

**Standards of Education and Training review meeting, 13 September 2007:
Issues to consider and suggested changes to the SETs**

Executive summary and recommendations

Introduction

Article 15 (1) of the Health Professions Order 2001 (“the order”) provides that:

The Council shall from time to time establish—

(a) the standards of education and training necessary to achieve the standards of proficiency it has established under article 5(2)

The attached paper sets out some of the principles behind the Standards of Education and Training (SETs) and the main issues that have been suggested to us by stakeholders.

Decision

This paper is for discussion.

Background information

None

Resource implications

N/A

Financial implications

N/A

Appendices

None

Date of paper

3 September 2007

Date	Ver.	Dept/Cmte	Doc Type	Title	Status	Int. Aud.
2007-09-04	a	POL	DCB	Issues to consider and suggested changes	Draft DD: None	Public RD: None

Standards of Education and Training review meeting: Issues to consider

Introduction

The Health Professions Council (HPC) is a multi-disciplinary health regulator that currently regulates 13 professions. We may regulate other professions in the future.

Our primary role is to protect the public. To do this 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).

The Standards of Education and Training (SETs) were published in 2004. They are applicable to education providers and the programmes that they run for professions currently regulated and those which may be regulated in the future.

They have been used by education providers and visitors for 3 years to assess whether a graduate from an educational programme will meet the Standards of Proficiency.

In 2006 we consulted on guidance for the SETs and found that some of the respondents felt there should be alterations made to the standards themselves.

The intention of the review is to examine, discuss and agree to any alterations to the SETs or guidance that the group feels are required.

Aims

The work plan sets out the aims of the review, to ensure that the SETs:

- assist in HPC's primary role to protect the public;
- are fit for purpose;
- are suitably flexible so that they are relevant to the education and training of all 13 professions;

- are appropriate for the requirements of education and training;
- are easily understood by education providers and all other relevant stakeholders; and
- are applicable UK wide.

Main issues

Since the SETs were published in 2004 they have been used by education providers and visitors to assess whether a graduate from an educational programme will meet the Standards of Proficiency. During this time we have collected feedback, comments and suggested alterations to the SETs.

The suggested changes to the SETs are mapped out against the individual SET in Appendix 1. Discussion commentary has been added below the suggested changes where appropriate.

The following is a list of the main issues that have been brought to our attention. This is not a definitive list and other issues may come to light during the discussions of the review group.

- Threshold entry level.
- The order of the SETs.
- Wording of specific SETs (additional and alterations).
- Age discrimination legislation.
- On going health and character checks for the duration of the programme.
- Requirement for professional body contact.
- Adding new SETs, combining SETs or rewriting SETs to pull out the differences.

Suggested changes to the SETs

The suggested changes were made to us by a variety stakeholders. They have come in a variety of forms over the 3 years that the SETs have been used, including, feedback from visitors and education providers, responses to the consultation on the SETs guidance and questionnaires completed by professional bodies.

If the response states that no alteration needs to be made to the SET it has not been added to this working document.

SET 1: Level of qualification for entry to the Register

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.

Suggested changes:

Threshold levels:

Set 1.1.5 - South Trent Training Centre for ODPs suggested the threshold level for ODPs should be Foundation Degrees in Operating Department Practice.

The Association for Perioperative Practice (AfPP) felt that "...for operating

department practitioners" should be removed because it is confusing. AfPP also felt it is unclear why the phrase "The Council normally...." is used rather than "The Council expect that the threshold...".

The Institute of Chiropodists and Podiatrists (ICP) felt that the SET is ambiguous because it allows for different levels of qualifications. They felt that the level for chiropodists/podiatrists should be at a level that also allows for the regulation of Pedicurists, Assistant Practitioners and Footcare Clinicians.

The PLG is asked to consider the following:

- a) whether further requirements about handling FTP concerns need to be added e.g. establishing FTP committees; and
- b) whether more explicit reference to the professional values articulated in the SCPE needs to be made.

Our comments:

The threshold qualifications are at the level which is the minimum normally for an approved programme. Qualifications which exceed those threshold standards may also be approved.

The inclusion of the term "normally" in SET 1 is a safeguard against the unlawful fettering of the Council's discretion as, if a programme which was provided in a form other than one of the awards set out in SET 1 was nonetheless capable of delivering the SoPs and the remaining SETs, the Council could not refuse to approve it solely on the basis of the form of award.

SET 2: Programme admissions

Professional body responses

The Royal College of Speech and Language Therapists (RCSLT) asked whether there should be a SET regarding people coming into the profession/course with a disability and expectations.

Our response

Education providers have to meet their own responsibilities under the Disability Discrimination Act 1995. The Council has published guidance for education providers and for applicants to approved courses about this.

The guidance is available from:

<http://www.hpc-uk.org/publications/brochures/index.asp?id=111>

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;

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;

Suggested changes:

AfPP feel this needs to be clear whether this relates to admissions onto the register or an educational programme.

RCSLT state that the level of English required at exit level is often stipulated; however entry level English also needs to be clearly defined too.

2 Programme admissions

The admissions procedures must:

2.2 apply selection and entry criteria, including:

2.2.2 criminal convictions checks;
<p>Suggested changes:</p> <p>North West London Strategic Health Authority suggested the word “checks” should be changed to “clearance” in relation to criminal convictions.</p> <p>AfPP feel that a clear process and guidance would be valuable on the judgement of 'acceptable' positive enhanced CRBs.</p> <p>Our comments:</p> <p>The CRB do not offer ‘clearance’ but provide information. Education Providers should be have their own disccression to decide whether the information they have about an applicant shows that they may put the public at risk.</p> <p>The CRB, Scottish Criminal Record Office and the Police Force of NI all do criminal convictions checks. .</p>

2 Programme admissions
<p>The admissions procedures must:</p> <p>2.2 apply selection and entry criteria, including:</p> <p style="padding-left: 20px;">2.2.3 compliance with any health requirements;</p>
<p>Suggested changes:</p> <p>University of London suggested that health and character checks should be maintained during the course.</p> <p>RCSLT felt that students should be monitored annually to ensure they are complying with health regulations and declaring criminal convictions.</p>

2 Programme admissions
<p>The admissions procedures must:</p> <p>2.2 apply selection and entry criteria, including:</p> <p style="padding-left: 20px;">2.2.4 appropriate academic and/or professional entry standards;</p>

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.

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.

SET 3: Programme management and resource standards

Professional body responses

ACS feel that there would be advantages in having a requirement for the programme leader to have regular contact with the registration body to ensure that the courses being taught deliver clinical scientists fit for practice and ultimate registration.

AfPP feel it is unclear to the collaboration, overlap and exclusive aspects of both the academic and practical environment.

The Institute of Biomedical Science (IBMS) state that funding arrangements and sources vary between the home countries, therefore education providers should be assessed on their ability to resource the programme from existing sources in conjunction with employers and should not necessarily be penalised for lack of DH funding.

3 Programme management and resource standards

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

3 Programme management and resource standards

3.2 The programme must be managed effectively.

Suggested changes:

The British Dietetic Association (BDA) felt that the wording should be strengthened to include reference to quality assurance processes being in place.

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.

Suggested changes:

RCSLT enquired about making the SET more robust to reflect the possibility of a gap in knowledge of a course leader who has moved from clinical placement to an academic teaching environment.

The PLG is asked to consider whether the current wording opens the possibility for programme leaders to be on the Register without being appropriately qualified and experienced?

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.

Suggested changes:

RCSLT were concerned that the rigour and management of a course may be at risk if members of staff were to go on long term sick leave.

3 Programme management and resource standards

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

Suggested changes:

The British Association of Art Therapists (BAAT) were concerned that teaching teams primarily populated with Academics loose sight of the reality of practice. They felt the operative word should be 'current and up-to-date' and therefore proposed the following change:

'Subject areas must be taught by staff with relevant, current specialist expertise and up-to-date knowledge.'

3 Programme management and resource standards

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

Suggested changes:

Leicestershire, Northamptonshire and Rutland Healthcare Workforce Deanery suggested including "...continuing *clinical credibility and professional...*"

3 Programme management and resource standards

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

Suggested changes:

Oxford Brookes University suggested that the language should refer to measurable and controllable elements.

Oxford Brookes University suggested combining with 3.12

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.

Suggested changes:

Oxford Brookes University suggested combining with 3.10

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.

3 Programme management and resource standards

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

Suggested changes:

Combine SETs:

Oxford Brookes University suggested combining with 3.8

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.

Suggested changes:

BAAT proposed an addition:

'The visitors will want to be assured that the administration of the course in terms of teaching rooms and attendance of teaching staff is of a good standard and will not prevent trainees from meeting the mandatory aspect of their course'.

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.

Suggested changes:

Oxford Brookes University suggested combining with 3.7

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.

SET 4: Curriculum standards

Professional body responses

ACS feel that there would be advantages in having a requirement for the programme leader to have regular contact with the registration body to ensure that the courses being taught deliver clinical scientists fit for practice and ultimate registration.

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 Curriculum standards

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

Suggested changes:

The AfPP felt that the wording should be changed from 'must' to 'should' because the formulated philosophy, values, skills and knowledge base does not necessarily represent the group as a whole.

The BDA felt that the wording should be altered to 'take into account' rather than 'reflect'.

4 Curriculum standards

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

Suggested changes:

The Leicestershire, Northamptonshire and Rutland Healthcare Workforce Deanery felt the following wording should be added: "where appropriate and achievable training on clinical procedures by clinical practitioners / joint appointments should be encouraged to ensure clinical currency and credibility".

4 Curriculum standards

4.4 The curriculum must remain relevant to current practice.

Suggested changes:

The Federation for Healthcare Science felt that to be effective, contact is required with the professions and this should be reflected in the standard.

Leicestershire, Northamptonshire and Rutland Healthcare Workforce Deanery felt that the following wording should be added: “and be designed in conjunction with service colleagues”.

4 Curriculum standards

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

4 Curriculum standards

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

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.

Suggested changes:

Leicestershire, Northamptonshire and Rutland Healthcare Workforce Deanery felt that the standard should also stress that opportunities for IPL should be actively sought and promoted where the learning of profession specific skills and knowledge of each professional group is not compromised.

AfPP stated that 4.7 is somewhat superfluous as it is encompassed by 4.1, 4.2 and 4.6. Interprofessional learning is a learning strategy and therefore will not

detract from content. The lack of content, clinical skill development or profession specific knowledge will reflect areas of weak programme design/planning not a contemporary learning strategy.

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Draft
DD: None

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SET 5: Practice placements standards

Professional body responses

The IBMS state that the standards are appropriate. However, they feel that education providers are heavily reliant on existing quality assurance measures to assess whether or not training is being delivered appropriately.

RCSLT enquire whether a SET is needed to reflect the need for placements to be set up for students with learning disabilities and religious requirements.

5 Practice placements standards

5.1 Practice placements must be integral to the programme.

Suggested changes:

Leicestershire, Northamptonshire and Rutland Healthcare Workforce Deanery felt that the following wording should be added: "with equal weighting given to the value of academic and practice learning".

5 Practice placements standards

5.2 There must be an adequate number of appropriately qualified and experienced staff at the placement.

5 Practice placements standards

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

5 Practice placements standards

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

Suggested changes:

The AfPP felt that safe and effective practice is potentially ambiguous and suggest changing the wording to “safe and effective opportunities for learning”.

Leicestershire, Northamptonshire and Rutland Healthcare Workforce Deanery felt the wording should be changed to “current and effective clinical practice”.

AfPP suggested combining with 5.4

5 Practice placements standards

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

Suggested changes:

AfPP suggested combining with 5.3.2

5 Practice placements standards

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

5 Practice placements standards

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

5 Practice placements 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.

Suggested changes:

Leicestershire, Northamptonshire and Rutland Healthcare Workforce Deanery suggested adding a further section “Introduction and familiarisation with the clinical practice area”.

5 Practice placements standards

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

Suggested changes:

AfPP suggested combining with 5.8.2

5 Practice placements standards

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

Suggested changes:

AfPP suggested combining with 5.8.1

5 Practice placements standards

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

5 Practice placements standards

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

5 Practice placements standards

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

Suggested changes:

The AfPP felt the following wording should be added: "to safely and effectively manage students and their learning opportunities."

5 Practice placements standards

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

Suggested changes:

AfPP suggested combining with 5.10

5 Practice placements 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.

5 Practice placements 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.

Suggested changes:

IBMS stated that this SET should be taken as standard for NHS Trust and associated laboratories and information about them included in the student induction programme for the placement.

SET 6: Assessment standards

Professional body responses

ICP state that the Assessment standards appear to acknowledge awareness that credible lesser awards are acceptable for registration purposes.

6 Assessment standards

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

Suggested changes:

AfPP and Oxford Brookes University suggested combining with 6.2

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.

Suggested changes:

AfPP and Oxford Brookes University suggested combining with 6.1

6 Assessment standards

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

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.

Suggested changes:

The BDA felt this should be rewritten to clarify what it is saying. They stated that in the guidance it seems to be about criteria used and giving feedback to

students.

6 Assessment standards

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

Suggested changes:

BAAT suggested that the Visitors may ask to see figures about drop-out and failure rates, and that high levels of both should be examined.

6 Assessment standards

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

Suggested changes:

AfPP suggested combining with 6.1 and 6.2

6 Assessment standards

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

Suggested changes:

RCSLT felt that the requirements should including the number of permitted fails in theory and practice.

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;

6 Assessment standards

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Title
Issues to consider and suggested
changes

Status
Draft
DD: None

Int. Aud.
Public
RD: None

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

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

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, unless other arrangements are agreed.

Suggested changes:

AfPP felt that in much the same way that the programme leader of the programme has been modified to incorporate "should be either on the relevant part of the HPC Register or otherwise appropriately qualified and experienced." should apply to the external examiner.