

## **Audit Committee 26 June 2008**

### **Continuing Professional Development (CPD) PKF Audit**

#### **Executive summary and recommendations**

##### **Introduction**

As part of its Audit schedule for 2007/2008, PKF undertook a review of the Health Professions Council's (HPC) planning and management controls to ensure that the new processes for registrants' CPD were put into place and operational in accordance with the HPC's planned timetable. That report is attached.

##### **Decision**

The Committee is asked to discuss the report.

##### **Background information**

None

##### **Resource implications**

None

##### **Financial implications**

None

##### **Appendices**

PKF Audit report

##### **Date of paper**

6 June 2008

# Registrants' CPD Process Implementation Review

Final May 2008

Confidential

**Assurance Level: Sound**

**Staff Interviewed:** Director of Operations, Greg Ross-Sampson, Head of Registration, Richard Houghton

**Audit Team:** Director, Jon Dee



Accountants &  
business advisers

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### Project timescales

Date project commenced	30/04/08
Date field work completed	22/05/08
Date draft report issued	29/05/08
Date management comments received	12/06/08
Date final report issued	12/06/08

# 1 Introduction

1.1 In accordance with our 2008/09 internal audit programme that was agreed with management and the Audit Committee in February 2008, we have undertaken a review of the Health Professions Council's ("HPC's") planning and management controls to ensure that the new processes for registrants' Continuing Professional Development ("CPD") were put into place and operational in accordance with the HPC's planned timetable. The audit supports the annual statement on internal control required by HM Treasury and was carried out in accordance with Government Internal Audit Standards.

## Scope of our work

1.2 As specified in our audit programme, the aim of this project was to provide assurance to the HPC that the planning and management controls over the CPD implementation were adequate and operating as expected. Specifically we reviewed the risk management arrangements for the risks identified by the HPC in relation to this area, including project management and progress reporting arrangements.

1.3 The work was carried out primarily by holding discussions with relevant staff and management and undertaking compliance testing on a sample basis, where appropriate. The audit fieldwork was completed in May 2008.

1.4 This report has been prepared as part of the internal audit of the Health Professions Council under the terms of our engagement letter for internal audit services. It has been prepared for the Health Professions Council and we neither accept nor assume any responsibility or duty of care to any third party in relation to it.

1.5 The conclusions and recommendations are based on the results of audit work carried out and are reported in good faith. However, our methodology is dependent upon explanations by managers and sample testing and management should satisfy itself of the validity of any recommendations before acting upon them.

## 2 Executive Summary

- 2.1 This report summarises the work undertaken by PKF within the agreed scope of our review of the controls over the HPC's implementation of its registrants' CPD assessment processes. The work was performed as part of our agreed internal audit plan for 2008/09.

### Background

- 2.2 Since July 2006, registrants have been required to maintain records of their CPD in accordance with the HPC's standards. The documentation requirements are flexible, enabling the different groups of health professionals to maintain sufficient records, whilst reflecting the nature of the service that they provide and the CPD that they need to undertake.
- 2.3 During 2008/09 the HPC planned to begin a programme of assessments of the CPD records of a random sample of registrants selected from each health profession in turn to make sure its standards are being met. Following the HPC's public commitment in 2005 to commence the CPD assessment programme in June 2008, it was critical that the underlying paper based processes and IT systems were put into place by this time.

### Our assessment

- 2.4 Based on the audit work carried out we have concluded that the HPC's controls over the implementation of its CPD assessment processes were **sound**, although in common with all new systems and processes, the arrangements will need to be kept under review during the first assessments so that any unforeseen difficulties can be addressed quickly.
- 2.5 The overall approach to the project was set out in a Project Charter. This document included the business case for the project, anticipated costs and benefits, objectives and scope and key milestones and critical timeline.
- 2.6 In accordance with best practice, a Project Sponsor (Director of Operations) was identified, together with a Project Manager (HPC Project Manager) and a Project Lead (Head of Registration) and other key managers from the departments within HPC who would be affected by the outcomes of the project. Detailed planning was undertaken by the Project Team to specify the requirements of the HPC for each aspect of the project and to clarify precisely the key milestones.
- 2.7 For the most part the project has met its key milestones and regular progress reports have been monitored by the Project Team and the Education and Training Committee, although we noted that there was a delay in the roll out of the CPD technology due to difficulties with the application server upgrade and the milestone of 11<sup>th</sup> April 2008 was missed.

- 2.8 However, the project plan included a contingency to address such matters and the technology roll out was completed within the contingency time, enabling the project to proceed without significant delay.
- 2.9 Our review has indicated that the HPC has adopted a thorough and methodical approach to checking that the paper processes and the IT systems that have been put into place to support the assessment programme will deliver the required results.
- 2.10 However, only so much can be done to test the operation of new processes such as this using test data and mock exercises. As the first assessments are undertaken, management recognises that some unforeseen outcomes may emerge that will need to be addressed immediately. We understand that it is planned that the Project Team will continue to meet during the initial assessments to address these matters.
- 2.11 More significant issues may require process changes going forward. For this reason, once the assessments of the first two professions have been completed, management plans to undertake a formal review of the effectiveness of the CPD assessment process drawing on any lessons learned. The findings of this review are to be reported to the Education and Training Committee, together with any proposed process enhancements. We concur with this approach.
- 2.12 We have not therefore raised any recommendations in relation to this area.
- 2.13 The detailed findings of our work are set out in the following sections of this report.
- 2.14 Finally, we wish to thank all members of staff for their availability, co-operation and assistance during the course of our review.

**PKF (UK) LLP**  
**May 2008**

### 3 Detailed Findings

#### Background

- 3.1 The HPC's standards for registrants' CPD were approved by Council in July 2005. The standards require all health professionals to continue to develop their knowledge and skills while they are registered. They are set out in the table below.

HPC – CONTINUING PROFESSIONAL DEVELOPMENT STANDARDS FOR REGISTRANTS
1. Maintain a continuous, up-to-date and accurate record of their CPD activities;
2. Demonstrate that their CPD activities are a mixture of learning activities relevant to current or future practice
3. Seek to ensure that their CPD has contributed to the quality of their practice and service delivery
4. Seek to ensure that their CPD benefits the service user
5. Present a written profile containing evidence of their CPD upon request

- 3.2 Since July 2006, health professionals have been required to maintain records of their CPD in accordance with these standards. The documentation requirements are flexible, enabling the different groups of health professionals to maintain sufficient records, whilst reflecting the nature of the service that they provide and the CPD that they need to undertake.
- 3.3 From 2008/09, each time a health profession is due to renew its registration the registrants will need to sign to confirm that they have met the HPC's standards for CPD. The HPC then plans to assess a random sample selected from each health profession in turn to make sure its standards are being met.
- 3.4 When an individual practitioner is selected for assessment, the HPC will write to them and ask them to complete a CPD profile showing how their CPD over the last two years has met the HPC's standards.
- 3.5 The information recorded on the registrants' profiles will be reviewed by trained assessors who will provide an opinion as to whether the HPC's Standards have been met. Two assessors will sign off the assessment, at least one of whom will be from the same profession as the registrant under review. The CPD process covers both UK and international registrants.

- 3.6 The dates of the first scheduled assessments for all 13 health professions are set out below, listed in date order.

Scheduled Timing	Health Profession
July 2008	Chiropodists and podiatrists
October 2008	Operating department practitioners
August 2009	Orthoptists
August 2009	Paramedics
September 2009	Clinical scientists
September 2009	Prosthetists and orthotists
September 2009	Speech and language therapists
October 2009	Occupational therapists
November 2009	Biomedical scientists
February 2010	Radiographers
April 2010	Physiotherapists
May 2010	Arts therapists
May 2010	Dietitians

- 3.7 After these dates, the HPC currently plans to assess a sample of registrants from each profession every two years and aims to audit 5% of the first two professions, and then 2.5% of each subsequent profession, depending on the results of the previous assessment cycles.

- 3.8 There are three possible outcomes of each assessment:

- The registrant's profile meets the standards and they will stay on the register;
- More information is needed. The HPC will then write to the registrant and let them know what information the assessors need to decide whether they meet the HPC's required standards of CPD. The registrant will stay on the register while they send more information to the assessors; and



- The profile does not meet the HPC's standards - the CPD assessors will then decide whether to offer the registrant an extra three months to meet the required standards of CPD or to recommend that their registration should end. An appeal process has been established so that registrants may appeal the decision of the assessors. Registrants will be permitted remain on the register until the appeal process is concluded.

3.9 Registrants are warned that if they provide false or misleading information in their CPD profile, the HPC will deal with them under its fitness to practise procedures, which could lead to them being struck off the register so that they can no longer practise.

## Risk

3.10 The HPC has needed to introduce new arrangements to manage and undertake this assessment programme and has therefore included the following strategic risk in relation to registrants' CPD in its risk register for 2008/09:

- CPD processes not operational by July 2008.

3.11 The principal management controls through which the HPC is seeking to manage this risk include:

- A clear strategy and approach to the implementation of the audit process included in business planning;
- Project implementation planning and management; and
- Progress reporting and post-implementation review.

3.12 Our findings in relation to these controls are as follows:

## Findings

### Strategy and approach

3.13 The overall approach to the project was set out in a Project Charter. This document included the business case for the project, anticipated costs and benefits, objectives and scope and key milestones and critical timeline.

3.14 In accordance with best practice, a Project Sponsor (Director of Operations) was identified, together with a Project Manager (HPC Project Manager) and a Project Lead (Head of Registration).

3.15 The Project Team included these individuals and other key managers from the departments within HPC who would be affected by the outcomes of the project, including for example Registration, Fitness to Practise and ICT.

- 3.16 Following the HPC's public commitment in 2005 to commence the CPD assessment programme in June 2008, it was critical that the underlying paper based processes and IT systems were put into place by this time.
- 3.17 The principal objectives of the project were to create a sustainable assessment process, devise an efficient technology solution to support it and to ensure a greater understanding of and therefore good compliance by registrants with the HPC's CPD standards.
- 3.18 Key areas of the project scope therefore included:
- ICT developments including systems to select a sample of registrants for assessment, to monitor the data collection process to record the results;
  - Appointment of ICT providers to upgrade the Netregulate system (formerly known as LISA) to accommodate the CPD assessment process;
  - Devising paper-based and electronic processes to communicate with registrants' during the process;
  - Designing and testing the assessment process;
  - Quality assurance checking processes including sign off of the functional specification of the system and testing of process workflows;
  - Recruitment of assessors;
  - Training for Registration Department staff co-ordinating the process and for assessors; and
  - Assessment scheduling.
- 3.19 Principal project risks such as the ICT provider failing to meet the timetable for implementing the necessary system changes, difficulties in recruiting the required number of assessors, unavailability of human resources within the HPC to deliver the project outcomes and resistance to the process by registrants were all noted in the Project Charter.
- 3.20 These were recorded in a risk log that was used to inform the management of the project going forward and highlight areas for action.
- 3.21 The Project Charter was reviewed and approved by the Education and Training Committee.
- Project implementation planning and management**
- 3.22 Detailed planning was undertaken by the Project Team to specify the requirements of the HPC for each aspect of the scope as set out above and to clarify precisely the key milestones of the project.

3.23 The key milestones agreed are set out in the table below:

Project milestones	Due date
Define all processes	12 <sup>th</sup> June 2007
Conduct mock assessment and resource analysis	12 <sup>th</sup> July 2007
Design CPD profile	10 <sup>th</sup> August 2007
Appoint CPD assessors	2 <sup>nd</sup> May 2008
Complete Netregulate (LISA) development	11 <sup>th</sup> April 2008
Begin Chiropractors and Podiatrists assessments	12 <sup>th</sup> May 2008
Begin Operating department practitioners assessments	5 <sup>th</sup> January 2009
Review assessment process	28 <sup>th</sup> February 2009
Reassess registrant percentage assessment selection process	31 <sup>st</sup> January 2009

3.24 We noted that detailed workflow charts were prepared by the Registration Team setting out and clearly defining each step of the CPD assessment process including registrant notification and sample selection, reminder letters, receipt of completed profiles and associated information, deferrals, incomplete information, assessment, moderation of results and appeals.

3.25 On 27<sup>th</sup> June 2007, the mock assessment exercise was undertaken. A group of registration assessors (who were already partners of the HPC) were invited to participate in an assessment day either submitting their own CPD profile for assessment or conducting a mock assessment of other registrants. The main aim of the exercise was to validate the effectiveness of the assessment process and to begin to determine how long it will take to complete an assessment.

3.26 This information was critical in determining the number of assessors required to cope with the planned number of registrants selected for review and the level of fees payable to assessors. The HPC concluded that assessors should be paid a fixed fee (currently £20) for each assessment completed.

3.27 The anticipated cost of these payments has been included in the HPC's budget for 2008/09 and was approved by the November 2007 meeting of the Finance & Resources Committee.

- 3.28 Other useful information that was collected during the exercise related to the following areas:
- Training requirements of assessors;
  - Forms and paperwork necessary to support assessors in structuring their decision making and providing feedback;
  - Feedback from assessors regarding the operation of the assessment process;
  - The viability of using multi-professional assessors (whilst requiring at least one of the assessors to be a practitioner within the relevant part of the Register); and
  - Information that could be provided to registrants in advance such as common mistakes to be avoided.
- 3.29 We noted that the pro-forma CPD profile has now been finalised and can be completed electronically or in paper form. In summary, the following information is required from registrants:
- A list of all their CPD activities undertaken in the previous two years, including a brief description of the activity;
  - A copy of any documentation to evidence that the activity has been undertaken;
  - Reference to the relevant HPC Standard to which the activity relates; and
  - Their personal development plan for ongoing CPD activities in the future.
- 3.30 A CPD Communications Manager position was created in October 2007 and was recently confirmed as a full time post for at least a further twelve months, since the HPC is very aware that communicating the requirements and the process to the selected registrants will be essential to ensuring that the programme begins well.
- 3.31 At the time of our review, we noted that many talks on CPD had been provided to registrants since the post was created. Work has also been undertaken with professional bodies to ensure that they understand the HPC's standards and assessment process so that they are ready to deal with their members' queries. Initially priority is being given to chiropodists / podiatrists and operating department practitioners as they are the first two professions to be assessed.
- 3.32 Further development of the Netregulate system was required to provide the software necessary to select registrants (on a random basis) for assessment and to record progress and the conclusions of each assessment. Workshops were undertaken involving the appointed system provider and the Project Team during May 2007 to capture the functional requirements of the system.

- 3.33 These requirements were then set out in a detailed functional specification, which was reviewed and revised where necessary before being signed off formally by the HPC and implemented by the system provider.
- 3.34 As each element of the functional specification was put into place, we noted that the workflow charts were tested in detail and signed off when it was confirmed as operating in accordance with the specification.
- 3.35 We noted that there was a delay in the roll out of the CPD technology due to difficulties with the application server upgrade and the milestone of 11<sup>th</sup> April 2008 was missed. However, the project plan included a contingency to address such matters and the technology roll out was completed within the contingency time, enabling the project to proceed without significant delay.
- 3.36 Once the implementation had been completed the Registration Team was provided with technical training in how to use the various screens to administer the process.
- 3.37 At the time of our review twenty three CPD assessors had been appointed for the 2008/09 programme. Further recruitment will be undertaken as the programme progresses. The recruitment process was overseen by the HPC's Partner Manager and assessors were subject to the same high standards of recruitment required for all the organisation's partners.
- 3.38 The assessors are to be provided with formal training shortly covering the CPD standards, the HPC's process and assessment procedures so that they are appropriately prepared when the first batches of profiles for review are received and the assessments begin.

#### **Progress monitoring and post-implementation review**

- 3.39 Progress with the project has been monitored and managed through the Project Team, which has met whenever necessary during the course of the project. A Highlight Report has been produced by the Project Manager to set out progress against each milestone and the project overall. The document has also been used to highlight any potential problems or issues. The Education and Training Committee has also received regular reports regarding progress with this project at each of its recent meetings.
- 3.40 At the time of our review, the initial letters to chiropodists and podiatrists informing them that they have been selected for assessment had only recently been sent out. Since these are the first two professions to be reviewed, there remain some uncertainties in relation to the project that require continued monitoring.
- 3.41 Around 600 registrants have been selected for assessment during 2008/09. Five provisional dates between June and September have been identified to convene the panels of assessors necessary to complete the chiropodists and podiatrists assessments.

- 3.42 The number of the assessments that are expected to be undertaken at each of these panels is based on the results of the mock assessment exercise. However, the actual numbers of CPD profiles received and ready for assessment in time for each panel will depend upon the quality and timeliness of the responses from the selected registrants.
- 3.43 Since this is the first time that the HPC has undertaken these assessments, there is no trend data for management to use to estimate the likely quality or timeliness of responses. Significant numbers of incomplete profiles that require resubmission or high numbers of deferrals may require the scheduled panel dates to be reconsidered. Management is aware of this issue and the responses from registrants will be monitored closely as the assessment period progresses.
- 3.44 Our review has indicated that the HPC has adopted a thorough and methodical approach to checking that the paper processes and the IT systems that have been put into place to support the assessment programme will deliver the required results. However, only so much can be done to test the operation of new processes such as this using test data and mock exercises.
- 3.45 As the first assessments are undertaken, management recognises that some unforeseen outcomes may emerge that will need to be addressed. Some of these matters may be able to be dealt with immediately, with only minor adjustment to the arrangements. We understand that it is planned that the Project Team will continue to meet during the initial assessments to address these matters.
- 3.46 More significant issues may require process changes going forward. For this reason, once the assessments of the first two professions have been completed, management plans to undertake a formal review of the effectiveness of the CPD assessment process drawing on any lessons learned. The findings of this review are to be reported to the Education and Training Committee, together with any proposed process enhancements.
- 3.47 We concur with this approach, since it permits immediate issues to be addressed quickly during the assessment process and provides for a more thorough review subsequently, drawing on two sets of data. This is consistent with best practice and removes the risk of drawing inaccurate conclusions from the operation of the process for one specific profession alone.

## 4 Assurance Definitions

Assurance Level	Definition
<b>Sound</b>	Satisfactory design of internal control that addresses risk and meets best practice and is operating as intended.
<b>Satisfactory</b>	Satisfactory design of internal control that addresses the main risks but falls short of best practice and is operating as intended.
<b>Satisfactory in Most Respects</b>	Generally satisfactory design of internal control that addresses the main risks and is operating as intended but either has control weaknesses or is not operating fully in some significant respect.
<b>Satisfactory Except For.....</b>	Satisfactory design of internal control that addresses the main risks and is operating as intended in most respects but with a major failure in design or operation in the specified area.
<b>Inadequate</b>	Major flaws in design of internal control or significant non operation of controls that leaves significant exposure to risk.