
1 September 2015 to 31 August 2016

Education annual report 2016

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Introduction

About us

The Health and Care Professions Council (HCPC) is a multi-professional regulator and its role is to protect the public. Each of the professions we regulate has one or more 'designated' titles which are protected by law. Our Register is a list of professionals (who are called 'registrants'), which anyone can check to make sure their health or care professional meets our standards and can practise safely and effectively.

How we regulate

Our governing legislation requires us to keep a register of professionals; 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. We do this by setting standards for the education and training, professional knowledge, skills, conduct, performance and ethics for the professions we regulate.

Our proficiency and education standards

The standards of proficiency (SOPs) are our threshold standards for safe and effective practice that all registrants must meet to join the Register, and continue to meet to stay registered. The standards of education and training (SETs) are standards that a programme must meet to be

Professions we 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



Social workers in England



Speech and language therapists

Introduction

approved by us. These standards make sure that anybody who completes an approved programme meets the standards of proficiency so that they are eligible to apply to join the Register.

Assuring the quality of education and training

We approve and monitor education and training programmes for the professions we regulate, to make sure that they meet our standards. We can assess programmes from any type of education provider (for example a university, college, private training institution or professional body) for programmes that lead to registration and qualifications for registrants that want to extend their scope of practice.

New programmes are assessed at an approval visit and approval is normally granted on an open-ended basis, subject to satisfactory monitoring. Programmes are then monitored to make sure that they continue to meet our standards.

Each academic year, programmes must go through annual monitoring. Education providers are responsible for highlighting how programmes have changed by mapping them against the standards and submitting supporting evidence. Education providers must also report significant changes to programmes (that impact how the

programme meets our standards) through our major change process. Following both of these processes, it may be necessary to carry out another assessment through an approval visit.

Anyone can raise a concern about one of our approved programmes. We look at concerns carefully and if necessary, investigate them to make sure programmes are continuing to meet our standards.

You can find a list of approved programmes on our website.

How we make decisions

Decisions about programmes are independent of the Executive and based on evidence. We appoint visitors to carry out assessments so that we have profession-specific input in our decision-making. Following an assessment, visitors recommend an outcome to our Education and Training Committee (ETC) to make a decision. The ETC meets in public on a regular basis and you can view their decisions on our website.

Executive summary

Abigail Gorringe
Director of Education

“ We have taken more time to delve deeper into the information we have received, particularly when faced with complex changes, new education providers, new models of education and significant sector developments driving change. This has led to even greater collaboration with education providers. ”

Welcome to the eleventh **Education annual report of the Health and Care Professions Council (HCPC), covering the period 1 September 2015 to 31 August 2016.**

This year's report shows that we carried out more work to assess the quality of education and training programmes than in any previous academic year, as predicted in [our previous annual report](#). It also shows that improvements to our systems and processes have allowed us to increase the overall volume of our assurance activities, whilst making sure work is carried out in a timely and efficient manner.

Through analysis of our approval and monitoring work, we have shown that we were able to assess programmes more efficiently than at any time in the last five years, on average. However, where required, we have taken more time to delve deeper into the information we have received, particularly when faced with complex changes, new education providers, new models of education and significant sector developments driving change. This has led to even greater collaboration with education providers, particularly at the outset of processes, to ensure that we have done all we can to facilitate proportionate, risk-based decisions about the quality of programmes.

Some sector developments have begun to impact our work. In particular, [proposed changes to funding arrangements for allied health professional \(AHP\) programmes](#), the [proposed changes in the higher education sector in England](#) and the continued implementation of funding changes for social work programmes in England. These developments will impact how programmes continue to meet our standards and as a result, affect how we engage with the education providers we work with. We will monitor how this affects programme numbers and our workload in the future.

This report provides statistical information and analysis. It is designed to highlight key trends and what has caused them, in particular important developments in the education sector. It also aims to improve stakeholders' understanding of our approval and monitoring processes. We hope this report is accessible and relevant to anyone wanting to know more about the work of our Education Department.

A full set of data from the 2015–16 academic year is available to download from the [Education section of our website](#).

Chapter 1:

Influences on our work

Each year there are key developments which influence the type and volume of approval and monitoring work we undertake.

Some of these developments are driven by us, but the majority are external developments in the health, care and education sectors. It is key to our model of assurance that we can adapt and undertake our work in changing circumstances, so it is important that we understand what affects our work and positively react to these developments.

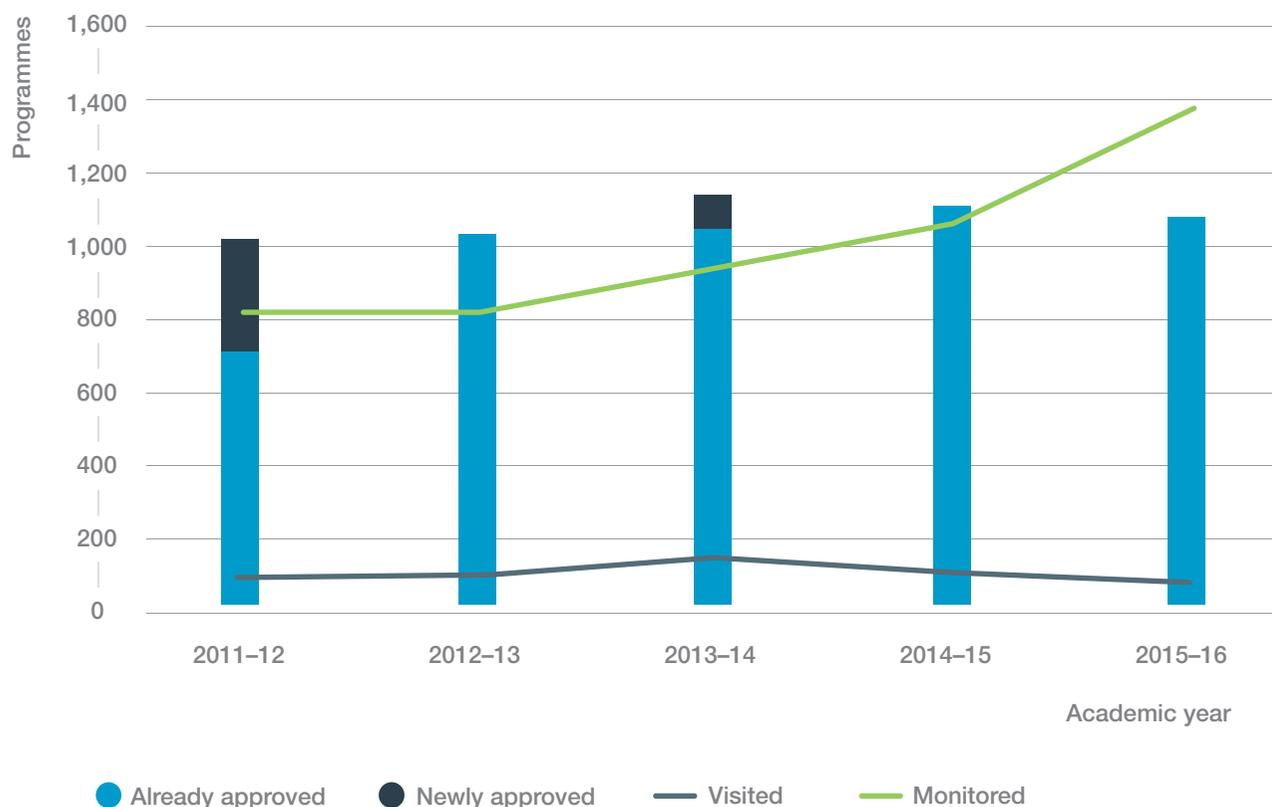
Number of approved programmes

The number of programmes we approve influences the work we carry out each year. This year the link was very clear, as the percentage of approval and monitoring work mirrored almost exactly the percentage of approved programmes for each profession.

For example, physiotherapy (seven per cent of all approved programmes) and social work (24 per cent of programmes) accounted for eight per cent and 22 per cent respectively of our work, a pattern that was repeated across all professions and programmes, demonstrating clearly the link between workload and the number of programmes.

Graph 1

Five-year comparison: number of approved programmes visited and monitored



Chapter 1: Influences on our work

Over the last five years we have seen an increase of 6.2 per cent in the total number of approved programmes. At the end of this year there were 1,060 programmes on the list. This overall increase in approved programmes has mainly resulted from our regulation of social workers in England and changes in prescribing legislation allowing chiropodists / podiatrists and physiotherapists to prescribe independently.

All programmes must be approved as meeting our standards before they can be monitored, which means there is a time lag between when a programme is included on the list of approved programmes and when it starts to be monitored, as shown in Graph 1. All programmes for social workers in England were transitionally approved in 2011–12, which caused a significant jump in the number of approved programmes. This happened again in 2013–14 when a number of independent prescribing programmes were approved. As a result, the number of programmes we monitored rose steadily in the years that followed approval of these programmes. This shows that an increase in the number of approved programmes will drive an increase in our work over a longer period of time, usually three to five years.

It also shows that we monitored more programmes than we have approved. This occurred because, while programmes must engage with the annual monitoring process each year, this does not prevent them from engaging with our other processes and programmes can be subject to monitoring more than once a year. For instance, at least one programme was subject to annual monitoring, a major change assessment and an approval case. This means that while it influences our volume of work, the number of approved programmes is not a cap on the amount of work the department undertakes.

Changing models of education funding and delivery

External developments in the health, care and education sectors also impacted the work we undertook in 2015–16. We saw an increase in the number of education providers proposing new models of programme delivery, including more programmes delivered collaboratively (such as between higher education institutions).

Profession-specific developments which have meant that approved programmes have been subject to change. Nine out of the sixteen professions we regulate will be affected by reforms to NHS bursary funding.



14% of approval visits were to programmes delivered by organisations working in partnership – there were none in the previous year.



33%

of programmes that will be affected by reforms to NHS bursary funding made major changes.

Chapter 1:

Influences on our work

This meant that many of these programmes made changes to their funding model, including dietetics programmes where change notifications increased from seven to seventeen – representing over half of all approved programmes in this profession.

Following increased funding for paramedic education and revised curriculum guidance, 48 paramedic programmes submitted change notification forms, twelve of which were assessed at an approval visit. There were also 16 new programmes assessed at approval visits, which means that more than half (56 per cent) of paramedic programmes engaged with our approval process.

Reforms to student bursaries impacted how some social work programmes recruit and support students, and placement funding changes (implemented in 2015) affected how much money local authorities have to provide practice placements for students. Sixteen social work programmes submitted change notifications related to practice placements.

We also worked with twelve education providers around the Social Work Teaching Partnerships initiative, linked to funding from the Department for Education, which has also prompted some education providers to make changes to their programmes.

In April 2016, changes to the Medicines Act 1968 and Human Medicines Regulations 2012 allowed therapeutic radiographers to train to become independent prescribers and dietitians to become supplementary prescribers. Major change notifications for programmes in these professions more than doubled compared with last year.

Our changes

We have also introduced some changes internally, which has influenced the work that we have carried out. To reflect the changing nature of the professions we regulate, in 2012 we started to review and update all of the standards of proficiency (SOPs). This was to ensure that the language and structure of the standards continues to reflect current training and practice. As each profession's SOPs have been published,

we have required programmes to report that they have integrated the new standards through our annual monitoring process. This year, 49 per cent of programmes subject to an annual monitoring audit, from 14 different professions, had to report that they had integrated the revised SOPs into their curricula.

A new standard of education and training, introduced in 2014, requires programmes to involve service users and carers. To meet this standard, education providers need to be able to justify why the service user and carers they have chosen are appropriate and relevant to the programme. This was the first year that we assessed approved programmes against this new standard through the annual monitoring process, with 296 programmes providing evidence.

Chapter 2:

Assurance activity

After the introduction of a new IT system in early 2015, we now manage our approval and monitoring work using cases.

'Case' is the term we use to describe a piece of approval or monitoring work, such as an approval visit or an annual monitoring assessment. So for each piece of work that we carry out we open a case. Previously, our work was recorded against individual programme records, so if a piece of work related to several programmes we would have to record it several times.

A significant benefit of using cases is that if we visit more than one programme at the same time (or if changes at an education provider affect more than one programme), we can record the work rather than simply record how each programme has been affected. This cuts down on the number of records that are duplicated and is a more accurate record of our approval and monitoring work.

We can also use cases to record other work we undertake, such as enquires linked to the programmes and work we do to manage the list of approved programmes. By using cases we have been able to record work more easily,

manage complex queries and communicate with stakeholders more efficiently. This was the first year that we have a complete set of data collected and analysed based on cases rather than programmes.

Consistent workload

Recording our work using cases has allowed us to gain an accurate picture of the volume and timing of the work we have undertaken. This includes cases that were created, closed and that were 'open' (meaning that they were being worked on) throughout the year.

Overall we completed 1,314 cases, a significant increase compared with last year, with each education executive completing an average of nine approval cases, 80 major change cases and 62 annual monitoring cases. The annual monitoring and major change processes have contributed to this most significantly. While we did expect an increase in the number of cases, an unexpected consequence has been a more even spread of approval and monitoring work throughout the year.

Annual monitoring accounted for just over half (689) of cases opened, worked on and completed. As expected, there was a peak in

the number of open cases when annual monitoring started in October, but cases gradually reduced throughout the year as outcomes were reached and cases were closed. In September 2015 and August 2016 there were no open annual monitoring cases.

Despite carrying out the fewest number of approval visits since 2012–13, we assessed roughly the same number of programmes at these visits compared to last year (an average of 1.6 compared to 1.7). This indicates that the workload at visits has remained consistent.

The number of open cases, shown month by month in Graph 2, gives us a sense of the volume of work that the executive undertook, broken down by process cases. If annual monitoring cases are removed from the analysis (as these are all opened at the start of the year), the solid blue line shows that we worked on an average of 116 open cases each month, with little variation (a standard deviation of only 13). This demonstrates that we had a consistent workload throughout the year, taking annual monitoring into account, whereas previously we experienced peaks and troughs of activity in all processes that were linked to the academic calendar.

Chapter 2:

Assurance activity

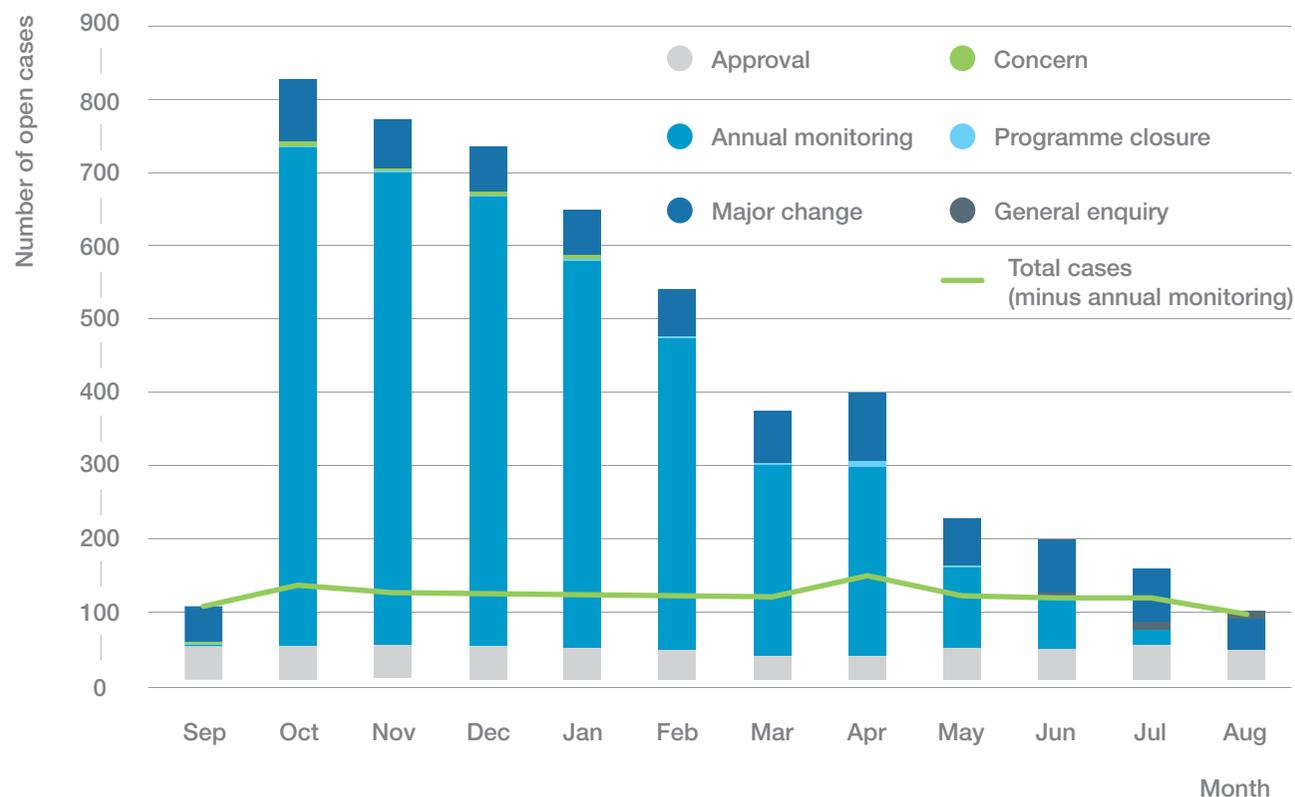
In previous years there were very few visits in the summer months, but in 2015–16 there were seven approval cases in June, July and August, as Education Providers have increasingly been working all year round to implement changes to programmes.

The number of education providers submitting major changes also varied month to month in previous years. But this year was more consistent, with only one month seeing fewer than eighteen major change cases created and never less than 45 open major change cases in any month.

Approval visits and major changes are primarily driven by education providers so are less easy to predict and plan for, but this even spread of work across the year will help us to plan more effectively if this pattern is repeated in future years.

Graph 2

Open cases, per month, in 2015–16



Chapter 3: Decisions about programmes

To complete an approval or monitoring case and reach an outcome, decisions have to be made about the programmes that are part of that case.

These decisions are whether the programmes continue to meet our education standards, or not, and if they should be approved.

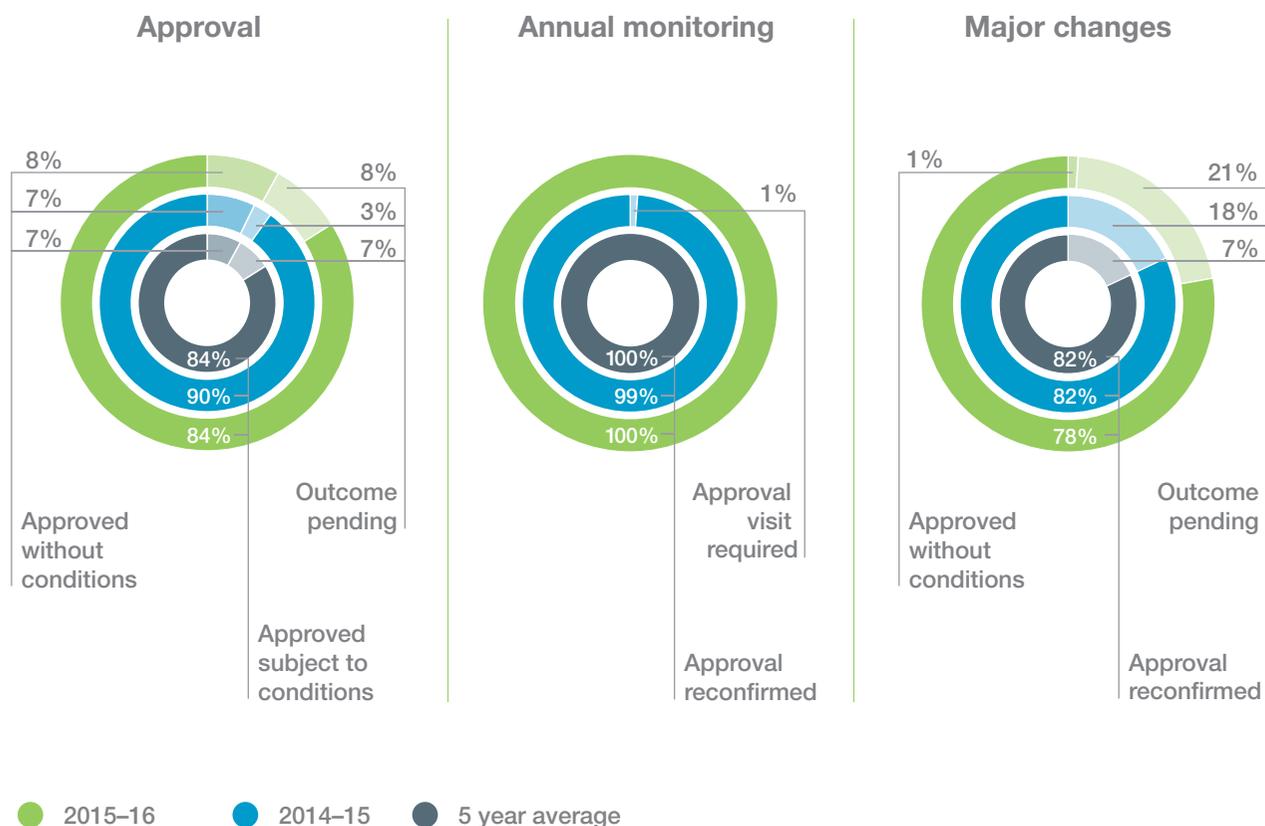
Therefore there are limited decisions and outcomes that can be reached at the end of a case and they indicate how we have applied our processes. However, while there are limited options in terms of the decisions we can reach, a wide range of increasingly complex work is undertaken to apply our processes appropriately and reach these outcomes. These outcomes also demonstrate how our work affects the number of approved programmes.

Final outcomes from approval and monitoring cases are only slightly different to last year and almost identical to outcomes from our work over the past five years, as shown in Graph 3.

This means that despite completing a larger and more diverse workload, we have been able to apply our resources effectively to provide

Graph 3

Outcomes compared to the previous year and five-year average



Chapter 3:

Decisions about programmes

similar outcomes for education providers compared to previous years.¹

Initial assessment of programme changes

While the final outcomes of cases demonstrate that we have applied our processes in the same way as in previous years, despite the increased workload, they do not fully articulate the complexity of the work involved and the resources required to assess programmes against our standards.

The final outcomes show little or no change compared to previous years, but outcomes from our initial assessment at defined points within our processes provide a slightly different picture. This more detailed analysis indicates that the nature of programme changes and new programme proposals submitted to us were more multi-faceted, more complex and, broadly speaking, required more scrutiny through our processes than in previous years.

¹ As this data is based on outcomes to the end of August 2016, we acknowledge any pending decisions which affect the outcome or conclusions drawn in throughout the report.

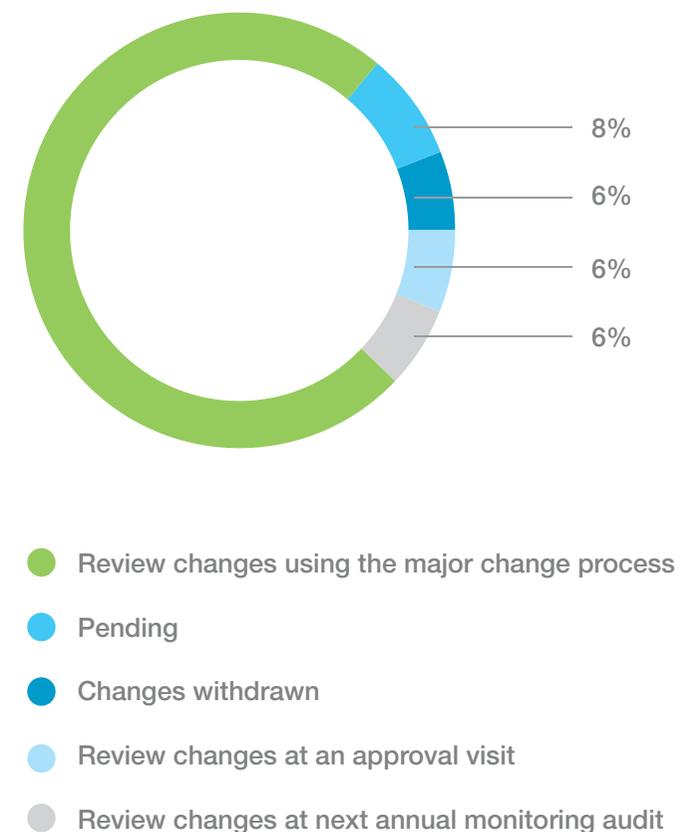
For both our major change and concerns processes, a case outcome can be reached after an initial assessment of the changes to a programme or of the detail of a concern submission. At any point an education provider can withdraw from our processes. A withdrawal counts as an outcome from a case because the case is resolved.

These points in the processes do not require a formal decision from the Education and Training Committee (ETC), but they do highlight work that has been undertaken and describe an outcome that has been reached for a case. For some cases this can lead to further work. Therefore, outcomes of cases at these points in the processes provide further insight into understanding our process outcomes over the year.

Executives decided that 73 per cent of changes submitted needed to be reviewed through a major change case, a ten per cent increase from the previous year. Changes that needed to be reviewed through regular annual monitoring cases reduced from nineteen to nine per cent, whilst changes that needed to be assessed using an approval visit rose from four to seven per cent. This led to over a quarter of approval visits being arranged as a result of a major change, the highest proportion in the last five years.

Graph 4

Education executive decisions about assessing changes



Chapter 3:

Decisions about programmes

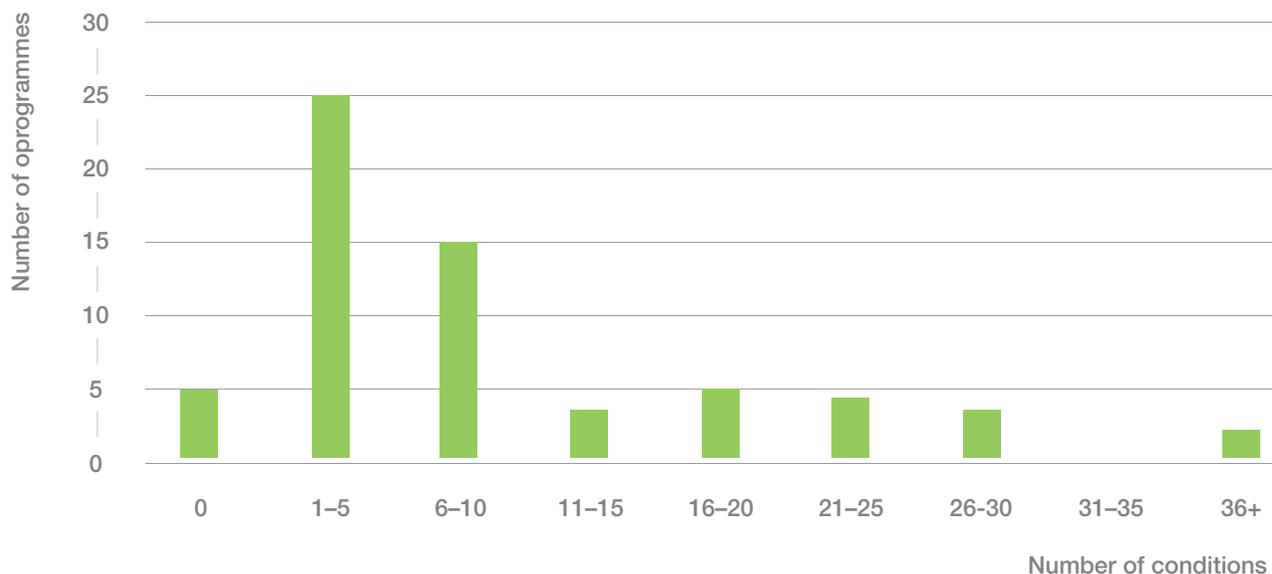
Half of the concerns we received met our criteria for investigation through a concerns case, compared to 22 per cent in previous years. This is mainly due to a change in our process to mean that we now investigate any anonymous concerns that we receive. No further action needed to be taken for all those concerns we investigated. Seventy nine per cent of approval cases were fully completed and the ETC was involved in coming to a decision in all of these cases. However, some education providers withdrew their programmes from approval cases, resulting in no formal decision. We had the highest number of withdrawals over the past five years, with education providers initiating 14 out of a total of 16.²

The most common reason for withdrawal was when it became clear through the process that it would be very difficult to reach a favourable final outcome. Of those that withdrew, a third were related to programmes delivered by providers working in partnership, private providers or professional bodies. Case outcomes in previous years have shown that these providers have

² This year, all withdrawals related to new programme proposals.

Graph 5

Number of conditions placed on programmes



Chapter 3:

Decisions about programmes

experienced greater challenges in meeting our standards, often as a result of the complexity and design of the programmes proposed.

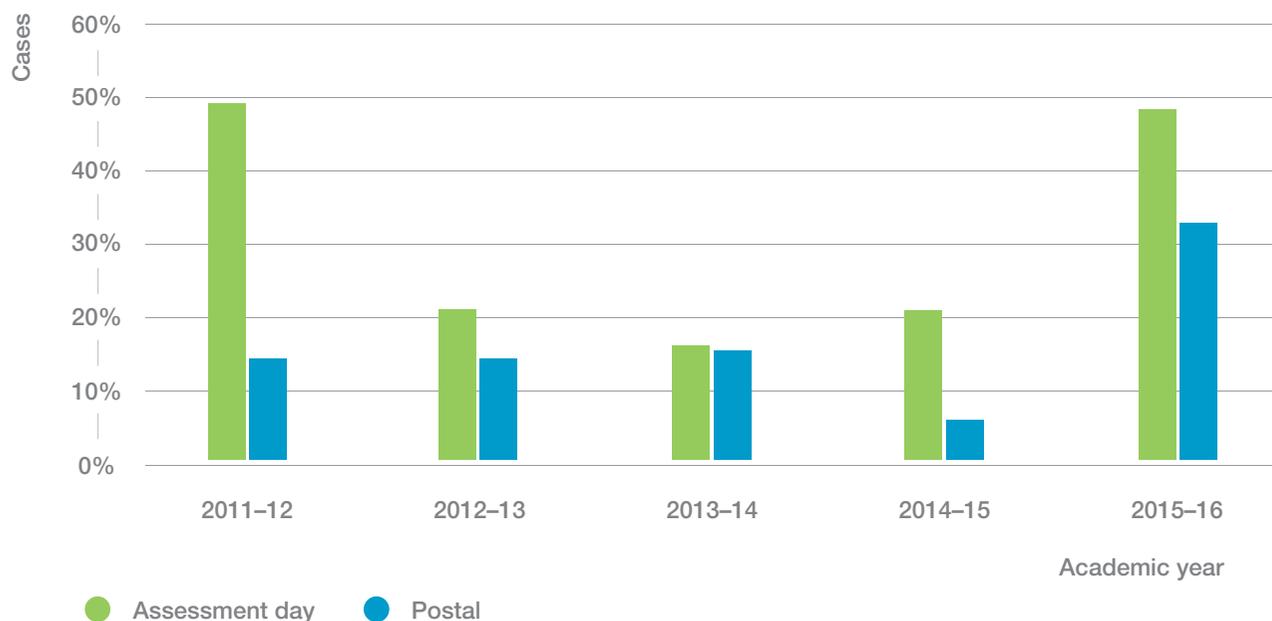
Meeting conditions and providing further evidence

After visiting a programme, a visitor may decide to place conditions on the programme's approval where they do not have the evidence they need to recommend that all of our education standards are met. When a programme is monitored, visitors may decide to request further evidence from the education provider. In both instances, education providers must provide further evidence to support their programme in demonstrating that it meets our standards. This means that when we apply conditions or request additional evidence, our approval and monitoring processes take longer to complete and require additional resource.

We saw an average of eleven conditions placed on programmes after an approval visit, an increase from eight in the previous year and five the year before. Approval cases that assessed new programmes delivered by providers working in partnership (as well as private education providers) had the highest number of conditions, with an average of 29. These cases accounted for 205 conditions which means that the programmes

Graph 6

Assessment methods for annual monitoring audits that resulted in further evidence



Chapter 3:

Decisions about programmes

delivered at these providers (13 per cent of programmes subject to approval) were responsible for 30 per cent of the total number of conditions set.

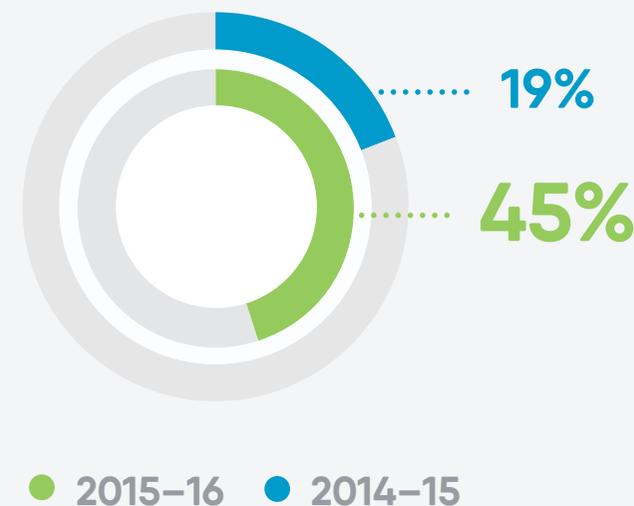
When excluding these cases from our analysis, the rest of the programmes with conditions had an average of eight, which is almost identical to the average over the past five years (7.8). Approval cases in which paramedic and biomedical scientist programmes were assessed had a higher number of conditions than the average (15 and 17 conditions respectively) and accounted for more than half of all conditions set. In particular, paramedic programmes received a high number of conditions, accounting for 75 per cent of cases when at least 20 conditions were put on approval. These results highlight the increased workload associated with approval cases for these professions' programmes. In contrast, programmes from the other fourteen professions had an average of five conditions placed on them.

If the conditions placed cover significant elements of the programme, an education provider may need to send us large amounts of further evidence. In these cases we may decide that it would be better to discuss this evidence at

another approval visit rather than simply assess more documents. This year, five approval case outcomes found that additional visits were needed, compared to only one in the previous year. This meant that these cases required more resources to ensure that we could plan and undertake the additional visits, and additional time was needed when decisions and outcomes were delayed.

As expected, there was an increase in the number of programmes that needed to provide further evidence after annual monitoring. This was because education providers needed to demonstrate that their programme met the new service user and carer standard and our requirements for implementing the revised standards of proficiency (SOPs).

Forty-eight per cent of cases that had evidence reviewed at an assessment day and 33 per cent by post or email were asked to provide further evidence. The difference between the requests at assessment days and via post is similar to last year, as demonstrated by Graph 6. Looking at the results for the last five years, it also shows that we are more likely to request further evidence at an assessment day. The reason for this is as yet unclear, but we aim to have more consistent



We saw a **26%** rise in programmes that needed to provide further evidence during annual monitoring. In most cases this was to show how they meet the new service user and carer standard and revised standards of proficiency.

Chapter 3:

Decisions about programmes

outcomes in both methods of assessment in future years after we have undertaken more investigation into why this difference occurs.

We asked for further evidence for 24 per cent of the programmes subject to major change cases. This is a relatively small number when compared to our approval and annual monitoring cases and means that most education providers provided sufficient evidence at the first attempt.

This may be because 41 per cent of changes related to a programme leader change and we need a comparatively small amount of evidence as to how the programme continued to meet our standards. We have also invested more time at the notification stage of the process to understand more about any changes being proposed, which enables the education provider to be more informed around the evidence they could provide in their first full submission.

Chapter 4:

Proportionate quality assurance

Despite carrying out more approval and monitoring process work than in any other year, we managed to apply our processes consistently and reach outcomes comparable with previous years.

To achieve this we may have had to increase the time we had to spend on each case to make sure that we continued to reach proportionate outcomes. But as we show here, we actually managed to complete work as fast, and in some cases faster, than in previous years. This enabled us to work effectively with education providers to provide them with decisions as and when they expected them.

We achieved this, in part, through investment in our IT systems and managing assurance activity through cases, alongside our regular process improvements. This enabled us to focus on cases which needed more time and resources to reach the required outcomes. So for every case that involved a request for more evidence, and needed more time and resource, we completed 1.5 cases that did not need additional evidence. This highlights our approach to approval and monitoring, and demonstrates how we can proportionately allocate resources as and when they are needed.

Providing timely outcomes

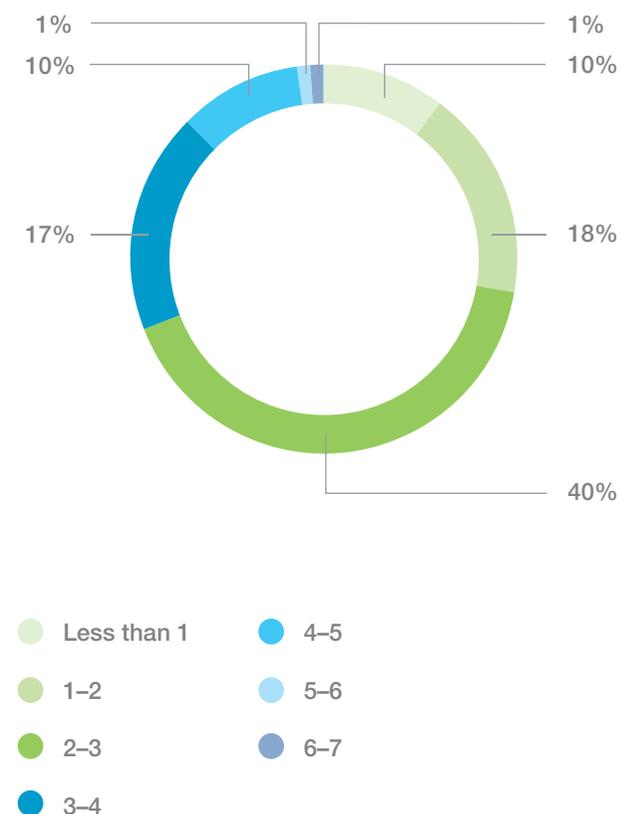
On average, education providers received a final outcome 108 days after an approval visit, far quicker than the average of 121 in 2014–15. The proportion of outcomes we reached after three months increased by half (from 19 to 28 per cent), which was largely due to 97 per cent of approval visit reports being completed within 28 days (an increase of 10 per cent compared with last year).

Timeframes to complete annual monitoring also improved, with 98 per cent of annual monitoring declarations reaching a decision within two months compared to 80 per cent in the previous year. This meant that the average time taken to process a declaration was 0.94 months, compared to 1.28 months in 2014–15.

Seventy-five per cent of annual monitoring audits reached an outcome within three months, compared to 48 per cent the previous year. Again, the average time taken to reach a decision was faster; 2.6 months compared to 3.3 months in the previous year. If we needed further evidence, this increased to 3.2 months, compared to 2.2 months for cases that didn't need this additional evidence. To achieve these outcomes, we doubled the number of audits considered by email or post compared to last year.

Graph 7

Months taken to assess annual monitoring audits



Chapter 4:

Proportionate quality assurance

This happened naturally because more audits were considered than ever before and there was a proportionate response to making sure they were all assessed.

Eighty-one per cent of education providers that notified us of changes were informed about how their change would be assessed within three weeks. These assessments took 1.6 weeks on average; slightly faster than last year. When changes were looked at as a major change case, it took an average of 2.2 months to reach a decision, faster than the average of 3.4 months last year. When no further evidence was needed, we only took 2.1 months on average to let the education provider know the outcome.

For concern cases where we decided not to investigate, we took an average of four months to assess the information provided and complete the case. Concerns that we investigated took an average of seven months to reach an outcome. For general enquiries about concerns, we took an average of two months to resolve cases. As highlighted above, given the changes to how we have handled concerns this year, there is no direct comparison that can be made to previous years' concerns work.

This demonstrates that despite the increase in monitoring work and maintaining our processes to ensure the right outcomes were reached in each case, we managed to complete our work faster (on average) than in previous years. This is as a result of continual improvements to the ways we work and demonstrates that, even faced with significant changes, we can continue to ensure the quality of the programmes we approve.

Chapter 5:

Impacts of our work

This report highlights how significant developments in the education sector and changes we have implemented (described in Chapter 1) have affected approved programmes resulting in increased monitoring and the busiest year overall that we have ever had.

Despite this, we have managed to apply our processes and reach comparable outcomes to previous years, whilst completing this work faster overall. We have achieved this by improving the systems and processes we use, whilst working to ensure better communication with education providers.

The impact on approved programmes

Approved programmes reduced by 2.2 per cent, a drop that is consistent with the reduction that we saw last year. However, over the last five years we have seen an increase in approved programmes of 6.2 per cent to 1,060.

Looking forward

Our work approving and monitoring programmes increased significantly in 2015–16. We assessed 794 programmes through annual monitoring (a 22% rise from 2014–15) and 485 programmes for a major change (a 17% rise). With the number of

Table 1

Total number of approved programmes, by profession / entitlement

Profession	2014–15: total number of approved programmes	2015–16: total number of approved programmes	Difference (+ / -)
Arts therapist	33	29	- 4
Biomedical scientist	65	62	- 3
Chiropodist / podiatrist	23	19	- 4
Clinical scientist	3	3	0
Dietitian	32	32	0
Hearing aid dispenser	23	20	- 3
Occupational therapist	73	70	- 3
Operating department practitioner	42	38	- 4
Orthoptist	3	3	0
Paramedic	72	78	+ 6
Physiotherapist	70	71	+ 1
Practitioner psychologist	97	101	+ 4
Prosthetist / orthotist	3	2	- 1
Radiographer	52	54	+2
Social worker in England	256	253	- 3
Speech and language therapist	36	34	- 2
Entitlement			
Approved mental health professional	36	32	- 4
Independent prescribing	93	96	+ 3
Prescription-only medicines – administration	4	4	0
Prescription-only medicines – sale / supply	9	7	- 2
Supplementary prescribing	59	52	- 7
Total	1,084	1,060	-24

Chapter 5: Impacts of our work

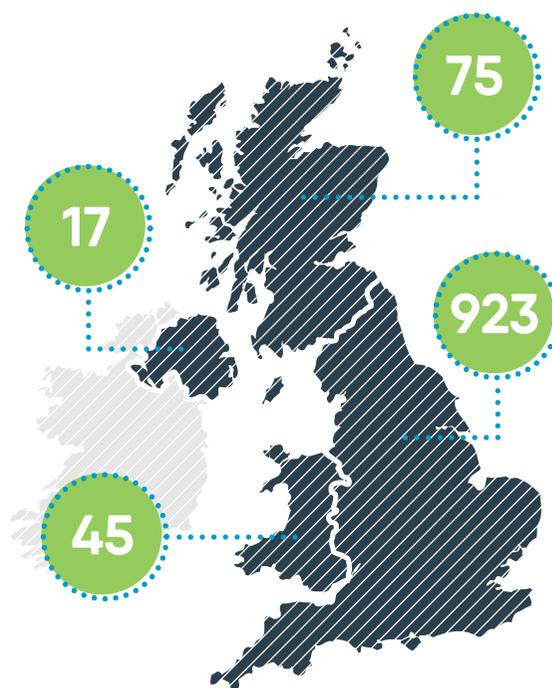
approved programmes predicted to stay stable, our activity is unlikely to increase dramatically in 2016–17.

However, developments in the education, health and care sectors that are referenced in Chapter 1 may increase the complexity of our work in some areas next year. We are also starting to work with education providers as degree apprenticeships are being rolled out in England. As these programmes develop and degree apprenticeships expand into more of the professions we regulate, this could impact our work. But by continually improving the way we use our systems and processes, we can feel fully prepared to respond to these changes.

Next year we will continue to assure the quality of education and training programmes, and deal with changes as they arise. We are committed to continuing to approve and monitor programmes in a proportional way, to invest time and allocate resources appropriately and to continue to reach clear, well-reasoned decisions. We will also continue to develop the way we implement our model of regulation to ensure that graduates of these programmes can practice safely and effectively. We are looking forward to continuing to engage with education providers, collaboratively

improving understanding of our regulatory requirements and working together to achieve our ultimate aim of protecting the public.

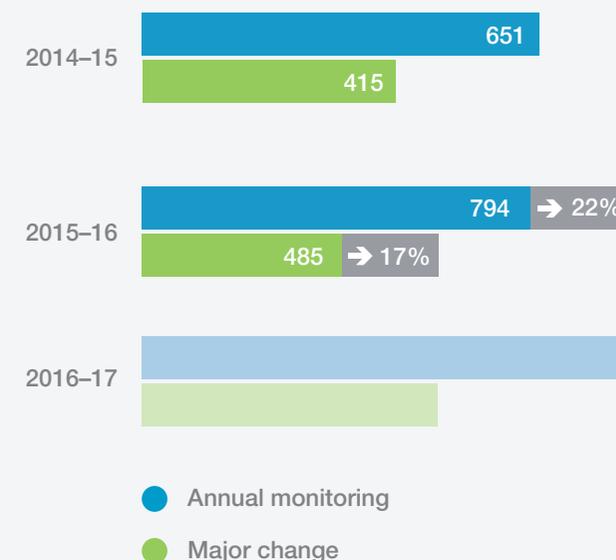
Approved programmes in the UK's four countries*



* Figures correct March 2017.

Predictions for 2016–17

The number of programmes we assessed increased significantly in 2015–16. With the number of programmes expected to stay stable, our activity is unlikely to rise dramatically in 2016–17.



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