
1 September 2008 to 31 August 2009

Education annual report 2009

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Foreword

Welcome to the fourth Education annual report of the Health Professions Council (HPC).

The report covers the period 1 September 2008 to 31 August 2009, or the 2008–09 academic year as it is more commonly known.

The 2008–09 academic year has been another busy and productive year for the HPC's Education Department. We revised the annual monitoring process to improve efficiency and clarify the decision-making process. We continued undertaking visits to education providers both within and outside the higher education setting. This year was also the first full year of operation of the revised major change process.

This report aims to give an insight into the HPC's work in approving and monitoring programmes offered by UK education providers. These programmes allow individuals to be eligible to apply for registration with us. The report gives information about the number and types of approval visits, the outcome of these visits, the number and types of monitoring submissions and the outcome of this monitoring.

This is our fourth annual report and the evidence base is broader than in previous years and so trends are becoming more prevalent in the data. Over time, we hope these reports will provide insight into the ways in which we can continue to refine our methods of working.

We hope that you find this report interesting and useful in understanding more about the work of the Health Professions Council.

Eileen Thornton

Chair of the Education and Training Committee

Introduction

About us (the HPC)

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

We currently regulate members of 15 health professions. However, during the period covered by this document we regulated 14 professions since hearing aid dispensers joined our Register on 1 April 2010. Below is a list of the professions that we currently regulate.

- Arts therapists
- Biomedical scientists
- Chiropodists / podiatrists
- Clinical scientists
- Dietitians
- Hearing aid dispensers
- Occupational therapists
- Operating department practitioners
- Orthoptists
- Paramedics
- Physiotherapists
- Practitioner psychologists
- Prosthetists / orthotists
- Radiographers
- 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 and is not registered with us is breaking the law, and could be prosecuted. For a full list of protected titles, please see page 107.

You should always check that a health professional using a protected title is registered with the HPC. You can check whether a health professional is registered by logging on to www.hpcheck.org or calling +44(0)20 7840 9802.

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 professionals who are on our Register);
- keep a register of professionals who meet those standards;
- approve programmes which professionals must complete before they can register with us; and
- take action when professionals on our Register do not meet our standards.

The Health Professions Order 2001 says that we must set our standards to protect the public and that we must set standards which are necessary for safe and effective practice. This is why our standards are set at a 'threshold' level (the minimum standard that must be met before we can allow entry onto the Register).

About our standards of proficiency

The standards of proficiency (SOPs) are our threshold standards for safe and effective practice that all registrants must meet. They include both generic elements, which all our registrants must meet, and profession-specific elements. These standards play a central role in how to gain admission to and remain on the Register and thereby gain the right to use the protected title(s).

About our standards of education and training

The standards of education and training (SETs) are the standards that an education programme must meet in order to be approved by us. These generic standards ensure that anybody who completes an approved programme meets the standards of proficiency and is therefore eligible to apply for admission to the Register. The standards cover:

- 1) the level of qualification for entry to the Register;
- 2) programme admissions;
- 3) programme management and resources;
- 4) curriculum;
- 5) practice placements; and
- 6) assessment.

What are the approval and monitoring processes?

The HPC's approval and monitoring processes ensure that programmes and education providers meet the standards of education and training. The approval process involves an approval visit and an initial decision as to whether a programme meets the standards of education and training. A programme is normally approved on an open-ended basis, subject to satisfactory monitoring. There are two monitoring processes, annual monitoring and major change. Both of these processes are documentary and may trigger a new approval visit. Annual monitoring is a retrospective process by which we determine whether a programme continues to meet all the standards against which it was originally assessed. The major change process considers significant changes to a programme and the impact of these changes in relation to our standards. All of our processes ensure our regulation is robust, rigorous and effective, without being overly burdensome for education providers.

Who makes the decisions on programme approval?

The Education and Training Committee has statutory responsibility for approving and monitoring education programmes leading to eligibility to apply to register with the HPC. 'Visitors' are appointed by the HPC to visit education providers and assess monitoring submissions. Visitors come from a range of backgrounds including registered members of the professions we regulate and members of the public. Visitors work on behalf of the HPC and provide the expertise the Education and Training Committee need to help them in their decision-making. Visitors normally operate in panels, rather than individually. Each panel includes at least one Visitor from the relevant part of the Register for the programme under consideration. All Visitors are selected with due regard to their education and training experience. Visitors represent the HPC and no other body when they undertake an approval and monitoring exercise. This ensures an entirely independent outcome. All Visitors' reports from approval visits are published on our website.

What programmes can be approved?

Any education provider (eg a university, college, private training institution or professional body) can seek approval of their programmes.

As well as approving and monitoring education and training for people who want to join our Register, we also approve a small number of qualifications for those already on the Register. The post-registration programmes we currently approve are supplementary prescribing programmes (for chiropodists / podiatrists, radiographers and physiotherapists) and programmes in local anaesthetics and prescription-only medicine for chiropodists / podiatrists. For people who successfully complete these programmes, we will make a note on the Register known as an 'annotation'.

The HPC publishes a list of all approved programmes on our website at www.hpc-uk.org/education

Approval

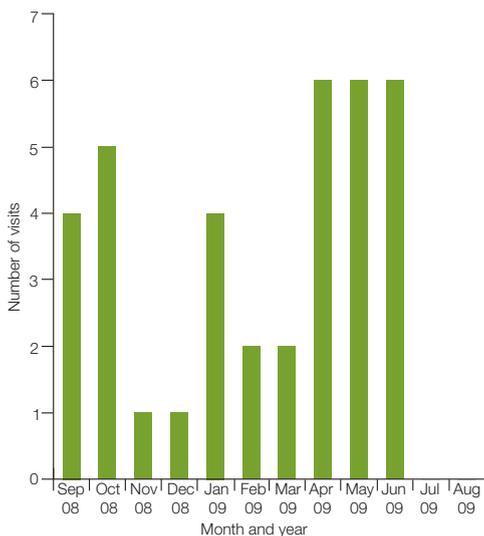
Number of approval visits

This year we conducted 37 visits. We received requests for 47 visits over the year but ten were cancelled. More information about cancellation of visits can be found later in this report.

Table 1 Number of visits per month

| Month | Number of visits |
|----------------|------------------|
| September 2008 | 4 |
| October 2008 | 5 |
| November 2008 | 1 |
| December 2008 | 1 |
| January 2009 | 4 |
| February 2009 | 2 |
| March 2009 | 2 |
| April 2009 | 6 |
| May 2009 | 6 |
| June 2009 | 6 |
| July 2009 | 0 |
| August 2009 | 0 |

Graph 1 Number of visits per month



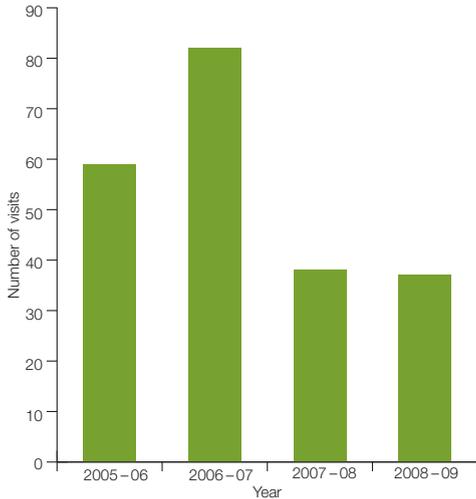
The largest number of visits was made in April, May and June 2009. As last year, approximately 50 per cent of all visits took place within a three-month period. In the previous three years the busiest three months for visits were April, May and June (for 2005–06 and 2006–07) and March, April and May (for 2007–08). Across a four year period, we now have clear evidence of approximately half of all our visits being held within just three months of each year. This continues to represent a significant peak of activity and concentration of demand on our resources. The particular concentration appears to shift slightly from year to year but there is still a preference for us to coordinate our visits with education providers’ internal periodic reviews and validations, which tend to be held at this time of the academic year. Also, we do not hold visits less than three months before the start of a programme. Most programmes start in September, which means that June is the cut-off point each year for new programme visits. This makes the preceding months popular choices for visits by education providers.

Similarly, a smaller peak also occurs at the start of the academic year. This peak is most commonly associated with programmes that have an intake date in January or February.

Table 2 Number of visits in 2008–09, compared to 2005–06, 2006–07 and 2007–08

| Year | Number of visits |
|---------|------------------|
| 2005–06 | 59 |
| 2006–07 | 82 |
| 2007–08 | 38 |
| 2008–09 | 37 |

Graph 2 Number of visits in 2008–09, compared to 2005–06, 2006–07 and 2007–08



This year, we held the lowest number of visits in four years. We held one less visit than in the previous year. This represents a two per cent decrease in the number of visits. In these years we have not had a requirement to visit programmes from new professions joining the Register or programmes undergoing change as a result of profession-wide curriculum changes. The heightened activity in the first two years of annual reports demonstrates the impact of new professions (eg operating department practitioners) and profession-wide curriculum changes (eg arts therapists). In years 2007–08 and 2008–09 the number of visits undertaken is very similar. This pattern shows that when new professions join the HPC or professions change their programmes significantly there are resulting and significant increases to the number of visits undertaken.

Number of programmes considered

Each mode of study or level of qualification is recorded as a separate programme by the HPC. This year, during the 37 visits, 91 programmes were considered. This means

that even though we visited one less education provider than last year we considered five more programmes.

Table 3 Number of programmes considered per month

| Month | Number of programmes considered |
|----------------|---------------------------------|
| September 2008 | 4 |
| October 2008 | 9 |
| November 2008 | 1 |
| December 2008 | 7 |
| January 2009 | 6 |
| February 2009 | 2 |
| March 2009 | 12 |
| April 2009 | 13 |
| May 2009 | 28 |
| June 2009 | 9 |
| July 2009 | 0 |
| August 2009 | 0 |

Graph 3 Number of programmes considered per month

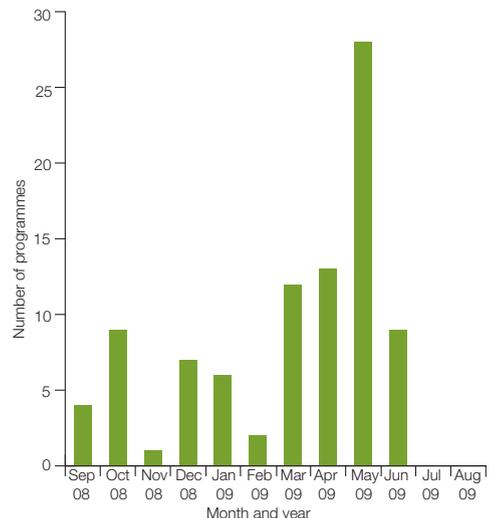
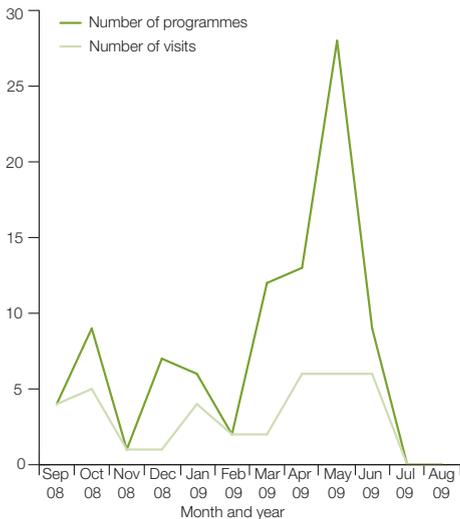


Table 4 Number of visits compared to number of programmes considered

| Month | Number of programmes considered | Number of visits |
|----------------|---------------------------------|------------------|
| September 2008 | 4 | 4 |
| October 2008 | 9 | 5 |
| November 2008 | 1 | 1 |
| December 2008 | 7 | 1 |
| January 2009 | 6 | 4 |
| February 2009 | 2 | 2 |
| March 2009 | 12 | 2 |
| April 2009 | 13 | 6 |
| May 2009 | 28 | 6 |
| June 2009 | 9 | 6 |
| July 2009 | 0 | 0 |
| August 2009 | 0 | 0 |

Graph 4 Number of visits compared to number of programmes considered



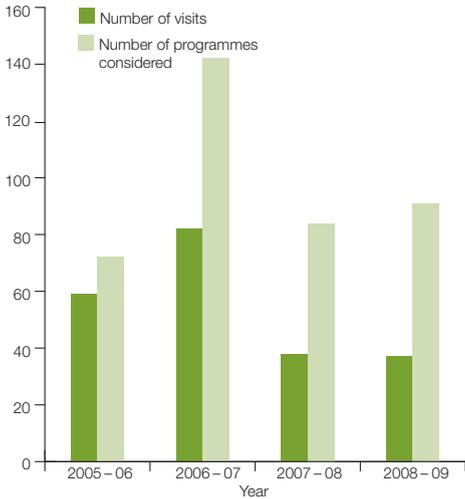
Just under half of our visits (44%) considered more than one programme. Five visits considered more than one qualification from the same profession (eg Postgraduate Diploma in Physiotherapy and BSc (Hons) Physiotherapy). Six visits considered one programme offered in two different modes of study (eg BSc (Hons) Biomedical Science full-time and BSc (Hons) Biomedical Science part-time). Six visits considered more than one profession (eg BSc (Hons) Physiotherapy and BSc (Hons) Occupational Therapy). The size of the multi-profession visits varied greatly and explains the reason for the large variation between number of visits and number of programmes considered in May 2009 in particular. Three multi-profession visits in May 2009 considered 24 programmes. This equates to 26 per cent of all programmes visited in the entire year.

As with the previous two years, the variation in the number of visits compared to the number of programmes considered is to be expected. Our standards of education and training are generic and not overly prescriptive, therefore allowing education providers to design very different programmes to suit their own individual needs. There are programmes delivered with differing modes of study, for example on a full-time and part-time basis.

Table 5 Number of visits and programmes considered in 2008–09, compared to 2005–06, 2006–07 and 2007–08

| | 2005–06 | 2006–07 | 2007–08 | 2008–09 |
|---------------------------------|---------|---------|---------|---------|
| Number of visits | 59 | 82 | 38 | 37 |
| Number of programmes considered | 72 | 142 | 84 | 91 |

Graph 5 Number of visits and programmes considered in 2008–09, compared to 2005–06, 2006–07 and 2007–08



This year, five more programmes were considered than in the previous year. This represents an eight per cent increase. The ratio of programmes considered to visits has remained relatively stable, with a very slightly increased disposition to larger multi-profession visits. The average number of programmes per visit has increased from 2.3 in 2007–08 to 2.5 in 2008–09.

The difference between the number of visits and the number of programmes considered is a result of our approval process which allows us to incorporate multi-profession, multi-award and single programmes into one approval visit. Whilst the majority of visits (54%) continued to consider one programme only, there has been a continued trend toward multi-programme visits. This has been a growing trend across the four year period.

Table 6 Types of visit

| Type of visit | Number of visits |
|---|------------------|
| One programme visit | 20 |
| Multiple programmes from the same profession | 5 |
| Multiple programmes in different modes of study | 6 |
| Multi-profession | 6 |

Graph 6 Types of visit

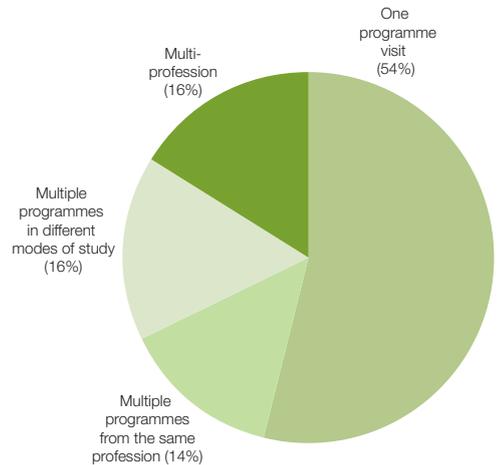
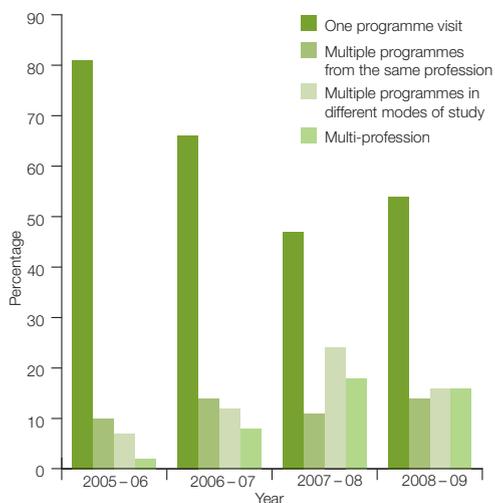


Table 7 Types of visit in 2008–09, compared to 2005–06, 2006–07 and 2007–08

| Type of visit | 2005–06 | 2006–07 | 2007–08 | 2008–09 |
|---|---------|---------|---------|---------|
| One programme visit | 81% | 66% | 47% | 54% |
| Multiple programmes from the same profession | 10% | 14% | 11% | 14% |
| Multiple programmes in different modes of study | 7% | 12% | 24% | 16% |
| Multi-profession | 2% | 8% | 18% | 16% |

Graph 7 Types of visit in 2008–09, compared to 2005–06, 2006–07 and 2007–08



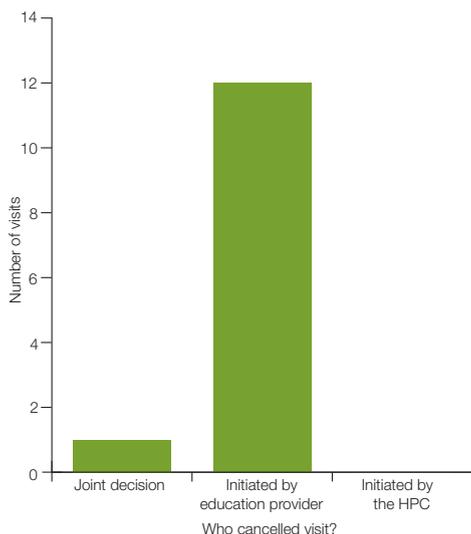
Cancelled and postponed visits

This year, 13 visits were cancelled. These 13 visits were due to consider 22 programmes. All except one of these cancellations were initiated by education providers. The one joint decision for cancellation of the visit took place as a result of a programme due to be visited as a result of a major change. In the case of visits instigated by the HPC, the education provider cannot cancel the visit as it is a decision for the HPC to make. In this case though, the education provider decided to close the programme and withdraw the proposed changes. As a result of this the decision was made that the visit was no longer required.

All except four of the visits were cancelled at least six weeks before the date of the visit, so minimum time and effort was wasted. One visit, due to consider two programmes, was cancelled on the day of a visit. The remaining three visits resulted in the education providers making the decision to withdraw their request for approval after the visit took place.

Table 8 Who cancelled visits?

| Who cancelled | Number of visits |
|---------------------------------|------------------|
| Joint decision | 1 |
| Initiated by education provider | 12 |
| Initiated by the HPC | 0 |

Graph 8 Who cancelled visits?

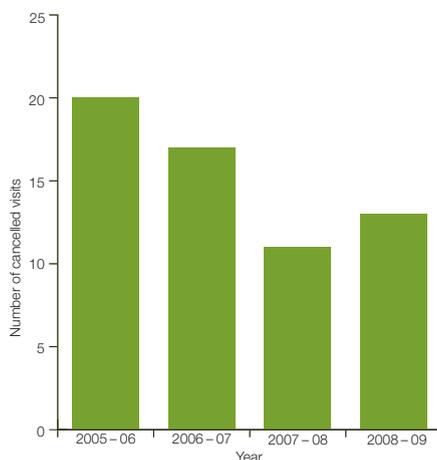
As in previous years, there were a number of reasons given by education providers for these cancellations. These include insufficient preparation of documentation for the visit, unconfirmed funding arrangements for new programmes and internal decisions to delay the start date of new programmes to the next academic year.

In one instance the visit was cancelled on the day and in three cases, following the visit, the education providers withdrew their request for approval. Our process does not allow the HPC to cancel a visit once it has started, however it is possible for an education provider to withdraw their request for approval (which in effect cancels the remainder of the visit) if the programme is a new programme seeking approval for the first time. For more information on cancelling visits please see our publication Approval process – Supplementary information for education providers, and the Guidelines for HPC approval visits, which are available at www.hpc-uk.org

Table 9 Number of cancelled visits in 2008–09, compared to 2005–06, 2006–07 and 2007–08

| Year | Number of visits |
|---------|------------------|
| 2005–06 | 20 |
| 2006–07 | 17 |
| 2007–08 | 11 |
| 2008–09 | 13 |

This year, the number of visits cancelled has remained relatively stable compared to previous years. Taking into account the overall number of programmes visited, the overall cancellation rate is marginally higher at 14 per cent compared to 13 per cent last year. This relatively low percentage of cancellations continues to have a positive affect on the HPC's overall approval visit schedule. As the HPC requires six months' notice of a visit, to allow time for arrangements to be made and for the Visitors to read the documentation, late cancellation often means that there is insufficient time to reallocate slots in the schedule. The relatively low cancellation rate means that the HPC continues to be able to use resources effectively.

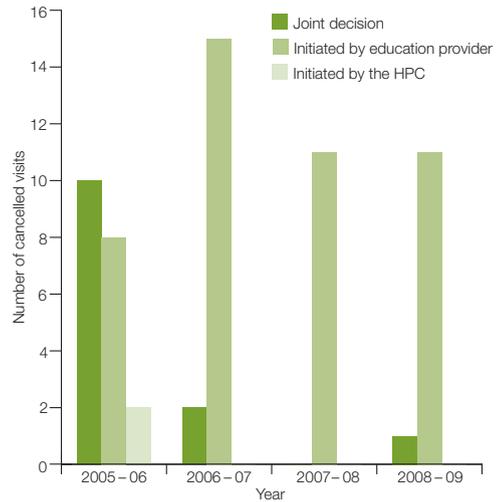
Graph 9 Number of cancelled visits in 2008–09, compared to 2005–06, 2006–07 and 2007–08

For the second year, the HPC did not cancel any visits, independent of an education provider. Over the three year period, there has been a significant drop in the number of cancellations initiated by the HPC. This can be directly attributed to the fine-tuning to our process guidelines and implementation as well as our resource planning. The six-month notification period for a visit allows us sufficient time to find Visitors (who do not have a significant connection with the programme) for the selected dates. Additionally, regular communication between the HPC and the education provider throughout this six-month notification period allows us to highlight and overcome any obstacles which, if left unresolved, could lead to cancellation or postponement.

Table 10 Who cancelled visits in 2008–09, compared to 2005–06, 2006–07 and 2007–08?

| Who cancelled visit | 2005–06 | 2006–07 | 2007–08 | 2008–09 |
|---------------------------------|---------|---------|---------|---------|
| Joint decision | 10 | 2 | 0 | 1 |
| Initiated by education provider | 8 | 15 | 11 | 11 |
| Initiated by the HPC | 2 | 0 | 0 | 0 |

Graph 10 Who cancelled visits in 2008–09, compared to 2005–06, 2006–07 and 2007–08?



Where were the programmes we visited?

We visited more programmes in England than any of the other home countries again this year. This pattern mirrors the previous three years and is to be expected as we have the highest number of approved programmes in England, with the second highest number in Scotland. There has been a slight increase in the percentage of visits to Scotland, Northern Ireland and Wales.

Table 11 Breakdown of visits to education providers by country

| Country | Number of visits |
|------------------|------------------|
| England | 27 |
| Northern Ireland | 2 |
| Scotland | 4 |
| Wales | 4 |

Graph 11 Breakdown of visits to education providers by country

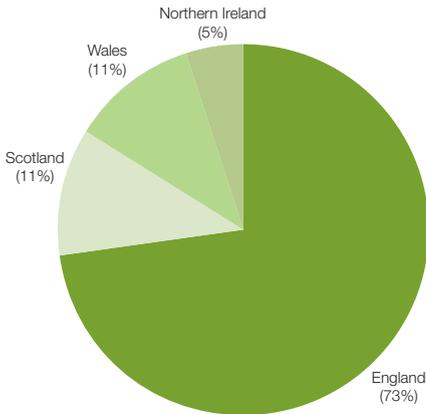
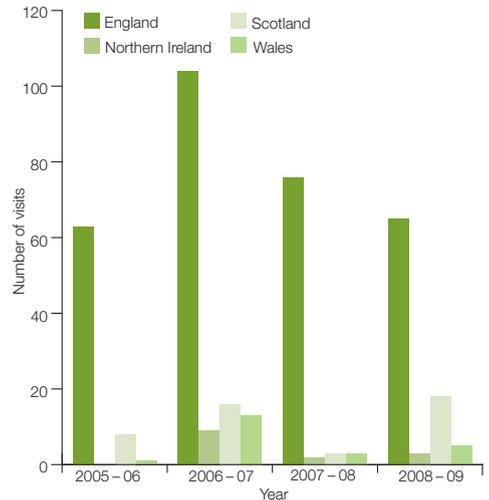


Table 12 Breakdown of visits to programmes by country in 2008-09, compared to 2005-06, 2006-07 and 2007-08

| Country | 2005-06 | 2006-07 | 2007-08 | 2008-09 |
|------------------|---------|---------|---------|---------|
| England | 63 | 104 | 76 | 65 |
| Northern Ireland | 0 | 9 | 2 | 3 |
| Scotland | 8 | 16 | 3 | 18 |
| Wales | 1 | 13 | 3 | 5 |

Graph 12 Breakdown of visits to programmes by country in 2008-09, compared to 2005-06, 2006-07 and 2007-08



What types of programme were visited?

We visited more occupational therapy programmes than any other programme this year. Paramedic programmes had the second highest number of visits. No visits were made to programmes leading to eligibility to apply for registration in five professions (clinical scientists, dietitians, orthoptists, prosthetists / orthotists and speech language therapists) as there was no reason to visit existing programmes, and no new programmes were developed which were seeking approval. Once again this year, a significant majority (91%) of visits were to pre-registration programmes.

Table 13 Breakdown of visits by profession / entitlement

| Profession / entitlement | Number of programmes visited | Percentage |
|------------------------------------|------------------------------|------------|
| Arts therapists | 2 | 2 |
| Biomedical scientists | 4 | 4 |
| Chiropodists / podiatrists | 5 | 5 |
| Clinical scientists | 0 | 0 |
| Dietitians | 0 | 0 |
| Occupational therapists | 23 | 25 |
| Operating department practitioners | 4 | 4 |
| Orthoptists | 0 | 0 |
| Paramedics | 19 | 21 |
| Physiotherapists | 16 | 18 |
| Prosthetists / orthotists | 0 | 0 |
| Radiographers | 10 | 11 |
| Speech and language therapists | 0 | 0 |
| Supplementary prescribing | 6 | 7 |
| Local anaesthesia | 1 | 1 |
| Prescription-only medicine | 1 | 1 |

Graph 13 Breakdown of visits by profession / entitlement

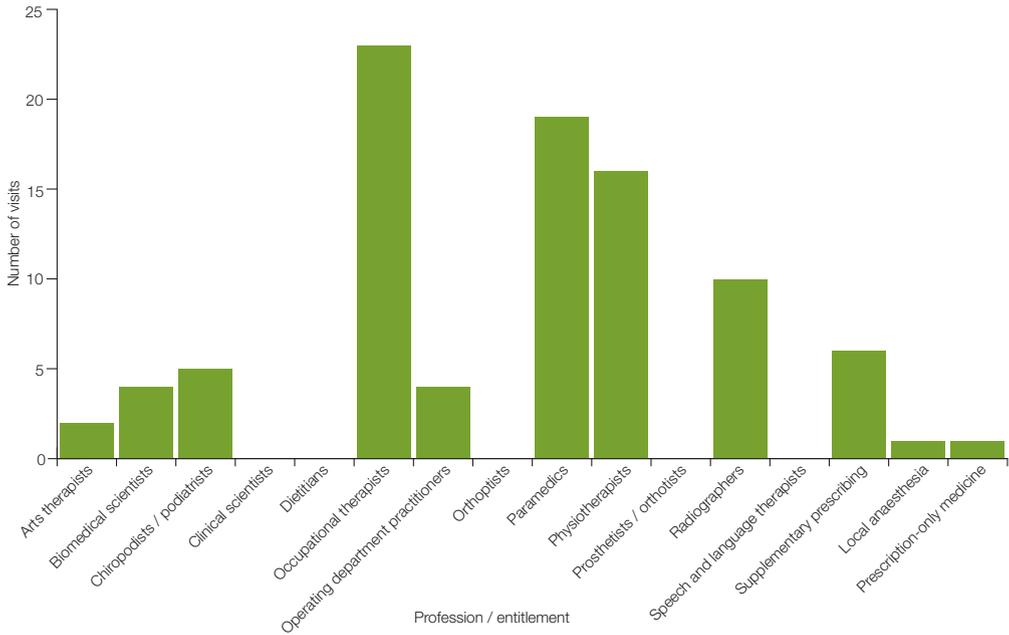
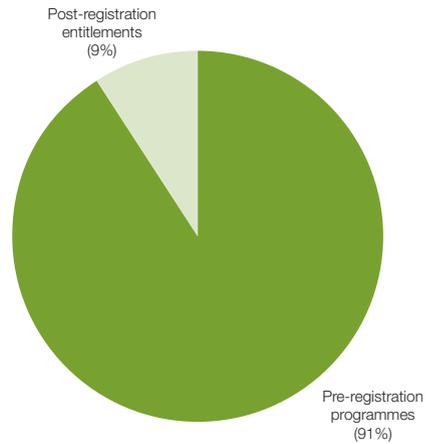


Table 14 Breakdown of visits by pre- and post-registration

| Type | Number of programmes visited |
|-------------------------------|------------------------------|
| Pre-registration programme | 83 |
| Post-registration entitlement | 8 |

Graph 14 Breakdown of visits by pre- and post-registration



Why did we visit these programmes?

As we do not visit programmes on a routine or cyclical basis, it is difficult to predict which programmes and professions will be visited and draw long-term trends on visits. However, because we visit new programmes and programmes undergoing major change, we can make a broad forecast as to the level of change in each profession based on universal changes in legislation and / or curriculum guidance.

As last year, there has continued to be a significant reduction in the number of visits to certain programmes that in the previous two years accounted for a significant proportion of the workload. For example, in 2005–06 and 2006–07 the majority of visits were to programmes leading to eligibility to apply to the arts therapy, biomedical science and operating department practitioner parts of the Register, and supplementary prescribing programmes. The reduction in visits to these programmes may be a result of a number of factors. The first factor is a saturation of the market with programmes from a particular profession or entitlement which reduces the market competitiveness of, and therefore the appetite for generating, new programmes. The second factor is that once a new profession joins the HPC Register we undertake a series of visits over a defined timescale (one to three years) to all programmes to reconfirm approval against the standards of education and training. The third factor is that following the introduction of profession-wide curriculum changes a profession will normally go through a period of relative stability and so the number of major changes occurring in subsequent years will be reduced.

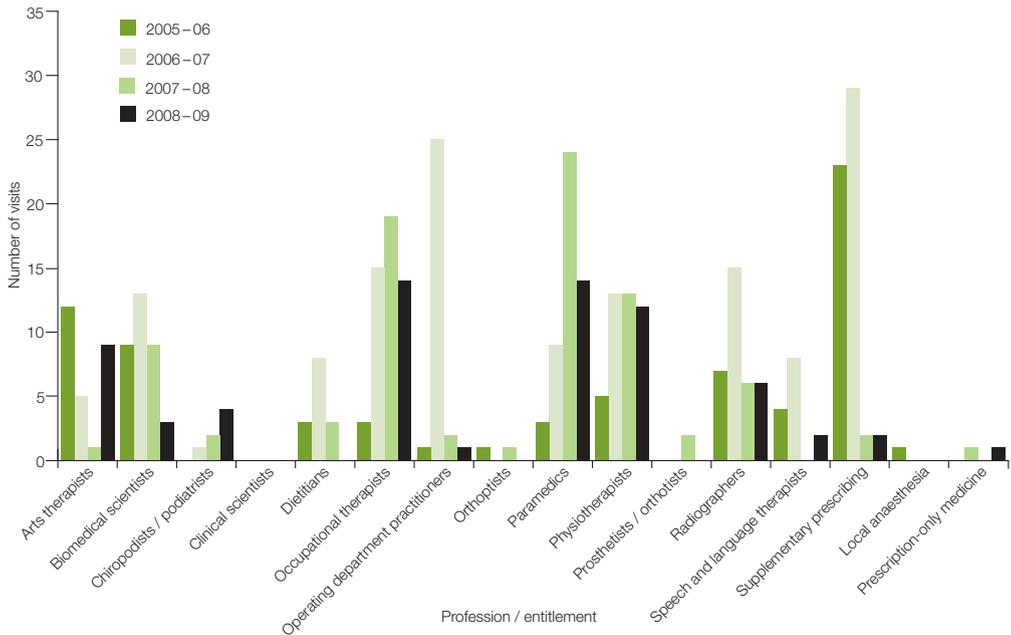
The high number of visits to paramedic programmes is partly due to a decision taken by the HPC in the previous year. In 2004, when the HPC adopted all the approved paramedic programmes from its predecessor, the Council for Professions Supplementary to Medicine (CPSM), a decision was made to visit all paramedic programmes as they had not been visited since the publication of the final QAA subject benchmark statements. This resulted in a number of visits to paramedic programmes in the 2005–06 and 2006–07 academic years. In 2006, the Education and Training Committee made a further commitment to visit all IHCD paramedic awards as soon as possible. The delay in visiting the IHCD paramedic award programmes was due to the uncertainty of their future. Once a decision was taken in 2007, visits to 13 education providers were scheduled, with the majority taking place in 2007–08 and a small number in 2008–09.

The high number of visits to occupational therapy and physiotherapy programmes is to be expected, as these are the two professions which have the largest number of approved programmes. The same trend is apparent with the paramedic and radiographer programmes which also account for a significant number of approved programmes.

Table 15 Breakdown of visits by profession / entitlement in 2008–09, compared to 2005–06, 2006–07 and 2007–08

| Profession / entitlement | 2005–06 | 2006–07 | 2007–08 | 2008–09 |
|------------------------------------|---------|---------|---------|---------|
| Arts therapists | 12 | 5 | 1 | 9 |
| Biomedical scientists | 9 | 13 | 9 | 4 |
| Chiropodists / podiatrists | 0 | 1 | 2 | 4 |
| Clinical scientists | 0 | 0 | 0 | 0 |
| Dietitians | 3 | 8 | 3 | 0 |
| Occupational therapists | 3 | 15 | 19 | 13 |
| Operating department practitioners | 1 | 25 | 2 | 1 |
| Orthoptists | 1 | 0 | 1 | 0 |
| Paramedics | 3 | 9 | 24 | 14 |
| Physiotherapists | 5 | 13 | 13 | 12 |
| Prosthetists / orthotists | 0 | 0 | 2 | 0 |
| Radiographers | 7 | 15 | 6 | 6 |
| Speech and language therapists | 4 | 8 | 0 | 2 |
| Supplementary prescribing | 23 | 29 | 2 | 2 |
| Local anaesthesia | 1 | 0 | 0 | 0 |
| Prescription-only medicine | 0 | 1 | 0 | 1 |

Graph 15 Breakdown of visits by profession / entitlement in 2008–09, compared to 2005–06, 2006–07 and 2007–08



Reasons for a visit

There were four reasons for all the visits this year. They are listed below.

- A new programme seeking HPC approval for the first time.
- A major change to a currently approved programme.
- The annual monitoring process identifies significant changes to a currently approved programme.
- A currently approved programme is not approved since the publication of the QAA subject benchmark statements.

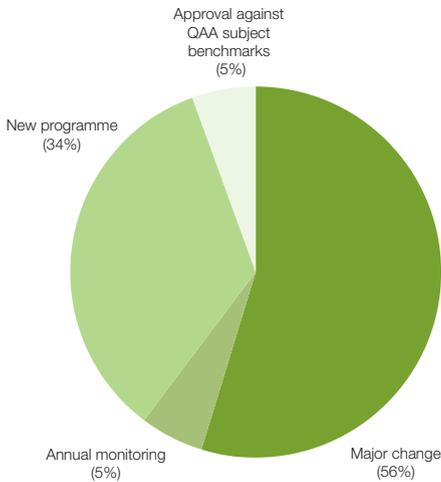
This last reason is due to a decision made when the HPC adopted all the approved programmes from its predecessor, the Council for Professions Supplementary to Medicine (CPSM). At that time, a decision was made to only visit programmes which had not been visited since the publication of the QAA subject benchmark statements rather than all newly adopted programmes. This decision ensured our processes were cost-effective and flexible and that our regulation was robust and rigorous, without being overly burdensome.

In previous years, a new profession joining the Register was an additional reason for visits.

Table 16 Breakdown of visits by reason for visit

| Reason for visit | Number of programmes visited |
|---|------------------------------|
| Major change | 50 |
| Annual monitoring | 5 |
| New programme | 31 |
| Approval against QAA subject benchmarks | 5 |

Graph 16 Breakdown of visits by reason for visit



This year, over half of our visits were to consider major changes to already approved programmes. There has been an increasing trend over the previous three years to visit existing programmes which are undergoing a major change. However, this year the percentage share has grown from approximately 49 per cent of all visits to 56 per cent.

The percentage of visits to new programmes seeking approval for the first time has been gradually reducing over the four year period from 58 per cent to 34 per cent. This may be attributed to market saturation of programmes for the currently regulated professions. The paramedic profession continues to generate the most new programmes.

This year, we visited five already approved programmes as a result of our annual monitoring process. This accounts for approximately one per cent of all approved programmes.

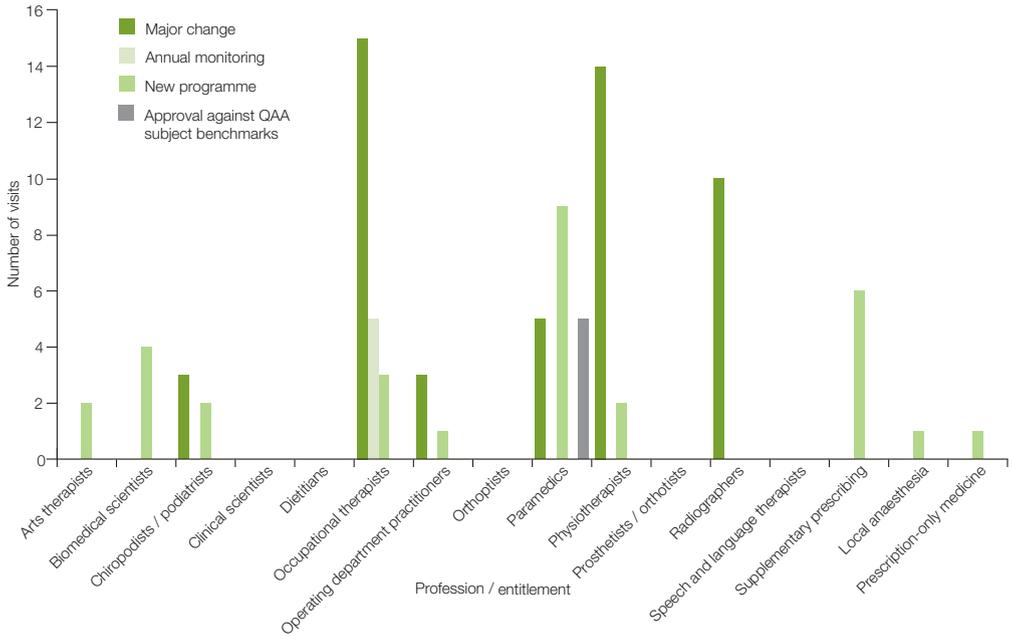
We did not visit any programmes from professions new to the HPC Register this year. This is because the last new profession onto the HPC Register was operating department practitioners in 2004 and all of these programmes were visited in 2005–06 and 2006–07. We anticipate visiting more programmes for this reason in 2009–10 due to practitioner psychologists joining the Register on 1 July 2009.

The reasons for visits varied greatly between and within the professions. The following table shows the reasons for a visit broken down into each profession / entitlement.

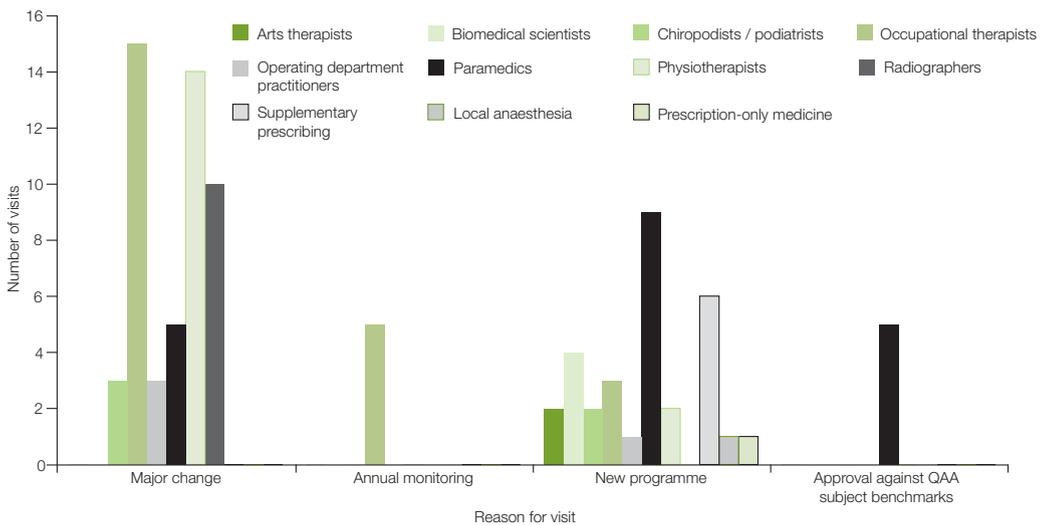
Table 17 Breakdown of reasons for visits by profession / entitlement

| Profession / entitlement | Reason for visit | | | |
|------------------------------------|------------------|-------------------|---------------|---|
| | Major change | Annual monitoring | New programme | Approval against QAA subject benchmarks |
| Arts therapists | 0 | 0 | 2 | 0 |
| Biomedical scientists | 0 | 0 | 4 | 0 |
| Chiropodists / podiatrists | 3 | 0 | 2 | 0 |
| Clinical scientists | 0 | 0 | 0 | 0 |
| Dietitians | 0 | 0 | 0 | 0 |
| Occupational therapists | 15 | 5 | 3 | 0 |
| Operating department practitioners | 3 | 0 | 1 | 0 |
| Orthoptists | 0 | 0 | 0 | 0 |
| Paramedics | 5 | 0 | 9 | 5 |
| Physiotherapists | 14 | 0 | 2 | 0 |
| Prosthetists / orthotists | 0 | 0 | 0 | 0 |
| Radiographers | 10 | 0 | 0 | 0 |
| Speech and language therapists | 0 | 0 | 0 | 0 |
| Supplementary prescribing | 0 | 0 | 6 | 0 |
| Local anaesthesia | 0 | 0 | 1 | 0 |
| Prescription-only medicine | 0 | 0 | 1 | 0 |

Graph 17a Breakdown of reasons for visits by profession / entitlement



Graph 17b Breakdown of reasons for visits by reason and profession / entitlement



This year, the majority of new programmes were paramedic programmes. Supplementary prescribing programmes accounted for the second highest number of new programmes.

In previous years the number of new programme visits for the paramedic and biomedical scientist professions and supplementary prescribing entitlement has been significantly higher. The consistently high number of programmes in these areas can be attributed to a number of factors, including changes to funding arrangements, changes in curriculum guidance and new models of workforce planning. We have conducted new programme visits to 35 biomedical science programmes, 23 paramedic programmes and 59 supplementary prescribing programmes over the last four years. As predicted, the proportionately high number of new programme visits to these professions / entitlements has continued this year, but there are signs of diminishing numbers over the four year period.

Of the 14 professions on our Register during the period of review, only seven developed new programmes this year. There were new programme visits for arts therapists, biomedical scientists, chiropodists / podiatrists, occupational therapists, operating department practitioners, paramedics, and physiotherapists. Apart from chiropodists / podiatrists, all of these professions also developed new programmes in the previous two years.

The majority of major change visits were to occupational therapist (33%), physiotherapist (31%) and radiographer (22%) programmes. This reflects the fact that these three professions are the ones with the highest number of already approved programmes, which can have major changes made to them. This trend was also in evidence in previous years.

All of the visits to programmes against the QAA subject benchmark statements were from the paramedic profession. The reasons for this are explained in the previous section.

List of visits and outcomes

All HPC reports on programme approval are published at www.hpc-uk.org. If you would like more information regarding one of the visits listed below, please see our website.

| Education provider | Programme | Mode of study | Date of visit | Status (at 31 August 2009) |
|---|--|---------------|---------------|----------------------------|
| Scottish Ambulance College | IHCD Paramedic Award | Full Time | 10/9/2008 | Approved |
| London Ambulance Service NHS Trust | IHCD Paramedic Award | Block Release | 16/9/2008 | Approved |
| Coventry University | BSc (Hons) Applied Biomedical Science | Full Time | 17/9/2008 | Approved |
| The College of Search and Rescue Medicine | Search and Rescue Paramedic Award | Part Time | 25/9/2008 | Approved |
| Manchester Metropolitan University | MSc Applied Biomedical Science | Full time | 7/10/2008 | Approved |
| University of Glamorgan | Supplementary Prescribing | Part Time | 21/10/2008 | Approved |
| Isle of Wight NHS Primary Care Trust | IHCD Paramedic Award | Full time | 28/10/2008 | Pending |
| Glasgow Caledonian University | BSc (Hons) Occupational Therapy | Full Time | 29/10/2008 | Approved |
| Glasgow Caledonian University | BSc (Hons) Occupational Therapy with Health Ergonomics | Full Time | 29/10/2008 | Approved |
| Glasgow Caledonian University | BSc (Hons) Occupational Therapy with Psychology | Full Time | 29/10/2008 | Approved |
| Glasgow Caledonian University | BSc (Hons) Occupational Therapy with Sociology | Full Time | 29/10/2008 | Approved |
| Glasgow Caledonian University | MSc Occupational Therapy (Pre-registration) | Full Time | 29/10/2008 | Approved |

| Education provider | Programme | Mode of study | Date of visit | Status (at 31 August 2009) |
|--|--|----------------------|----------------------|-----------------------------------|
| West Midlands Ambulance Service NHS Trust | IHCD Paramedic | Full Time | 29/10/2008 | Pending |
| Cardiff University (Prifysgol Caerdydd) | Postgraduate Certificate in Non-Medical Prescribing | Part Time | 20/11/2008 | Approved |
| Sheffield Hallam University | BSc (Hons) Diagnostic Radiography | Full time | 2/12/2008 | Approved |
| Sheffield Hallam University | BSc (Hons) Occupational Therapy | Full time | 2/12/2008 | Approved |
| Sheffield Hallam University | BSc (Hons) Physiotherapy | Full time | 2/12/2008 | Approved |
| Sheffield Hallam University | BSc (Hons) Physiotherapy | Part time | 2/12/2008 | Approved |
| Sheffield Hallam University | BSc (Hons) Radiotherapy and Oncology | Full time | 2/12/2008 | Approved |
| Sheffield Hallam University | Diploma of Higher Education Operating Department Practice | Full time | 2/12/2008 | Approved |
| Sheffield Hallam University | Diploma of Higher Education Paramedic Practice | Full time | 2/12/2008 | Approved |
| South East Coast Ambulance Service NHS Trust | Early Registration Programme (IHCD Modules) | Full Time | 20/1/2009 | Approval withdrawn |
| Glyndwr University | Professional Certificate (Practice Certificate in Supplementary Prescribing for AHPs at Level 6) | Part Time | 22/1/2009 | Approved |
| Glyndwr University | Professional Certificate (Practice Certificate in Supplementary Prescribing for AHPs at Level 7) | Part Time | 22/1/2009 | Approved |
| University of Portsmouth | FdSc Paramedic Science | Full Time | 27/1/2009 | Approved |

| Education provider | Programme | Mode of study | Date of visit | Status (at 31 August 2009) |
|---|---|----------------------|----------------------|-----------------------------------|
| University of Portsmouth | FdSc Paramedic Science | Part Time | 27/1/2009 | Approved |
| University of Central Lancashire | Diploma of Higher Education Paramedic Practice | Full Time | 29/1/2009 | Approved |
| Emergency Response Services (ERS) Group International Ltd | Award in Paramedic Practice | Part Time | 04/2/2009 | Request withdrawn |
| University of Cumbria | BSc (Hons) Diagnostic Radiography | Full time | 11/2/2009 | Approved |
| University of Salford | BSc (Hons) Physiotherapy | Full time | 5/3/2009 | Approved |
| University of Salford | BSc (Hons) Physiotherapy | Part Time | 5/3/2009 | Approved |
| Glasgow Caledonian University | BSc (Hons) Diagnostic Imaging | Full Time | 11/3/2009 | Approved |
| Glasgow Caledonian University | BSc (Hons) in Occupational Therapy (Ageing and Well-being) | Full Time | 11/3/2009 | Approved |
| Glasgow Caledonian University | BSc (Hons) in Occupational Therapy (Psychosocial Interventions) | Full Time | 11/3/2009 | Approved |
| Glasgow Caledonian University | BSc (Hons) in Occupational Therapy (Work Practice) | Full Time | 11/3/2009 | Approved |
| Glasgow Caledonian University | BSc (Hons) in Occupational Therapy | Full Time | 11/3/2009 | Approved |
| Glasgow Caledonian University | BSc (Hons) in Physiotherapy | Full Time | 11/3/2009 | Approved |
| Glasgow Caledonian University | BSc (Hons) Podiatry | Full Time | 11/3/2009 | Approved |
| Glasgow Caledonian University | BSc (Hons) Radiotherapy and Oncology | Full Time | 11/3/2009 | Approved |
| Glasgow Caledonian University | MSc Occupational Therapy (Pre-registration) | Full Time | 11/3/2009 | Approved |
| Glasgow Caledonian University | MSc Physiotherapy (Pre-registration) | Full Time | 11/3/2009 | Approved |

| Education provider | Programme | Mode of study | Date of visit | Status (at 31 August 2009) |
|-------------------------------------|---|----------------------|----------------------|-----------------------------------|
| University of Derby | BSc (Hons) Diagnostic Radiography | Full Time | 1/4/2009 | Approved |
| University of Derby | BSc (Hons) Occupational Therapy | Full Time | 1/4/2009 | Approved |
| University of Derby | BSc (Hons) Occupational Therapy | Part Time | 1/4/2009 | Approved |
| University of Derby | MSc Occupational Therapy | Full Time | 1/4/2009 | Approved |
| University of Surrey | BSc (Hons) Paramedic Practice | Full time | 1/4/2009 | Approved |
| University of Northampton | FDS Sc Paramedic Science | Full time | 15/4/2009 | Approved |
| University of Northampton | FDS Sc Paramedic Science | Part time | 15/4/2009 | Approved |
| Canterbury Christ Church University | BSc (Hons) Diagnostic Radiography | Full Time | 28/4/2009 | Approved |
| Canterbury Christ Church University | BSc (Hons) Occupational Therapy | Full Time | 28/4/2009 | Approved |
| Canterbury Christ Church University | BSc (Hons) Operating Department Practice | Full Time | 28/4/2009 | Approved |
| Canterbury Christ Church University | Diploma of Higher Education Operating Department Practice | Full Time | 28/4/2009 | Approved |
| New College Durham | Certificate in Local Analgesia | Part Time | 29/4/2009 | Approved |
| University of Ulster | BSc (Hons) Podiatry | Full Time | 29/4/2009 | Approved |
| Teesside University | BSc (Hons) Diagnostic Radiography | Full Time | 6/5/2009 | Approved |
| Teesside University | BSc (Hons) Occupational Therapy | Full Time | 6/5/2009 | Approved |
| Teesside University | BSc (Hons) Physiotherapy | Full Time | 6/5/2009 | Approved |
| Teesside University | MSc Diagnostic Radiography (Pre-registration) | Full Time | 6/5/2009 | Approved |

| Education provider | Programme | Mode of study | Date of visit | Status (at 31 August 2009) |
|---------------------------|---|----------------------|----------------------|-----------------------------------|
| Teesside University | MSc Occupational Therapy (Pre-registration) | Full Time | 6/5/2009 | Approved |
| Teesside University | MSc Physiotherapy (Pre-registration) | Full Time | 6/5/2009 | Approved |
| Teesside University | Pg Dip Diagnostic Radiography (Pre-registration) | Full Time | 6/5/2009 | Approved |
| Teesside University | Pg Dip Occupational Therapy (Pre-registration) | Full Time | 6/5/2009 | Approved |
| Teesside University | Pg Dip Physiotherapy (Pre-registration) | Full Time | 6/5/2009 | Approved |
| Bournemouth University | BSc (Hons) Occupational Therapy | Full time | 12/5/2009 | Approved |
| Bournemouth University | BSc (Hons) Physiotherapy | Full time | 12/5/2009 | Approved |
| Bournemouth University | Diploma of Higher Education Operating Department Practice | Full time | 12/5/2009 | Approved |
| Bournemouth University | FdSc Paramedic Science | Full time | 12/5/2009 | Approved |
| Edge Hill University | Diploma of Higher Education Paramedic Practice | Full Time | 12/5/2009 | Approved |
| Keele University | BSc (Hons) Applied Biomedical Science | Full Time | 12/5/2009 | Approved |
| University of Chester | MA Art Therapy | Full Time | 12/5/2009 | Request withdrawn |
| University of Chester | MA Art Therapy | Part Time | 12/5/2009 | Request withdrawn |
| University of Southampton | BSc (Hons) Occupational Therapy | Full Time | 27/5/2009 | Pending |
| University of Southampton | BSc (Hons) Occupational Therapy | Part Time | 27/5/2009 | Pending |
| University of Southampton | BSc (Hons) Physiotherapy | Full Time | 27/5/2009 | Pending |
| University of Southampton | BSc (Hons) Physiotherapy | Part Time | 27/5/2009 | Pending |

| Education provider | Programme | Mode of study | Date of visit | Status (at 31 August 2009) |
|----------------------------|---|-----------------------|----------------------|-----------------------------------|
| University of Southampton | BSc (Hons) Podiatry | Full Time | 27/5/2009 | Pending |
| University of Southampton | MSc Occupational Therapy (Pre-registration) | Full Time | 27/5/2009 | Pending |
| University of Southampton | MSc Physiotherapy (Pre-registration) | Full Time | 27/5/2009 | Pending |
| University of Southampton | MSc Podiatry (Pre-registration) | Full Time | 27/5/2009 | Pending |
| University of Southampton | Pg Dip Occupational Therapy (Pre-registration) | Full Time | 27/5/2009 | Pending |
| University of Southampton | Pg Dip Physiotherapy (Pre-registration) | Full Time | 27/5/2009 | Pending |
| University of Southampton | Pg Dip Podiatry (Pre-registration) | Full Time | 27/5/2009 | Pending |
| Birmingham City University | Fd Health and Social Care (Paramedic Science) | Full time | 2/6/2009 | Pending |
| Birmingham City University | Fd Health and Social Care (Paramedic Science) | Full time Accelerated | 2/6/2009 | Request withdrawn |
| De Montfort University | BSc (Hons) Applied Biomedical Science | Full time | 3/6/2009 | Approved |
| University of Ulster | Pharmacotherapeutics in Prescribing | Part Time | 12/6/2009 | Pending |
| University of Ulster | Postgraduate Certificate in Prescribing for Allied Health Professionals | Part Time | 12/6/2009 | Pending |
| Queen Margaret University | MSc Physiotherapy (Pre-registration) | Full Time | 16/6/2009 | Approved |
| Queen Margaret University | Post Graduate Diploma Physiotherapy (Pre-registration) | Full Time | 16/6/2009 | Approved |
| Keele University | Supplementary Prescribing for Allied Health Professionals | Part Time | 17/6/2009 | Approved |
| University of Brighton | BSc (Hons) Paramedic Practice | Full Time | 23/6/2009 | Approved |

Outcomes of visits

After an approval visit Visitors can recommend to the Education and Training Committee one of the following.

- Approval of a programme without any conditions.
- Approval of a programme subject to all conditions being met.
- Non-approval of a new programme.
- Withdrawal of approval from a currently approved programme.

This year, all programmes visited were recommended for approval, apart from one which had approval withdrawn and four which withdrew their requests for approval on the day of the visit or following the visit. For the second year running, nine per cent of programmes visited were recommended for approval without any conditions. Across a four-year period, an average of nine per cent of programmes were recommended for approval without any conditions. This trend appears to be relatively constant across the four years.

The decision to withdraw approval from one programme came about as a result of failure to respond to conditions. The decision to withdraw approval was not taken lightly by the Committee. Withdrawal of approval remains a very infrequent outcome of the approval process.

As in previous years, the majority of programmes had conditions to meet before the Education and Training Committee could grant or reconfirm open-ended approval.

There were 16 pending decisions on approval as of 31 August 2009. In five cases, the education provider planned a start date later in the academic year (eg January 2010) and so there was no requirement for approval to be in place before September 2009. In the case of eleven programmes (all from the same institution), the final decisions on approval were made at the September 2009 meeting of the Education and Training Committee before the programmes commenced.

Table 18 Summary of outcomes

| Decision | Number of outcomes | Percentage |
|---|--------------------|------------|
| Approval of a programme without any conditions | 8 | 9 |
| Approval of a programme subject to all conditions being met | 62 | 71 |
| Non-approval of a new programme | 0 | 0 |
| Withdrawal of approval from a currently approved programme | 1 | 1 |
| Pending | 16 | 18 |

Note: four programmes withdrew their request for approval on the day of the visit or following the visit so no final decisions were made on approval.

Graph 18 Summary of outcomes

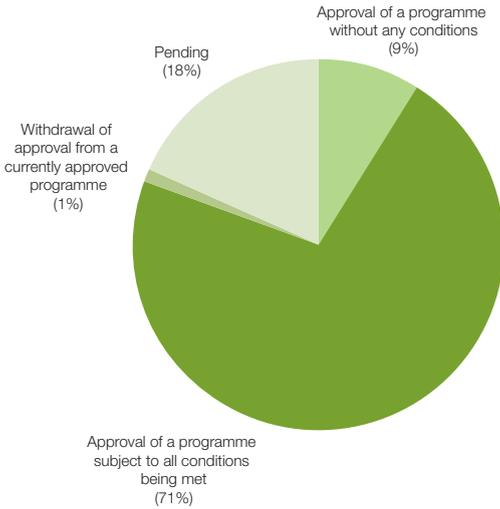
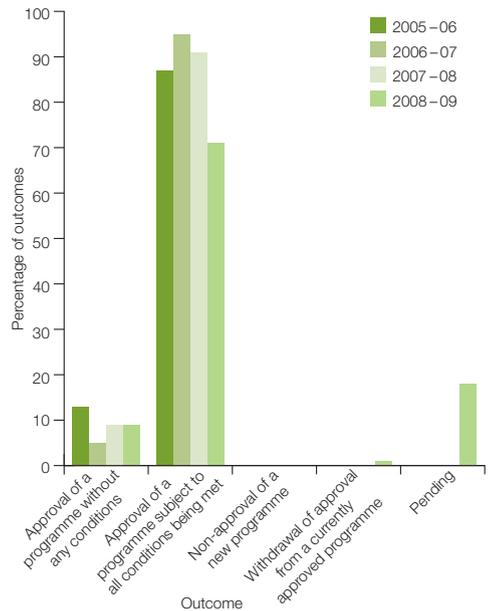


Table 19 Summary of outcomes in 2008–09, compared to 2005–06, 2006–07 and 2007–08

| Decision | 2005–06 | 2006–07 | 2007–08 | 2008–09 |
|---|---------|---------|---------|---------|
| Approval of a programme without any conditions | 13% | 5% | 9% | 9% |
| Approval of a programme subject to all conditions being met | 87% | 95% | 91% | 71% |
| Non-approval of a new programme | 0% | 0% | 0% | 0% |
| Withdrawal of approval from a currently approved programme | 0% | 0% | 0% | 1% |
| Pending | 0% | 0% | 0% | 18% |

Note: For 2008–09 the information is based on the final outcome from Committee rather than the recommendation from Visitors. This accounts for the significant increase in pending outcomes.

Graph 19 Summary of outcomes in 2008–09, compared to 2005–06, 2006–07 and 2007–08



Conditions

‘Conditions’ are requirements which Visitors recommend that an education provider must meet before a programme can be approved. Conditions are linked to the standards of education and training and require changes to the programme to ensure the threshold standards are met.

This year, there were 801 conditions set across the 91 programmes visited. This gives an average of nine conditions per programme and sees a reduction in the total number of conditions by 45 when compared to the previous year.

Table 20 Number of conditions in 2008–09, compared to 2005–06, 2006–07 and 2007–08

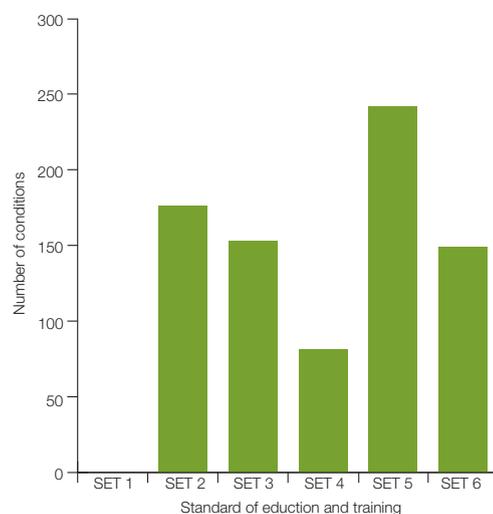
| Year | Number of conditions | Number of programmes visited | Average number of conditions per programme |
|---------|----------------------|------------------------------|--|
| 2005–06 | 327 | 62 | 6 |
| 2006–07 | 734 | 142 | 5 |
| 2007–08 | 846 | 84 | 10 |
| 2008–09 | 801 | 91 | 9 |

Over the four years there has been a general increase in the number of conditions, but there has been some reduction this year in spite of a slightly higher number of programmes visited. It is difficult to determine the reasons for the continued increase in the number of conditions applied to programmes. One causal factor may be linked to the increased number of visits to education providers outside of higher education settings where established quality assurance mechanisms are less prevalent.

There are 63 specific standards. Each one can have conditions mapped against it. The table below shows the number of conditions listed against the broad standard categories.

Table 21 Number of conditions

| Standard of education and training (SET) | Number of conditions | Percentage |
|--|----------------------|------------|
| SET 1 | 0 | 0 |
| SET 2 | 176 | 22 |
| SET 3 | 153 | 19 |
| SET 4 | 81 | 10 |
| SET 5 | 242 | 30 |
| SET 6 | 149 | 19 |

Graph 20 Number of conditions

The highest number of conditions was set against the placement standards (SET 5) and the lowest number of conditions was set against the level of qualification for entry to the Register (SET 1). This is the fourth consecutive year where placement standards have had the most conditions set against them, and by a substantial margin.

For the fourth year, a relatively low number of conditions have been set against curriculum standards. This continues to be encouraging, as it shows most education providers are designing programmes which ensure that those who successfully complete them meet the standards of proficiency.

The continuing high number of conditions set against placement standards is an area for particular attention. In 2006, we published our guidance on our standards of education and training, which explains that the HPC expects education providers rather than NHS trusts, to take ultimate responsibility for placements. This information has been available to education providers for a significant period of time, but placement standards still appear to be a challenge for education providers in presenting their programmes for approval. We will continue to publicise and encourage education providers to use our guidance, in particular focusing on the areas most at risk. As always, a copy of the guidance is available to download from our website and is sent to education providers electronically at the start of the approval process. In previous years we have used presentations and seminars to promote understanding of the standards, and there may be further opportunities to do the same in future years or to use other stakeholder communication for this purpose.

This year no conditions were set against standard one – the level of qualification for entry to the Register. Conditions set against this standard are very unusual, as the standard is broad and flexible, which allows education providers to meet it in a variety of ways. In four years, just three conditions have been set against standard one.

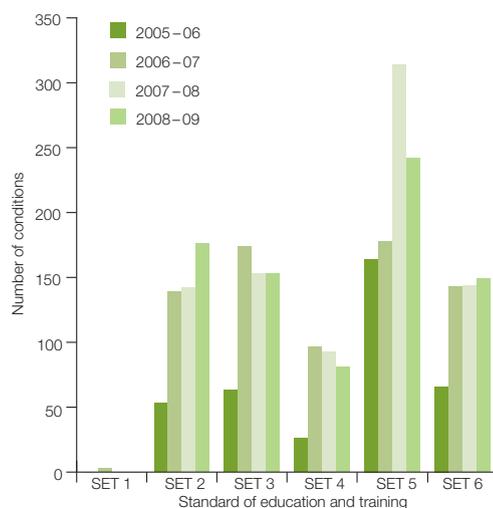
The number of conditions applied to standard two (relating to admissions) has increased significantly this year. In the main, the conditions in this area have all been applied to one particular standard (SET 2.1) which will be discussed in greater detail later in this section of the report.

The number of conditions applied to standards three, four and six – programme management and resource standards, curriculum standards and assessment standards respectively – appears to be relatively consistent across the last three years.

Table 22 Number of conditions in 2008–09, compared to 2005–06, 2006–07 and 2007–08

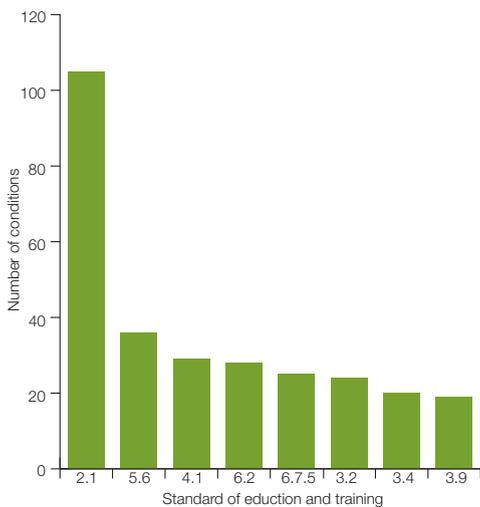
| Standard | 2005–06 | 2006–07 | 2007–08 | 2008–09 |
|----------|---------|---------|---------|---------|
| SET 1 | 0 | 3 | 0 | 0 |
| SET 2 | 53 | 139 | 142 | 176 |
| SET 3 | 63 | 174 | 153 | 153 |
| SET 4 | 26 | 97 | 93 | 81 |
| SET 5 | 164 | 178 | 314 | 242 |
| SET 6 | 66 | 143 | 144 | 149 |

Graph 21 Number of conditions in 2008–09, compared to 2005–06, 2006–07 and 2007–08



Within each group of standards, there are a number of individual standards. Graph 22 shows the eight specific standards which had the highest number of conditions set against them this year.

Graph 22 The eight standards of education and training with the highest number of conditions set against them



For four years, there have been a relatively high number of conditions set against standards 2.1 and 5.6.

This year the number of conditions applied to standard 2.1 has increased significantly. The increase is so great that it exceeds the number of programmes that were visited during the academic year. For this to occur, multiple conditions must have been applied against the standard for single programmes. Standard 2.1 seeks to ensure that the admissions procedures of an approved programme give both the education provider and the applicant the information they require to make an informed choice about whether to make or take up the offer of a place on the programme.

Conditions against this standard were repeatedly set for two reasons. Firstly, education providers did not make it clear in their information that completing a programme means students are 'eligible to **apply**' for registration with the HPC. Instead they used phrases like 'completing this programme entitles you to be registered with the HPC' or 'once you have completed this programme, you will be registered'. Secondly, education providers used outdated phrases such as 'state registered' or confused the role of the HPC with the role of professional bodies in statutory registration. Our advertising protocol was published in 2007 and gives education providers advice on how best to advertise their programme and refer to the HPC. The advertising protocol is provided to education providers at the start of the approval process and is available to download from our website. In the revised standards of education and training, which are effective from 1 September 2009, the guidance for standard 2.1 makes specific reference to the advertising protocol. Alongside this change we will continue to publicise and encourage education providers to use our advertising protocol, in particular focusing on the areas most at risk in terms of our admissions standards.

Standard 5.6 seeks to ensure that education providers maintain a thorough and effective system for approving and monitoring placements. The high number of conditions set against this standard relates to the fact that many education providers often misunderstand our placement standards and the level of responsibility they need to assume themselves. In addition, the impact of our guidance has not yet been felt. We will continue to publicise and encourage education providers to use our standards of education and training guidance, in particular focusing on the responsibility and remit of our placement standards.

For three years there has been a relatively high number of conditions set against standard 4.1. Standard 4.1 seeks to ensure that the learning outcomes of an approved programme ensure that those who successfully complete the programme meet the standards of proficiency for their part of the HPC Register. This is one of the most crucial standards and requires education providers to carefully map and clearly articulate how the standards of proficiency are delivered to students within the learning outcomes of a programme. This year, as last year, the relatively high number of conditions set against standard 4.1 appears to be concentrated in specific professions.

This year, there were a relatively high number of conditions set against standards 3.2, 3.4 and 6.2. This was not the case in the previous two years and therefore it should not be assumed to be a common, long-term trend. The possible reason for the increase in conditions against these standards is linked to the professions visited this year and will be discussed in more detail in forthcoming sections.

This year standards 3.9 and 6.7.5 received a relatively high number of conditions. These particular standards also received a relatively high number of conditions in 2006–07. Standard 3.9 seeks to ensure protocols are in place to gain student consent when undertaking activities such as role play or manual handling as part of the programme. This standard often receives conditions owing to education providers either not appropriately documenting the provision of consent or not considering certain activities, such as role play, as requiring consent. The revised guidance to the standards of education and training which comes into effect on 1 September 2009 has been amended to make the expectations around this standard clearer.

Standard 6.7.5 seeks to ensure that external examiners are on the appropriate part of the Register unless other arrangements are agreed. This standard was amended in 2006–07 to allow it to be more inclusive of professions or entitlements where registration with HPC would be problematic or unusual. The conditions that are applied against this standard are now more likely to be in relation to the amendment where education providers do not provide sufficient information in relation to external examiners who are not on the Register. The amended standard and its guidance will be embedded in the revised guidance to the standards of education and training.

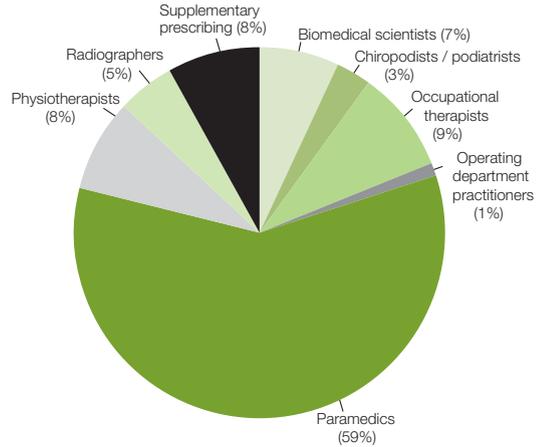
In the previous two years, there were relatively high numbers of conditions set against standards 2.2.2, 3.7, 4.2, 5.7.1, 5.7.4, 5.8.3 and 6.1. These standards have not received a relatively high number of conditions this year and so it appears that there was not a particular trend, but these standards will be revisited in the next annual report.

The number and concentration of conditions varied greatly between and within the professions. The following tables show the conditions broken down by profession / entitlement.

Table 23 Breakdown of conditions by profession / entitlement

| Profession / entitlement | Number of conditions | Percentage |
|------------------------------------|----------------------|------------|
| Arts therapists | 0 | 0 |
| Biomedical scientists | 56 | 7 |
| Chiropodists / podiatrists | 24 | 3 |
| Clinical scientists | 0 | 0 |
| Dietitians | 0 | 0 |
| Occupational therapists | 65 | 9 |
| Operating department practitioners | 9 | 1 |
| Orthoptists | 0 | 0 |
| Paramedics | 463 | 59 |
| Physiotherapists | 68 | 8 |
| Prosthetists / orthotists | 0 | 0 |
| Radiographers | 44 | 5 |
| Speech and language therapists | 0 | 0 |
| Supplementary prescribing | 67 | 8 |
| Local anaesthesia | 2 | 0.2 |
| Prescription-only medicine | 3 | 0.4 |

Graph 23 Breakdown of conditions by profession / entitlement

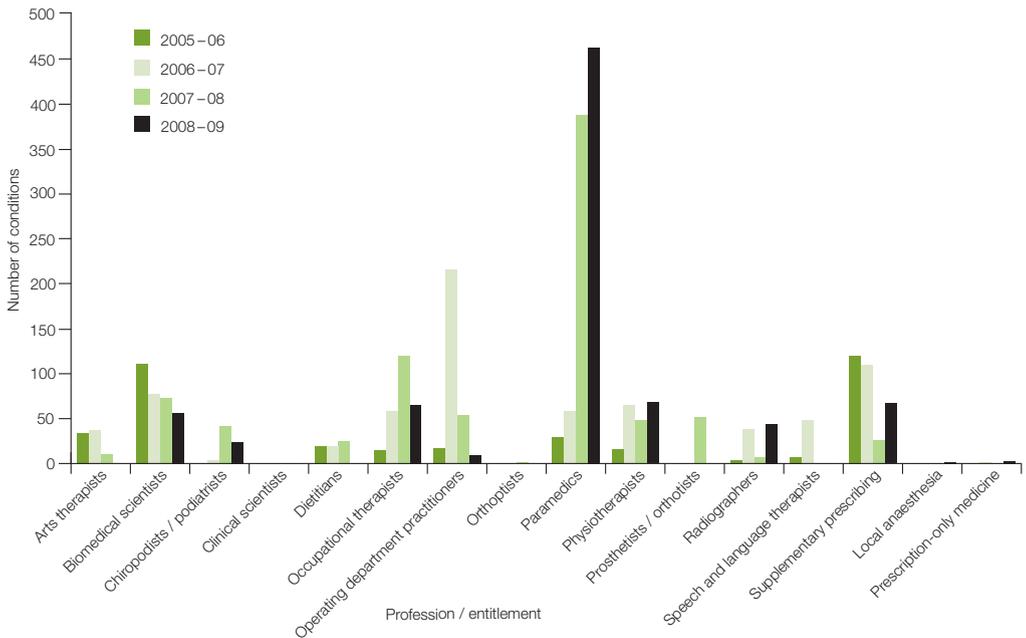


Note: For local anaesthesia and prescription-only medicine programmes an almost statistically insignificant number of conditions were applied. In this table the percentage value has been adjusted in the case of these two entitlements in order to show the presence of some conditions. In some later graphs, these entitlements are recorded as contributing zero per cent to the share of conditions.

Table 24 Breakdown of conditions by profession / entitlement in 2008–09, compared to 2005–06, 2006–07 and 2007–08

| Profession / entitlement | Number of conditions | | | |
|---------------------------------------|----------------------|---------|---------|---------|
| | 2005–06 | 2006–07 | 2007–08 | 2008–09 |
| Arts therapists | 34 | 37 | 10 | 0 |
| Biomedical scientists | 111 | 78 | 73 | 56 |
| Chiropodists / podiatrists | 0 | 4 | 42 | 24 |
| Clinical scientists | 0 | 0 | 0 | 0 |
| Dietitians | 19 | 19 | 25 | 0 |
| Occupational therapists | 15 | 58 | 120 | 65 |
| Operating department practitioners | 17 | 216 | 54 | 9 |
| Orthoptists | 0 | 0 | 1 | 0 |
| Paramedics | 29 | 59 | 388 | 463 |
| Physiotherapists | 16 | 65 | 48 | 68 |
| Prosthetists / orthotists | 0 | 0 | 52 | 0 |
| Radiographers | 4 | 38 | 7 | 44 |
| Speech and language therapists | 7 | 48 | 0 | 0 |
| Supplementary prescribing | 120 | 110 | 26 | 67 |
| Local anaesthesia | 0 | 0 | 0 | 2 |
| Prescription-only medicine | 0 | 2 | 0 | 3 |

Graph 24 Breakdown of conditions by profession / entitlement in 2008–09, compared to 2005–06, 2006–07 and 2007–08



The majority of conditions (58%) were set against paramedic programmes, with occupational therapist and supplementary prescribing programmes having the second (8% for both) and biomedical scientists having the third (7%) highest numbers of conditions set against them. We visited more paramedic and occupational therapist programmes than any other professions this year, so the concentrations of conditions reflect the higher number of programmes visited in these two professions. However, in the case of biomedical scientist and supplementary prescribing programmes, the higher number of conditions does not correlate with a higher number of visits to programmes in these professions / entitlements.

There were no conditions against arts therapist, clinical scientist, dietitian, orthoptist, prosthetist / orthotist or speech and language therapist programmes because we did not visit

any programmes in these professions (or because the request for approval was withdrawn before a report was written in the case of arts therapy).

For four-years there has been a relatively high number of conditions set against paramedic and biomedical scientist programmes. This reflects the fact that we have visited a higher number of programmes from these two professions across the total four-year period.

The number of conditions applied to supplementary prescribing programmes dipped last year but has increased this year as the number of visits to these programmes has also increased.

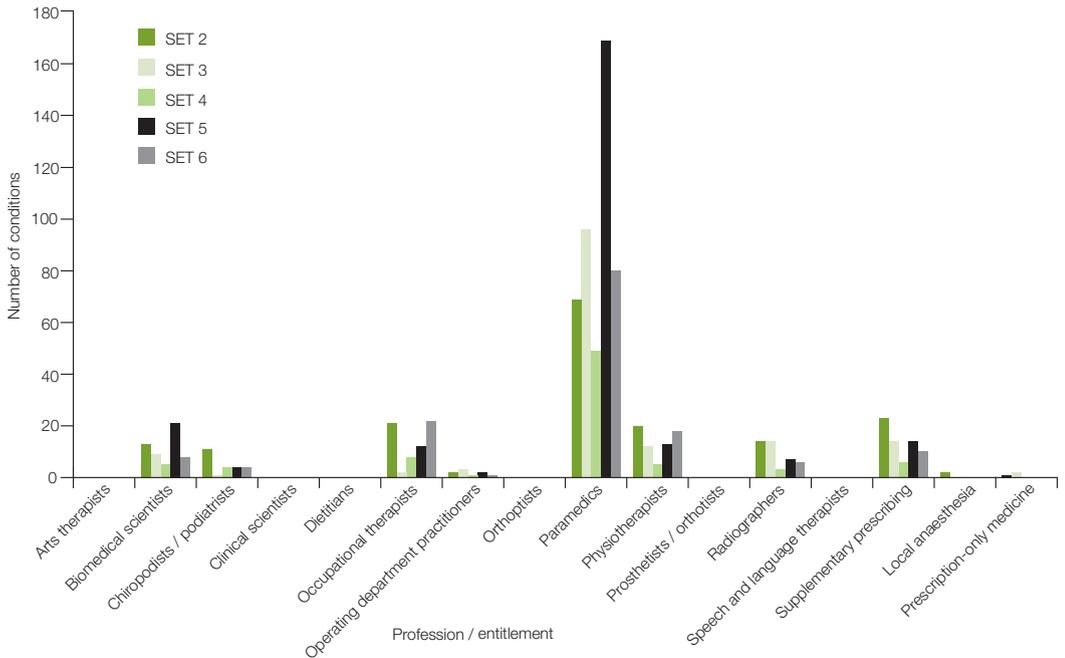
Looking at the data across four years, there is an apparent trend for paramedic programmes to have a higher number of conditions applied to them. This trend may be

misleading as there are a number of potential contributing factors to the increased number of conditions. These factors include the number of programmes in the profession that were visited, the reasons for the visits (which will be explored later in the report) and variation in types of education provider (ie based at a higher education provider or elsewhere). As a general pattern across all the professions though, the higher incidences of conditions are borne out of the higher number of programmes visited in each particular year.

Table 25 Breakdown of conditions against standards of education and training by profession / entitlement

| Profession / entitlement | SET 1 | SET 2 | SET 3 | SET 4 | SET 5 | SET 6 |
|---------------------------------------|-------|-------|-------|-------|-------|-------|
| Arts therapists | 0 | 0 | 0 | 0 | 0 | 0 |
| Biomedical scientists | 0 | 13 | 9 | 5 | 21 | 8 |
| Chiropodists / podiatrists | 0 | 11 | 1 | 4 | 4 | 4 |
| Clinical scientists | 0 | 0 | 0 | 0 | 0 | 0 |
| Dietitians | 0 | 0 | 0 | 0 | 0 | 0 |
| Occupational therapists | 0 | 21 | 2 | 8 | 12 | 22 |
| Operating department practitioners | 0 | 2 | 3 | 1 | 2 | 1 |
| Orthoptists | 0 | 0 | 0 | 0 | 0 | 0 |
| Paramedics | 0 | 69 | 96 | 49 | 169 | 80 |
| Physiotherapists | 0 | 20 | 12 | 5 | 13 | 18 |
| Prosthetists / orthotists | 0 | 0 | 0 | 0 | 0 | 0 |
| Radiographers | 0 | 14 | 14 | 3 | 7 | 6 |
| Speech and language therapists | 0 | 0 | 0 | 0 | 0 | 0 |
| Supplementary prescribing | 0 | 23 | 14 | 6 | 14 | 10 |
| Local anaesthesia | 0 | 2 | 0 | 0 | 0 | 0 |
| Prescription-only medicine | 0 | 1 | 2 | 0 | 0 | 0 |

Graph 25 Breakdown of conditions against standards of education and training by profession / entitlement



As last year, there is a great deal of variation between the professions with no one standard having the majority of conditions set against it. In some professions or entitlements (biomedical scientists, chiropodists / podiatrists, operating department practitioners, physiotherapists and supplementary prescribing) the number of conditions is comparatively well spread across the six sections of the standards; whereas in other professions (occupational therapists and paramedics) the number of conditions is more heavily skewed to one particular section of the standards.

This year two professions (biomedical scientists and paramedics) had the most conditions set against SET 5 – practice placement standards.

Compared to last year, where five professions exhibited this trend, this is encouraging in that a greater understanding of standard five is developing in some professions. The paramedic profession has shown this trend across a three-year period whilst for other professions the imposition of conditions against SET 5 has been more intermittent.

Biomedical scientist programmes continue to have a high number of conditions set against practice placement standards and this appears to link to the fact that the profession has traditionally offered biomedical science programmes without a placement component (which were not approved by the HPC). It appears that when education providers redesigned their programmes to include a placement component, they may have misunderstood our placement requirements.

The highest number of conditions set against practice placement standards is for paramedic programmes (70%). This may be accounted for by the continued concentration of visits to paramedic programmes delivered by local ambulance trusts this year. The paramedic profession has traditionally offered an in-house, on-the-job training route (commonly referred to as the IHCD paramedic route) which has been based on a national curriculum (designed by EdExcel) but delivered and managed in accordance with the local context. There was a shared misunderstanding in both the local ambulance trusts and in EdExcel about our placement standards and who we would ultimately hold responsible for meeting them.

The number of conditions also varied greatly depending on the reason for the visit. The following tables show the conditions broken down by reason for visit.

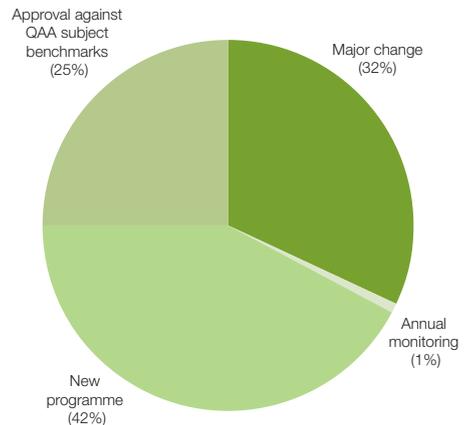
Table 26 Breakdown of conditions by reason for visit

| Reason for visit | Number of conditions | Percentage |
|---|----------------------|------------|
| Major change | 259 | 32 |
| Annual monitoring | 5 | 1 |
| New programme | 338 | 42 |
| New profession | 0 | 0 |
| Approval against QAA subject benchmarks | 199 | 25 |

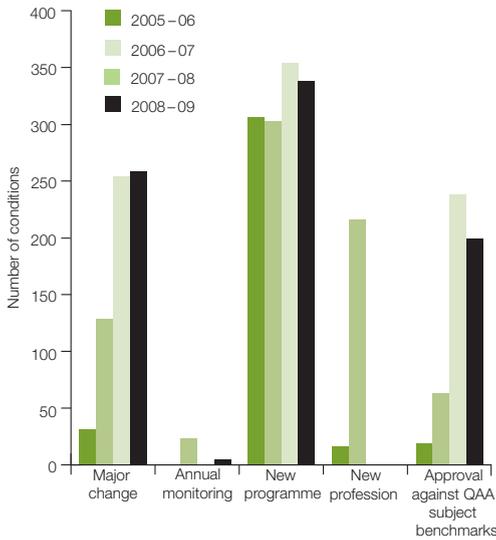
Table 27 Breakdown of conditions by reason for visit in 2008–09, compared to 2005–06, 2006–07 and 2007–08

| Reason for visit | 2005–06 | 2006–07 | 2007–08 | 2008–09 |
|---|---------|---------|---------|---------|
| Major change | 31 | 129 | 254 | 259 |
| Annual monitoring | 0 | 23 | 0 | 5 |
| New programme | 306 | 303 | 354 | 338 |
| New profession | 16 | 216 | 0 | 0 |
| Approval against QAA subject benchmarks | 19 | 63 | 238 | 199 |

Graph 26 Breakdown of conditions by reason for visit



Graph 27 Breakdown of conditions by reason for visit in 2008–09, compared to 2005–06, 2006–07 and 2007–08



This is despite more visits taking place to programmes because of a major change. There is now significant evidence to suggest that visits to new programmes are more likely to result in a higher number of conditions, compared to visits for other reasons. It is likely that a proportion of conditions set against new programmes may be an unavoidable result of approval visits being concurrent with education providers’ internal validations. The validation of a new programme is often a pre-requisite for the financial and resource commitment it receives from an education provider. And without this financial and resource commitment it is difficult not to justify conditions on a programmes’ approval.

The overall majority of conditions set against new programmes this year (42%) is very similar to the overall majority for the last two years (41% and 42%). This trend is relatively consistent across the last four years.

For visits as a result of major change, the number of conditions applied has been consistent over the last two years. Last year 30 per cent of conditions were applied to major change visits whilst this year 32 per cent of conditions were applied to this type of visit. This trend has only appeared over a relatively short time-frame and so it is difficult to regard it as a pattern or to determine the cause. This will be an area of note for the report next year to determine if the trend is ongoing.

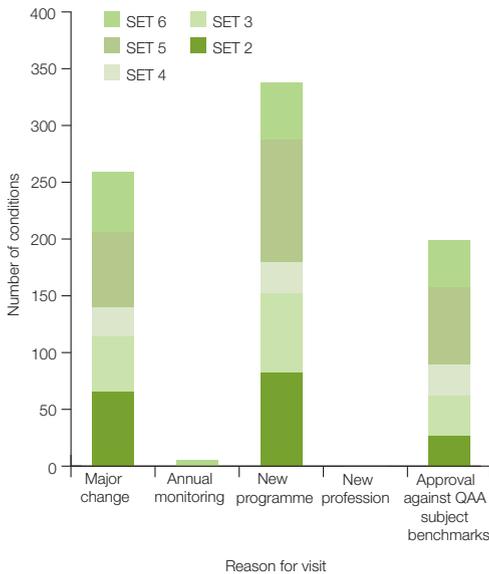
Annual monitoring visits have again returned a low number of conditions. This pattern is difficult to interpret as the number of annual monitoring visits is comparatively low and can be sporadic. It is possible that the reason for such a low number of conditions in these cases is that education providers have been addressing the areas highlighted by the annual monitoring process in the lead-up to the visit and as a result, by the time the Visitors scrutinise a programme, the standards have been appropriately evidenced.

For the second year running, there have been a relatively high number of conditions set against QAA subject benchmark visits (25%) compared to the number of visits (5%).

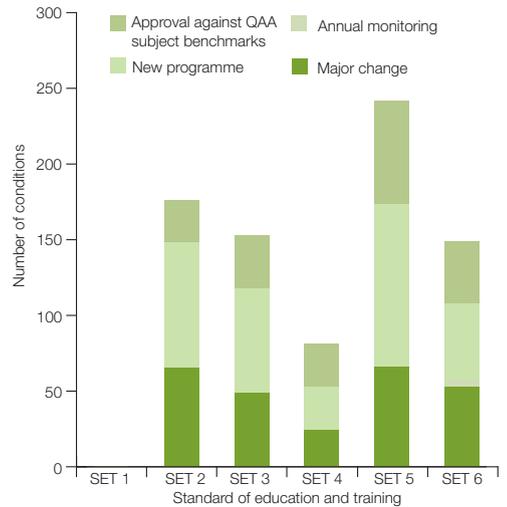
Table 28 Breakdown of conditions against standard of education and training by reason for visit

| Reason for visit | SET 1 | SET 2 | SET 3 | SET 4 | SET 5 | SET 6 |
|---|-------|-------|-------|-------|-------|-------|
| Major change | 0 | 66 | 49 | 25 | 66 | 53 |
| Annual monitoring | 0 | 0 | 0 | 0 | 0 | 5 |
| New programme | 0 | 83 | 69 | 28 | 108 | 50 |
| New profession | 0 | 0 | 0 | 0 | 0 | 0 |
| Approval against QAA subject benchmarks | 0 | 27 | 35 | 28 | 68 | 41 |

Graph 28a Breakdown of conditions against standard of education and training by reason for visit



Graph 28b Breakdown of conditions against standards of education and training by standard of education and training and reason for visit



For the fourth consecutive year, the majority of reasons for visits resulted in conditions being set against all areas of the standards of education and training. For annual monitoring visits though, there are only conditions applied to SET 6. It is likely to be a continuing trend that annual monitoring visits result in focussed areas for conditions as a result of the visits generally being instigated by a specific issue or area of concern at the programme. Again, this pattern will be difficult to measure over time as the annual monitoring visits are few in number and sporadic in their appearance.

Visitors' reports

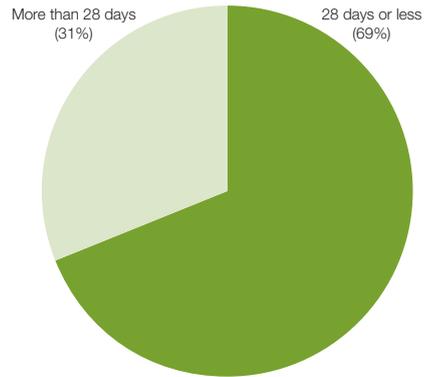
Following a visit, our Visitors produce a report which is sent to the education provider. After a report is sent to the education provider, they have 28 days to make any observations on it. After these 28 days, the Visitors' report and any observations on it made by the education provider are considered by the Education and Training Committee and the final outcome (including any conditions) agreed.

Table 29 Number of days taken to produce Visitors' reports

| Number of days | Number of reports | Percentage |
|-----------------|-------------------|------------|
| 7 days or less | 1 | 1 |
| 8–14 days | 15 | 17 |
| 15–21 days | 19 | 22 |
| 22–28 days | 26 | 30 |
| 29–40 days | 15 | 17 |
| 41–60 days | 13 | 15 |
| 61 days or more | 0 | 0 |

Note: three programmes withdrew their request for approval before a report was produced.

Graph 29 Breakdown of days taken to produce Visitors' reports



This year, 69 per cent of our Visitor reports were sent to education providers within 28 days of the visit. This has been a significant improvement (of 20%) on last year. Unfortunately, 31 per cent of our Visitor reports were sent to education providers outside of our process guidelines, though no reports took longer than two months to produce.

There is no clear link between profession, reason for visit or type of visit and time taken to produce a Visitors' report.

This year's figures are considerably different from last year and the year before. In 2006–07, 94 per cent of our Visitor reports were sent to education providers within 28 days of the visit and in 2007–08 only 49 per cent of reports were reaching education providers within 28 days. The improvement from last year came about as a result of continued adaptation to the new-style Visitor report introduced in 2007–08. However, it is clear that more work needs to be done to ensure that reports reach education providers within reasonable time scales. We will work to produce the Visitor report within 28 days in the future, as we are aware that a timely receipt of the formal recommendation will allow education providers to begin working on their response to conditions (if appropriate) at the earliest opportunity.

Who makes representations on Visitor reports?

This year, we published Visitor reports for 88 programmes. We received representations from education providers on 31 of these programmes. This represents 35 per cent of all programmes. Some of these representations were issues of factual inaccuracy, whilst others raised objections to particular conditions recommended by Visitors.

Over the last two years we received representations from education providers on 22 to 23 per cent of the programmes visited. The reason for the significant increase in representations appears to come from the fact that in two cases general representations were received that impacted upon reports from a multi-profession visit. This adds 18 programmes to the number which received observations and therefore disproportionately affects the data. The continued submission of representations on reports is an encouraging sign that education providers recognise the stage of the process in which they can challenge the content of the Visitors' report. This will further ensure that conditions remain proportionate to the risks posed by each programme.

The Education and Training Committee considered the Visitor reports for all 88 programmes for which they were produced. They made variations to the Visitor reports for eleven programmes. This represents 13 per cent of all programmes. The variations ranged from areas of technical inaccuracy to amending the language of conditions to make them more appropriate to the work required.

This year, the Education and Training Committee varied the recommendation for summary outcome in a Visitor report which the Visitors had reached. In this case, the Education and Training Committee determined that the Visitors' recommendation to conduct a revisit to the institution should be over-turned

in order to ensure consistency and fairness in the process. This was because the education provider had previously had a visit cancelled as a result of failure to produce documentation earlier in the year and therefore had already been given multiple attempts to present evidence to Visitors at an approval visit. The education provider was instead required to submit documentation in order to meet conditions.

How long does it take to meet conditions?

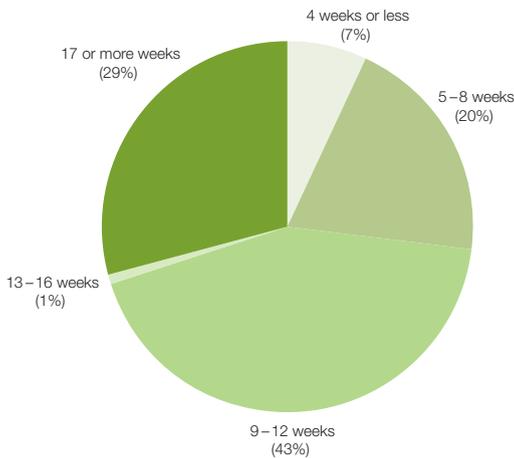
If we have placed conditions on a programme, we will negotiate a due date by which the education provider should meet the conditions. When deciding on a due date, we will consider issues such as how long education providers need to address the conditions, the start date of the programmes and the schedule of our Education and Training Committee meetings. Once the response from education providers is received, our Visitors assess the documentation and make a final recommendation to our Education and Training Committee on whether the conditions have been met, or not.

Table 30 Number of weeks between visit and initial response to meet conditions received

| Number of weeks | Number of programmes | Percentage |
|------------------|----------------------|------------|
| 4 weeks or less | 5 | 7 |
| 5–8 weeks | 15 | 20 |
| 9–12 weeks | 33 | 43 |
| 13–16 weeks | 1 | 1 |
| 17 or more weeks | 22 | 29 |

Note: Eight programmes did not have any conditions on approval to meet. Three programmes withdrew their request for approval prior to the response date for their condition. As of 31 August 2009, one programme was still due to submit their response to meet their conditions. One programme failed to submit a response to conditions and later had approval withdrawn.

Graph 30 Breakdown of weeks between visit and initial response to meet conditions received



This year, the majority of responses to conditions (70%) were received from education providers within twelve weeks of the visit. This allowed our Visitors to consider these responses at an early opportunity and make a timely recommendation on final programme approval to our Education and Training Committee within three months of the visit.

Three years ago, the majority of responses were received within eight weeks, though the emerging trend now suggests that within twelve weeks will become the norm. This could be attributed to a number of factors, including the date of receipt of the Visitors' report, the date of the visit compared to the start date of the programme and the date of the visit compared to the dates of Education and Training Committee meetings.

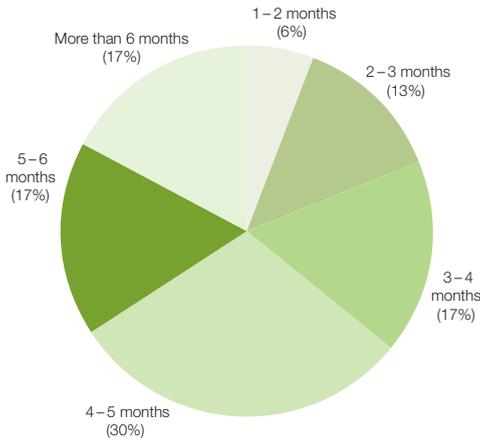
This year 29 per cent of responses took longer than 17 weeks to be received. There are a number of contributing factors that may affect this percentage. The first is that education providers may have allowed sufficient time before the next commencement date of a cohort. In these cases, there is no immediate need for conditions to be met. The second factor arises from changes to the approval process which currently allows approved programmes to seek extended deadlines or split deadlines between conditions responses if permission is granted by the Education and Training Committee. In these cases, education providers must explain the mitigating circumstances why conditions cannot be met until a later time. We do not anticipate that education providers will routinely need to use this option. However, the use of extended or split deadlines has been effective at managing the risks presented by programmes proportionately and allowing education providers time to implement far-reaching changes.

Table 31 Number of months between visit and final decision on programme approval

| Number of months | Number of programmes | Percentage |
|--------------------|----------------------|------------|
| One month or less | 0 | 0 |
| 1-2 months | 4 | 6 |
| 2-3 months | 9 | 13 |
| 3-4 months | 12 | 17 |
| 4-5 months | 22 | 30 |
| 5-6 months | 12 | 17 |
| More than 6 months | 13 | 17 |

Note: 16 programmes were unresolved as of 31 August 2009. Three programmes withdrew their request for approval before a final decision on approval was made.

Graph 31 Number of months between visit and final decision on programme approval



The majority of programmes (67%) were approved within five months of their visit. The 'post-visit' process normally takes between eight to ten weeks to complete, which is why our approval process requires that a visit takes place no less than three months before the start of a programme. Although only 19 per cent of programmes were approved within the three-month period this year, there were no programmes which had to delay the start of a programme. Last year 37 per cent of programmes were approved within the three-month period and similarly no programmes had to delay the start of a programme.

As last year, the longer time taken to complete the 'post-visit' process could be explained by the timing of the visits and the start date of programmes. This year, 90 per cent of visits were held before June 2008, therefore creating a four-month period (or longer), before the start of the next academic year in September 2009, which is when the majority of programmes start. Last year, nearly 89 per cent of visits were held before June 2008, therefore creating

a four-month period (or longer), before the start of the next academic year in September 2007. This pattern was repeated in 2006–07. Our process allows us to negotiate individual deadlines with education providers based on the date of their visit, the dates of our Education and Training Committee meetings and the start date of the programme. This flexible approach aims to give both the education provider and our Visitors sufficient time to consider responses to conditions satisfactorily.

This year, we continued to work extremely hard with education providers and Visitors to ensure that the 'post-visit' process was completed ahead of the start of the 2008–09 academic year (when the majority of programmes enrol new cohorts). The Education and Training Committee had reached a final decision on 82 per cent of programmes by 31 August 2009.

This year, we continued to work with education providers outside of the higher education sector to recognise the fact that not all education providers deliver their programmes on an academic year cycle (September to July). Nearly a fifth of all visits were to education providers outside of the higher education sector this year. This represents a significant increase from previous years when almost all visits (approximately 95%) were to education providers within the higher education sector.

This year six per cent of programmes were approved by the Education and Training Committee after September 2008, or the start of the 2008–09 academic year. This equates to five programmes; two of which were new programmes with start dates planned for January 2010 and three of which were existing programmes seeking reconfirmation of their open-ended approval. In the case of the two new programmes, a later final decision on approval did not disadvantage education providers, students or prospective students.

It took an average of six months between the visit and final decision on programme approval for these two programmes. The three already approved programmes took advantage of the changes agreed by the Education and Training Committee and either had a later or staggered response to conditions agreed. It took an average of 12 months between the visit and final decision on programme approval for these three programmes.

This year, 18 per cent of programmes took over six months to receive their final approval. It is too early to assume any long-term trend. However, we will monitor the data in this area over the next few years to ensure that the changes agreed by the Education and Training Committee in December 2008 mean that the approval process continues to balance flexibility, robustness and public protection.

For more information on the 'post-visit' process, please see the publication Approval process – Supplementary information for education providers. We routinely update the information and requirements within this publication to ensure they are robust, accommodating and evidence-based.

Commendations

In March 2008, the Education and Training Committee made the decision to report on the commendations which were given as part of the approval process. The publication of the trends in relation to commendations will disseminate good practice in the provision of education and training linked to the professions.

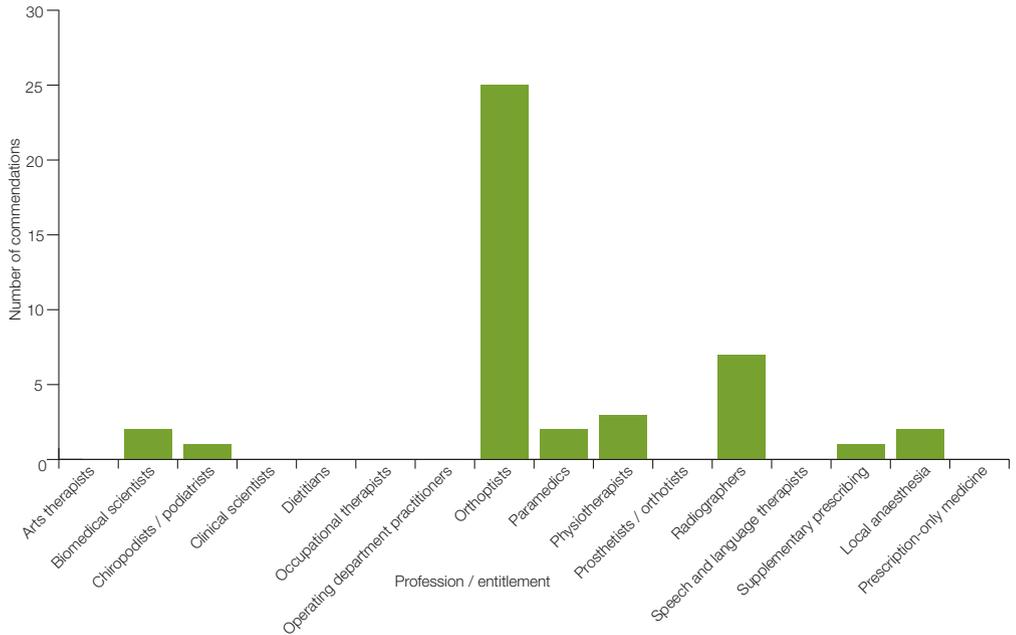
Commendations, as conditions, are contained within the approval visit report and can therefore be viewed online at www.hpc-uk.org

This year a total of 43 commendations were given to programmes. This is three less than last year (a reduction of approximately 7%).

Table 32 Breakdown of number of commendations by profession / entitlement

| Profession | Number of commendations |
|------------------------------------|-------------------------|
| Arts therapists | 0 |
| Biomedical scientists | 2 |
| Chiropodists / podiatrists | 1 |
| Clinical scientists | 0 |
| Dietitians | 0 |
| Occupational therapists | 0 |
| Operating department practitioners | 0 |
| Orthoptists | 25 |
| Paramedics | 2 |
| Physiotherapists | 3 |
| Prosthetists / orthotists | 0 |
| Radiographers | 7 |
| Speech and language therapists | 0 |
| Supplementary prescribing | 1 |
| Local anaesthesia | 2 |
| Prescription-only medicine | 0 |

Graph 32 Breakdown of number of commendations by profession / entitlement

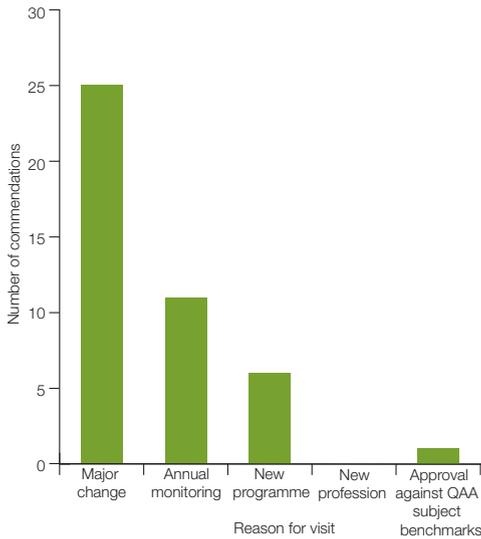


As last year, a general trend emerges in Table 32 and Graph 32 in that the professions / entitlements subject to the most visits this year also tend to have the highest number of commendations. This pattern is to be expected given that only the approval process report contains areas for Visitors to grant commendations. The number of visits to occupational therapy and radiography programmes was relatively high this year compared to other professions and accordingly the number of commendations is also relatively high. Notably, the number of visits to paramedic and physiotherapy programmes was also high but the number of commendations is not correspondently high. There are no apparent reasons for this to be the case.

Table 33 Breakdown of number of commendations by reason for visit

| Profession | Number of commendations |
|---|-------------------------|
| Major change | 25 |
| Annual monitoring | 11 |
| New programme | 6 |
| New profession | 0 |
| Approval against QAA subject benchmarks | 1 |

Graph 33 Breakdown of number of commendations by reason for visit



This year, the number of commendations does not correspond directly to the number of visits undertaken as it did last year. The number of conditions granted for programmes visited as a result of major change is significant of the fact that this was the highest occurring reason for a visit (50 visits). However, when compared to annual monitoring visits for which there were only five, there is a disproportionately high number of commendations. This becomes particularly stark when compared to QAA subject benchmark visits of which there were also five. It is unclear why there is such a high number of commendations for annual monitoring visits. It may be because annual monitoring visits are generally instigated by a specific area of the programme, but the visit then reviews all areas of the programme where the education provider may have been engaging in particularly innovative good practice. Once again, there were no commendations for new profession programmes as no visits were undertaken to programmes which were being considered for approval for this reason.

Table 34 Breakdown of number of commendations by area of commendation

| Area of commendations | Number of commendations |
|-----------------------------------|-------------------------|
| Student support | 6 |
| Physical resources | 7 |
| Curriculum design | 9 |
| Research opportunities or quality | 6 |
| Practice placement coordination | 5 |
| Learning and teaching approaches | 10 |

Graph 34 Breakdown of number of commendations by area of commendation

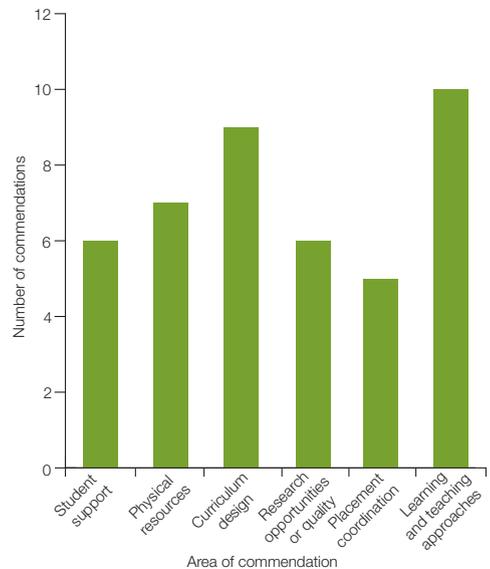


Table 34 and Graph 34 illustrate the areas of a programme for which commendations were granted. These areas are not linked to the standards of education and training as commendations can be granted for any aspect of an approved programme. In some cases, commendations were given which crossed over the areas (for example a virtual learning environment being praised both as a physical resource and the learning and teaching approach). Notably, physical resources, curriculum design and teaching and learning approaches received the highest numbers of commendations. Last year, student support and practice-placement coordination received a higher number of commendations than physical resources, and teaching and learning approaches.

In relation to physical resources the Visitors praised institutional resources and programme-specific resources such as learning resource centres or clinical skills suites. For curriculum design the Visitors were impressed by programme design decisions facilitating development of postgraduate skills or by service users being closely involved in programme design. With regard to learning and teaching approaches, Visitors commended virtual learning platforms, role-emergent practice-placement settings and items of assessment that helped build students' understanding of continuing professional development.

This year practice-placement coordination is the area which received the least number of commendations. However, this year the spread of commendations across the areas is more equal as the range of commendations applied to each area runs from five to ten whereas last year the range was from one to 14.

Annual monitoring

Number of annual monitoring submissions

This year we received 345 annual monitoring submissions.

Table 35 Total number of annual monitoring submissions

| Year | Number of submissions |
|---------|-----------------------|
| 2005–06 | 326 |
| 2006–07 | 194 |
| 2007–08 | 257 |
| 2008–09 | 345 |

Graph 35 Total number of annual monitoring submissions

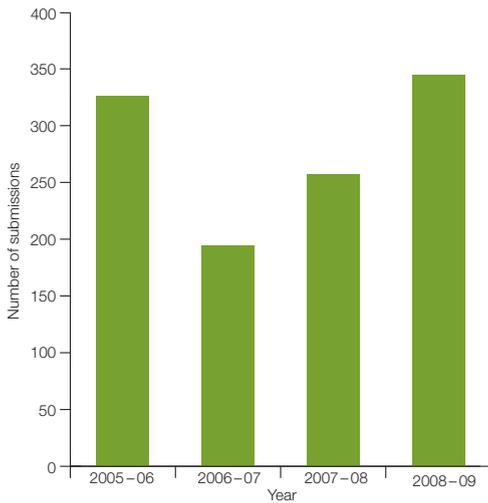
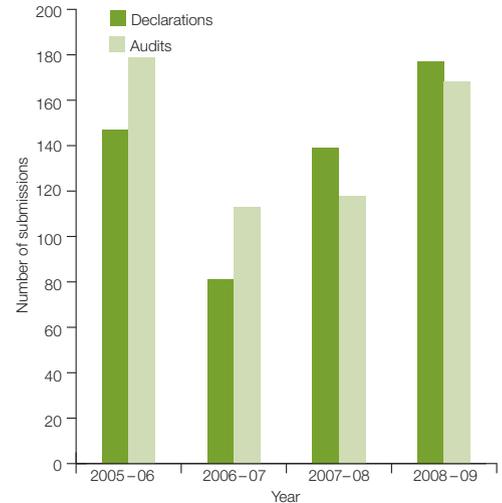


Table 36 Number of annual monitoring submissions by type in 2008–09, compared to 2005–06, 2006–07 and 2007–08

| Type of submission | Number of submissions | | | |
|--------------------|-----------------------|--------------|--------------|--------------|
| | 2005–06 | 2006–07 | 2007–08 | 2008–09 |
| Declarations | 147 (45%) | 81 (42%) | 139 (54%) | 177 (51%) |
| Audits | 179 (55%) | 113 (58%) | 118 (46%) | 168 (49%) |

Graph 36 Total number of annual monitoring submissions by type



As last year, the number of annual monitoring submissions was determined by the total number of approved programmes and the approval visit schedules from this year and the preceding year.

In the 2005–06 academic year, all approved programmes were subject to the annual monitoring process. However, from 2006–07 onwards, if it was agreed that programmes approved by us in the previous academic year, or currently going through the approvals process, would not normally be subject to annual monitoring.

When did monitoring take place?

As last year, there were varied submission dates this year. Our process uses and builds upon the education provider's own processes for internal monitoring.

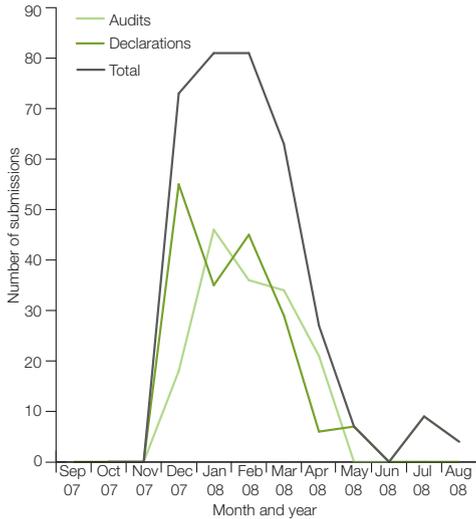
Education providers are required to complete their forms and submit them within 28 days of their own internal annual monitoring process. For example, if they were required to submit their annual monitoring report to their quality assurance office on 2 March, they would need to submit their forms to us by 30 March.

This system of varied submission dates means that while the exact number and split between audit and declaration submissions will vary from year to year, the overall trend of peaks and troughs will remain constant over time.

Table 37 Number of audits and declarations received by month

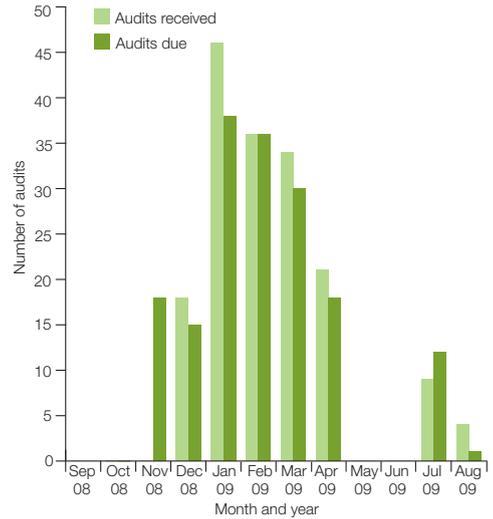
| Month | Audits | Declarations | Total |
|----------------|--------|--------------|-------|
| September 2007 | 0 | 0 | 0 |
| October 2007 | 0 | 0 | 0 |
| November 2007 | 0 | 0 | 0 |
| December 2007 | 18 | 55 | 73 |
| January 2008 | 46 | 35 | 81 |
| February 2008 | 36 | 45 | 81 |
| March 2008 | 34 | 29 | 63 |
| April 2008 | 21 | 6 | 27 |
| May 2008 | 0 | 7 | 7 |
| June 2008 | 0 | 0 | 0 |
| July 2008 | 9 | 0 | 9 |
| August 2008 | 4 | 0 | 4 |

Graph 37 Number of audits and declarations received by month



The largest numbers of submissions were received between December and March 2009. Although there is slight variation this year in that a high number of submissions arrived in December, a similar pattern emerges this year as it has done in previous years. Sixty five per cent of all submissions were received within the three-month period from January to March. January, February and March were also the busiest months for receiving submissions last year and the year before. Sixty six per cent and seventy three per cent of all submissions were received within this three-month period in 2007 and 2008 respectively. There is compelling evidence to show that approximately two thirds of all our annual monitoring submissions are being received within just three months of each year. When this year's data is combined with the submissions from January it is apparent that 86 per cent of submissions were received across a four-month period. This continues to represent a significant peak of activity and concentration of our resources.

Graph 38a Number of audits due and received by month



Graph 38a shows the dates when audit submissions were due to be submitted, and the dates when they were actually received.

As last year, although education providers were required to complete the forms and submit them within 28 days of their own internal annual monitoring process, this did not always happen. There were a number of reasons for this. In most cases, education providers were simply late in making their submission. However, in some cases, education providers submitted ahead of their due dates and in other cases the internal annual monitoring submission dates held by the HPC were incorrect. In particular, the lack of submissions in November resulted from a delay in sending the initial correspondence to education providers in October 2008. As a result of the delay, education providers with submission dates in November were given an extension to submit in December.

The months when we received more submissions than expected were:

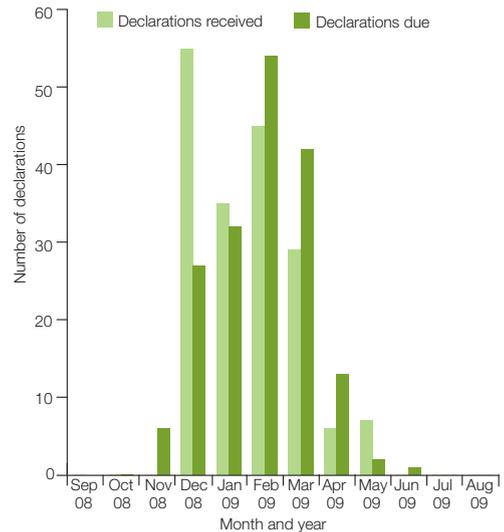
- December 2008;
- January 2009;
- March 2009;
- April 2009; and
- August 2009.

The months when we received fewer submissions than expected were November 2008 and July 2009.

The variation in expected and actual submission date has impacted upon the effectiveness of our annual monitoring assessment days. We organise annual monitoring assessment days based on when the audit submissions are due to be submitted, taking into account both the number and profession / entitlement of the submissions due, as these factors determine the composition of Visitors needed for each day.

We have continued to monitor the difference between expected and actual submission dates owing to the impact on the assessment days. Improvements in submission rates have been noted and in the main we are receiving submissions earlier rather than later. However, one impact of early submissions is an increase in the length of time taken to receive final decisions. This is because submissions cannot be processed ahead of the scheduled annual monitoring assessment day.

Graph 38b Number of declarations due and received by month



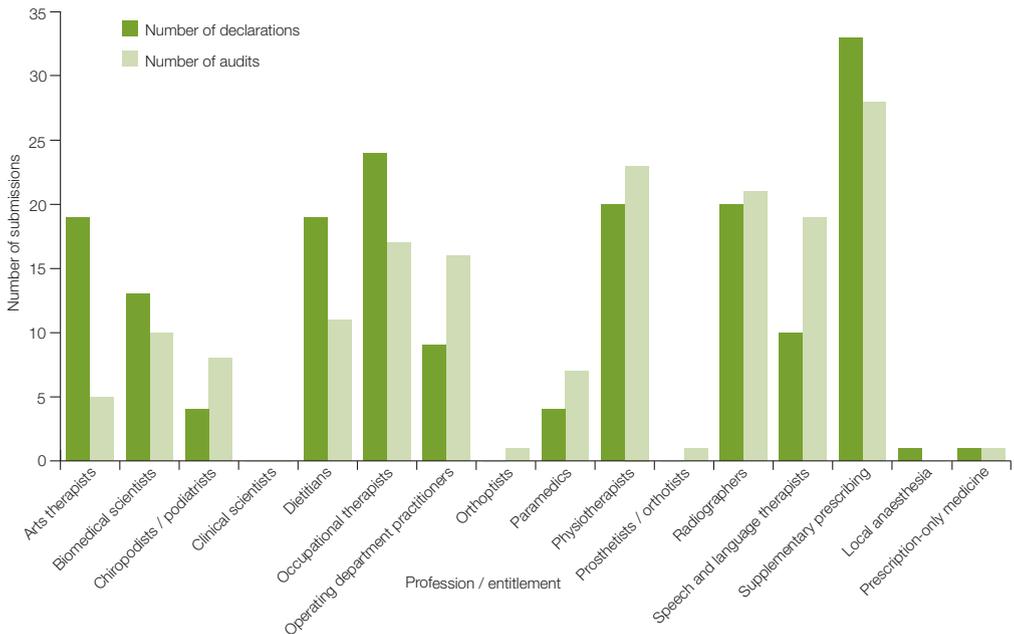
The graph above illustrates the planned and actual submission dates for annual monitoring declarations. Most striking is the peak of submissions received in December which outstrips the planned numbers for processing. We believe this has occurred as education providers have completed the annual monitoring declaration form as soon as they received the initial mailing in early November rather than waiting for the completion of retrospective internal monitoring processes. The result of the peak is an apparent deficit in submission numbers in later months of the academic year, but the reality is that these declarations were received up to seven months early. We will encourage education providers to wait for completion of internal processes in future to ensure that declarations are representative of the finalised internal monitoring conducted by providers.

Which professions / entitlements were monitored?

Table 38 Breakdown of annual monitoring submissions by profession / entitlement

| Profession / entitlement | Number of declarations | Number of audits |
|------------------------------------|------------------------|------------------|
| Arts therapists | 19 | 5 |
| Biomedical scientists | 13 | 10 |
| Chiropodists / podiatrists | 4 | 8 |
| Clinical scientists | 0 | 0 |
| Dietitians | 19 | 11 |
| Occupational therapists | 24 | 17 |
| Operating department practitioners | 9 | 16 |
| Orthoptists | 0 | 1 |
| Paramedics | 4 | 7 |
| Physiotherapists | 20 | 23 |
| Prosthetists / orthotists | 0 | 1 |
| Radiographers | 20 | 21 |
| Speech and language therapists | 10 | 19 |
| Supplementary prescribing | 33 | 28 |
| Local anaesthetic | 1 | 0 |
| Prescription-only medicine | 1 | 1 |

Graph 39 Breakdown of annual monitoring submissions by profession / entitlement



As last year, we considered more submissions from occupational therapist, physiotherapist and radiographer programmes than any other professions. This is to be expected as we have the largest number of approved programmes in these three professions.

Following last year’s emerging trend, we considered a relatively high number of submissions (18%) from supplementary prescribing programmes. This increase is a direct result of a peak of new supplementary prescribing programmes approved for the first time in the 2005–06 and 2006–07 academic years and thus being subject to annual monitoring for the first time last year and this year. We anticipate this increase in supplementary prescribing annual monitoring submissions continuing next year, though the rate of increase should be reduced as fewer new programmes were approved in 2007–08.

In contrast to previous years, the number of biomedical scientist and operating department practitioner programmes subject to annual monitoring has increased from around three per cent to seven per cent. This is a direct result of the number of approval visits to programmes in these professions in the two preceding years, which led to the programmes being exempt from annual monitoring. This increase in the number of submissions was predicted in last year’s report and it is anticipated that a slight further increase will be experienced in biomedical scientist programmes next year as some visits to these professions were conducted in 2007–08.

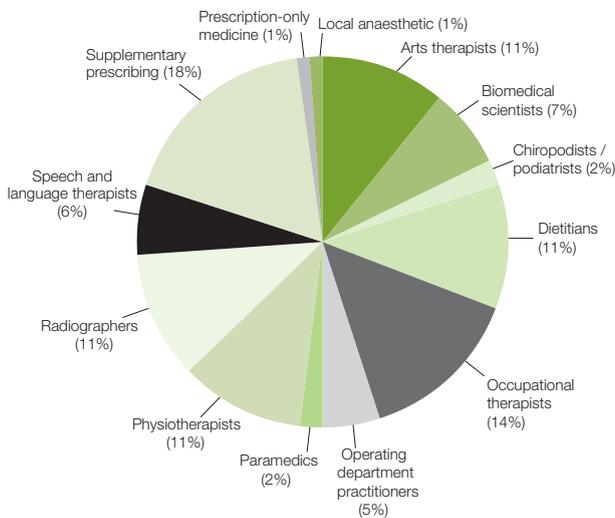
The low number of programmes subject to annual monitoring for orthoptics and prosthetics / orthotics is due to the fact that there are only two programmes approved for each profession and the fact that visits have recently been undertaken within the last four years to these programmes meaning they have been exempt from annual monitoring.

This year we did not consider any submissions from clinical scientist, orthoptist or prescription-only medicine programmes. This is the third year that we have not considered any submissions for clinical scientist programmes. We have however, considered programmes in local anaesthetics and prescription-only medicine this year for the first time.

Who submitted a declaration and who submitted an audit?

Once again, in an attempt to have an identical number of declaration and audit submissions each year, we divided our education providers into two groups. This year group A submitted an audit and group B submitted a declaration. Programmes were divided by education provider, rather than by profession.

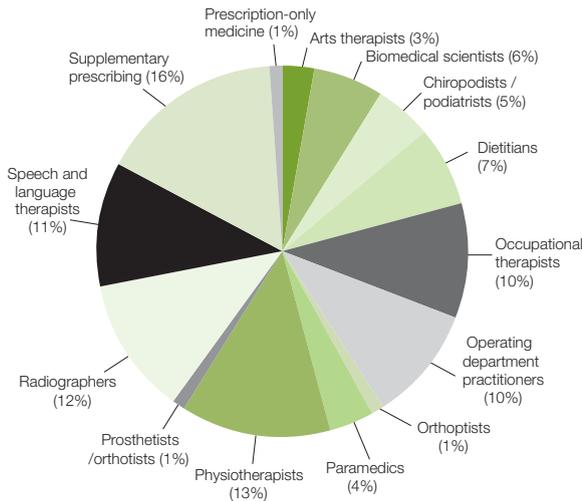
Graph 40a Breakdown of declarations by profession / entitlement



For the first time we considered more declarations from supplementary prescribing than any other profession / entitlement. This is because this entitlement has recently had a number of new programmes approved in 2005–06 and 2006–07.

The percentage of occupational therapy programmes subject to an audit is lower than in previous years. This is likely be to a result of the increased number of visits undertaken for this profession. In addition, the percentage share attributed to what were regarded as the larger professions has been subject to attrition as other professions or entitlements have increased their number of programmes.

Graph 40b Breakdown of audits by profession / entitlement



As with declarations, we considered more audits from supplementary prescribing programmes than any other profession / entitlement for the first time. We have continued to see a relatively high percentage share of occupational therapy, physiotherapist and radiographer programmes but other professions have seen an increased number of audits being processed. This has led to a more even spread in terms of the number of audits being received for each profession. This may be a result of increased numbers of approved programmes increasing the number of programmes for audit (as is the case for supplementary prescribing). It may also be related to the number of programmes which have been exempted from annual monitoring owing to visits taking place (as is the case for occupational therapy).

Compared to last year, we considered a higher number of audits from arts therapist programmes. This was partly due to the lower number of visits undertaken for programmes in this profession this year and last year, and partly due to the way we have divided our education providers into two groups.

Method of assessment

Annual monitoring audit submissions are considered by at least two Visitors, at assessment days or by postal correspondence.

Table 39 Method of assessment

| Method of assessment | Number of audits |
|----------------------|------------------|
| Assessment day | 150 |
| Postal | 18 |

Table 40 Method of assessment in 2008–09, compared to 2006–07 and 2007–08

| Year | Number of visits | |
|---------|------------------|----------|
| | Assessment day | Postal |
| 2006–07 | 100 (88%) | 13 (12%) |
| 2007–08 | 103 (87%) | 15 (13%) |
| 2008–09 | 150 (89%) | 18 (11%) |

This year, as in the preceding two years, the majority (89%) of audit submissions were considered at assessment days. Across a two-year period, the distribution between assessment methods is relatively consistent.

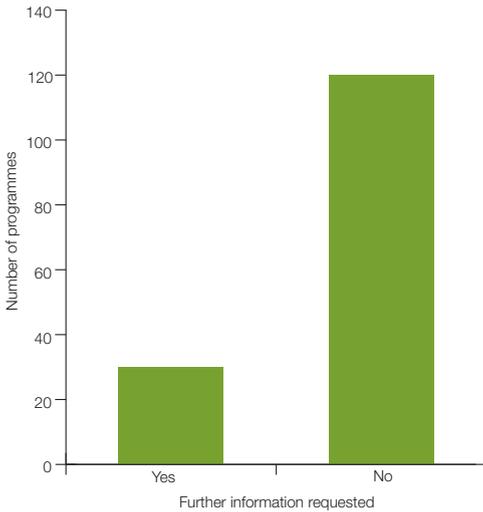
Requests for further information

Visitors may need to ask for further documentation to help in their assessments.

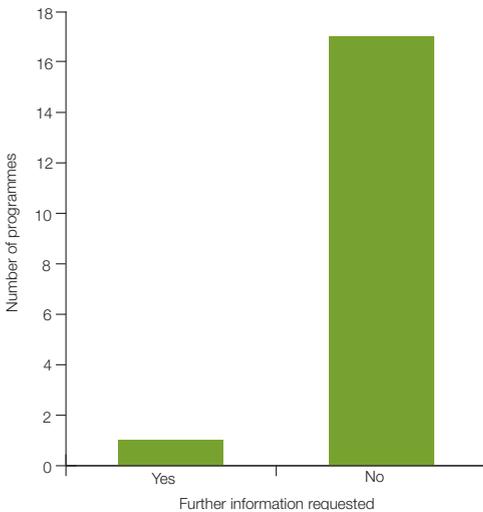
Table 41 Requests for further information by method of assessment

| Method of assessment | Further information requested | Further information not requested |
|----------------------|-------------------------------|-----------------------------------|
| Assessment day | 30 | 120 |
| Postal | 1 | 17 |

Graph 41a Number of programmes considered by assessment day where further information was requested



Graph 41b Number of programmes considered by postal assessment where further information was requested



This year, 19 per cent of all annual monitoring audit submissions required further information. There was a noticeable variation between the two assessment methods, with 25 per cent of annual monitoring audit submissions considered at an assessment day requiring further information and just six per cent of annual monitoring audit submissions considered by postal correspondence requiring further information.

There appears to be significant variation from year to year in relation to the number of submissions requiring additional documentation. In previous years, up to 41 per cent of submissions required additional documentation. This year also saw a significant percentage reduction in the requirement to seek additional documentation for postal submissions. There is no clear reason either for the significant increase last year (from 29% to 41%) and subsequent reduction this year (to 19%). The variation could suggest that education providers for newer programmes (such as new supplementary prescribing or biomedical science programmes) struggled to meet the documentary requirements in their first year of annual monitoring but in subsequent years have become accustomed to the process.

Summary of outcomes

A declaration form asks education providers to confirm that a programme continues to meet our standards of education and training and that upon completion students will meet the relevant standards of proficiency. Our Visitors do not assess declaration forms. They are forwarded to the Education and Training Committee for consideration.

Each audit submission is looked at by at least one Visitor and a recommendation is made to the Education and Training Committee.

Visitors can make one to two recommendations to the Education and Training Committee. These are as follows.

- There is sufficient evidence that the programme continues to meet the standards of education and training and that those who complete the programme will continue to meet the standards of proficiency for the profession.
- There is insufficient evidence that the programme continues to meet the standards of education and training and that those who complete the programme will continue to meet the standards of proficiency for the profession. An approval visit is required to gather information and if necessary place conditions on continued approval of the programme.

Table 42 Summary of outcomes

| Outcome | Number of programmes | | | |
|---|----------------------|-----------|-----------|-----------|
| | 2005–06 | 2006–07 | 2007–08 | 2008–09 |
| Sufficient evidence of standards continuing to be met | 172 (96%) | 112 (99%) | 114 (97%) | 153 (91%) |
| Insufficient evidence of standards continuing to be met | 7 (4%) | 1 (1%) | 3 (3%) | 2 (1%) |
| Pending | 0 (0%) | 0 (0%) | 1 (1%) | 13 (8%) |

Once again this year, the majority of programmes (91%) continued to meet the standards of education and training and standards of proficiency. Two programmes were considered in need of an approval visit. Thirteen programmes were still under consideration the end of the review period.

Across a four-year period, there is an emerging trend that at least 97 per cent of all programmes are likely to retain their open-ended approval after successfully completing the annual monitoring process each year.

This means that, conversely, approximately three per cent of all programmes are likely to trigger an approval visit as a result of the annual monitoring process each year.

This year we saw an increase in the number of submissions pending a final outcome. There are two reasons for this. The first reason is that this year’s annual report only evaluates data within the review period whereas previous years considered data from the September meeting of the Education and Training Committee where the majority of the outstanding 13 submissions reached a final outcome.

The second reason is that increasingly some education providers are indicating that their annual internal processes are completed in June, July or August. As we must wait for internal processes to be completed (particularly in the case of audits) these submissions will undoubtedly fall into the following academic year.

We will monitor the data in this area over the next few years to ensure that the annual monitoring process continues to offer a risk-based approach to public protection. Our process seeks to follow a model of regulation that is robust, rigorous and effective without being overly burdensome for education providers.

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

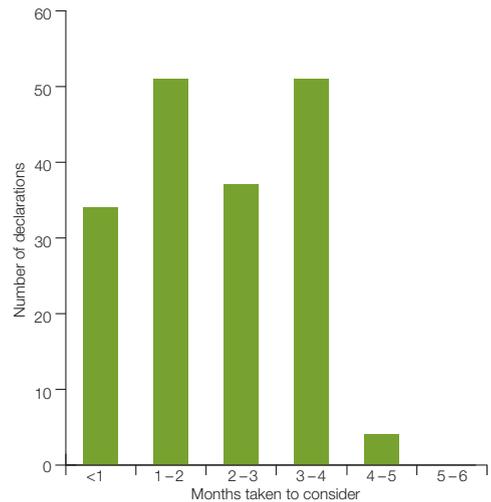
Declaration forms are forwarded directly to the next Education and Training Committee meeting for consideration. We aim to process all annual monitoring declaration submissions within two months.

Audit submissions are considered either on an assessment day or by postal correspondence, prior to a recommendation being made to the Education and Training Committee. Our process allows us approximately three weeks between receipt of the audit submission and the date of the assessment day or posting of the submission. At assessment days, our Visitors produce a report which is forwarded to the next Education and Training Committee meeting for consideration. Visitors have approximately two weeks to consider a submission by postal correspondence and produce a report for the next Education and Training Committee meeting for consideration. Our process allows us at least two weeks between receipt of the Visitors' report and the final decision being made by the Education and Training Committee. We aim to process all annual monitoring audit submissions within three months.

Table 43 Number of months taken to consider declarations

| Number of months between submission received and final decision on annual monitoring process | Number of programmes |
|--|----------------------|
| <1 | 34 |
| 1-2 | 51 |
| 2-3 | 37 |
| 3-4 | 51 |
| 4-5 | 4 |
| 5-6 | 0 |

Graph 42 Number of months taken to consider declarations



The majority outside of our guidelines declarations (69%) took less than three months to consider. This means that the majority of declarations were considered according to our guidelines.

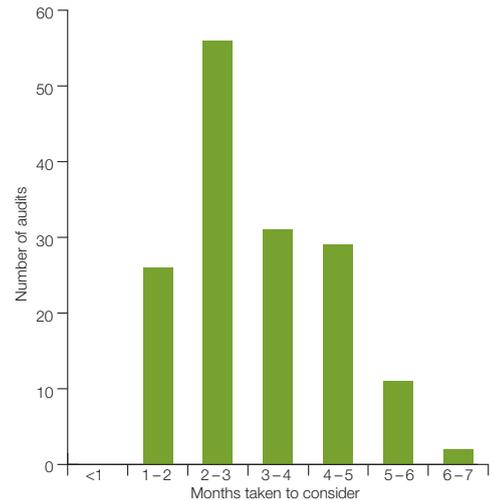
Approximately 31 per cent of declarations were considered outside our guidelines (ie over three months). This was mainly due to the early submission of declaration forms in December and then the necessity to remove annual monitoring declaration ratification from the February 2009 meeting of our Education and Training Committee as a result of other business. As a result of these factors, some declarations received in December 2008 were not reviewed by the Education and Training Committee until March 2009. We will continue to work with our Secretariat Department to ensure that the routine business of the Education and Training Committee receives the appropriate time at meetings to consider all the programmes.

Table 44 Number of months taken to consider audits

| Number of months between submission received and final decision on annual monitoring process | Number of programmes |
|--|----------------------|
| <1 | 0 |
| 1-2 | 26 |
| 2-3 | 56 |
| 3-4 | 31 |
| 4-5 | 29 |
| 5-6 | 11 |
| 6-7 | 2 |

Note: 13 submissions were awaiting decision as at 31 August 2009.

Graph 43 Number of months taken to consider audits



The majority of audits (67%) took four months or less to consider. Unfortunately, only 44 per cent of audits were considered within our guidelines of three months, as last year.

Nineteen per cent of audits were considered just outside our guidelines (ie between three and four months). However 25 per cent were considerably outside of our guidelines (ie between four and seven months). There were a number of reasons for annual monitoring audit submissions taking longer than the guideline of three months.

Any request for further information automatically lengthens the overall timescale of the process by approximately four weeks, as both the education provider and Visitors are given two weeks to address the requests. Another reason for increased durations arises from the range of internal submission dates that education providers may have and the range of programmes we then receive for audit. Annual monitoring assessment days are planned carefully to ensure that they remain manageable and cost-effective and in some cases this means that submissions need to be carried over to the following assessment day, rather than the assessment day closest to the date the audit is submitted. In future we plan to revisit the annual monitoring deadlines to prevent these affecting the amount of time submissions take to process and to allow education providers more time to produce submissions.

We will work with education providers and Visitors over the next year to reduce the time taken to consider annual monitoring audit submissions. We will fine-tune our process and resource allocation to address the areas at risk. We will also update the publication Annual monitoring – Supplementary information for education providers, so that the information and requirements of our process remain robust, flexible and evidence-based. We will continue to monitor this area for any long-term trends and assess the feasibility of the current guideline periods of two and three months.

Major change

Number of major change submissions

This year we received 106 major change submissions. Eight submissions were later withdrawn by the education providers. If education providers decide not to change a programme following a submission to us, this can be done at any time as long as confirmation of the intention to leave the programme unchanged is received in writing.

Table 45 Number of submissions per month

| Month | Number of submissions |
|----------------|-----------------------|
| September 2008 | 12 |
| October 2008 | 7 |
| November 2008 | 3 |
| December 2008 | 10 |
| January 2009 | 10 |
| February 2009 | 15 |
| March 2009 | 4 |
| April 2009 | 7 |
| May 2009 | 6 |
| June 2009 | 9 |
| July 2009 | 15 |
| August 2009 | 8 |

When were major change submissions received?

This year, as last year, there were three peaks for major change submissions being received. In previous years there were only two peaks. The peaks fell in September 2008, February 2009 and July 2009. The first peak reflects changes made to programmes following the commencement of the academic year. The second peak appears to indicate a number of major changes being submitted in preparation for the following academic year in order to allow time for approval visits to take place. This peak has only emerged in the last two years and may show an increased understanding of the time it takes to process changes from education providers. It may also be possible that programmes running with January start dates are also submitting major changes to us at this time. The third peak reflects the changes that education providers plan to make as the academic year comes to a close and in preparation for the following year.

Number of programmes considered

An education provider's submission can affect more than one programme. Our major change process allows us to consider multi-profession changes and multi-programme changes in one major change submission.

This year, the 106 major change submissions considered 191 programmes. Fifteen programmes were withdrawn from the process by education providers. In some cases this led to the whole submission being withdrawn, but in other cases just one or two programmes from a group were withdrawn from the process by the education provider.

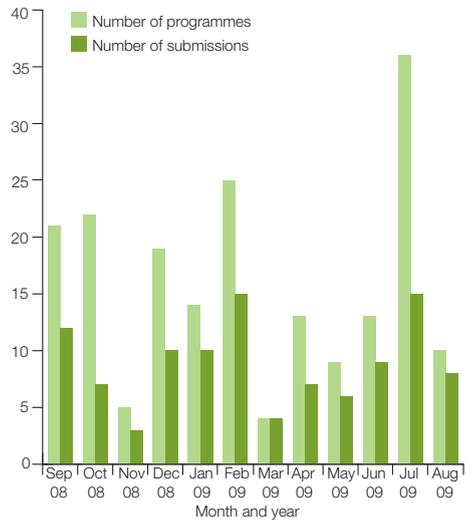
Table 46 Number of programmes per month

| Month | Number of programmes |
|----------------|----------------------|
| September 2008 | 21 |
| October 2008 | 22 |
| November 2008 | 5 |
| December 2008 | 19 |
| January 2009 | 14 |
| February 2009 | 25 |
| March 2009 | 4 |
| April 2009 | 13 |
| May 2009 | 9 |
| June 2009 | 13 |
| July 2009 | 36 |
| August 2009 | 10 |

Table 47 Number of programmes compared to number of submissions per month

| Month | Number of programmes | Number of submissions |
|---------------|----------------------|-----------------------|
| September 08 | 21 | 12 |
| October 2008 | 22 | 7 |
| November 2008 | 5 | 3 |
| December 2008 | 19 | 10 |
| January 2009 | 14 | 10 |
| February 2009 | 25 | 15 |
| March 2009 | 4 | 4 |
| April 2009 | 13 | 7 |
| May 2009 | 9 | 6 |
| June 2009 | 13 | 9 |
| July 2009 | 36 | 15 |
| August 2009 | 10 | 8 |

Graph 44 Number of major change submissions received compared to the number of programmes considered by month

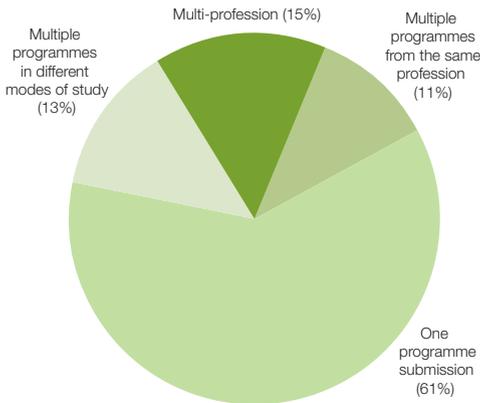


Considering the number of programmes and submissions together it is clear that education providers are continuing to submit notification of changes to us in groups of programmes affected by the same change or same validation cycle. This allows us to review changes contextually and to determine whether or not changes impact upon individual programmes differently.

Table 48 Types of submission

| Type of submission | Number of submissions |
|---|-----------------------|
| Multiple programmes from the same profession | 12 |
| One programme | 64 |
| Multiple programmes in different modes of study | 14 |
| Multi-profession | 16 |

Graph 45 Types of submission



As last year, the majority of submissions continue to be in relation to one programme. The percentage share for each type of submission appears to be broadly the same across years, in spite of the increased number of submissions and programmes submitted this year.

Which professions / entitlements submitted major changes?

We considered more major changes from occupational therapy, supplementary prescribing, physiotherapy and paramedic programmes than any others this year. Overall, this pattern is to be expected as we have the largest number of approved programmes for each of these professions / entitlements.

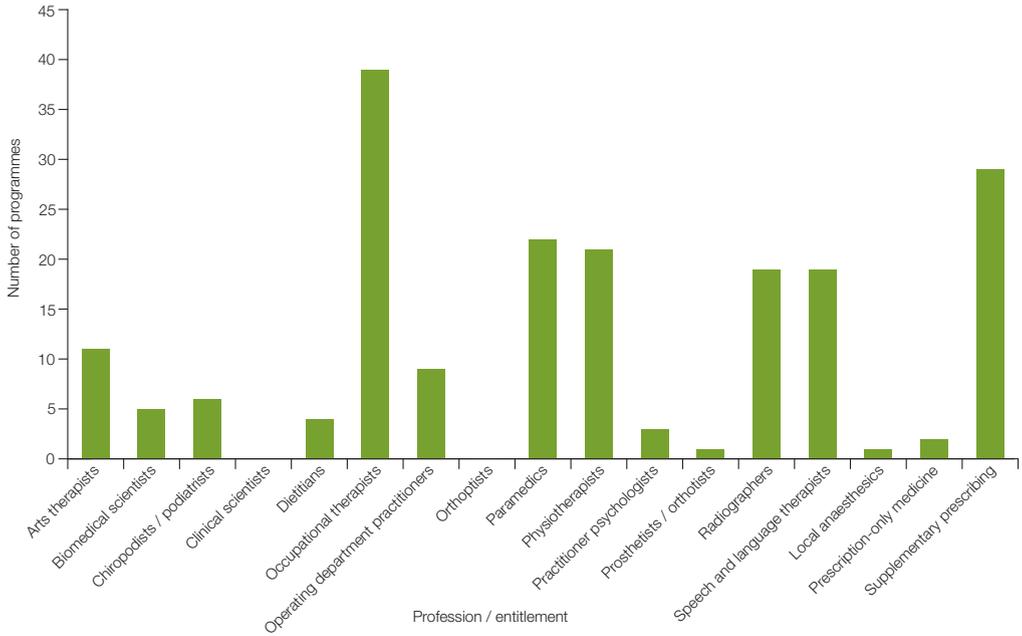
This year also saw the first work related to practitioner psychologists in the form of a small number of major changes that were submitted to us. We designed a specially adapted major change process for these programmes as they had not yet been visited and therefore measuring changes against the standards of education and training was challenging.

Additionally, all practitioner psychologist programmes will be subject to an approval visit over the next three academic years. The adapted major change process considered a more holistic risk-analysis and determined whether the currently planned visit to the programme was an appropriate time to wait to review the changes in detail.

Table 49 Breakdown of major change submissions received by profession / entitlement

| Profession / entitlement | Number of programmes |
|------------------------------------|----------------------|
| Arts therapists | 11 |
| Biomedical scientists | 5 |
| Chiroprodists / podiatrists | 6 |
| Clinical scientists | 0 |
| Dietetians | 4 |
| Occupational therapists | 39 |
| Operating department practitioners | 9 |
| Orthoptists | 0 |
| Paramedics | 22 |
| Physiotherapists | 21 |
| Practitioner psychologists | 3 |
| Prosthetists / orthotists | 1 |
| Radiographers | 19 |
| Speech and language therapists | 19 |
| Local anaesthetics | 1 |
| Prescription-only medicines | 2 |
| Supplementary prescribings | 29 |

Graph 46 Breakdown of major change submissions received by profession / entitlement



This year there were no major change submissions for clinical scientist or orthoptist programmes. We have no expectation that education providers will make major changes to their programmes.

Summary of outcomes

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

All submissions are initially reviewed by the Education Department who determine which of the three approval or monitoring processes is most appropriate to consider the change.

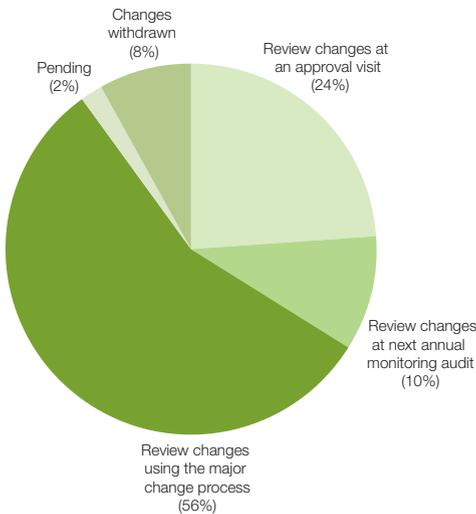
If the Education Department chooses the approval process or annual monitoring process, the education provider is informed and further arrangements are made to arrange a visit or receive an audit submission at the appropriate time. If the Education Department chooses the major change process the submission is reviewed by at least one Visitor and a recommendation is made to the Education and Training Committee. Visitors can recommend to the Education and Training Committee that there is:

- sufficient evidence to demonstrate that the standards of education and training continue to be met; or
- insufficient evidence to demonstrate that the standards of education and training continue to be met and therefore a visit is required to gather more evidence.

Table 50 Breakdown of major change submissions by outcome and Education Department recommendation

| Outcome | Number of programmes |
|--|----------------------|
| Review changes at an approval visit | 45 |
| Review changes at next annual monitoring audit | 19 |
| Review changes using the major change process | 109 |
| Pending | 3 |
| Changes withdrawn by provider | 15 |

Graph 47 Breakdown of major change submissions by outcome and Education Department recommendation



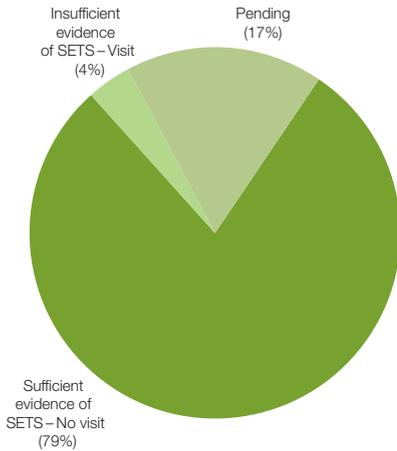
This year 56 per cent of programme changes were considered via the major change process. This is an increase on last year when 31 per cent of programmes were considered via the major change process. This increase cannot be explained by any particular event within the programmes or professions. Comparisons between years is also challenging owing to the amended major change process being introduced part way through the preceding year. This factor also makes the variance between this year and last quite difficult to accurately explain. There has been a fairly significant reduction in changes to programmes being considered in annual monitoring (29% to 10%) and an increase in changes to programmes being considered via the approval process (10% to 24%).

On a positive note, the number of pending submissions is much reduced compared to last year as the Education Department has worked to process major change submissions within reasonable time frames.

Table 51 Breakdown of major change submissions by outcome and Visitor recommendation

| Outcome | Number of programmes |
|--|----------------------|
| Sufficient evidence of SETS – no visit recommended | 86 |
| Insufficient evidence of SETS – visit recommended | 4 |
| Pending decision | 19 |

Graph 48 Breakdown of major change submissions by outcome and Visitor recommendation



It is encouraging to see that the amended major change process is allowing the documentary review of changes to programmes and that the number of visits being recommended is relatively low as this reduces the burden on education providers. Conversely though, it is also encouraging to see some visits being required as certain types or scales of change can only be or are better evidenced by an approval visit.

As last year, between 17 and 18 percent of programmes are still pending a recommendation from Visitors at 31 August 2009. However, this percentage must be considered alongside the increased number of programmes entered into the process. More detailed analysis will take place later in this section of the report in relation to pending submissions and their durations. Seventy nine per cent of programmes reviewed by Visitors reached an outcome of 'continued approval' following submission of sufficient documentary evidence and as of 31 August 2009 only four per cent of programmes required an approval visit.

List of outcomes

| Date notification received | Education provider | Programme name | Mode | Status (at 31 August 2009) |
|-----------------------------------|-------------------------------|---|-----------------------|--|
| September 2008 | Glasgow Caledonian University | Pharmacology for Podiatrists | Part Time | Sufficient evidence of SETs – No visit |
| September 2008 | University of Manchester | BSc (Hons) Speech and Language Therapy | Full Time | Sufficient evidence of SETs – No visit |
| September 2008 | University of Ulster | BSc (Hons) Dietetics | Full Time | Insufficient evidence of SETs – Visit required |
| September 2008 | University of Ulster | Pg Dip Dietetics | Full Time | Insufficient evidence of SETs – Visit required |
| September 2008 | University of Ulster | MSc Dietetics | Full Time | Insufficient evidence of SETs – Visit required |
| September 2008 | University of Bedfordshire | Diploma of Higher Education Operating Department Practice | Full Time | Sufficient evidence of SETs – No visit |
| September 2008 | University of Hertfordshire | Foundation Degree in Paramedic Science | Full Time | Sufficient evidence of SETs – No visit |
| September 2008 | Colchester Institute | BSc (Hons) Occupational Therapy | Full Time Accelerated | Sufficient evidence of SETs – No visit |
| September 2008 | Colchester Institute | BSc (Hons) Occupational Therapy | Part Time | Sufficient evidence of SETs – No visit |

| Date notification received | Education provider | Programme name | Mode | Status (at 31 August 2009) |
|-----------------------------------|------------------------------------|---|-------------|---|
| September 2008 | Sheffield Hallam University | BSc (Hons) Occupational Therapy | Full Time | Use annual monitoring process to review changes |
| September 2008 | Sheffield Hallam University | BSc (Hons) Occupational Therapy | Part Time | Sufficient evidence of SETs – No visit |
| September 2008 | Manchester Metropolitan University | BSc (Hons) Applied Biomedical Science | Full Time | Sufficient evidence of SETs – No visit |
| September 2008 | Manchester Metropolitan University | BSc (Hons) Applied Biomedical Science | Part Time | Sufficient evidence of SETs – No visit |
| September 2008 | Anglia Ruskin University | Diploma of Credit Pain Management and Local Anaesthesia for Podiatry Practice | Part Time | Sufficient evidence of SETs – No visit |
| September 2008 | University of Derby | MA Dramatherapy | Full Time | Insufficient evidence of SETs – Visit required |
| September 2008 | University of Derby | MA Art Therapy | Full Time | Sufficient evidence of SETs – No visit |
| September 2008 | University of Derby | BSc (Hons) Diagnostic Radiography | Full Time | Use approval process to review changes |
| September 2008 | University of Derby | BSc (Hons) Occupational Therapy | Full Time | Use approval process to review changes |

| Date notification received | Education provider | Programme name | Mode | Status (at 31 August 2009) |
|-----------------------------------|---------------------------|--|-----------------------|---|
| September 2008 | University of Derby | BSc (Hons) Occupational Therapy | Full Time Accelerated | Changes withdrawn by education provider |
| September 2008 | University of Derby | BSc (Hons) Occupational Therapy | Part Time | Use approval process to review changes |
| September 2008 | University of Ulster | BSc (Hons) Podiatry | Full Time | Use approval process to review changes |
| October 2008 | Roehampton University | MA Art Therapy | Full Time | Sufficient evidence of SETs – No visit |
| October 2008 | Roehampton University | MA Art Therapy | Part Time | Sufficient evidence of SETs – No visit |
| October 2008 | King's College London | MSc Physiotherapy | Full Time | Sufficient evidence of SETs – No visit |
| October 2008 | De Montfort University | BSc (Hons) Human Communication – Speech and Language Therapy | Full Time | Sufficient evidence of SETs – No visit |
| October 2008 | De Montfort University | BSc (Hons) Human Communication – Speech and Language Therapy | Part Time | Sufficient evidence of SETs – No visit |
| October 2008 | University of Southampton | BSc (Hons) Occupational Therapy | Full Time | Use approval process to review changes |

| Date notification received | Education provider | Programme name | Mode | Status (at 31 August 2009) |
|-----------------------------------|----------------------------|---|-------------|--|
| October 2008 | University of Southampton | BSc (Hons) Physiotherapy | Full Time | Use approval process to review changes |
| October 2008 | University of Southampton | MSc Physiotherapy (Pre-registration) | Full Time | Use approval process to review changes |
| October 2008 | University of Southampton | BSc (Hons) Podiatry | Full Time | Use approval process to review changes |
| October 2008 | University of Southampton | BSc (Hons) Occupational Therapy | Part Time | Use approval process to review changes |
| October 2008 | University of Southampton | BSc (Hons) Physiotherapy | Part Time | Use approval process to review changes |
| October 2008 | Birmingham City University | DipHE Operating Department Practice | Full Time | Sufficient evidence of SETs – No visit |
| October 2008 | Birmingham City University | BSc (Hons) Diagnostic Radiography | Full Time | Sufficient evidence of SETs – No visit |
| October 2008 | Birmingham City University | BSc (Hons) Radiotherapy | Full Time | Sufficient evidence of SETs – No visit |
| October 2008 | Birmingham City University | BSc (Hons) Speech and Language Therapy | Full Time | Sufficient evidence of SETs – No visit |
| October 2008 | Birmingham City University | Non-medical Prescribing for Allied Health Professionals | Full Time | Sufficient evidence of SETs – No visit |

| Date notification received | Education provider | Programme name | Mode | Status (at 31 August 2009) |
|-----------------------------------|----------------------------------|---|-------------|--|
| October 2008 | Birmingham City University | BSc (Hons) Diagnostic Radiography | Part Time | Sufficient evidence of SETs – No visit |
| October 2008 | Birmingham City University | BSc (Hons) Radiotherapy | Part Time | Sufficient evidence of SETs – No visit |
| October 2008 | Birmingham City University | BSc (Hons) Speech and Language Therapy | Part Time | Sufficient evidence of SETs – No visit |
| October 2008 | Birmingham City University | Non-medical Prescribing for Allied Health Professionals | Part Time | Sufficient evidence of SETs – No visit |
| October 2008 | Birmingham City University | Fd Health and Social Care (Paramedic Science) | Full Time | Use approval process to review changes |
| October 2008 | Birmingham City University | Fd Health and Social Care (Paramedic Science) | Full Time | Use approval process to review changes |
| November 2008 | Liverpool John Moores University | Diploma of Higher Education Paramedic Practice | Full Time | Sufficient evidence of SETs – No visit |
| November 2008 | Liverpool John Moores University | Diploma of Higher Education Paramedic Practice | Part Time | Sufficient evidence of SETs – No visit |
| November 2008 | University of Essex | Practice Certificate in Supplementary Prescribing for Allied Health Professionals | Part Time | Sufficient evidence of SETs – No visit |

| Date notification received | Education provider | Programme name | Mode | Status (at 31 August 2009) |
|-----------------------------------|--|---|-------------|---|
| November 2008 | University of Worcester | Non-Medical Independent and Supplementary Prescribing (Level 7) | Part Time | Use annual monitoring process to review changes |
| November 2008 | University of Worcester | Non-Medical Independent and Supplementary Prescribing (Level 6) | Part Time | Use annual monitoring process to review changes |
| December 2008 | Bournemouth University | FdSc Paramedic Science | Full Time | Use approval process to review changes |
| December 2008 | Bournemouth University | Diploma of Higher Education Operating Department Practice | Full Time | Use approval process to review changes |
| December 2008 | Bournemouth University | BSc (Hons) Physiotherapy | Full Time | Use approval process to review changes |
| December 2008 | Bournemouth University | BSc (Hons) Occupational Therapy | Full Time | Use approval process to review changes |
| December 2008 | University Campus Suffolk (formerly Suffolk College) | Diploma of Higher Education Operating Department Practice | Full Time | Sufficient evidence of SETs – No visit |
| December 2008 | Glasgow Caledonian University | BSc (Hons) Podiatry | Full Time | Changes withdrawn by education provider |
| December 2008 | Bournemouth University | Supplementary Prescribing for Allied Health Professionals (Non Medical Prescribing) | Part Time | Sufficient evidence of SETs – No visit |

| Date notification received | Education provider | Programme name | Mode | Status (at 31 August 2009) |
|-----------------------------------|-------------------------------------|---|-----------------------|--|
| December 2008 | Bournemouth University | FdSc Paramedic Science | Full Time | Use approval process to review changes |
| December 2008 | Northumbria University at Newcastle | Diploma of Higher Education Operating Department Practice | Full Time | Sufficient evidence of SETs – No visit |
| December 2008 | Northumbria University at Newcastle | MSc Occupational Therapy (Pre-registration) | Full Time | Sufficient evidence of SETs – No visit |
| December 2008 | Northumbria University at Newcastle | BSc (Hons) Occupational Therapy | Full Time | Sufficient evidence of SETs – No visit |
| December 2008 | Northumbria University at Newcastle | BSc (Hons) Occupational Therapy | Part Time | Sufficient evidence of SETs – No visit |
| December 2008 | Queen Margaret University | Pharmacology for Podiatrists | Part Time | Sufficient evidence of SETs – No visit |
| December 2008 | Colchester Institute | BSc (Hons) Occupational Therapy | Full Time Accelerated | Use approval process to review changes |
| December 2008 | Colchester Institute | BSc (Hons) Occupational Therapy | Part Time | Use approval process to review changes |
| December 2008 | Colchester Institute | BSc (Hons) Physiotherapy | Part Time | Use approval process to review changes |

| Date notification received | Education provider | Programme name | Mode | Status (at 31 August 2009) |
|-----------------------------------|---|---|-------------|---|
| December 2008 | University of Liverpool | BSc (Hons) Physiotherapy | Full Time | Sufficient evidence of SETs – No visits |
| December 2008 | University of Huddersfield | BSc (Hons) Podiatry | Full Time | Sufficient evidence of SETs – No visits |
| December 2008 | University of Huddersfield | BSc (Hons) Podiatry | Part Time | Sufficient evidence of SETs – No visits |
| January 2009 | Queen Margaret University | MSc Physiotherapy (Pre-registration) | Full Time | Use approval process to review changes |
| January 2009 | Queen Margaret University | Extended Independent Prescribing and Supplementary Prescribing | Part Time | Use annual monitoring process to review changes |
| January 2009 | City University | BSc (Hons) Speech and Language Therapy | Full Time | Sufficient evidence of SETs – No visits |
| January 2009 | Cardiff University (Prifysgol Caerdydd) | BSc (Hons) Occupational Therapy | Part Time | Use annual monitoring process to review changes |
| January 2009 | University of Derby | MA Dramatherapy | Full Time | Sufficient evidence of SETs – No visits |
| January 2009 | University of Lincoln | Practice Certificate in Non-Medical Prescribing (Supplementary) – Level M | Part Time | Changes withdrawn by education provider |

| Date notification received | Education provider | Programme name | Mode | Status (at 31 August 2009) |
|-----------------------------------|--|---|-------------|---|
| January 2009 | University of Lincoln | Practice Certificate in Non-Medical Prescribing (Supplementary) – Level 3 | Part Time | Changes withdrawn by education provider |
| January 2009 | University of the West of England, Bristol | BSc (Hons) Physiotherapy | Full Time | Sufficient evidence of SETs – No visit |
| January 2009 | City University | BSc (Hons) Speech and Language Therapy | Full Time | Sufficient evidence of SETs – No visit |
| January 2009 | City University | MSc (Hons) Speech and Language Therapy | Full Time | Sufficient evidence of SETs – No visit |
| January 2009 | City University | Pg Dip Speech and Language Therapy | Full Time | Sufficient evidence of SETs – No visit |
| January 2009 | University of Chester | Non-Medical Prescribing | Part Time | Sufficient evidence of SETs – No visit |
| January 2009 | University of the West of England, Bristol | Prescribing Principles (Level 3) | Part Time | Sufficient evidence of SETs – No visit |
| January 2009 | University of the West of England, Bristol | Prescribing Principles (M Level) | Part Time | Sufficient evidence of SETs – No visit |
| February 2009 | Queen Margaret University | Graduate Diploma Speech and Language Therapy | Full Time | Sufficient evidence of SETs – No visit |

| Date notification received | Education provider | Programme name | Mode | Status (at 31 August 2009) |
|-----------------------------------|-----------------------------------|--|-----------------------|---|
| February 2009 | University of Hertfordshire | BSc (Hons) Dietetics | Full Time | Sufficient evidence of SETs – No visits |
| February 2009 | Bournemouth University | BSc (Hons) Occupational Therapy | Full Time | Use approval process to review changes |
| February 2009 | Bournemouth University | BSc (Hons) Physiotherapy | Full Time | Use approval process to review changes |
| February 2009 | University of Derby | MSc (Hons) Occupational Therapy | Full Time | Changes withdrawn by education provider |
| February 2009 | University of Derby | MSc (Hons) Occupational Therapy | Full Time Accelerated | Changes withdrawn by education provider |
| February 2009 | University of Derby | MSc (Hons) Occupational Therapy | Part Time | Changes withdrawn by education provider |
| February 2009 | University College London | MSc Speech and Language Sciences | Full Time | Sufficient evidence of SETs – No visit |
| February 2009 | Sheffield Hallam University | BSc (Hons) Physiotherapy | Work Based learning | Sufficient evidence of SETs – No visit |
| February 2009 | St George's, University of London | Foundation Degree in Paramedic Science | Full Time | Changes withdrawn by education provider |

| Date notification received | Education provider | Programme name | Mode | Status (at 31 August 2009) |
|-----------------------------------|-------------------------------------|---|-------------|---|
| February 2009 | St George's, University of London | Foundation Degree in Paramedic Science | Mixed Mode | Changes withdrawn by education provider |
| February 2009 | Northumbria University at Newcastle | Prescribing for Non Medical Health Professionals | Full Time | Sufficient evidence of SETs – No visit |
| February 2009 | Northumbria University at Newcastle | Prescribing for Non Medical Health Professionals | Part Time | Sufficient evidence of SETs – No visit |
| February 2009 | University of Salford | BSc (Hons) Prosthetics and Orthotics | Full Time | Use approval process to review changes |
| February 2009 | Keele University | BSc (Hons) Physiotherapy | Full Time | Use approval process to review changes |
| February 2009 | Queen Margaret University | BSc (Hons) Occupational Therapy | Full Time | Sufficient evidence of SETs – No visit |
| February 2009 | Queen Margaret University | BSc (Hons) Occupational Therapy | Full Time | Sufficient evidence of SETs – No visit |
| February 2009 | Staffordshire University | Supplementary Prescribing for Allied Health Professionals | Part Time | Sufficient evidence of SETs – No visit |
| February 2009 | University of Hertfordshire | BSc (Hons) Radiotherapy and Oncology | Full Time | Sufficient evidence of SETs – No visit |
| February 2009 | University of Hertfordshire | BSc (Hons) Diagnostic Radiography and Imaging | Full Time | Sufficient evidence of SETs – No visit |

| Date notification received | Education provider | Programme name | Mode | Status (at 31 August 2009) |
|-----------------------------------|---|---|-------------|---|
| February 2009 | University of Hertfordshire | BSc (Hons) Physiotherapy | Full Time | Sufficient evidence of of SETs – No visit |
| February 2009 | University of Hertfordshire | Foundation Degree in Paramedic Science | Full Time | Sufficient evidence of of SETs – No visit |
| February 2009 | University of Hertfordshire | BSc (Hons) Paramedic Science | Full Time | Sufficient evidence of of SETs – No visit |
| February 2009 | University of Salford | BSc (Hons) Occupational Therapy | Full Time | Use approval process to review changes |
| February 2009 | University of Salford | BSc (Hons) Occupational Therapy | Part Time | Use approval process to review changes |
| March 2009 | University of Worcester | FD in Pre Hospital Unscheduled and Emergency Care | Full Time | Sufficient evidence of of SETs – No visit |
| March 2009 | Anglia Ruskin University | DipHE Operating Department Practice | Full Time | Sufficient evidence of of SETs – No visit |
| March 2009 | Edinburgh Napier University (formerly Napier University, Edinburgh) | Non-Medical Prescribing | Part Time | Use annual monitoring process to review changes |
| March 2009 | Manchester Metropolitan University | BSc (Hons) Speech Pathology and Therapy | Full Time | Sufficient evidence of of SETs – No visit |

| Date notification received | Education provider | Programme name | Mode | Status (at 31 August 2009) |
|-----------------------------------|--|---|-----------------------|---|
| April 2009 | University of Huddersfield | Supplementary Prescribing for Allied Health Professionals | Part Time | Sufficient evidence of of SETs – No visit |
| April 2009 | Bangor University | BSc (Hons) Diagnostic Radiography and Imaging | Full Time | Use annual monitoring process to review changes |
| April 2009 | Bangor University | Dip HE Operating Department Practice | Full Time | Use annual monitoring process to review changes |
| April 2009 | Bangor University | Pg Dip Occupational Therapy | Full Time Accelerated | Use annual monitoring process to review changes |
| April 2009 | Oxford Brookes University | FD Paramedic Emergency Care | Full Time | Sufficient evidence of of SETs – No visit |
| April 2009 | Oxford Brookes University | FD Paramedic Emergency Care | Mixed Mode | Sufficient evidence of of SETs – No visit |
| April 2009 | Oxford Brookes University | FD Paramedic Emergency Care | Part Time | Sufficient evidence of of SETs – No visit |
| April 2009 | University of Cumbria (formerly St Martin's College) | Non-Medical Prescribing (Undergraduate Level) | Part Time | Sufficient evidence of of SETs – No visit |
| April 2009 | University of Greenwich | Foundation Degree in Paramedic Science | Full Time | Sufficient evidence of of SETs – No visit |

| Date notification received | Education provider | Programme name | Mode | Status (at 31 August 2009) |
|-----------------------------------|------------------------------|--|-------------|---|
| April 2009 | University of Salford | Non-Medical Prescribing (Level 3) | Flexible | Sufficient evidence of of SETs – No visit |
| April 2009 | University of Salford | Non-Medical Prescribing (M level) | Flexible | Sufficient evidence of of SETs – No visit |
| April 2009 | University of York | Extended Independent Supplementary Prescribing for Non Medical Prescribers (Level 6) | Part Time | Sufficient evidence of of SETs – No visit |
| April 2009 | University of York | Extended Independent Supplementary Prescribing for Non Medical Prescribers (Level 7) | Part Time | Sufficient evidence of of SETs – No visit |
| May 2009 | Sheffield Hallam University | BSc (Hons) Radiotherapy and Oncology | Full Time | Use annual monitoring process to review changes |
| May 2009 | Sheffield Hallam University | Pg Dip Radiotherapy and Oncology in Practice | Full Time | Use annual monitoring process to review changes |
| May 2009 | London South Bank University | Pg Dip Occupational Therapy | Full Time | Sufficient evidence of of SETs – No visit |
| May 2009 | Queen Margaret University | Pg Dip Occupational Therapy (Pre-registration) | Full Time | Sufficient evidence of of SETs – No visit |

| Date notification received | Education provider | Programme name | Mode | Status (at 31 August 2009) |
|-----------------------------------|--|---|-----------------------|---|
| May 2009 | Queen Margaret University | MSc Occupational Therapy (Pre-registration) | Full Time | Sufficient evidence of of SETs – No visit |
| May 2009 | University of Essex | MSc Physiotherapy | Full Time | Sufficient evidence of of SETs – No visit |
| May 2009 | University of Essex | MSc Speech and Language Therapy | Full Time Accelerated | Sufficient evidence of of SETs – No visit |
| May 2009 | Institute of Arts in Therapy and Education | MA Integrative Arts Psychotherapy | Part Time | Sufficient evidence of of SETs – No visit |
| May 2009 | Leeds Metropolitan University | BSc (Hons) Physiotherapy | Full Time | Use annual monitoring process to review changes |
| June 2009 | Swansea University | Dip HE Paramedic Science | Full Time | Use annual monitoring process to review changes |
| June 2009 | Swansea University | Dip HE Paramedic Science | Part Time | Use annual monitoring process to review changes |
| June 2009 | Queen Margaret University | BSc (Hons) Physiotherapy | Full Time | Pending Visitor decision |
| June 2009 | Birmingham City University | BSc (Hons) Radiotherapy | Full Time | Sufficient evidence of of SETs – No visit |

| Date notification received | Education provider | Programme name | Mode | Status (at 31 August 2009) |
|-----------------------------------|--|---|-------------|---|
| June 2009 | Birmingham City University | BSc (Hons) Radiotherapy | Part Time | Sufficient evidence of of SETs – No visit |
| June 2009 | University of the West of England, Bristol | Foundation Degree Paramedic Science | Full Time | Sufficient evidence of of SETs – No visit |
| June 2009 | University of Salford | BSc (Hons) Diagnostic Radiography | Full Time | Sufficient evidence of of SETs – No visit |
| June 2009 | Teesside University | Foundation Degree Paramedic Science | Full Time | Pending Visitor recommendation |
| June 2009 | University of East Anglia | BSc (Hons) Speech and Language Therapy | Full Time | Sufficient evidence of of SETs – No visit |
| June 2009 | University of East Anglia | MSc Occupational Therapy (Pre-registration) | Full Time | Sufficient evidence of of SETs – No visit |
| June 2009 | University of East Anglia | BSc (Hons) Physiotherapy | Full Time | Pending Visitor decision |
| June 2009 | Oxford Brookes University | Non-Medical Prescribing (v300) (PG Level) | Part Time | Pending Visitor recommendation |
| June 2009 | Oxford Brookes University | Non-Medical Prescribing (v300) (Level 3) | Part Time | Pending Visitor recommendation |
| July 2009 | Manchester Metropolitan University | BSc (Hons) Physiotherapy | Full Time | Use approval process to review changes |

Major change

| Date notification received | Education provider | Programme name | Mode | Status (at 31 August 2009) |
|-----------------------------------|--|---|-------------|---|
| July 2009 | Queen Margaret University | BSc (Hons) Occupational Therapy | Full Time | Changes withdrawn by education provider |
| July 2009 | Queen Margaret University | Pg Dip Occupational Therapy | Full Time | Use approval process to review changes |
| July 2009 | Queen Margaret University | MSc Occupational Therapy (Pre-registration) | Full Time | Use approval process to review changes |
| July 2009 | Queen Margaret University | MSc Art Therapy | Full Time | Use approval process to review changes |
| July 2009 | Queen Margaret University | MSc Music Therapy (Nordoff Robbins) | Full Time | Use approval process to review changes |
| July 2009 | Queen Margaret University | MSc Music Therapy (Nordoff Robbins) | Part Time | Changes withdrawn by education provider |
| July 2009 | Queen Margaret University | MSc Art Therapy | Part Time | Use approval process to review changes |
| July 2009 | University of Brighton | BSc (Hons) Applied Biomedical Science | Full Time | Pending Visitor recommendation |
| July 2009 | University of the West of England, Bristol | Doctorate in Health Psychology | Full Time | Changes withdrawn by education provider |
| July 2009 | St George's University of London | BSc (Hons) Diagnostic | Full Time | Pending Visitor recommendation |
| July 2009 | St George's University of London | BSc (Hons) Therapeutic | Full Time | Pending Visitor recommendation |

| Date notification received | Education provider | Programme name | Mode | Status (at 31 August 2009) |
|-----------------------------------|--|--|-------------|---|
| July 2009 | Teesside University | Doctorate in Counselling Psychology (DCounsPsy) | Full Time | Changes withdrawn by education provider |
| July 2009 | Teesside University | Doctorate in Clinical Psychology (DclinPsy) | Full Time | Changes withdrawn by education provider |
| July 2009 | Teesside University | DipHE Operating Department Practice | Full Time | Use annual monitoring process to review changes |
| July 2009 | Teesside University | Foundation Degree Paramedic Science | Full Time | Use annual monitoring process to review changes |
| July 2009 | Teesside University | University Certificate of Postgraduate Professional Development: Non medical Prescribing | Part Time | Use annual monitoring process to review changes |
| July 2009 | Teesside University | University Certificate of Professional Development: Non medical Prescribing | Part Time | Use annual monitoring process to review changes |
| July 2009 | The Central School of Speech & Drama | MA Drama and Movement Therapy (Sesame) | Full Time | Pending Visitor recommendation |
| July 2009 | University of the West of England, Bristol | BSc (Hons) Diagnostic Imaging | Full Time | Use approval process to review changes |
| July 2009 | University of the West of England, Bristol | Graduate Diploma Diagnostic Imaging | Full Time | Use approval process to review changes |

| Date notification received) | Education provider | Programme name | Mode | Status (at 31 August 2009) |
|------------------------------------|--|---|---------------|---|
| July 2009 | University of the West of England, Bristol | BSc (Hons) Radiotherapy | Full Time | Use approval process to review changes |
| July 2009 | University of the West of England, Bristol | Graduate Diploma Radiotherapy | Full Time | Use approval process to review changes |
| July 2009 | University of the West of England, Bristol | BSc (Hons) Occupational Therapy | Full Time | Use approval process to review changes |
| July 2009 | University of the West of England, Bristol | Graduate Diploma Occupational Therapy | Full Time | Use approval process to review changes |
| July 2009 | University of the West of England, Bristol | BSc (Hons) Physiotherapy | Full Time | Use approval process to review changes |
| July 2009 | University of the West of England, Bristol | Graduate Diploma Physiotherapy | Full Time | Use approval process to review changes |
| July 2009 | University of the West of England, Bristol | BSc (Hons) Occupational Therapy | Part Time | Use approval process to review changes |
| July 2009 | University of the West of England, Bristol | Graduate Diploma Occupational Therapy | Part Time | Use approval process to review changes |
| July 2009 | Cardiff University (Prifysgol Caerdydd) | Postgraduate Certificate in Non-Medical Prescribing | Part Time | Use annual monitoring process to review changes |
| July 2009 | University of the West of England, Bristol | BSc (Hons) Applied Biomedical Science (Clinical) | Block Release | Pending Visitor recommendation |
| July 2009 | University of the West of England, Bristol | BSc (Hons) Applied Biomedical Therapy | Full Time | Pending Visitor recommendation |

| Date notification received | Education provider | Programme name | Mode | Status (at 31 August 2009) |
|-----------------------------------|--|---|-------------|---|
| July 2009 | The Open University | Foundation Degree in Paramedic Science | Part Time | Use approval process to review changes |
| July 2009 | The Open University | Diploma in Higher Education in Paramedic Sciences | Part Time | Use approval process to review changes |
| July 2009 | University College London | MSc Speech and Language Sciences | Full Time | Pending Visitor recommendation |
| July 2009 | University of Hull | Allied Health Professionals Supplementary Prescribing | Part Time | Pending Visitor recommendation |
| August 2009 | Glyndwr University (formerly North East Wales Institute of Higher Education) | BSc (Hons) Occupational Therapy | Part Time | Pending Visitor recommendation |
| August 2009 | City University | MSc Speech and Language Therapy | Full Time | Pending Visitor recommendation |
| August 2009 | City University | Pg Dip Speech and Language Therapy | Full Time | Pending Visitor recommendation |
| August 2009 | Leeds Metropolitan University | BSc (Hons) Physiotherapy | Full Time | Pending Visitor recommendation |
| August 2009 | University of East Anglia | MSc Occupational Therapy (Pre-registration) | Full Time | Pending Visitor recommendation |
| August 2009 | University of Hull | DipHE Operating Department Practice | Full Time | Pending Visitor recommendation |
| August 2009 | University of Derby | MSc Occupational Therapy | Full Time | Pending Education Department recommendation |

Major change

| Date notification received | Education provider | Programme name | Mode | Status (at 31 August 2009) |
|-----------------------------------|----------------------------|--|-------------|---|
| August 2009 | Birmingham City University | BSc (Hons) Speech and Language Therapy | Full Time | Pending Education Department recommendation |
| August 2009 | Birmingham City University | BSc (Hons) Speech and Language Therapy | Part Time | Pending Education Department recommendation |
| August 2009 | University of Ulster | BSc (Hons) Podiatry | Full Time | Changes withdrawn by education provider |

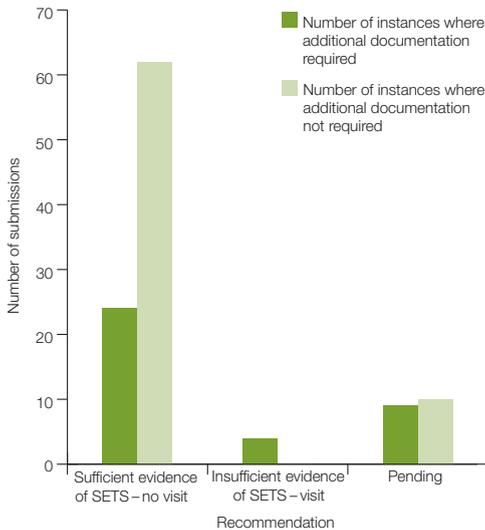
Which submissions required additional documentation?

The major change process allows Visitors to request additional documentation to assist in making their recommendation. Table 52 and Graph 49 below show often Visitors required additional documentation in order to make recommendations. Last year approximately 50 per cent of submissions required additional documentation. This year the figure is improved for submissions that showed sufficient evidence of the standards of education and training (39%). Although this figure is still relatively high, it is encouraging that education providers are submitting appropriate information at the first attempt in the majority of cases. It is routine for us to provide education providers with the opportunity to provide documentation to us unless we feel the risks posed by a programme are immediate and that a visit must take place as soon as possible. Notably, a high percentage of pending submissions required additional documentation. This trend is to be expected as the collection of additional documentation tends to increase the major change process duration.

Table 52 Breakdown of major change submissions by recommendation and requirement for additional documentation

| Recommendation | Number of instances where additional documentation required | Number of instances where additional documentation not required |
|--|---|---|
| Sufficient evidence of SETS – no visit | 24 | 62 |
| Insufficient evidence of SETS – visit | 4 | 0 |
| Pending | 9 | 10 |

Graph 49 Breakdown of major change submissions by recommendation and requirement for additional documentation



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

If a submission can be effectively reviewed at an approval visit or at the next annual monitoring audit, we aim to notify education providers of this within two weeks. When we feel a change needs to go through the major change process, we aim to complete this process within twelve weeks.

When we determine a programme requires scrutiny through the major change process we ask Visitors to consider the submission. Once we have selected the two Visitors to consider it, we need to see if they have a conflict of interest with the programmes under consideration. This process takes a minimum of two weeks.

The submission is sent to the Visitors, who assess it and provide a joint report. Again, this takes a minimum of two weeks. The Visitors may ask for extra documents. This would add another two to four weeks to the process.

Once we have a satisfactory Visitor report, their recommendation must go to Education and Training Committee for approval. The Committee meet on average once a month. Once received, it can take from one to four weeks for the completed report to reach Committee.

The following four tables and graphs show how the new major change process performed during the review period. The data illustrates the time taken for the Education Department and Visitors to make recommendations and also how long pending decisions have taken (up to 31 August 2009).

Table 53 Number of weeks taken to consider a submission – Education Department recommendation – completed

| Time from receipt of submission to provider being informed of approval visit or annual monitoring review | Number of programmes |
|--|----------------------|
| More than 2 working days | 64 |
| More than 2 weeks | 39 |
| More than 4 weeks | 13 |
| More than 8 weeks | 8 |
| More than 12 weeks | 3 |
| More than 16 weeks | 3 |
| More than 20 weeks | 0 |

Table 54 Number of weeks taken to consider a submission – Education Department recommendation – pending

| Time taken from date of receipt to end of review period | Number of programmes |
|---|----------------------|
| More than 2 working days | 3 |
| More than 2 weeks | 0 |
| More than 4 weeks | 0 |
| More than 8 weeks | 0 |
| More than 12 weeks | 0 |
| More than 16 weeks | 0 |
| More than 20 weeks | 0 |

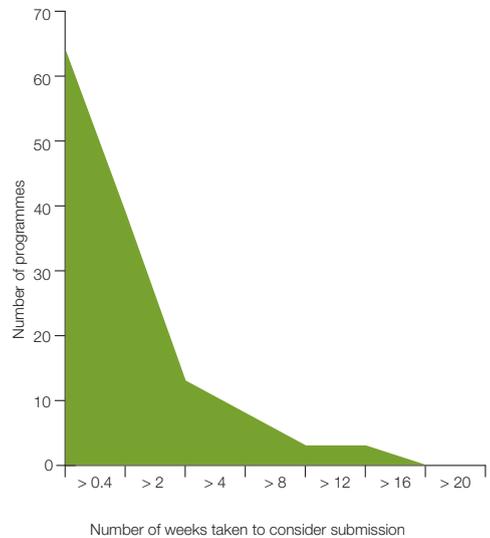
Table 55 Number of weeks taken to consider a submission – Visitor recommendation – completed

| Time taken from date of receipt to date of Education and Training Panel | Number of programmes |
|---|----------------------|
| More than 2 weeks | 90 |
| More than 4 weeks | 90 |
| More than 8 weeks | 84 |
| More than 12 weeks | 64 |
| More than 16 weeks | 38 |
| More than 20 weeks | 27 |
| More than 24 weeks | 23 |
| More than 28 weeks | 12 |
| More than 32 weeks | 12 |
| More than 36 weeks | 10 |
| More than 40 weeks | 9 |
| More than 44 weeks | 0 |

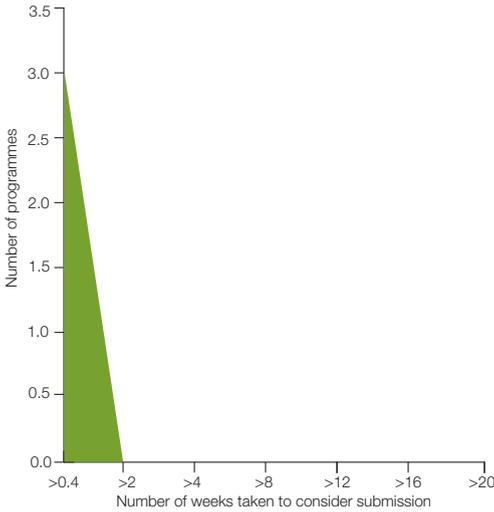
Table 56 Number of weeks taken to consider a submission – Visitor recommendation – pending

| Time taken from date of receipt to date of end of review period | Number of programmes |
|---|----------------------|
| More than 2 weeks | 19 |
| More than 4 weeks | 14 |
| More than 8 weeks | 5 |
| More than 12 weeks | 1 |
| More than 16 weeks | 0 |
| More than 20 weeks | 0 |
| More than 24 weeks | 0 |

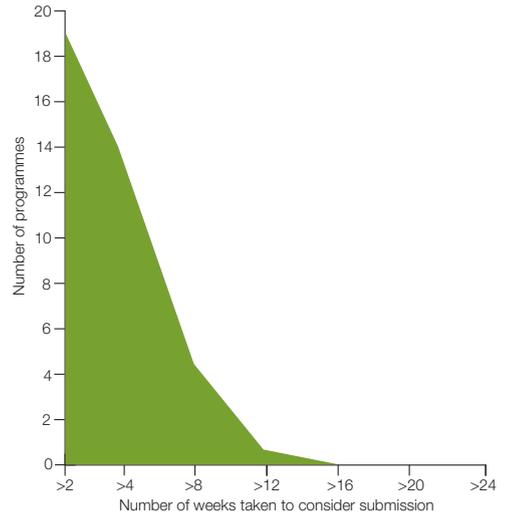
Graph 50 Number of weeks taken to consider a submission – Education Department recommendation – completed



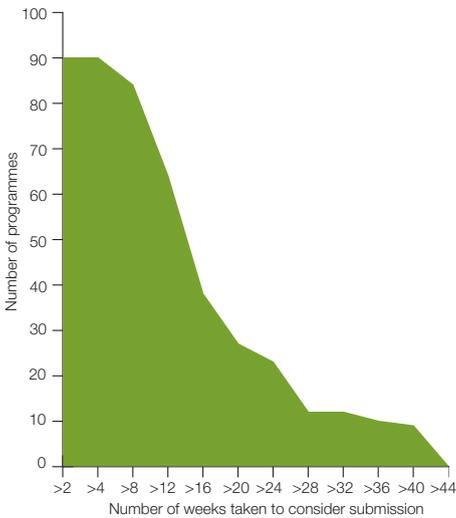
Graph 51 Number of weeks taken to consider a submission – Education Department recommendation – pending



Graph 53 Number of weeks taken to consider a submission – Visitor recommendation – pending



Graph 52 Number of weeks taken to consider a submission – Visitor recommendation – completed



It is clear that, as last year, the majority of submissions considered by the Education Department are completed within four weeks of receipt. The expectation is that the outcome of these submissions could be provided to education providers within two weeks of receipt. This year the main reason for delay was education providers providing partial information in major change notification forms. When a request for additional information is sent it is not normally received within two weeks and in some cases can take many months. We do not currently suspend or pause submissions in the operational process when this occurs, but this will be an area for review in future years to ensure that the time taken to process submissions is representative of the time spent reviewing changes (as opposed to awaiting further documentation).

We will continue to work with education providers to make clear what kind of information may be appropriate to submit on major change notifications forms. In the interim, guidance is already available in the publication called Major change – Supplementary information for education providers.

When Visitors become involved in reviewing submissions it appears that the process of identifying and allocating appropriate Visitors significantly extends the duration of the major change process. It appears that the majority of major changes requiring Visitor scrutiny are resolved in approximately twelve weeks although there are a number of submissions that are taking longer than this. In some cases the reason for the delay has been Visitor illness or absence, whilst on other occasions it has been attributed to the education provider as further information is not received within the two-week period normally allocated for this. We will continue to work with education providers to ensure our expectations for documentation and deadlines are made clear. We will also continue to ensure that our own work is conducted in a timely fashion to assist education providers.

The delays in the process have been present over the last two years and in some cases can be attributed to delays internally, but in the main appear to be linked to a poor understanding of what to submit and when to submit information to us. In our Education Seminars in 2009–10 we will deliver special and focussed information around the major change process to education providers to assist with understanding of the process. We will also continue to make process changes to improve efficiency and record the metrics in relation to this process more accurately. We are confident that the delays we are currently experiencing can be managed over time once necessary adaptations are made to the new process and the expected timeframes are clearly communicated to all parties.

Conclusion from the Director of Education

Once again, this has been a year of growth for the Education Department. Whilst the number of visits undertaken was lower than last year the overall number of programmes visited has increased. We also processed a record number of annual monitoring submissions and received and processed more major change submissions. This year we have also revised the way that we work, making key changes to the structure of the Department and operational processes.

In the coming years we will continue to work with education providers to ensure that we operate a robust system of quality assurance but also work collaboratively. Next year in particular will bring new challenges as the first of the visits to practitioner psychologist programmes take place and as a result the number of visits undertaken overall will increase. We also plan to start work on reviewing and improving departmental processes and systems to ensure they remain fit for purpose in the future, especially as the number of professions we regulate grows.

Thank you for reading this document and I hope you have found it interesting. If you need any further information on our approval and monitoring processes, please see www.hpc-uk.org/education

Osama Ammar

Acting Director of Education

Contact us

If you have any questions or comments about our approval and monitoring processes, you can contact the Education Department directly.

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| Profession | Protected title(s) |
|------------------------------------|--|
| Arts therapists | Art psychotherapist Art therapist Dramatherapist Music therapist |
| Biomedical scientists | Biomedical scientist |
| Chiropodist / podiatrist | Chiropodist Podiatrist |
| Clinical scientists | Clinical scientist |
| Dietitians | Dietician Dietitian |
| Hearing aid dispenser | Hearing aid dispenser |
| Occupational therapists | Occupational therapist |
| Operating department practitioners | Operating department practitioner |
| Orthoptists | Orthoptist |
| Paramedics | Paramedic |
| Practitioner psychologists | Clinical psychologist Counselling psychologist Educational psychologist Forensic psychologist Health psychologist Occupational psychologist Practitioner psychologist Registered psychologist Sport and exercise psychologists |
| Prosthetists / orthotists | Orthotist Prosthetist |

| Profession | Protected title(s) |
|--------------------------------|---|
| Physiotherapists | Physical therapist Physiotherapist |
| Radiographers | Diagnostic radiographer Radiographer Therapeutic radiographer |
| Speech and language therapists | Speech and language therapist Speech therapist |

This list was correct at the time of preparing this report. We may regulate further professions in the future. For a full list of professions and protected titles see www.hpc-uk.org

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