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## **The Health and Care Professions Council response to the Shape of Caring review call for evidence**

### **1. Introduction**

- 1.1 The Health and Care Professions Council (HCPC) welcomes the opportunity to make a submission to this call for evidence aimed at developing solutions to equip and future-proof the nursing and care assistant workforce.
- 1.2 The HCPC is a statutory UK-wide regulator of health, social work, and psychological professions governed by the Health and Social Work Professions Order 2001. We regulate the members of 16 professions. We maintain a register of professionals, set standards for entry to our register, approve education and training programmes for registration and deal with concerns where a professional may not be fit to practise. Our main role is to protect the health and wellbeing of those who use or need to use our registrants' services.
- 1.3 Our regulatory remit does not extend to education and training of nurses or of care assistants; however among the professions we do regulate there are examples of good practice related to the themes of this review which may be useful and instructive examples of what could be implemented elsewhere.
- 1.4 Additionally we have a particular interest in care assistants working in social care settings (referred to below as adult social care workers). We have previously proposed the introduction of regulation for adult social care workers in England. This is addressed in more detail in section 2.
- 1.5 Section 3 outlines our concern regarding the proportion of funding for commissioned education and training which is allocated to the 'non-medical' professions.
- 1.6 In section 4 we provide further submissions in relation to a number of the themes highlighted in this call for evidence.

### **2. Regulation of adult social care workers in England**

- 2.1 We support any moves toward the implementation of minimum training standards for care assistants working in healthcare and social care settings. For example, in 2013 we welcomed the development and publication by Skills for Care and Skills for Health of the code of conduct and minimum training standards for healthcare support workers and adult social care workers.
- 2.2 In addition to high-quality and consistent training, there is a public expectation of personal accountability among the care assistant workforce, in particular in instances where something has gone wrong. We believe that improvements in

training for these individuals should be accompanied by the introduction of a proportionate and targeted method of regulation which would ensure that those found unsuitable could be removed from the workforce.

2.3 We have proposed establishing a statutory code of conduct and a 'negative registration scheme' for adult social care workers in England. This regulatory safeguard would deal effectively with the small number of individuals who are found unsuitable to work in the sector without placing a disproportionate regulatory burden on the remainder of the workforce.<sup>1</sup> Legislation would be required in order to implement these proposals.

2.4 Our proposal for a negative registration scheme would involve the following:

- A statutory code of conduct would clearly set out what the public expects of all adult social care workers in England (this could use or build upon the Skills for Care and Skills for Health code mentioned above).
- The regulator could investigate serious concerns about these workers and if found unfit to work in social care, they could be entered onto a 'negative register'.
- It would be a criminal offence to engage in adult social care in England whilst subject to negative registration.

2.5 This approach could also be extended to healthcare assistants and support workers. Such a system would prevent support workers who are dismissed from one employer due to serious concerns about their conduct from being able to move to another employer, and would assist in preventing further harm to service users. It would provide an important 'safety net' and a system of accountability similar to that of professional statutory regulation but in a more proportionate manner.

### **3. Equity of funding**

3.1 We have concern about what we consider to be the disproportionate allocation of HEE spending on education and training across different health professions – in particular the level of spending on medicine in comparison with the so-called 'non-medical professions' and other parts of the healthcare workforce. We know from our registrants that this is a widespread concern.

3.2 We would support a distribution of funding for commissioned education and training that is more proportionate to the number of individuals working in the non-medical health professions and also recognises the important contribution of these professions to patient care.

3.3 The role of non-medical health professionals, such as those in the allied health professions (AHPs), is vital as the changing health service shifts care increasingly away from acute hospital care and emphasises rehabilitation.

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<sup>1</sup> Further information about our proposal for negative registration of adult social care workers is available here: <http://www.hcpc-uk.org/assets/documents/10003F1AHCPc Policystatement-RegulatingadultsocialcareworkersinEngland.pdf>

Furthermore, responding to a growing population of older adults – often with complex needs, frailty, functional impairment or communication difficulties – will require more input from the AHPs. Only an education and training strategy which takes these factors into account can be adequately future-proofed.

#### **4. Our responses to the call for evidence**

4.1 Our responses relate to education and training in the professions we regulate, including the AHPs and social workers. However we believe that the principles may be applicable elsewhere, including in nursing education and training. Many HCPC-approved programmes are delivered in health and social care faculties, which include nursing programmes.

4.2 We believe that the examples of good practice provided below are representative of developments across our approved education and training programmes.

##### ***Theme 1: Increasing patient/carer voice and service user involvement across education and training***

4.3 In August 2014 the HCPC published revised standards of education and training which contained a new requirement for education providers to involve service users and carers in their programmes.<sup>2</sup> Guidance accompanying the standards is not prescriptive about what form such involvement should take, but suggests that service users and carers might be involved in selection; development of teaching approaches and materials; programme planning and development; teaching and learning activities; feedback and assessment; and/or quality assurance, monitoring and evaluation. We are working with education providers to implement the new standard on a phased basis, and it will apply to all approved programmes from the 2015/16 academic year.

4.4 In seeking an evidence base to inform our decision about whether to introduce the standard for service user and carer involvement, we commissioned research from Kingston and St George's, University of London. The resulting report, published in 2012, identified existing approaches and types of service user involvement across education programmes; explored the benefits and challenges; and highlighted examples of best practice.<sup>3</sup> Although specific to the professions we regulate, the research also drew upon evidence in nursing.

4.5 We are aware that many of our approved programmes involve service users and carers in curriculum design. A number of AHP programmes also involve service users and carers in their recruitment processes. For example, at one university, service users take part in creating video clips for prospective students to view and discuss how they might approach a particular situation; the focus in this activity is on the care and compassion aspects of the

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<sup>2</sup> The HCPC standards of education and training, including the new requirement of service user and carer involvement (standard 3.17), are available on our website: <http://www.hcpc-uk.org/aboutregistration/standards/sets/>.

<sup>3</sup> The full research report is available on our website: <http://www.hcpc-uk.org/publications/research/index.asp?id=550>.

prospective student's response. On many programmes, service users and carers also assess students while they are on placement. Social worker programmes in particular are ahead of the rest in the degree to which they involve service users and carers in these aspects.

- 4.6 An issue highlighted in the research mentioned at 4.4, and relevant to all professional programmes, is one of funding, particularly the availability of funding to pay service users and carers for their time and contribution. This was identified in the research as a continuing barrier. In social work programmes in England, service user and carer involvement has been supported through ring-fenced central funding. This has supported the work of education providers in social work to ensure the involvement of service users and carers in all parts of their programmes. This is a model which might be considered for nursing and the AHPs.

***Theme 3: Widening opportunities for care assistants' career progression, which may include entry to nursing education***

- 4.7 We are aware that career frameworks for healthcare workers and for specific professions or groups of professions already exist and set out the pathway from support worker to registered professional and beyond. Among the AHPs, for example, there has been a strong tradition of supporting and facilitating the development of support workers through foundation degrees to assistant practitioner level and on to completing approved education and training to qualify as a registered professional. Whilst these frameworks are positive in and of themselves, they do require investment, encouragement and support from employers, for example, strong partnerships with local higher education institutions, in order to make them a reality.
- 4.8 Work-based learning pre-registration programmes in professions such as physiotherapy and occupational therapy enable assistant practitioners in those fields to study to become registered professionals while continuing to work. These programmes are delivered in the workplace, and members of the delivery teams are clinicians themselves. While the academic criteria are not lowered (students are expected to have the requisite UCAS points for entry onto a course), the programmes do recognise the practical clinical experience these individuals have gained during their careers. In certain parts of the country where such programmes have been commissioned (particularly in rural areas), they have assisted with recruitment of new physiotherapists and occupational therapists and, importantly, with retention of these professionals locally.

***Theme 5: Assuring high quality practice learning environments which support the development of the future workforce***

- 4.9 A number of initiatives are in place in AHP programmes to support the quality of practice learning. At one university, for example, the clinical staff who receive and mentor students in practice are trained by the university and invited to an annual conference to discuss topical issues. Additionally there are designated university staff members whose role it is to support students in

practice and act as the conduit for communication between the practice environment and the university. There are also a number of working groups at both strategic and operational levels which allow university and practice staff to meet regularly to look at placement opportunities and the quality of student experiences.

***Theme 6: Assuring predictable and sustainable access to on-going learning and development for registered nurses***

- 4.10 We support the assurance of predictable and sustainable access to on-going (post-registration) learning and development for all health professionals as an important part of maintaining and enhancing their skills and ensuring continuing fitness to practise. Any future initiatives to enhance access to high-quality preceptorship, on-going supervision, peer review and other opportunities as part of on-going learning and development for nurses should also be considered for other health professions. Members of other professions, including the AHPs, are an integral part of multidisciplinary teams which deliver healthcare services and should be recognised as such through comparable support to access on-going learning and development.
- 4.11 Like other universities, Sheffield Hallam University has developed an Advanced Professional Practice Framework for the AHPs (as well as in nursing), which is a structure for post-registration continuing professional development. The framework is made up of a number of education modules which can be studied as either credit bearing or non-credit bearing modules. A student may choose to build their own programme over a number of years, taking modules to eventually make up an award such as a Postgraduate Certificate or Master's degree. Students are supported in choosing their modules to develop a programme so that it makes sense from an academic perspective.