsory, with attendance monitored, and lack of attendance followed up to make sure that students gain this knowledge before they complete the programme.

The visitors will probably want to be assured that your requirements, and any consequences of missing compulsory teaching, are clearly communicated to students, for example, in a student handbook or equivalent.

3 Programme management and resource standards

3.12 The resources provided, both on and off site, must adequately support the required learning and teaching activities of the programme.

Guidance

During the tour of facilities, you should show the visitors evidence of resources, which may include lecture theatres, tutorial rooms, presentation equipment, specialist labs and equipment. Your documents may then show the visitors how these resources support your programme's learning and teaching activities.

'Off site' could refer to, for example, a second site where parts of the programme are delivered, or to resources that are available to students on practice placements. The visitors may not need to see lecture rooms, but will be interested to see other resources such as skills laboratories.

3 Programme management and resource standards

3.13 The learning resources, including the stock of periodicals and subject books, and IT facilities, including internet access, must be appropriate to the curriculum and must be readily available to students and staff.

Guidance

You should provide information in your documents about the learning resources provided for students and for staff, and you may also want to point out the learning resources to the visitors during the course of the tour of the library and facilities, including information technology (IT) facilities and any profession-specific resources.

The visitors will want to check the quantity, accessibility and currency (relevance) of resources. They will want to be assured that stocks are kept up to date, that there is enough money to replace them, that there are enough core texts available (or that arrangements are made such as reserving certain titles for reference only, or short-term loan, or similar), and that opening hours and so on mean that the facilities are available to students and to staff.

You may want to cross-reference your evidence under this standard to the information in SET 4.4 'The curriculum must be relevant to current practice', to show how your resources remain up to date with developments in the programme and your profession.

As well as your library facilities, the visitors will also need to make sure that your IT facilities are appropriate and readily available. They may ask the students how easy they found it to access computers, and whether they considered the number of computers available to be suitable for their needs. If you are using a visual learning environment such as WebCT or Blackboard, it can be helpful to the visitors to see how this is used during the tour of the library or the IT suites.

SET 4: Curriculum standards

Summary

This part of the standards is about the curriculum, making sure that graduates meet our standards for their professional skills and knowledge, and are fit to practise. We have created a set of curriculum standards which will allow you to design your own programme. You may choose to do this by following a curriculum framework document produced by a professional body, where this is available.

Overall guidance

Professional bodies may be involved in designing curriculum frameworks. We do not set more detailed standards for developing a curriculum or about the content of programmes and how they are delivered.

Different professional bodies are at different stages in relation to curriculum frameworks. Some have been involved in this for some time, certain professional bodies are beginning to develop this, and some professional bodies may not get involved in this area. For a list of documents, please see the back of this document, or our website.

More information

- Health Professions Council, standards of proficiency
- Professional body:
 - curriculum outlines; and
 - codes of professional conduct.

See the back of this document for a list of publications.

- Quality Assurance Agency for Higher Education, Subject benchmark statements
- Quality Assurance Agency for Higher Education, Code of practice for the assurance of academic quality and standards in higher education

Example questions

What drives the design of your curriculum?

How would you explain the overall programme and how a student progresses from day one to graduation?

Can you explain how the learning outcomes of the programme meet the standards of proficiency?

Would you explain how your students will be able to use a range of approaches in their practice after they qualify?

What teaching methods do you use, and why?

Would you explain the reasons for the programme content and the balance between the number of hours for different subjects covered?

How do you make sure your curriculum stays relevant to current practice?

Detailed guidance

4 Curriculum standards

4.1 The learning outcomes must ensure that those who successfully complete the programme meet the Standards of Proficiency for their part of the Register.

Guidance

This is one of the most crucial standards, and one that we advise you to consider by completing the standards of proficiency cross-referencing document that we provide. Please make sure that you cross-reference against the generic, and also the profession-specific, parts of the standards.

You should refer the visitors to the module descriptors, or their equivalent, learning outcomes and module assessments which show how all of the standards of proficiency are covered by successfully completing the programme.

The visitors will want to make sure that every student completing the programme can meet all of the standards of proficiency, no matter what option modules they choose, or if they have postponed their study.

As well as the cross-referencing document we will send you, you can download a copy of the standards of proficiency for your profession from our website, in the publications section.

You should also be aware that in considering how your students can meet the standards of proficiency at the end of their programme, you can take into account any reasonable adjustments you have made to the way that you deliver the programme to disabled students.

When the visitors meet students, they are likely to ask them if they are aware of the standards of proficiency, and so we recommend you include these in your reading lists.

Other sources of guidance

- Health Professions Council, A disabled person's guide to becoming a health professional
- Health Professions Council, standards of proficiency

4 Curriculum standards

4.2 The programme must reflect the philosophy, values, skills and knowledge base as articulated in the curriculum guidance for the profession.

Guidance

The area of curriculum guidance (or curriculum outline or framework) is one where the professional bodies for each profession are particularly involved. Professional bodies may be involved in designing the curriculum or similar detailed work around the philosophy, values, skills and knowledge for their profession (see also the overall guidance for this section, above).

In meeting this standard, you may refer to any relevant documents produced by professional bodies. If your professional body does not produce any relevant document, you may refer to the QAA subject benchmark statements for your profession.

Other sources of guidance

Profession-specific sources of guidance may include professional bodies':

- curriculum frameworks;
- practice placement standards;
- good-practice guidelines;
- clinical guidelines; and
- codes of practice.

Examples of multi-professional reference frameworks could include the following.

Education and quality

- Quality Assurance Agency for Higher Education, Subject benchmark statements
- Quality Assurance Agency for Higher Education, Code of practice for the assurance of academic quality and standards in higher education
- Quality Assurance Agency for Higher Education, Qualifications framework for England, Wales and Northern Ireland
- Quality Assurance Agency for Higher Education, Qualifications framework for Scotland

Legislation

- Disability Discrimination Act 1995
- Human Rights Act 1998
- Health and Safety at Work Act and associated regulations, for example:
 - Ionising Radiation Regulations 1999
 - Ionising Radiation (Medical Exposure) Regulations 2000
- The Children Act 1989

Health and social care policy

- National Service Frameworks
- National Occupational Standards
- Knowledge and Skills Framework (Department of Health 2003)

See the list at the back of this document for a list of publications which you may find useful.

4 Curriculum standards

4.3 Integration of theory and practice must be central to the curriculum to enable safe and effective practice.

Guidance

See also the guidance under SET 5.1 and SET 5.5.

The visitors will be looking for evidence within your curriculum documents that theory and practice are combined within both the academic and practice placements.

You could show how you meet this standard specifically through your programme design. Also, your quality control systems may provide evidence of how you meet this standard, and you could highlight specific aspects of your programme.

4 Curriculum standards

4.4 The curriculum must remain relevant to current practice.

Guidance

Examples of the kinds of evidence you could refer to in order to show how you meet this standard could include:

- regular contact with employers;
- staff CVs, which might include information about how you maintain the relevance of the curriculum through the ongoing clinical or research experience, or professional activity of members of the programme team;
- evidence of where research and scholarly activity affect the programme, and programme development;
- peer-reviewed journals used in the curriculum;
- QAA major review reports;
- evidence of the contribution that stakeholders (placement educators, employers, practitioners, past and present students, service users, workforce development confederations and strategic health authorities) make in the programme planning process; and
- evidence of how changes in policy and health and social care developments affect your programme's development.

You may want to provide information about how current frameworks influence the profession, and so influence the education and training that you provide, and how your programme design and delivery:

- predict or reflect change in health and social care and its organisation, changes in the law, and in patient need;
- reflect developments in a profession's research base and technological advances; and
- develop students' ability to respond to changes in practice.

4 Curriculum standards

4.5 The delivery of the programme must assist autonomous and reflective thinking, and evidence-based practice.

Guidance

Most questions about this SET will be directed to the programme team and students. Students should be encouraged to consider their own practice, the limits of their safe and effective practice, and their responsibility to make sure that they are safe practitioners when they graduate.

The visitors will look for evidence of reflective thinking and evidence-based practice through student-centred and independent learning, teaching and assessment strategies. The evidence that you could refer to in order to show how you meet this standard could include:

- self-appraisal with planning and writing action plans;
- discussion groups;
- workshops;
- practice simulation and debriefing;
- reflective diaries or logs;
- professional development portfolios or personal development plans; and
- practice placement reviews.

Students do not have to write a dissertation to meet this standard. Evidence-based practice could be demonstrated, for example, by a research methods course, or by producing a research proposal.

Other sources of guidance

- Professional body:
 - codes of ethics; and
 - guidance on reflective practice.

See the back of this document for a list of publications.

4 Curriculum standards

4.6 The range of learning and teaching approaches used must be appropriate to the subjects in the curriculum.

Guidance

In this standard, the term 'subjects' includes practice placements, so the information that you provide here may also be used to show how you meet SET 5, which is concerned with practice placements.

'Appropriate' means appropriate to the learning outcomes needed, both theoretical knowledge and the practical skills needed in professional practice.

Meeting this standard means that you will need to show that you use a 'range' of learning and teaching approaches in delivering the programme. We do not specify how many approaches you should adopt, but it is unlikely that a programme which relied on only one learning and teaching approach would be able to give evidence to show that it met this standard.

This standard will also influence SETs 4.3, 4.4 and 4.5.

Other sources of guidance

- The Higher Education Academy website – www.hea.ac.uk

4 Curriculum standards

4.7 Where there is inter-professional learning the profession-specific skills and knowledge of each professional group must be adequately addressed.

Guidance

We recognise that where inter-professional learning exists, and is successful, it can develop students' ability to communicate with other members of the health and social care team, which will help them to work effectively with others.

However, we also recognise that you may not be able to offer inter-professional learning because of factors beyond your direct control, so we do not require it. So, if your programme includes inter-professional learning, you must make sure that you consider the skills and knowledge of each separate professional group.

To show how you meet this standard, you might provide information about which parts of the curriculum are shared, and which are not, with the reasons behind this, and the ways that you see inter-professional education developing in your institution, and how it benefits those groups which are involved.

Other sources of guidance

- UK Centre for the Advancement of Interprofessional Education, Interprofessional Education (CAIPE) – www.caipe.org.uk
- Creating an Interprofessional Workforce – www.cipw.co.uk

SET 5: Practice placement standards

Summary

This section of the standards is about your practice placements. We do not normally need to approve individual practice placements, but we may visit practice placements if specific questions have been raised about whether your placements meet our standards.

The education provider is responsible for the quality of the placement. We will want to see what systems are in place for monitoring placements. If you share practice placement arrangements with another education provider, you will both need to separately show the approval and ongoing quality assurance of placements. You should also have arrangements in place to make sure that students can still achieve your own learning outcomes.

We need to see evidence of how you:

- manage your placements;
- provide support;
- provide information to your students and practice placement providers; and
- monitor the placements to make sure that they continue to meet our standards.

Overall guidance

To make sure that you meet all of the standards for practice placements, the visitors will normally want to see:

- a practice placement handbook for students; and
- a practice placement handbook for practice placement educators and co-ordinators.

You may produce documents which have a different title, or this information may be published in some other form, with other documents, or on-line. This is not necessarily a problem, as long as in doing so you can show that you can meet all of the standards below.

The visitors would normally also meet practice placement educators, and they may ask questions about the information in the documents you have provided, or any standards which raised queries.

Please note that we do not have specific guidelines for the length, structure, organisation or timing of placements. Other

organisations may have set requirements of a certain number of hours of clinical contact, or a number of weeks that a placement must last. While you may want to meet these, you should be aware that these are not compulsory and you do not necessarily have to meet these for us to approve your programme. However, you must show that whatever structures you have in place meet the SETs and standards of proficiency. See SET 5.5 for more information on this.

The visitors will want to make sure that there is evidence of clinical governance within the practice placements. This will normally be through the three main themes of:

- improving patient care – informed choice, philosophy of care, managing risk;
- professional development of staff – continuing professional development (CPD), education and training (lifelong learning) and investment in staff; and
- organisational development – showing evidence-based practice (research basis of care planning and delivery) and examples of good practice (making changes).

Overall clinical governance should be seen as a process for reviewing and improving patient care. So, the visitors will need to make sure that there is evidence of a quality assurance system to support both the student and the patient within the practice placement.

Example questions

Questions that the visitors ask may include areas such as:

- student progression;
- visits to placements;
- quality assurance; and
- support of practice placement educators.

More information

- Health Professions Council, Standards of conduct, performance and ethics
- Professional body practice placement guidelines (where available)
- NHS Education for Scotland, The Development of Quality Standards for Practice Placements

- Quality Assurance Agency for Higher Education, Code of practice for the assurance of academic quality and standards in higher education. Section 9: Placement learning
- Department of Health, Placements in focus: guidance for education in practice for health care professions
- Northern Ireland Department of Health, Social Services and Public Safety, Review of Clinical Placements for Allied Health Professions
- Making Practice-Based Learning Work, Case studies in Dietetics, Occupational Therapy, Physiotherapy and Radiography

Detailed guidance

5 Practice placement standards
5.1 Practice placements must be integral to the programme.
<p>Guidance</p> <p>See also the guidance under SET 3.1 and SET 4.3.</p> <p>The structure of your programme must show that practice placements are an important part of the programme. You could show this by referring to:</p> <ul style="list-style-type: none"> • your ongoing partnership arrangements with your practice placement educators; • the way that they are supported and encouraged to take part in developing programmes; • the way that the practice placement learning outcomes and progression are in line with the rest of the programme; and • your reasons for your placement structure.

5 Practice placement standards
5.2 There must be an adequate number of appropriately qualified and experienced staff at the placement.
<p>Guidance</p> <p>The visitors will want to make sure that there are enough members of staff to support the students in their learning in a safe practice environment. However, we do not say how many staff must be present at each placement (nor that those staff must be registered with us) as we realise that there are different models of practice-based learning.</p> <p>If the staff present at certain placements are not registered with us, you may want to provide information about their professional qualifications (and their registration with other regulators or organisations, if appropriate) and also to show how their qualifications are appropriate to the placement, and to the learning outcomes. The visitors may want to see job descriptions and recruitment policies of the placements so that they can see how they are qualified to teach or supervise students.</p> <p>We are aware that different professions practise different models of practice placement, including the relationship with the practice educator and supervisor. For example, a one-to-one relationship may be ideal for many professions whereas there may be four or five students to one supervisor in others. The visitors will look for evidence in documents, and at meetings with the programme team and placement educators, that you have clearly justified what you consider to be enough staff. This may vary according to the level of support needed by the student.</p>
<p>Other sources of guidance</p> <p>Possible definitions of the terms 'qualified and experienced', with specific suggestions for ways to meet this requirement, may be found in professional body curriculum documents.</p>

5 Practice placement standards

5.3 The practice placement settings must provide:
5.3.1 a safe environment;

Guidance

See also the guidance under SET 5.7.

A safe environment means one where staff and students have carried out relevant assessments of risk within the area of practice and where safety policies and procedures are in place. In showing how you meet this standard, you may show the visitors evidence of how you consider issues such as:

- physical risk from equipment;
- risk from substances hazardous to health;
- radiation risk;
- fire safety;
- infection control; and
- risk from aggressive behaviour.

Placement induction processes should explain how students will be told about risks and safety issues.

Placements should follow all elements of clinical governance to protect the public.

You could also provide information about how you check the quality of your placements, including whether, as part of this, your placement providers must give you information about their health and safety policies. Information that you have provided for SET 3 about student support may also be relevant to how you meet this standard, and you may want to cross-reference it here.

You could also show how you help students to assess risk in clinical situations, and to make professional decisions. (This kind of evidence may also be relevant in showing how you meet SET 4.5.)

Other sources of guidance

Any health and safety documents produced by:

- education providers;
- professional bodies;
- the NHS;
- the IHCD (awarding body services for the Ambulance Service Association); and
- the Institute of Biomedical Science.

5 Practice placement standards

5.3 The practice placement settings must provide:
5.3.2 safe and effective practice.

Guidance

See also the guidance under SET 5.7 and SET 5.11.

In showing how your placements provide for safe and effective practice, you could show the visitors how you map your placements against learning outcomes, and you could explain the resources available to students (including, for example, learning contracts, portfolios, libraries and technology resources) and how the role of the practice placement educators helps to make sure that the students can practice safely and effectively.

You could also show how you help students to assess risk in clinical situations, and to make professional decisions. (This kind of evidence may also be relevant in showing how you meet SET 4.5.) Risk assessment is often found in the curriculum and the documents that prepare students and educators for placements.

5 Practice placement standards

5.4 Learning, teaching and supervision must be designed to encourage safe and effective practice, independent learning and professional conduct.

Guidance

The visitors will want to be sure that your placements prepare your students for entry into their profession. You should provide evidence about how your programme prepares your students for independent learning on their placement, and how they are equipped with the resources and skills to work more independently. Visitors will want to see information about how students learn about the behaviour expected of them on their placement. You could relate this to any teaching about our standards.

The evidence that you could refer to might include:

- reflective logs or diaries;
- professional development portfolios;
- tutorial records; and
- placement reports.

This kind of information could also be relevant to showing how you meet SET 4.5 and SET 5.3.2.

Other sources of guidance

- Health Professions Council, Standards of conduct, performance and ethics
- Professional body standards of conduct and codes of ethics

5 Practice placement standards

5.5 The number, duration and range of placements must be appropriate to the achievement of the learning outcomes.

Guidance

Visitors will want to be sure that there are clear reasons for the chosen number, length and range of placements. We do not set the number, length or range of placements that you must include in your programme to meet our standards.

Visitors may want to see that all students gain access to a wide range of learning experiences in a variety of practice environments which reflect the nature of modern practice and practice settings of the profession which they are preparing to enter. You may want to provide information about how you support students in recording how their learning in practice environments relates to the main areas of practice of that profession.

The visitors may also want to know how students are expected to progress in terms of their clinical skills during the placements, and how the learning outcomes for the first placement are different from those of the final one. Evidence that could be provided might include a map of the programme and details of the assessment.

5 Practice placement standards

5.6 The education provider must maintain a thorough and effective system for approving and monitoring all placements.

Guidance

To show how you meet this standard, you will need to give the visitors information about how you approve placements before you use them, and also how they are subsequently monitored. We do not visit or approve placements. If the placement is with another organisation, you will need to show that you assess this effectively.

The evidence to support this could include:

- policies and processes for approving placements;
- examples of how these are put into practice;
- systems for ongoing monitoring and assessing placements;
- how feedback from students is collected, analysed and acted on;
- how you gain feedback from practice placement educators and co-ordinators, and make sure that channels of communication are clear;
- how you feed this information back into your processes; and
- policies or processes for how you deal with placements where difficulties arise.

5 Practice placement standards

5.7 Students and practice placement educators must be fully prepared for placement which will include information about and understanding of the following:

5.7.1 the learning outcomes to be achieved;

5.7.2 timings and the duration of any placement experience and associated records to be maintained;

5.7.3 expectations of professional conduct;

5.7.4 the assessment procedures including the implications of, and any action to be taken in the case of failure; and

5.7.5 communication and lines of responsibility.

Guidance

See also the guidance under SET 5.9 and SET 5.10.

To show the visitors how you meet this standard, you will need to show not only that this information is provided to students and to practice placement educators, but also that this information is accessible to them, and that it is provided with enough time to answer any questions they have.

You might want to show how the information is provided, and also how you make sure that students and practice placement educators have understood the information that you have given. This might be through follow-up training, teaching, or opportunities for discussion. This could be in your student handbook, practice placement handbook, or equivalent. The visitors may ask questions during their meeting with the students or with the practice placement educators to find out how well-informed they feel about what is expected of them and their responsibilities during a placement.

See also the guidance provided for SET 5.11.

5 Practice placement standards

- 5.8 Unless other arrangements are agreed, practice placement educators:
5.8.1 must have relevant qualifications and experience;

Guidance

See also the guidance under SET 5.2.

Visitors will want to be sure that your practice placement educators have the knowledge, skills and experience they need to support students and to make sure that they have a safe environment for effective learning. We do not set specific requirements about the qualifications and experience that they must have.

Your professional body may offer an accreditation scheme for practice placement educators (for example, the College of Occupational Therapists, and the Chartered Society of Physiotherapy offer these types of scheme). If you take part in one of these schemes, you could give the visitors information about how it works and how you make sure that each placement has been approved.

5 Practice placement standards

- 5.8 Unless other arrangements are agreed, practice placement educators:
5.8.2 must be appropriately registered;

Guidance

Normally, your practice placement educators will be registered with us in the relevant profession. However, it is reasonable to assume that there are other entirely appropriate practice placement educators who do not have a profession-specific background which matches that of the student. For example, occupational therapists may supervise physiotherapy students in areas such as hand therapy, and nurses may supervise radiographers in aseptic (sterilisation) techniques.

Because this standard contains the text 'unless other arrangements are agreed', this means that your practice placement educators may include health professionals who are not registered with us, but who are registered with another statutory regulator, or members of a relevant voluntary register, or not registered at all. If you choose this, you will probably want to give the visitors more information about the practice placement educator's experience, qualifications and training, and how this is relevant to the placement, and how this helps your students to learn. The visitors will want to be assured that arrangements are in place to support these educators.

5 Practice placement standards

5.8 Unless other arrangements are agreed, practice placement educators:
5.8.3 must undertake appropriate practice placement educator training.

Guidance

We expect that you will want to train all of your practice placement educators, and to follow this up with regular refresher training, as well as making arrangements for training new practice placement educators.

We do not set specific requirements for this training, either in length or content, as we feel that this level of detail is best decided by individual education providers. There may be best practice in other organisations, or advice published by other organisations about the content that you will want to cover. Your training may take a variety of forms, for example, attendance at the education provider institution, training in the workplace, on-line support, written support, and peer support through workshops and meetings.

Practice placement educator training will vary across the professions and also between education providers. Those education providers who use the same placements regularly and have relatively low staff turnover may need less ongoing training for practice educators and supervisors. Where placements are used less regularly or where staff turnover is high, training should be more regular.

Visitors may want to see evidence of training for these placement providers involved in either formative (developmental) or summative (credit bearing) assessment to make sure assessed standards are consistent across all placements (see also SET 6).

Because this standard says 'unless other arrangements are agreed', it is possible for a programme to be approved that does not make arrangements for practice placement educator training. However, if you choose not to provide training, the visitors will want to see how you give information to your practice placement educators, to make sure that you meet SETs 5.3, 5.6 and 5.7. If you do not think you will meet this standard, please contact the education officer organising your visit, who can send information to the visitors for their comment.

5 Practice placement standards

5.9 There must be collaboration between the education provider and practice placement providers.

Guidance

See also the guidance under SET 5.8.

Visitors will need to be sure that you regularly work together with your practice placement providers. This might take the form of regular meetings or channels of communication with your practice placement providers, or systems where they comment on their experience of supervising students on placement, or ways in which placement providers influence the structure of the placements or programme planning and design. Any information that you can provide which shows a partnership and ongoing relationship, and not one that only happens around the time of programme approval and quality monitoring, will help to show the visitors how you meet this standard.

5 Practice placement standards

5.10 The education provider must ensure necessary information is supplied to practice placement providers.

Guidance

See also the guidance under SET 5.8.

The visitors will want to be sure that you provide necessary information to practice placement educators, and also how you provide it. This information might include:

- names of students and their year of study;
- information about the responsibilities of practice placement educators, their role in the programme, and expectations;
- induction information;
- programme management information;
- information about supporting disabled students on a placement;
- contact details, both routine and emergency; and
- details of the learning outcomes of placements.

We expect that some of this information will normally take the form of a practice placement educators' handbook, or equivalent. This would normally be given to practice placement educators before the beginning of a placement.

5 Practice placement standards

5.11 Practice placement providers must ensure necessary information is available at the appropriate time for both the education provider and students.

Guidance

See also the guidance under SET 5.9 and SET 5.7.5.

To meet this standard, you should show how you make sure that students receive information from the practice placement providers, and that you receive the information you need from placement providers.

'The appropriate time' may mean, for example, that information is provided before the placement, with enough time for both sides to read the information, and to ask any questions which arise from it. However, there are other pieces of information for which 'the appropriate time' will mean a suitable time after the placement, for example, a record of student attendance, progress or placement reports, completed student feedback, completed placement audits, completed placement assessments and so on.

5 Practice placement standards

5.12 A range of learning and teaching methods that respect the rights and needs of patients or clients and colleagues must be in place throughout practice placements.

Guidance

Students may learn on placement in different ways, and different practice placement educators may structure the learning and teaching according to their own preferences and experience, or the individual needs of the students. It is important that whatever the range used, these must respect the needs of patients, clients, users, and also colleagues as laid out above.

The visitor may want to see evidence that you have a system in place which makes sure that, wherever possible, patients and clients are aware that students are involved in their care.

5 Practice placement standards

5.13 The placement providers must have an equal opportunities and anti-discriminatory policy in relation to students, together with an indication of how this will be implemented and monitored.

Guidance

To show that you meet this standard, you will need to give the visitors information about how you make sure that these policies are in place. The students on placement will need to know how they can access these policies and what they should do if they feel that they have been discriminated against. You will have an audit monitoring process for your placements and this will be part of that process. It is your responsibility to monitor any placements supported and co-ordinated by another education provider.

Other sources of guidance

- Chartered Society of Physiotherapy, Supporting disabled physiotherapy students on clinical placement
- College of Occupational Therapy, Guidance on disability and learning

SET 6: Assessment standards

Summary

This part of the standards of education and training is about how you assess your students, to make sure that they meet the requirements of your programme, that they meet our standards of proficiency, and that they are assessed fairly and consistently.

Overall guidance

You may want to give the visitors a copy of your institution's assessment strategy, or equivalent, as well as any other information about assessing your programme.

The visitors will need to see how you make sure that assessment of practice placements is thorough, consistent and fair. So, information about how you train practice placement educators, and how marks are moderated, may also be relevant here. You may want to refer to this information in your cross-referencing document, both in section 5 (practice placements) and here, in the assessment standards section.

Example questions

Why have you chosen the particular types of assessment for each module?

What is your policy on resits, for both academic and placement components?

How does your assessment meet external reference frameworks?

Is there a system for continuous assessment and ongoing feedback for students on a placement?

What happens if a student is failing placements but is doing well in academic subjects?

How does your assessment design produce students who are fit to practise?

Do you have the option to award an aegrotat award? If so, do you make it clear that an aegrotat means you cannot register with us?

Without special circumstances, do students still have the right of appeal?

Who is the external examiner? Is the external examiner registered with us?

More information

- Quality Assurance Agency for Higher Education, Code of practice for the assurance of academic quality and standards in higher education, assessment of students
- Quality Assurance Agency for Higher Education, Subject benchmark statements
- Quality Assurance Agency for Higher Education, Qualifications framework for England and Wales
- Northern Ireland Quality Assurance Agency for Higher Education
- Quality Assurance Agency for Higher Education, Qualifications framework for Scotland

Detailed guidance

6 Assessment standards

6.1 The assessment design and procedures must assure that the student can demonstrate fitness to practise.

Guidance

When you assess a student, you must make sure that you are testing not only academic and theoretical learning and knowledge, but also the practical application of skills for the student to practise their profession safely and effectively.

The visitors will want to make sure that in order to complete the programme students have met the standards of proficiency and so gained the skills and knowledge they need to become independent members of their profession.

The visitors will want to make sure that your programme specification clearly sets out your assessment strategy and includes direct reference to the learning outcomes and associated assessment methods. This provides a direct link to fitness to practise. Each module outline should explain the assessment methods for that module.

The visitors will need to see information about your regulations on issues such as:

- number of resit attempts allowed (and within what period of time);
- number of module resits allowed within any one year;
- maximum number of resits allowed every year for practice placement modules;
- compensation and condonement regulations;
- the maximum length of a programme; and
- the maximum registration period.

Although we do not set limits on, for example, the number of resit attempts allowed, you should show the visitors how your policy on resits strikes a suitable balance between the need to support students, and the need to make sure that those who successfully complete the programme are fit to practise.

6 Assessment standards

6.2 Assessment methods must be employed that measure the learning outcomes and skills that are required to practise safely and effectively.

Guidance

To show how you meet this standard, you might want to provide information about your assessment methods, your reasons for using the different assessment methods that are used for different parts of the programme, and how the methods are in line with the learning outcomes in each module. The visitors will need to be assured that, whatever method of assessment applies, it leads to safe and effective practice.

6 Assessment standards

6.3 All assessments must provide a rigorous and effective process by which compliance with external reference frameworks can be measured.

Guidance

You may want to provide information about how your assessment methods are thorough and effective, and also about how your programme meets any relevant external reference frameworks. An example of this would be if your programme is a pre-registration Masters programme. Showing how your programme meets the requirements of a Masters programme as well as meeting the standards of proficiency could be part of the evidence for this standard.

Other sources of guidance

- Any relevant institution regulations
- Professional body guidelines
- Quality Assurance Agency for Higher Education, Subject benchmark statements
- Quality Assurance Agency for Higher Education, Code of practice for the assurance of academic quality and standards in higher education, assessment of students

6 Assessment standards

6.4 The measurement of student performance and progression must be an integral part of the wider process of monitoring and evaluation, and use objective criteria.

Guidance

The visitors will want to see information about how you monitor student performance, your expectations for student progression through the programme, what criteria you use to assess students who are at different stages in their learning, and how this reflects on overall progression.

Your assessment strategy may contain information about the criteria used for assessment. Also, the moderation of marks, and the way that students are assessed on their placement, may all be relevant information to give to the visitors. The visitors will also want to see how you decide what stops a student from progressing and the options that are available for a failing student.

When visitors meet students, they often ask them about the level of feedback they receive on their assignments and whether the students feel it is enough. However, we do not normally expect to see samples of students' work.

6 Assessment standards

6.5 There must be effective mechanisms in place to assure appropriate standards in the assessment.

Guidance

Under this standard, you will need to provide information about how your programme is assessed, for example, by your university validation process (if this applies), or comments from your external examiner in their report. Visitors will want to be assured that your criteria are consistently applied, and that they are also appropriate for:

- your programme;
- the students' progression; and
- making sure that students can meet the standards of proficiency when they complete the programme.

The visitors may want to see that internal and external moderation are carried out. You could give the visitors the external examiner's reports and responses to these reports as part of an audit.

The visitors may use CVs and staff profiles to assess where educators from the programme team have experience in assessment. (For example, where staff act or have acted as external examiners at other education provider institutions.) The visitors will then be able to see how internal moderation systems of the education provider compare with external standards.

6 Assessment standards

6.6 Professional aspects of practice must be integral to the assessment procedures in both the education setting and practice placement.

Guidance

'Professional aspects of practice' may include, for example, the students' familiarity with the idea of their professional responsibility for their own actions, values and ethics, or their understanding of the nature of professional regulation, and the responsibilities this involves.

To show how you meet this standard, you could provide information to the visitors about how your assessment procedures assess this. For example, you may have a specific module which covers professional issues, with information about how this is assessed, or this information may be included in the placement handbook, learning log and other relevant parts of the curriculum.

Other sources of guidance

- Health Professions Council, Standards of conduct, performance and ethics

6 Assessment standards

6.7 Assessment regulations must clearly specify requirements for:
6.7.1 student progression and achievement within the programme;

Guidance

Your assessment regulations must make it clear how you assess students to make sure of and recognise their continuing progression within the programme. These must be clear so students can understand what is expected of them at each stage of the programme, and also that staff can apply assessment criteria consistently to students' work.

The information that you provided for SET 6.4, which also refers to student progression, may also be relevant here.

6 Assessment standards

- 6.7 Assessment regulations must clearly specify requirements for:
- 6.7.2 awards which do not provide eligibility for inclusion onto the Register not to contain any reference to an HPC protected title in their title;

Guidance

See also the guidance under SET 6.7.1.

It is important that there is no confusion about which programmes are approved by us, and which are not. Under this standard, students who are not eligible to apply for registration should not be given an award which makes a reference to an approved title. Some education providers give these students awards with titles like 'Healthcare studies' which reflects the academic content achieved, but does not give the impression that they are eligible to apply for registration. The visitors will want to see that programme titles are clear, that applicants, students, staff and the public understand who is eligible to apply for registration with us, and who is not.

6 Assessment standards

- 6.7 Assessment regulations must clearly specify requirements for:
- 6.7.3 an aegrotat award not to provide eligibility for admission to the Register;

Guidance

It must be clear to students and to staff that students who are awarded an aegrotat degree are not eligible to apply for registration. To show that you meet this standard, you could refer the visitors to where this policy is laid out, and how students are informed, for example on your website or in your student handbook.

6 Assessment standards

- 6.7 Assessment regulations must clearly specify requirements for:
- 6.7.4 a procedure for the right of appeal for students; and

Guidance

You may give the visitors information about the appeal procedure, and also information about how students are told about this. Visitors would normally expect to find this in a student handbook, or equivalent, and in your institution's regulations for examinations. This should contain information about how the procedure works, and how it is judged, and by whom.

Visitors will also expect to see clear information for students about where they should go for advice on your institution's appeals process.

6 Assessment standards

- 6.7 Assessment regulations must clearly specify requirements for:
- 6.7.5 the appointment of at least one external examiner from the relevant part of the Register.

Guidance

This standard means that assessment regulations must require at least one external examiner (who must be registered in the relevant part of our register) for each programme. However, we do not play any part in their appointment.

You may not currently have an external examiner in place. If so, our visitors will want to be sure that your regulations show that one will be appointed.

References

The references included may have been changed, updated or replaced since this document was published. For an up-to-date list of documents, you may want to see our website.

Document name	Published by	Date published	Available from
Diploma (HE) in Operating Department Practice Curriculum Document	Association of Operating Department Practitioners	2006	www.aodp.org
Guidelines on Programme Structure and Content for Music Therapy Education Providers	Association of Professional Music Therapists	2005	www.apmt.org
Code of Professional Ethics and Conduct	Association of Professional Music Therapists	2003	www.apmt.org
Professional Competencies	Association of Professional Music Therapists	2003	www.apmt.org
Principles of Professional Practice	Association of Professional Music Therapists		www.apmt.org
Requirements and directions for approval of courses and institutions in the UK for purposes of state registration as prosthetists and orthotists	British Association of Prosthetists and Orthotists (published by the Prosthetists and Orthotists Board)	2001	www.bapo.org
Guideline No. 1 - The Role Of The Prosthetist Orthotist	British Association of Prosthetists and Orthotists	2000	www.bapo.org
Guideline No. 2 - Communication and Teamwork	British Association of Prosthetists and Orthotists	2000	www.bapo.org
Guideline No. 3 - Clinical Records	British Association of Prosthetists and Orthotists	2002	www.bapo.org
Guideline No. 4 - Assessment Review - Issued March 2003	British Association of Prosthetists and Orthotists	2003	www.bapo.org
Guideline No. 5 - The Clinical Environment	British Association of Prosthetists and Orthotists	2002	www.bapo.org
Pre-registration Education and Training	The British Dietetic Association (published by the Dietitians Board)	2000	www.bda.uk.com
Professional Standards for Dietitians	The British Dietetic Association	2004	www.bda.uk.com
Curriculum Guidance	British Paramedic Association	2005	www.britishparamedic.org

Document name	Published by	Date published	Available from
Curriculum Framework for Qualifying Programmes in Physiotherapy (CSP) London	Chartered Society of Physiotherapy	2002	www.csp.org.uk
Core Standards of Physiotherapy Practice	Chartered Society of Physiotherapy	2005	www.csp.org.uk
Developing a Portfolio: Guide to CSP members	Chartered Society of Physiotherapy	2001	www.csp.org.uk
'Keeping a CPD Portfolio using your CD-ROM' Guidance for Students	Chartered Society of Physiotherapy	2005	www.csp.org.uk
Learning in the practice environment in qualifying programmes of physiotherapy: Guidance on its organisation, delivery and recognition	Chartered Society of Physiotherapy	2005	www.csp.org.uk
Accreditation of Clinical Educators: Scheme Guidance	Chartered Society of Physiotherapy	2004	www.csp.org.uk
Clinical Placement Guidelines (CSP) London	Chartered Society of Physiotherapy	2003	www.csp.org.uk
Rules of Professional Conduct (CSP) London	Chartered Society of Physiotherapy	2002	www.csp.org.uk
Expectations of Master's Level Programmes within qualifying physiotherapy education	Chartered Society of Physiotherapy	2004	www.csp.org.uk
Curriculum Framework for Pre-Registration Education	College of Occupational Therapists	2004	www.cot.org.uk
Guidance on Disability and Learning	College of Occupational Therapists	2005	www.cot.org.uk
A Curriculum Framework for Radiography, College of Radiographers	College of Radiographers	2003	www.sor.org
Clinical Education and Training: Capacity and Quality	College of Radiographers	2004	www.sor.org
Handbook of the Joint Validation Committee (Radiography) Revision 2004 (see note below)	College of Radiographers (published by the Radiographers Board)	2004	www.sor.org

Note: The Joint Validation Committee of the Radiographers Board no longer exists, so much of the document has been replaced by HPC or Society of Radiographers guidance. Where there is no new guidance, the JVC document is still relevant.

Document name	Published by	Date published	Available from
Radiography - The Scope of Practice	College of Radiographers	2003	www.sor.org
Radiography Education and Professional Development: Moving Ahead	College of Radiographers	2003	www.sor.org
Standards for Professional Conduct	College of Radiographers	2002, revised 2004	www.sor.org
Guidance on Approval and Accreditation of Practice Placements at all levels of Pre-registration Education	College of Radiographers	2005	www.sor.org
National Service Frameworks	Department of Health	(launched 1998)	www.dh.gov.uk
Placements in Focus: Guidance for education in practice for health care professions	Department of Health	2001	www.dh.gov.uk
Outline curriculum for training programmes to prepare Allied Health Professionals as Supplementary Prescribers	Department of Health	2004	www.dh.gov.uk
A disabled person's guide to becoming a health professional	Health Professions Council	2006	www.hpc-uk.org
Information about the health reference	Health Professions Council	2006	www.hpc-uk.org
Standards of proficiency	Health Professions Council	2003	www.hpc-uk.org
Standards of conduct, performance and ethics	Health Professions Council	2003	www.hpc-uk.org
European Dietetic Benchmark Statement	European Federation of the Association of Dietitians (EFAD)	2005	www.efad.org
Case studies in Dietetics, Occupational Therapy, Physiotherapy and Radiography	Making Practice-Based Learning Work	2005	www.practicebasedlearning.org
The Development of Quality Standards for Practice Placements	NHS Education for Scotland	2002	www.nes.scot.nhs.uk

Document name	Published by	Date published	Available from
Review of Clinical Placements for Allied Health Professions	Department of Health, Social Services and Public Safety, Northern Ireland	2004	www.dhsspsni.gov.uk
Subject benchmark statements	Quality Assurance Agency for Higher Education		www.qaa.ac.uk
Biomedical sciences		2002	www.qaa.ac.uk
Arts therapy		2004	www.qaa.ac.uk
Clinical sciences		2004	www.qaa.ac.uk
Dietetics		2001	www.qaa.ac.uk
Occupational therapy		2001	www.qaa.ac.uk
Operating department practice		2004	www.qaa.ac.uk
Orthoptics		2001	www.qaa.ac.uk
Paramedic science		2004	www.qaa.ac.uk
Physiotherapy		2001	www.qaa.ac.uk
Podiatry		2001	www.qaa.ac.uk
Prosthetics and orthotics		2001	www.qaa.ac.uk
Radiography		2001	www.qaa.ac.uk
Speech and language therapy		2001	www.qaa.ac.uk
Qualifications Framework for England, Wales and Northern Ireland	Quality Assurance Agency for Higher Education	2001	www.qaa.ac.uk
Qualifications Framework for Scotland	Quality Assurance Agency for Higher Education	2001	www.qaa.ac.uk
Guidelines on the accreditation of prior learning	Quality Assurance Agency for Higher Education	2004	www.qaa.ac.uk

Document name	Published by	Date published	Available from
Code of practice for the assurance of academic quality and standards in higher education:	Quality Assurance Agency for Higher Education	2004	www.qaa.ac.uk
• 1 Postgraduate research programmes	Quality Assurance Agency for Higher Education	2004	www.qaa.ac.uk
• 2 Collaborative provision and flexible and distributed learning (including e-learning)	Quality Assurance Agency for Higher Education	2004	www.qaa.ac.uk
• 3 Students with disabilities	Quality Assurance Agency for Higher Education	1999	www.qaa.ac.uk
• 4 External examining	Quality Assurance Agency for Higher Education	2004	www.qaa.ac.uk
• 5 Academic appeals and student complaints on academic matters	Quality Assurance Agency for Higher Education	2000	www.qaa.ac.uk
• 6 Assessment of students	Quality Assurance Agency for Higher Education	2006	www.qaa.ac.uk
• 7 Programme approval, monitoring and review	Quality Assurance Agency for Higher Education	2006	www.qaa.ac.uk
• 8 Career education, information and guidance	Quality Assurance Agency for Higher Education	2001	www.qaa.ac.uk
• 9 Placement learning	Quality Assurance Agency for Higher Education	2001	www.qaa.ac.uk
• 10 Recruitment and admissions	Quality Assurance Agency for Higher Education	2006	www.qaa.ac.uk
Guidelines on the accreditation of courses leading to a qualification in Speech and Language Therapy	Royal College of Speech and Language Therapists (published by the Board of Speech and Language Therapists)	2002	www.rcslt.org
Guidance on competence for newly qualified therapists	Royal College of Speech and Language Therapists	2005	www.rcslt.org
National Standards for Practice-based Learning	Royal College of Speech and Language Therapists	2006	www.rcslt.org
Clinical guidelines	Royal College of Speech and Language Therapists	2005	www.speechmark.net

Document name	Published by	Date published	Available from
Communicating Quality 2 - Professional Standards for Speech and Language Therapists	Royal College of Speech and Language Therapists	1996	www.rcslt.org
Regulations and Guidance for the Accreditation of Pre-registration Education in Podiatry – Handbook	Society of Chiropodists and Podiatrists	2005	www.feetforlife.org
Minimum Standards of Clinical Practice	Society of Chiropodists and Podiatrists	2003	www.feetforlife.org
Patient Confidentiality	Society of Chiropodists and Podiatrists	2004	www.feetforlife.org
Guidelines on Patient Records	Society of Chiropodists and Podiatrists	2004	www.feetforlife.org
Health and Safety Guidelines	Society of Chiropodists and Podiatrists	2001	www.feetforlife.org
Guidelines for Needlestick Injury	Society of Chiropodists and Podiatrists	2005	www.feetforlife.org
Disposal of Clinical Waste	Society of Chiropodists and Podiatrists	2005	www.feetforlife.org
Code of Conduct	Society of Chiropodists and Podiatrists	2001	www.feetforlife.org
The Health Professions Order 2001	The Stationery Office	2001	www.hpc-uk.org www.tso.co.uk/bookshop
Interprofessional education	UK Centre for the Advancement of Interprofessional Education (CAIPE)	2002	www.caipe.org.uk

An explanatory note about professional boards

We replaced the Council for Professions Supplementary to Medicine (CPSM). Under the CPSM structure, each profession had its own board, which would normally publish information about the CPSM approvals process. In some professions, these board documents have been replaced by other documents published by the professional bodies. In other professions, all or part of the board documents are still used and so referenced here. Copies of these board documents are unfortunately no longer available from us.

How this document was written

We consulted people on our standards of education and training, and our approvals process, in 2004. We held six meetings around the UK to present our proposals, and sent copies of our proposals out to interested parties, which included professional bodies, education providers, and other people involved in training or representing the professionals on our register.

As a result of this consultation, we published our standards and our processes, but we also committed to publishing further guidance on our standards. In our 'Key decisions' document, we refer to publishing 'guidance' and 'curriculum guidance'.

We set up a professional liaison group to meet these responsibilities, and the group met for the first time in March 2005. The view of this group was that the term 'curriculum guidance' was misleading, and could lead to confusion about our role and the role of the professional bodies. The group agreed that further guidance on the standards for education providers was needed, but that it was not appropriate or necessary for us to replace the detailed curriculum information published by professional bodies, who play an important role in developing their professions and setting standards for best practice. The documents our group would draft were named the 'Standards of education and training guidance for education providers'.

The group agreed that it would be essential to work with the professional bodies when producing this guidance, and so invited the professional bodies to an initial 'ideas meeting' where representatives discussed the document, and gave valuable input and ideas for a first draft. The professional body representatives then gave more detailed notes about the standards after consulting other people in their organisation, and then gave comments on a first draft which was passed around by e-mail.

We are very grateful for the time and effort that members of professional bodies have given to help make these documents full, complete and useful. We would like to thank the people listed opposite who have contributed to this document.

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We would also like to thank Helen Best.

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9 July 2003 to 8 July 2005

Review of the grandparenting process

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Foreword

I am pleased to present the Health Professions Council's review of the grandparenting process.

We have produced this document because it is important that as an organisation we assess how effectively we have achieved our aims. Our legislation establishes our main objective, to '...safeguard the health and wellbeing of persons using or needing the services of our registrants'. It is important that we continually make sure that everything we do contributes towards meeting this objective.

In writing this document we have acknowledged how a grandparenting process has implications for a variety of different stakeholders and for all aspects of the work of a regulator. We have tried to do this in a balanced way, including statistics and testimonials from some of those who were involved in, or affected by, the process.

We hope that this document will be interesting and useful, particularly for other regulators in healthcare and in other sectors, who are approaching the challenging task of managing the transition from voluntary to statutory regulation.

Anna van der Gaag
President

This document

Grandparenting is a route of entry to our Register. Every time we regulate a new profession we open a time-limited **grandparenting period**. During this period individuals who do not hold an approved qualification, but who can demonstrate through their training and experience that they meet certain criteria, can be registered.

The grandparenting period for the first twelve professions we regulated closed on 8 July 2005. After this date the only route to registration for UK applicants from these professions is via having successfully completed an approved course.

In this document we review the grandparenting process held between 9 July 2003 and 8 July 2005¹. The document is divided into sections which include the background to grandparenting, how we handled and processed applications and how we communicated with our stakeholders.

At the back of the document there is a section containing statistics. We have also included references to other publications which are referred to in the document or which might be of interest.

Throughout this document 'we' or 'us' is a reference to the Health Professions Council (HPC).

¹ Operating department practitioners became regulated by the HPC on 18 October 2004 with a grandparenting period for two years until 17 October 2006. This document is a review of the first grandparenting period 2003-2005, and does not cover the grandparenting period for operating department practitioners. Every time we regulate a new profession there will be a grandparenting period.

About the Health Professions Council

Our role

We are a UK-wide statutory regulator of the members of 13 healthcare professions.

We were created by the Health Professions Order 2001 ('the Order'). Our Register for the first twelve professions opened on 9 July 2003.

Our role, as laid down in our legislation, is to protect the health and wellbeing of persons using or needing to use the services of our registrants. We do this by maintaining a register of health professionals, setting standards and approving courses for entry to the Register. We consider complaints about the fitness to practise of our registrants and take action to protect the public.

Routes to registration

There are three ways of getting onto our Register:

UK approved course

- By successfully completing a qualification approved by us as leading to registration.

International

- Applicants who have qualified outside of the United Kingdom can apply to us via this route. The education, training and experience of the applicant is assessed to determine whether the standards for registration have been met.

Grandparenting

- Via the grandparenting route for their profession (if open).
- Applicants also have to demonstrate that they meet our requirements for health and character. This includes providing satisfactory health and character references.

Standards

We have four sets of standards:

The **standards of proficiency** are the threshold skills and abilities needed to practise

each of the professions we regulate. We publish standards for each of the professions on our Register. Each document includes generic standards which apply to all of our professions together with profession-specific standards. The standards play a central role in determining entry to our Register.

The **standards of conduct, performance and ethics** describe the standards of behaviour and professional attitudes which we expect all our registrants to adhere to during their registration. Standards include the need to maintain high standards of personal conduct, to communicate effectively and to behave with integrity and honesty. These standards (and the standards of proficiency) are taken into account when considering allegations against registrants.

The **standards of education and training** are the standards against which we assess whether an education programme will allow students to meet the standards of proficiency. Standards cover such areas as admission procedures, practice placements and resources. If an education programme is found to have met these standards then the programme is approved and graduates successfully completing that programme are eligible to apply for registration.

The **standards of continuing professional development (CPD)** require registrants to undertake CPD and keep a record of that CPD. If audited, a registrant is assessed to ensure that they have undertaken a variety of learning activities and have sought to ensure that their learning has benefited their practice and those who use their services.

We are required to consult with our stakeholders whenever we publish or amend any of our standards, and when we publish guidance. Our stakeholders include registrants, education providers and employers.

Governance

At the time of writing our governing Council comprises 13 members who are registrants of

the professions we regulate and 13 lay members plus a president. There are also 13 alternate members who attend meetings in the absence of the 13 registrant members.

Currently, registrant and alternate members are elected by registrants in their part of the Register. Lay members are appointed by the NHS Appointments Commission.

Each profession on our Register must have at least one registrant member. The number of registrant members cannot be greater than the number of lay members by more than one. There must also be at least one registrant representative of each of the four countries of the United Kingdom. The president is elected by the Council.

There are four statutory committees prescribed in the legislation which assist the Council in its work:

The **Investigating Committee** sets the policy and strategy for dealing with investigations into the fitness to practise of registrants. The Investigating Committee also convenes panels that consider allegations about registrants and decide whether a hearing should be held by another committee. It also hears cases about incorrect or fraudulent entry to our Register.

The **Conduct and Competence Committee** advises the Council on what constitutes appropriate conduct, performance and ethics of all registrants. The Conduct and Competence Committee also convenes hearings to consider cases about the conduct or competence of registrants.

The **Health Committee** sets policy on how the Council will deal with allegations about a registrant's ill health. The Health Committee also convenes hearings to consider cases where physical or mental health may be affecting a registrant's practice.

The **Education and Training Committee** develops policy and strategy about education, training and registration. This includes looking at how we approve courses which lead to

registration and how we assess applications for registration. The Committee has responsibility for the standards of proficiency, standards of education and training and standards of continuing professional development.

There are also three non-statutory committees set up by the Council to assist it in its work. The committees are: Audit, Communications and Finance and Resources.

Finances

We are a self-financing 'body corporate'. Our finances come from registration fees collected from registrants and scrutiny fees charged for international and grandparenting applications. We may also, from time to time, receive grants from government to assist in the setting up of specific projects or if we regulate new professions.

Professions

We presently regulate the members of 13 professions. However, we may regulate other professions in the future. We have processes in place to consider applications for regulation from aspirant professions.

We currently regulate 13 health professions.

- Arts therapists
- Biomedical scientists
- Chiropodists / podiatrists
- Clinical scientists
- Dietitians
- Occupational therapists
- Operating department practitioners
- Orthoptists
- Paramedics
- Physiotherapists
- Prosthetists / orthotists
- Radiographers
- Speech and language therapists

All of these professions have at least one professional title which is protected by law. This means, for example, that anyone using the titles 'physiotherapist' or 'dietitian' must be registered with us.

It is a criminal offence for someone to claim that they are registered with us when they are not, or to use a protected title that they are not entitled to use. We have powers to prosecute people who commit these crimes.

Background and context

‘State registration’

Our predecessor, the Council for Professions Supplementary to Medicine (CPSM), was established by the Professions Supplementary to Medicine Act 1960.

The role of the CPSM was to run a system of ‘state registration’. It originally regulated the members of seven allied healthcare professions and comprised separate boards, each responsible for one of these professions. Each board set standards for the initial training, performance and conduct for members of its profession.

State registration was a legal requirement to be employed within the National Health Service (NHS) and certain other employment sectors, such as social services. Some other employers would also ask for state registration as a requirement of employment.

Registration with the CPSM allowed individuals to use the title ‘state registered’. The letters SR were commonly used to denote registration – for example ‘SRP’ was used to denote a state registered physiotherapist. The title was commonly viewed as a sign of professional status. It was illegal for anybody to use the term ‘state registered’ if they did not appear on the CPSM register.

The CPSM could consider complaints about professionals on its register. Cases were then heard by the disciplinary committee whose role it was to decide whether that professional had been guilty of ‘infamous conduct’. If such a finding was made the panel could either take no further action, remove that person from the CPSM register or postpone their decision until a later date.

Statutory regulation

There were a number of areas for improvement with the provisions of the Professions Supplementary to Medicine Act 1960 and the state registration system.

Firstly, the CPSM had no remit over those who worked within the private and independent sectors who were not legally required to obtain state registration. They were unable to protect common professional titles. This meant that a potentially large number of practitioners were practising without any check on their qualifications, conduct or competence.

Secondly, the CPSM’s powers in relation to fitness to practise, as outlined above, were limited. The standard of ‘infamous conduct’ meant that a large number of complaints failed to reach the hearing stage. Further, the panels’ powers to protect the public were limited to an ‘all or nothing’ decision. There were also no powers to set requirements or produce standards for continuing professional development and individuals returning to practice.

The NHS Executive commissioned a report by JM Consulting published in 1996 which reviewed the regulatory arrangements under the CPSM. They recommended the creation of an enlarged council with increased statutory powers including the ability to protect professional titles.

A review was subsequently undertaken by the UK Department of Health into statutory regulation and proposals produced in August 2000. They were subject to consultation between April and July 2001. As a result, the Health Professions Council began operating in shadow form on 1 April 2002. CPSM operating procedures were retained until the opening of our Register on 9 July 2003.

All those who appeared on the Register operated by the CPSM transferred to the HPC.

Grandparenting

A 'transitional' period of registration is necessary when introducing statutory (compulsory) registration. This might be introducing regulation for the first time or it could be moving from a voluntary to a compulsory model of professional registration.

During the transitional period, individuals not eligible to be members of the voluntary or state register can apply for registration. The period is temporary and time limited. After this period only those who hold a qualification approved by the regulator can be registered.

When professions in healthcare and elsewhere have become statutorily regulated in the past, these arrangements have sometimes been known as 'grandfathering'.

Arrangements similar to our grandparenting provisions have historically been used when other professions first became statutorily regulated. The professions were then 'closed' and only those undertaking training approved by the appropriate regulator could be registered and entitled to practice.

The principles of 'grandparenting' are also seen in other areas. For example, when requirements were introduced for a driving test to be passed before a licence could be issued, they did not apply to those who had previously not had to meet such requirements. The rights of existing drivers were recognised before access to the driving licence was limited to those who had successfully passed the requisite test².

More recently, statutory regulation was introduced for chiropractors and osteopaths, and arrangements similar to those operated by the HPC put in place.

The General Chiropractic Council (GCC) was created by the Chiropractors Act 1997 as the statutory body which would regulate chiropractors. Applicants for full registration had to demonstrate that they had been engaged in

the lawful, safe and effective practice of the profession for at least five years before the opening date of the GCC's register. The requirement was that applicants should have been in practice for a substantial part of their working time. In contrast to our own legislation, conditional registration could be granted to applicants who were able to demonstrate four years of practice. Applicants could be asked to undertake additional education and training in order to obtain full registration.

This example illustrates how the exact processes and procedures of grandparenting may vary between regulators. However, the purpose of such arrangements is common: effective protection of the public by 'closing' the practise of a profession (or sometimes the performance of a function) to those who meet certain standards.

Protection of title

Our legislation gives us the power to 'protect' certain professional titles (see page five). This means that only those who are registered with the HPC, and have met our standards for their skills, character and health, are legally able to use certain professional titles.

In their report of 1997, JM Consulting recommended that one title should be protected for each profession regulated. The number of specific titles which should be protected was the subject of some debate during a consultation held in 2002 (see page ten). Whilst some felt protecting a range of titles had considerable benefits, others argued strongly for protecting a shorter range of titles in order to maximise public awareness.

Our Council chose a range of simple, recognisable titles, balancing the need to prevent the misuse of professional titles against the need for effective public engagement and recognition. Our research has shown that members of the public most easily understand professional titles as an indication that someone is qualified to practise their profession.

² Source: Driving Standards Agency, www.dsa.gov.uk

Protection of function

Sometimes statutory regulators have powers to 'protect function'. This means that a particular task or role is protected by law and can only be undertaken by someone who possesses certain qualifications or is registered by a certain body.

In healthcare regulation, an example of this is the fitting of contact lenses which has to be undertaken by someone who is appropriately qualified and registered with the General Optical Council.

Our legislation only allows us to protect common professional titles. We feel that this provides the most effective way to protect the public. We recognise that professions often change over time because they take on new roles or because of changes in technology, best practice and the law. Sometimes multi-disciplinary team working also means that some tasks are carried out by a variety of different professionals. Protection of title means that we can ensure that professional titles are only used by bona fide professionals (and thereby protect the public) without hindering the development of professions, the emergence of new roles and effective use of resources.

Establishing demand

Before we opened our Register, we undertook work to try to estimate the numbers of applications we could expect to receive.

In 2002 we sent a letter to private training institutes and bodies representing the non-state registered sector (mainly chiropodists and podiatrists) which was passed on to their members. This comprised of a letter about grandparenting and a form which asked for details such as time in practice and where the individual had trained.

By doing this, speaking to professional bodies and having regard to the history and development of the professions we regulated, we were able to identify the professions in which we were likely to receive most applications.

We identified that, given the size of the unregistered sector, we would receive most applications from chiropodists and podiatrists. We also expected applications from other professions with a sizeable independent or unregistered sector, such as physiotherapists, and from other professions with a strong focus on occupational training, such as biomedical scientists and clinical scientists.

Consultation

We undertook a range of activities before, during and after the grandparenting period to engage with a wide variety of stakeholders.

Before we opened our Register we consulted on our proposals for how we would work within our new legislation. We ran a three month consultation from 1 July 2002 during which we engaged with, and asked for the views of, a number of stakeholder groups. These groups included registrants, patients, professional bodies, education providers and employers. We sent information to all those who were on our Register and to a variety of different organisations.

We also held 38 public meetings in all of the four home countries of the United Kingdom. Each meeting was an opportunity for our stakeholders to tell us their views about our proposals, and we recorded any comments so we could include these when we reviewed the outcome of the consultation.

You can find more information about how we communicated and continue to communicate with our stakeholders from page 24.

Views from the consultation

During the consultation, grandparenting proved to be one of the topics which provoked most debate. Overall 78% of those who responded to the consultation were happy with our proposals about grandparenting. However, the level of satisfaction amongst chiropodists and podiatrists, where there was a large unregistered sector, was significantly lower.

The consultation responses indicated that many within this profession had strongly held views about grandparenting and what it could mean for their profession. The comments generally concerned the impact of grandparenting upon professional standards and how we would assess grandparenting applicants to ensure that they were capable of practising safely.

Amongst those who were unhappy, some registered practitioners expressed fears that allowing previously unregistered practitioners, many of whom did not hold a university degree, to become registered would devalue registration and their profession by lowering standards. Many felt that such practitioners were insufficiently competent in order to practise the profession and represented a danger to members of the public.

It was also felt that by registering such practitioners the public would not be able to adequately distinguish between practitioners who had always been registered and held an approved qualification, and those who were registered via grandparenting and had a limited scope of practice. In the chiropody and podiatry profession some suggested that the title 'podiatrist' be reserved for those who joined the Register having studied an approved course.

Amongst the unregistered sector, professional bodies and individuals were concerned that our standards would be set at too high a level and act as a deterrent and a barrier to unregistered practitioners applying for registration. Others wanted to ensure that our application processes were not unduly onerous and that we should recognise that the vast majority of practitioners were practising safely and effectively within the bounds of their competence. Many others wanted to ensure that previously unregistered practitioners were not treated differently once registered.

The views summarised above are consistent with those that we received throughout the two years of the grandparenting period.

Organisations representing the registered sector stressed the need for our application processes to be sufficiently robust to ensure that only practitioners who had demonstrated that they met strict criteria could be registered. Organisations representing the unregistered sector emphasised that we should be fair to applicants and that we should be very clear about the evidence we required for registration.

Legislation

The Order

The Health Professions Order 2001 ('the Order') established the legal basis for the transitional arrangements for registration known as 'grandparenting'.

The requirements for grandparenting were contained within Article 13 of the order. Article 13(1) provided that the transitional arrangements apply to a person:

'(a) who is not registered on the date of coming into force of an order made under article 6 (1) which relates to his profession and who has never been registered under the 1960 Act or this Order; but

(b) who within the period of two years beginning with the date mentioned in sub-paragraph (a) ("the relevant period"),

applies for admission to the Register under article 9(1).'

The legislation therefore limited the transitional arrangements to those who had not previously been registered by the CPSM or the HPC and who applied for registration within a two-year period from the opening of the Register. The Register for the first twelve professions we regulated opened on 9 July 2003.

Grandparenting routes

The legislation further provided that there were two 'entry routes' for registration:

Article 13(2) provided that:

'A person to whom this article applies shall be treated as satisfying the requirements of article 9(2)(a) if he satisfies the Education and Training Committee, following any test of competence as it may require him to take –

a) that for a period of at least three out of the five years immediately preceding the date mentioned in paragraph (1)(a) or its equivalent on a part-time basis, he has been wholly or mainly engaged in the lawful, safe and effective practice of the profession in respect to which

he wishes to be registered; or

b) that he has not so practised but has undergone in the United Kingdom or elsewhere such additional training and experience as satisfies the Council that he has the requisite standard of proficiency for admission to the part of the Register in respect of which he is applying.'

The provisions of articles (a) and (b) were known as 'route A' and 'route B'. They can be principally summarised as follows.

Route A

- Applicants had to demonstrate that they had been practising their profession for a period of three out of the five years (or its part time equivalent) before the opening of the Register on 9 July 2003.
- They had to demonstrate that they had been practising lawfully, safely and effectively within the area or areas in which they practised (their 'scope of practice').
- This route meant that only experience and not qualifications could be assessed.
- The Council could have regard to the standards of proficiency for the profession. However, applicants **did not** have to demonstrate that they met **all** of the standards of proficiency published as being necessary for admission to the Register.

Route B

- Applied to a person who had been in practice for less than three out of the five years before the opening of the Register (or its part time equivalent).
- They had to demonstrate that any education and training they had undertaken, as well as their experience, meant that they met **all** of the standards of proficiency.
- Assessment could take into account the qualifications and training undertaken by an applicant, in addition to their practice.

Successful applicants, through either route, were registered in the relevant part of the Register in the same way as an applicant following an approved course. Once registered, all registrants have to meet our standards of conduct, performance and ethics. This includes the obligation that registrants should only practise in those fields in which they have appropriate education, training and experience.

Right of appeal

Article 37 provided that applicants had a right of appeal if their application was unsuccessful. Please see page 21.

Grandparenting and human rights

The necessity to hold a grandparenting period when moving from voluntary or state registration to statutory registration is also related to obligations under the Human Rights Act 1998.

Article 1 of the First Protocol to the Convention on Human Rights says that:

‘Every natural or legal person is entitled to the peaceful enjoyment of his possessions. No one shall be deprived of his possessions except in the public interest and subject to the conditions provided for by law and by the general principles of international law.’

The European Court of Human Rights has interpreted ‘possessions’ to encompass a wide range of economic interests including, in one case, the right to exercise a profession.

Article 13 was therefore consistent with the Human Rights Act by recognising the acquired rights of existing practitioners to continue to practise their profession.

Protection of title

The legislation also established how the grandparenting provisions would work with provisions for protection of title during the transitional period. Article 39 (2) provided that:

‘If a person has been practising a relevant profession to which the title mentioned in paragraph (1)(b) relates before the coming into force of an order under article 6(1) which relates to that profession, he will not be guilty of an offence under paragraph (1)(b) –

(a) during the relevant period mentioned in article 13 (1) (b); or

(b) if he applies during the relevant period for admission to the Register, until his application and any appeal from a decision on that application has been finally disposed of.’

The legislation ensured that individuals who had been using a protected title prior to the opening of the Register were not liable to prosecution if they continued to do so during the transitional period. A protected title could be used beyond the closing of the two-year period until a final decision is reached about an application. This included any appeal to the Council or to the courts.

Operational issues: establishing a process

The legislation raised a number of areas where we needed to make decisions about how we would treat applicants who applied to us under the grandparenting provisions.

Tests of competence

The legislation allowed the Council to ask an applicant to undertake ‘any test of competence as it requires him to take’. This importantly provided the Council with a further opportunity to establish the level of an applicant’s knowledge, understanding and skills. It also allowed the applicant a fair opportunity to demonstrate that they met the requisite standard for registration.

The legislation allowed the Council’s Education and Training Committee to decide the circumstances in which an applicant should undergo a test of competence and what form that test should take.

A test of competence could include:

- an interview or oral test;
- a structured written examination;
- a practical test of clinical skills; or
- a combination of oral, written and practical tests.

Such ‘tests’ are often used by health regulators in assessing the competence of overseas qualified professionals.

We considered all the options for deciding the types of test of competence which we would ask some applicants to undertake. We decided that (in the majority of cases) we would ask applicants to undertake an oral test of competence if there were areas of their knowledge, skills and experience which needed clarification. This took the form of an interview with two members of the profession known as ‘registration assessors’ (see page 18).

A small number of applicants were asked to undertake a short practical placement, supervised by a registered member of the profession, or a short assessment when it was felt that this was a better way of assessing their clinical skills. For example, biomedical scientist assessors devised a test which involved photographs of biological samples, to test the knowledge and assessment skills of an applicant which had not been clearly articulated in their application.

We felt that the approach we took to the ‘tests’ would allow them to be flexible by focusing on the individual applicant and their individual practice rather than asking applicants to undertake a rigid assessment process which might not be appropriate to their practice or their educational background.

Practising the profession

The legislation required that an applicant had to satisfy the Council that they had been engaged in the practice of the profession in which they wished to be registered.

There was potential for difficulties surrounding the definition of practising a profession. This included establishing the evidence that we would require as proof of practice and deciding whether that practice could be considered the practice of a profession which we regulated.

We exercised our discretion in deciding whether an applicant had been practising their profession. We asked applicants for information about their career history and their practice. We also asked applicants for details of their professional indemnity insurance if they held any. We took all this information into account in making our decision.

Time in practice

The two grandparenting routes meant that the amount of time in practice was central to the tests that could be applied to an application. It was important that we established ways in which we could establish the amount of time in which an applicant had been in practice.

We did this by asking applicants to provide us with full details of their career history, including the number of hours per week that they had been in practice. We also asked applicants (whenever possible) to send us a grandparenting reference from a person of public standing which confirmed the length of the time that the applicant had been in practice. We took this reference and other information into account in reaching our decision.

The wording of the legislation also needed some interpretation in this area. The legislation meant that route A applicants had to satisfy the Council that they had been engaged in the lawful, safe and effective practise of their profession for three out of the five years before the date of the opening of the Register (or its equivalent on a part time basis).

Route B, however, read that this route was open to applicants who did not meet the route A criteria. This wording was ambiguous in that it was unclear whether route B could apply to applicants:

- (1) who did not meet the three out of five years rule but who had been in practice prior to the opening date of the Register; or
- (2) who had started practising or had completed their education and training after the opening date of the Register.

We sought advice on the issue. The approach we took was that the route B test had to be read in the light of the overall purpose of Article 13 to recognise the acquired rights of existing practitioners (ie those who had been in practise before the statutory Register was opened). We also felt that this was consistent with the provisions of Article 39 about the use of protected titles by those who are not registered.

This subject arose in October 2005 when two cases were considered under our fitness to practise procedures. We can consider cases where an entry in the Register has been fraudulently procured or incorrectly made. This can range from a registrant making a false declaration on an application form to an error made by a member of staff.

We asked the Investigating Committee to consider whether we had made an error in registering two applicants who had not been practising before the opening date of the Register and had completed their education and training after July 9 2003. The Panel concluded that the criteria for registration under article 13(2)(b) had not been met and removed the entries in the Register.

‘Wholly and mainly engaged’ and part-time practice

The legislation required that applicants under route A had to be wholly or mainly engaged in the practise of their profession for three out of the five years preceding the opening of the Register, or its equivalent on a part-time basis.

We had to develop a working definition of what it was to be ‘wholly or mainly engaged’. We also had to decide how we would define part time practice and how long we would require such

applicants to have been in practice.

In most cases it was relatively straightforward to determine whether an applicant had been wholly or mainly engaged because they had been working what we considered to be full-time hours. We decided (for the purposes of Route A applications) that full time was approximately 35 hours of practice per week.

We decided that ‘wholly or mainly engaged’ in part-time practice constituted approximately 16 hours per week. This was based upon the approaches taken in the European Working Time Directive and by the UK Tax Office. We also decided that for part-time applicants to be eligible under route A, they would have to demonstrate equivalent practice and that this would be approximately six out of the ten years preceding the opening of the Register.

However, we recognised that circumstances varied. Applicants had often been engaged in a combination of part-time and full-time practice. Others had been engaged in more than one profession. Because of this we considered each application individually; taking into account all the information we received in making our decision.

Eligibility for grandparenting

The ‘international route’ to registration is established by Article 12 of the Order. This establishes that a person who has an overseas qualification is considered to hold an approved qualification (i.e. one leading to registration) if the Council is satisfied that the combination of their qualification, training and experience meets the standards of proficiency.

The legislation does not specifically prohibit an applicant who has an internationally obtained qualification from applying via the grandparenting route. Further, the terms of article 13(2)(b) specifically said that an applicant’s experience may have been obtained outside of the UK.

We advised internationally qualified applicants that they should apply via our international route.

Our policy

In May 2003, after we had developed a clear process, we sent this to organisations representing registered and unregistered practitioners for their comments and suggestions.

The document clearly established the process we would follow in handling grandparenting applications. Throughout, we tried to establish clear criteria without limiting the Council as to the information it could take into account in assessing an application, or unduly disadvantaging applicants.

Asking for feedback was one way in which we tried to ensure that our requirements were clear, fit for purpose and open to everyone with an interest in the process. It also allowed us to explain some of the rationale behind the development of our requirements.

Applications and assessment

Organisation

The processing of grandparenting applications was undertaken by our International Registrations team, which became known as 'International/Grandparenting Registrations'.

We recognised the similarity between the grandparenting and international registration processes and thought that grandparenting would be most efficiently managed within this department.

In November 2002 we appointed a manager to oversee the grandparenting process. This included undertaking the necessary work to prepare us for receiving the first grandparenting applications the following year. They became responsible for the new department once our Register opened on 9 July 2003.

Applications

We required grandparenting applicants to provide us with more information than applicants for the UK route. We required applicants to complete a supplementary information form together with the standard application form in order to help us assess their application. This included:

- Information about the time they had been in practice, including how many hours they were currently practising.
- Information about their education, training and a summary of their career.
- A statement of practice telling us about the nature of their practice. We suggested that applicants might provide us with up to three case studies to help us decide whether they met our requirements.
- Information about their profession indemnity insurance (if held, optional).
- A further reference confirming their time in practice (optional).

Case study

"I am a domiciliary chiropodist based in South Essex. I qualified in October 1996, gaining a diploma from the Scholl Faculty of Chiropody Training.

When I applied for registration, I found the application process to be disorganised. The forms were daunting in volume and complexity and I found the text was ambiguous in places. At branch meetings of my professional body, the Institute of Chiropodists and Podiatrists, it seemed that the way in which applications were assessed differed with each registration assessor.

The case studies requested as part of the application caused particular problems. The guidance notes didn't give enough information about the level of detail required and because of this, the nature of the case studies submitted by colleagues varied from brief to very detailed. Others chose not to submit any case studies.

I first applied in November 2003 but my application was returned to me because they said that I needed to obtain a new health reference from my GP. This meant that I had to pay for a new reference and I still don't understand why this was necessary. I submitted my second application in March 2004 but didn't hear anything until seven months later. The guidance notes also changed in early 2004 and this meant I had to rewrite a lot of my application.

I was asked to attend an interview (a 'test of competence'). I had heard about the style of the interviews from a colleague but whilst waiting for the interview I was unprepared for the previous interviewee to be so upset when leaving the room. However, it proved to be a fairly 'standard' interview and I received the outcome promptly. For practitioners unused to interviews it may be daunting, and some advice and guidance may well assist those unsure and concerned about the process.

Despite my anger and indeed horror at the requirement for a test of competence, in the end

it proved to be beneficial personally and indirectly to my patients. In order to prepare for the interview I spent as much time as possible on intensive revision, through reading, discussion with colleagues and research via the internet. I re-evaluated some of my working practices and the experience made me realise the value of attending regular peer group meetings.

I have always been pleased to tell patients I was Scholl trained and I am now pleased to be able to use the protected title 'chiropodist' and delighted that I have national registration. I appreciate the value of registration in setting standards. However, I believe we are still a long way from the general public being aware of the function of HPC registration."

Evangeline Bowles – chiropodist / podiatrist

We encouraged grandparenting applicants to provide us with as much information as possible so that we could make a decision about their applications.

We required a scrutiny fee of £200 from each applicant to cover the costs of processing and assessing their applications. If successful, the registration fee, as for the other registrants, was £120 for two years registration.

Assessment

All application forms were initially entered into our registration database. Each application was scrutinised to check that an applicant met the requirements for the entry route under which they were applying. If any information was missing or if we needed to clarify anything in the application we would ask the applicant for further information.

Applications were sent to members of the relevant profession for assessment. These members of the profession were known as 'registration assessors'. Assessors normally worked in pairs of one clinician and one academic. We felt that this allowed a fair assessment of both an applicant's practical experience and their education and training (if relevant).

In the vast majority of cases, assessors worked remotely in assessing paper-based applications. However, towards the end of the grandparenting period, we trialled getting several assessors together to reach decisions on applications as a group. This proved to be an effective way of dealing with the large volume of applications we received toward the end of the period.

The assessors scrutinised all the available documentation against the relevant criteria to reach a decision upon which they both agreed and then completed a 'record of assessment'. This detailed the reasons why a particular decision had been reached. The reasons given were referenced against the applicable test.

The decision reached was a recommendation to the Council. The options available to the assessors were:

- to accept the application;
- to reject the application;
- to ask for further information ('further verification'); or
- to ask the applicant to undertake a test of competence.

The recommendations of the assessors were scrutinised by our Registrations team and applicants advised of the outcome.

Case study

"Tests of competence (TOC) are normally oral interviews conducted by two registration assessors. Applicants were asked to attend a TOC when the assessors looking at their applications were unable to reach a clear decision on paper alone. This was often because case studies provided by the applicant were insufficiently detailed to satisfy the standards of proficiency and sometimes where the information appeared to be 'standardised' or class teaching material which was of limited value in coming to conclusions about that applicant's practice. The applicants most

frequently considered by a TOC were those applying under route 'B' because they had to demonstrate that they met all of the standards of proficiency.

We conducted the majority of the tests for chiropodists and podiatrists and this allowed for consistency in decision making. The format was a very good way of exploring the material submitted by the applicants, and was valuable in overcoming any difficulties caused by paper-based applications.

The biggest challenge was overcoming the wide variation in the knowledge, experience, skills and abilities of applicants who had undertaken training which varied enormously. In conducting the tests of competence it was necessary to have good skills in rephrasing questions to ensure that the applicant had a fair opportunity to demonstrate whether they met the necessary standards.

Many applicants had never been faced with an interview situation before so, understandably, were nervous and did not know what to expect. We tried our best to make interviewees at ease and where they had brought prompt material to the interview they were encouraged to set it out in front of them so that they could refer to it if they wished.

As the interview process went on it became clear to us that previous applicants had passed on specific questions or subject areas for which the applicant should prepare. Sometimes we found that applicants had learnt 'rote' responses to certain questions and we certainly found such answers of limited value in assessing understanding of reflective practice. Occasionally an unsuccessful applicant complained that they were not asked the same questions as other colleagues. However, each interview was necessarily different because the starting point was always the assessment of the individual application and the standards of proficiency which were identified as potential shortfalls by the previous assessors.

Although a stressful process, some successful applicants commented that they had found their interview to be a stimulating exercise which was ultimately helpful to their clinical practice."

Peter Graham and Donald Lorimer –
chiropodist / podiatrist registration assessors

Registration assessors

We use the services of a number of different 'partners' in carrying out our work. Partners are professionals who appear on our Register, and lay people, who provide the expertise we need for good decision making. Registration assessors are just one 'type' of partner. Other types of partner include 'panel members' who sit on our fitness to practise panels and 'visitors' who visit higher education institutions and help us decide whether we should approve an education programme.

There are approximately 200 assessors across all the 13 professions we regulate who work as agents of the HPC and undertake the assessment of international and grandparenting applications.

To recruit the assessors we advertised in the national press, in professional journals and on our website. We required applicants to be registered members of the professions we regulated with appropriate experience.

The task of deciding how many assessors we would need to appoint was a difficult one. In determining how many assessors we would appoint we took into account a number of factors including:

- past experience under the CPSM of assessing applications from overseas qualified professionals;
- the size of each profession currently on the Register;
- the estimated size of the unregistered sector in each profession;
- the modalities in each profession (for

example, there are ten modalities in clinical science, and radiography is divided into two distinct modalities – diagnostic and therapeutic); and

- the need to recruit assessors with both clinical and academic experience.

In certain professions such as clinical science we recruited disproportionately high numbers of assessors compared to the size of the profession. This was because we needed to ensure that we had at least two assessors from each distinct modality in the profession.

All our registration assessors received training which included information about the legal basis of grandparenting and sample applications. They were also provided with copies of the legislation, standards and training materials.

We also held review sessions for each professional group of assessors. The topics covered in the review sessions were often informed by the appeals process (see page 21).

Case study

“I am a principal grade clinical scientist responsible for the management of the routine service undertaken by the Northern Molecular Genetics Service. During my career my particular interest has been in neuromuscular disorders such as facioscapulohumeral muscular dystrophy (FSHD). Our laboratory is one of only two in the UK which offer diagnostic testing for FSHD. We also get referrals from all over the world.

I was interested in the becoming a ‘partner’ with the HPC because I liked the idea of working for a new organisation with an important role of protecting the public who use the services of health professionals. I was interviewed and accepted to be a registration assessor for international and grandparenting applications and as a panel member and visitor.

I was with one of the first groups that were trained to assess applications. The process seemed reasonable but limited by various pieces of

legislation. When it came to doing the assessments for real, it was inevitably a fairly steep learning curve. This was a new way of working and each grandparenting application often proved to be very different.

There were always two registration assessors working remotely but jointly to come to an agreement on each grandparenting application. Sometimes there were many emails between us before we agreed on our final assessment and the reasons for our decision. A different way of carrying out the grandparenting assessments has recently been trialed by getting a group of assessors together and completing a big batch in one sitting. I think that this is a really good idea and would ensure better consistency, allowing difficult cases to be discussed by a number of assessors.

The aim was to consider and agree a decision about an application in two weeks. This was often difficult to manage unless the application was very straightforward. The volume of documentation, postal delays and the demands of a full time job and home life could make it pretty difficult to achieve.

Sometimes it could be difficult dealing with ideas around scope of practice. Whilst it was relatively straight forward dealing with route A applications, it was sometimes difficult to make sure that applicants for route B met all the standards of proficiency when they had training and experience in a specialised field. This often meant we had to ask applicants for further information.

Now grandparenting has finished I am still involved in assessing applications from applicants who have qualified outside of the UK. On the whole I find the registration assessor role challenging and illuminating but sometimes also a real headache!”

Daisy Haggerty – clinical scientist registration assessor

Closure of the two-year period

Our offices were open and staffed until midnight on 8 July 2005 to receive grandparenting

applications. We received a number of applications that night and had to turn away one applicant who arrived after the midnight deadline.

We received a large volume of applications in the weeks leading up to the closing of the grandparenting period. We also received a number of applications in the weeks following the deadline, and, despite clear information about the closure of grandparenting, we continue to receive a very small number of applications each month. We return these to the individuals concerned.

By the end of 2006, there were 40 grandparenting applications outstanding. This reflects the huge workload involved in processing and assessing the large volume of applications we received in the final months of grandparenting.

Statistics and analysis

The statistics referred to in this section are found between pages 27 and 30.

Volume of applications

Graph 1 on page 27 shows the volume of applications we received during the grandparenting process.

Between January and July 2005 we experienced a four-fold increase in the numbers of applications we received in the same period the previous year and this represented more than 50% of the total applications we received over the two years.

This inevitably had resource implications and we identified early on that we needed to employ additional members of staff in order to deal with the increased workload.

Applications by profession

Chiropodists / podiatrists accounted for 69% of all applications we received. The next largest professional groups were clinical scientists (11%), physiotherapists (7%) and biomedical scientists (5%). Orthoptists were the smallest group, with only one application received.

The variation in the volume of applications received can be accounted for by looking at the

history, development and size of each profession. Chiropodists / podiatrists accounted for the largest professional group because of a large number of practitioners working in the private sector who previously were ineligible for state registration. The numbers of applications from physiotherapists that we received also reflects a sizeable private sector.

Very few applications were received from orthoptists, prosthetists and orthotists and radiographers. This can be explained by considering the size of the profession and also by considering that these professions have tended to work mainly within the National Health Service (NHS) and, therefore, most practitioners were previously state registered.

Applications from clinical scientists and biomedical scientists accounted for 16% of all applications. Both professions have a tradition of occupational based training, where academic content is supplemented by a period of on-the-job achievement of additional competencies. This might account for the volume of applications in each of these professions.

Success rates

Tables 1 and 2 on pages 28 to 29 show the percentage of successful applications in each profession, and in each route. Overall, 93% of applications were successful. There is some variation in the overall success rate by profession, but this tends to vary with the numbers of applications received. Amongst dietitians and orthoptists, 100% of applications assessed were successful. However, total applications in these professions accounted for less than 0.1% of all applications received.

As might be expected given the difference between the tests that could be applied, the overall success rate was lower for route B applications (82%) compared to route A (96%). Physiotherapy had the lowest success rate for route B applications (excluding prosthetist and orthotists with only one application) with 53% of applications successful.

Appeals

Overview

The Order provided that applicants had a right to appeal to the Council against a registration decision. Article 37 provided that:

‘(1) where the Education and Training Committee under this Order—

(a) refuses an application for registration, readmission or renewal or for the inclusion of an additional entry;

(b) in determining an application under article 9 or 10, impose additional conditions which must be satisfied before the applicant may be admitted to readmitted to or retained on the Register;

(c) fails, within the terms of article 9(7), to issue a decision, the person aggrieved may appeal to the Council within the prescribed period.’

The circumstances in which an appeal could be made included:

- a decision to reject a UK, international or grandparenting applicant;
- a decision to ask an applicant from the European Economic Area (EEA) to undergo a period of adaptation;
- a decision not to allow an application for renewal or readmission to the Register (on health and character grounds); and
- a failure to provide a decision within certain specified time periods.

The Health Professions Council (Registration Appeals) Rules Order of Council 2003 established the process which we would follow in administering an appeal against a decision of the Education and Training Committee.

Appeals had to be sent in writing to us within 28 days of the decision to reject an application and had to include a clear statement giving the grounds for the appeal. This had to explain as clearly as possible why the appellant disagreed with the decision to reject their application. Appellants could also send us any additional

supporting documentation for our consideration.

Appellants could ask to have their appeal considered purely on the documentation they sent in or they could ask to attend an appeals panel in person. If an appellant decided to attend a hearing this had to be held in the home country of the appellant (if they were resident in the UK).

We established panels that would make decisions about appeals. Panels had to include a council member as chairman, at least one professional from the relevant part of the Register, and a lay person. The rules also meant that the number of professionals could not exceed the number of lay people by more than one.

The possible outcomes of an appeal under Article 37 were detailed in Article 38. They were:

- dismiss the appeal (the original decision stands);
- allow the appeal (the person can be registered);
- remit the appeal to the Education and Training Committee with directions (ie direct that the application is reassessed, often with further information taken into account); and
- substitute the decision for any decision that could have been made.

Article 38 of the order provided that an appellant had a further right of appeal to the county court and, in Scotland, to a sheriff. To date only one such appeal has been made and this was later withdrawn by consent.

Process – considerations

As appeals against grandparenting decisions were appeals made to the Council against its own decision, it was important that we established processes which were fair and transparent.

The appeals process was run by our Fitness to Practise Department. This ensured that the

administration of appeals was kept separate from the administration of registration decisions. We felt that this was good corporate governance because this helped to ensure that, as far as possible, the appeals process was fair and impartial.

It was also important that we developed robust systems and processes by which we could track the status of appeals. A clear audit trail was needed to ensure that appellants were treated fairly and appeals disposed of in a timely manner.

There were a number of important financial and resource implications of the appeals process. As no one previously involved in the making of a registration decision could be involved in the appeals process we had to ensure that we had a sufficiently large pool of appropriately trained panellists and council members to consider appeals. Registration appeals panellists were drawn from registration assessors and partners who sat on fitness to practise panels.

The requirement for appeals to be heard in the home country of the appellant (if living within the UK) placed further demand on resources. We had to make logistical decisions about how we would organise and arrange appeals hearings. For example, we had to decide how many appeal cases would be heard in one sitting. We had to make effective use of our resources whilst trying to ensure that appeals were considered within a reasonable timeframe.

Statistics and analysis

Table 3 (page 30) shows the volume of appeals we received and their outcomes.

Volume of appeals

The highest numbers of appeals were received amongst chiropodists / podiatrists, physiotherapists, clinical scientists and biomedical scientists. These professional groups were also those with the largest numbers of applications. Chiropodists / podiatrists accounted for the highest number of appeals and this represented less than 3% of the total

number of applications received, but 58% of unsuccessful applications in this profession.

The volume of appeals we received followed a similar pattern to that for applications. This had demands on resources and early on we identified the need to appoint a case manager to handle the registration appeals process.

Appeal outcomes

The possible outcomes of an appeal are given on page 30. Of the appeals, 27% were successful, 27% were unsuccessful and 12% were remitted back to the Education and Training Committee with instructions. This often meant that the applicant was asked to provide further information which could be looked at afresh by the registration assessors or the applicant was asked to undergo an oral test of competence (please see page twelve).

Relatively early on, we identified a number of cases (15% of the eventual total) where the correct test had not been applied. This often meant that a processing error had led to an application being assessed against the route B test when it fulfilled the criteria for a route A application. These applications were re-checked and the majority were accepted. These cases represent less than 1% of the total number of applications we received.

Reasons for appeals

The experience of administering an appeals process indicated some possible reasons for appeals occurring:

Automatic right to appeal

Applicants could appeal a decision to reject their application without any additional costs or fees. This could be linked to the rate of rejected applications to appeals. Around 56% of unsuccessful applications gave rise to an appeal.

Insufficient information

Applicants often provided insufficient information with their initial applications. When

we sent them our decision they realised that they had not included enough information about their experience and skills and often did so during the appeals process. This included providing additional case studies or more information about their education and training.

Applicants were also sometimes confused by the difference between the two routes and how this would influence how their applications were assessed. This often led to them providing insufficient information to meet the criteria or led to them applying via the wrong route.

Undertaking further education and training

Sometimes applicants for route B would appeal our decision to reject their application whilst undertaking further education or training to try and make up the shortfall in their skills or experience.

Feedback on the registration process

Once appeals were concluded, we were able to feed back the experience of the appeals process to the administration and processing of applications.

We were able to make improvements to how we processed and handled applications, including:

- A new control sheet was produced to make sure that we thoroughly checked application forms to make sure that the applicant was eligible to apply and had applied for the correct route.
- We amended the guidance notes to encourage applicants to include as much information as possible to help us assess their application.
- A new assessment feedback sheet was produced to aid registration assessors in applying the correct test and in reaching a reasoned decision.
- Regular training sessions were held for

registration assessors and registration officers, informed by the experience of the appeals process.

Communications

A clear communications strategy was central to the successful execution of the grandparenting period. Our communications strategy was aimed at:

- raising awareness of the grandparenting requirements amongst unregistered practitioners, organisations representing them and training establishments;
- effectively communicating the purpose of grandparenting to other professionals; and
- raising public awareness of the HPC, its role and powers – specifically its role in protecting professional titles.

The consultation process which established the HPC, its functions and powers was an effective way of engaging existing registrants, previously unregistered practitioners, professional bodies and other stakeholders. Representatives of these groups were also involved in the government review of the CPSM and the subsequent public consultation.

We communicated the grandparenting process to unregistered practitioners in a number of ways, including:

- attending meetings and conferences run by professional bodies and associations representing the unregistered sector;
- producing brochures about registering with the HPC;
- providing clear information on our website; and
- delivering talks to professional body meetings about the changes to legislation.

As part of our work to assess the likely demand for grandparenting, we wrote to private training institutes and private member organisations and they sent their members a letter which explained the grandparenting process. We sent a further letter to all those who wanted to be

kept updated letting them know when the application forms were available.

Other professional bodies and associations also mailed their members to reiterate the importance of applying before the July 8 2005 date. We wrote to all the professional bodies in June 2005 reminding them of the impending closure of the grandparenting arrangements and encouraging them to remind their members.

These steps were supplemented by numerous articles which appeared in the local and national press and in professional journals throughout the two year period.

We also undertook an extensive advertising campaign to raise awareness of the HPC, amongst members of the public and raise awareness of title closure to unregistered health professionals. As part of this, we produced and widely distributed posters which explained our role and the forthcoming change in the legislation. These posters were supplemented by advertising on buses, London Underground and car stickers. We also advertised in a number of magazines and ran a radio campaign. 'Banner' advertising from late 2004 raised public awareness by prompting those who searched for a professional title on 'Yell.com' to check that someone was registered.

We raised the profile of the HPC, protection of title and the closure date by working with the Football Association to encourage those football physiotherapists who had not applied to be registered.

In addition, from 2002 we held over 200 public meetings all over the United Kingdom which were attended by registrants, applicants, members of the public and other stakeholders. These meetings provided an opportunity for individuals and organisations to engage with us, sometimes on specific issues, other times on more general issues about how we work as an organisation.

After grandparenting

Our communications strategy has further focused on raising awareness of the HPC amongst the general public. We have particularly focused on protection of title and the need for people to check to make sure that professionals are genuine and registered with us.

For example, in November 2005 we launched a microsite, www.hpcheck.org, following market research which showed that only small numbers of the public had ever checked to make sure that their professional was registered. The website provides clear information about the HPC and encourages members of the public to check that their professional is registered. This received television and press attention.

We have also distributed posters to NHS organisations and GP practices to further raise awareness of the HPC, protected titles and registration.

Evaluation

We believe that our communications strategy was generally successful in raising awareness of grandparenting amongst the unregistered sector.

We decided to target our resources by primarily focusing on raising awareness amongst organisations representing unregistered practitioners, and particularly among those professions with large unregistered or private sectors. Advertising, articles in professional journals, attendance at various events and providing clear, easy to access information on our website and in hard copy was an effective way of achieving this aim.

However, our experience highlights the difficulty of information reaching all of those with an interest in the process. In the early stages of the grandparenting period we were contacted by students who were nearing the end of study at private training chiropody and podiatry institutes. We had to inform them that given the requirements of the legislation they would be unable to use the relevant protected title once

they were qualified. This highlights that to a certain extent it is necessary to rely on others, such as private training institutes, to disseminate information amongst their own students and networks.

Additionally, following the end of grandparenting, we did receive a small number of letters and calls from individuals who said that they were unaware of our existence and the change in legislation. This indicates the difficulty in ensuring clear lines of communication with all those who might be affected by the introduction of statutory regulation. It also highlights that, whilst it is possible to contact organisations representing unregistered practitioners, it is difficult to reach individuals who may be independent or domiciliary practitioners and who are not a member of any professional body, association or union.

Our advertising in the lead up to the closure date caused a small number of complaints from applicants. Applicants could continue to use a protected title until such time as a decision had been reached in respect of their application or the outcome of any appeal. Because of this some felt that our adverts were misleading in that they did not contain this caveat.

Advertising relies on strong, clear messages in order to get its message across. We felt that it was important that we raised public awareness of protection of title and that we could not delay this message until an indeterminate point in the future when all applications had been processed. We further recognised that this would only apply to a relatively small amount of people when we were continuing to process their applications.

Our advertising strategy was primarily aimed at the general public but was also successful in reaching other stakeholders such as registered professionals, employers and others. Our research has subsequently shown an increase in public and professional awareness. Our ongoing communications strategy continues to build upon this growth in recognition.

Conclusion

We hope that you have found this review informative. Our experience shows that managing a successful grandparenting process is a challenging task – from meeting the requirements of the legislation; to devising a process which is fair and consistent to all; to communicating that process to as wide an audience as possible. Grandparenting affected all parts of the organisation.

Consistently throughout this review, managing resources has been identified as a key area, made all the more problematic by the challenge of reaching a reasonable expectation of the likely number of applications and how they would be spread over the two-year period. Assessing applications in a fair and consistent manner, and considering appeals against our decisions, were certainly resource intensive tasks.

It was important throughout that we learned from our experience – refining our processes to improve them whilst maintaining fair and equal treatment for all applicants. This experience will also guide us in running grandparenting periods for any future professions that we regulate.

Whilst grandparenting was a challenging process, it was driven throughout by a desire to protect members of the public – by ensuring that those practising one of the twelve professions we regulated were able to do so safely and effectively and to agreed national standards.

Marc Seale

Chief Executive and Registrar

Appendices

Application and appeals statistics

Key to tables

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

Graph 1 Grandparenting applications received July 2003 to July 2005

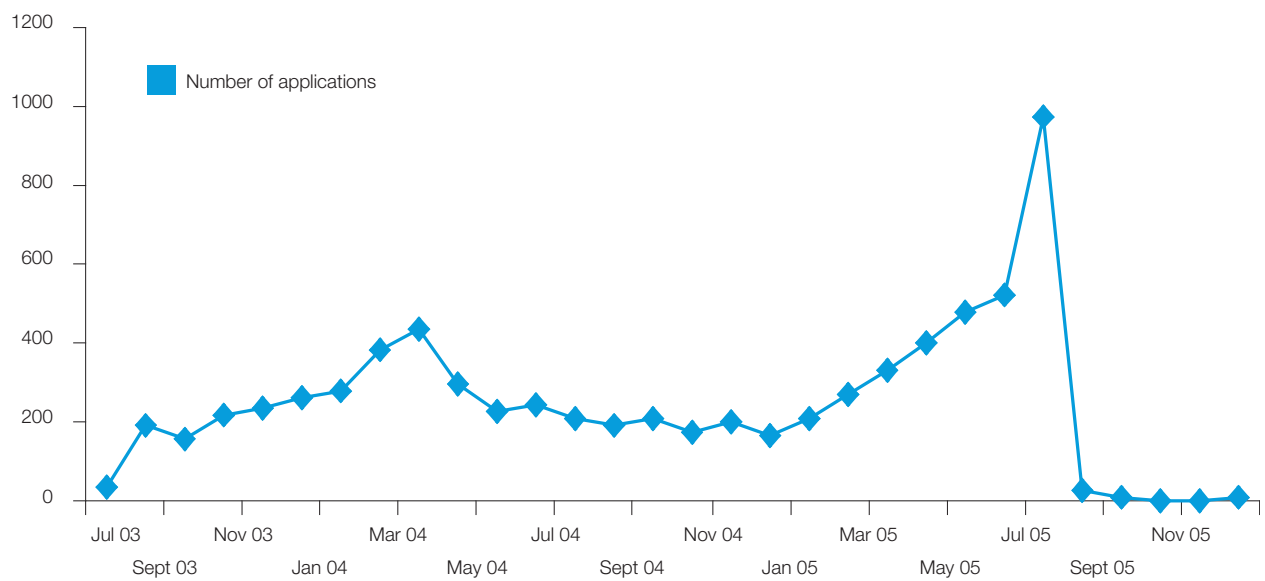


Table 1 Grandparenting applications received by profession

Profession	All applications	Withdrawn applications	Total number of applications less withdrawn applications	Number of successful applications	Overall success rate (%)
AS	79	13	66	56	84
BS	404	73	331	305	92
CH	5273	1112	4161	3922	92
CS	719	66	653	619	95
DT	5	2	3	3	100
OR	1	0	1	1	100
OT	12	5	7	4	57
PA	219	32	187	179	96
PH	521	74	447	340	76
PO	4	1	3	3	100
RA	17	13	4	2	50
SL	172	27	145	141	97
Total	7426	1418	6008	5575	93

Notes

- This table above shows the number of grandparenting applications received per profession.
- The 'all applications' figure includes applications which have a status of 'withdrawn'. Whenever we received an application which was incomplete in some way, we returned the application to the applicant and withdrew it from our system. The majority of these applicants subsequently sent us back their application form with the missing information. However, a small number did not.
- The success rate is calculated using the figure in the column '**Total number of applications less withdrawn applications**' because this avoids double counting applications which were sent to us incomplete at first.

Table 2 Grandparenting applications received by route

Profession	Route A applications	Route B applications	Unallocated	Successful route A	% successful	Successful route B	% successful
AS	34	32	1	34	100	25	78
BS	267	45	18	253	93	36	80
CH	3027	964	169	2981	98	785	81
CS	484	144	24	463	96	131	91
DT	2	1	0	2	100	1	100
OR	1	0	0	1	100	n/a	n/a
OT	6	0	1	3	50	n/a	n/a
PA	100	43	43	92	92	43	100
PH	357	70	20	291	82	37	53
PO	2	1	0	2	100	0	0
RA	2	1	1	0	0	0	0
SL	73	65	6	72	99	63	82
Total	4355	1366	283	4194	96	1121	82

Notes

- This table does not include withdrawn applications.
- The table above shows the numbers of applications we received in each grandparenting route, and the numbers and percentage of successful applicants in each route.
- The figures given in the 'unallocated' column are those applications which were assessed against the criteria but where a processing error meant that no route was recorded on our applications database.
- The total number of applications where no route was recorded represents less than 5% of all the applications we handled.
- The success rate figures are calculated using the available data about application routes and therefore do not include the applications which were unallocated.

Table 3 Number of appeals by route with their outcomes

Profession	Number of appeals Route A	Route B	Allowed	Dismissed	Remit to ETC	Legal advice	Withdrawn	Outstanding
AS	2	3	2	1	0	0	2	0
BS	11	4	9	2	0	0	3	1
CH	52	86	23	37	26	34	20	2
CS	14	11	22	1	0	0	0	2
DT	0	0	0	0	0	0	0	0
OT	0	0	0	0	0	0	0	0
OR	0	0	0	0	0	0	0	0
PA	6	1	1	0	0	1	4	1
PH	32	36	13	28	5	3	6	2
PO	0	0	0	0	0	0	0	0
RA	0	1	0	1	0	0	0	0
SL	0	1	0	0	0	0	1	0
Total	117	142	70	70	31	38	36	8

Notes

- The table above shows the numbers of appeals against grandparenting registration decisions we received by route, together with their outcomes. The data is for the period 9 July 2003 to 31 July 2007.
- Please see pages 21 to 23 for an explanation of the outcomes of appeals.
- **'Withdrawn'** appeals refer to when the appeal was withdrawn by an appellant. An appellant could not reapply to us whilst they had an active appeal. Some appellants chose to withdraw their appeals and reapply.

References and sources of further information

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'The role of a registrant assessor' (April 2003)

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'Who can say if a health professional is genuine?' (April 2003)

Health Professions Order 2001 and associated rules

Human Rights Act 1998

Professions Supplementary to Medicine Act 1960

All available from **www.opsi.gov.uk**

Health Professions Order 2001 and rules also available from **www.hpc-uk.org**

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