

Agenda Item 4

Enclosure 2

Paper ETC5/ 02

Education and Training Committee

**MATTERS ARISING FROM THE MEETING HELD ON 3 JULY
AND DISCUSSIONS ON 4 SEPTEMBER 2002 NOT APPEARING
ELSEWHERE ON THE AGENDA**

From the Secretary

for information

Minute

5.02/73,
and 8.02/76

Meeting with Universities UK and Standing Conference of Principals

HPC in discussion with UUK about attending its annual conference in some capacity.

9.02/77

Definition of a " Definitive Course Document (DCD) "

Profs. Lucas and Harper have provided the following clarification :-

" The accepted definition of a DCD by QAA is :

- Programme Specification (4 pages A4)
- Annex 1 Teaching Assessment and Learning Outcomes (typically 5 pages A4)
- Module Descriptors (typically 1 page per module but should include options and electives, at worst 40 pages)
- Course Specific Regulation (that which falls outside the University General Regulations, typically 1 page A4)

Total document around 50 pages. "

13.02/81

Register of Approved Courses

This was agreed in principle from their sides by the LTSN Advisory Committee on 9 July 2002 and the Health & Care Professions Education Forum on 31 July 2002. A meeting was held with LTSN on 24 September 2002 where it was agreed to produce a word-file Register at HPC (formatted to be transferable to a data base system) as a basis for LTSN working up and costing a " Mini-project ".

From 4 September 2002

Hepatitis B Immunisation for Students Entering Courses

Advice was sought from the Council of Nursing Deans on the situation of students being charged up to £200 for this. Their advice was that neither regulatory nor professional bodies had any viable locus here. It was a matter either for the body commissioning the course or for the HEI's occupational health service.

AHPF Values Statement [for Validation]

Members asked for this to be recirculated, and it is appended.

**Allied health professions:
Value statement on future arrangements for the approval of
qualifying programmes under the Health Professions Council**

Introduction

1. This document forms a value statement produced by the allied health professions [AHPs] [see Appendix I for a signatory bodies of these]. It sets out the principles that the professions believe must inform future quality assurance activity, and initial developmental work, in a context of significant change in health care and education. The statement has been produced following the AHPs' consideration of the complex, inter-related issues likely to impact, to varying degrees and in different ways, on future processes for the professional and statutory approval of qualifying programmes (facilitated by a seminar held on 23rd January 2002).
2. Issues that the AHPs believe need to be taken into account in formulating future processes for programme approval are summarised in the box below.

- Regulatory change, including the replacement of the CPSM with the Health Professions Council [HPC] in 2002 and the planned creation of the Council for the Regulation of Health Care Professionals [CRHCP] (AHPF, 2001; BRI Inquiry, 2001; DoH, 2000a; DoH, 2001a; DoH, 2001b; Hse. of Commons, 2001);
- Quality assurance developments involving the NHS and Quality Assurance Agency for Higher Education [QAA], including the NHS/QAA contract for prototype subject reviews in health care professions (HEFCE, 2001; NHS Exec., 2000; NHS Exec., 2001A; QAA, 2001a; QAA, 2001b);
- Modernisation of the NHS, including initiatives to increase access, flexibility and diversity in health care education (DoH, 2000b; DoH, 2001c; DoH, 2001d; DoH, 2001e; Nat.Ass.Wales, 2001; NHS Exec., 1998; NHS Exec., 2001b; NHS Exec., 2001c; Sc.Exec., 2000);
- Expanding student numbers following announcements of increases to the NHS workforce (DoH, 2001f);
- The provision and quality of practice-based learning, particularly given the increasing emphasis on assuring the quality of practice learning and needing to ensure the adequate provision of placements in terms of number and profile (DoH, 2001c; QAA, 2001c);
- The growth of inter-professional learning and practice and related educational structures within higher education institutions to facilitate shared learning, together with government initiatives to promote core curricula within all health care education (BRI Inquiry, 2001; DoH, 2001b; DoH, 2001g; DoH, 2001h; Sc.Exec., 2001).

3. The principles set out in the document relate to
 - How joint professional and statutory processes are undertaken;
 - How these processes fit within a broader context of quality assurance arrangements;
 - How these processes need to respond to a growing number of pressures created by expanding and increasingly diverse education provision.
4. The document is structured as follows:
 - An explanation of its rationale;
 - A statement of overarching principles;
 - Principles relating to collaborative activity;
 - Principles relating to HPC activity.

Rationale

5. The purpose of the value statement is to

- Assert the principles the professions believe must be upheld in new professional and statutory body [PSB] arrangements for approving, monitoring and reviewing qualifying programmes;
 - Affirm the professions' commitment to exploring the scope for engaging in joint activity through which they can seek to have an appropriate influence over future arrangements;
 - Seek to engage the HPC in debate and to secure its commitment to supporting collaborative and exploratory activity to inform future arrangements.
6. The statement acknowledges, and seeks directly to address, the significant challenges posed by many current developments, particularly for the professions' assertion of their central and essential role in assuring the quality of qualifying education and the professions' and others' on-going confidence in those approval processes. It also recognises uncertainty around the speed, scope and nature of developments. The principles set out in the statement are, therefore, necessarily broad. **Appendix II** sets out a programme of project work that, subject to funding being available, could be undertaken to sustain and inform future arrangements.

Overarching principles

7. The professions believe that the following principles should guide all activity relating to future professional and statutory arrangements for approving, monitoring and reviewing qualifying programmes:
- I. The prospective approval and on-going monitoring of qualifying programmes should be genuinely collaborative and inclusive, involving the PSBs, together with programme providers, and other stakeholders as appropriate;
 - II. While future arrangements may not be identical to current ones, they should build on best practice and be akin to them in terms of professional input, credibility and robustness and the scope for co-terminous professional and statutory outcomes and decisions;
 - III. Consideration should be given to the scope for greater inter-professional approval, monitoring and review activity, underpinned by the formulation and adoption of common terminology, documentation requirements and procedures, where this reflects the nature of programmes being considered and the institutional infrastructure within which qualifying programmes sit;
 - IV. There needs to be a clear understanding among all stakeholders of the fundamental difference between the processes of validation and subject review, while genuine efforts should be made to explore the full scope for
 - Promoting areas of common ground and expectation (for example, between QAA benchmark standards and professional and statutory body [PSB] curriculum framework requirements or equivalent documents)
 - Sharing documentation across the two processes of programme approval and subject review

- Ensuring appropriate account is taken within each process of the judgements made in the other
 - Encouraging higher education providers to consider how they can meet the requirements of each process in the most efficient ways (including through producing documentation that can fulfil both purposes)
 - Increasing the effectiveness and efficiency of each process for all concerned by optimising the timing and sequencing of each wherever possible;
- V. All processes must be receptive to significant change in professional education, practice and work settings, particularly the planned substantial increase in student numbers, growing diversity in the design and delivery of professional education, the modernisation of the NHS agenda, and health care professionals' increasingly diffuse practice settings and roles;
- VI. The new arrangements should be inclusive of qualifying education provision across the United Kingdom while being sensitive to differences in education and health care structures and funding arrangements in the different UK countries.

Principles relating to professional collaborative activity

8. The professions should

- VII. Engage in joint activity to exert a positive and appropriate influence over regulatory change and factors impacting on the quality assurance of qualifying education (including expanding student numbers and greater diversification in education provision);
- VIII. Engage in joint exploratory work to identify current good practice, agree a common terminology and formulate models for quality assurance processes that could operate under the new regulatory arrangements;
- IX. Explore the full scope for aligning policies and procedures to reflect the increasing trend towards shared learning within qualifying programmes (and therefore the structures and arrangements created by education providers to support this) to
- Ensure coherence in their approach
 - Achieve appropriate scrutiny of provision
 - Maximise the efficiency for all concerned in preparing for, and engaging in, the approval processes;
- X. Promote and share good practice within quality assurance processes (including the ways in which profession-specific expectations and requirements are framed), as well as within education provision (for example, on issues relating to shared learning, increasing diversification in programme delivery and maximising capacity for, and the quality of, practice learning);
- XI. Be receptive to change and demonstrate flexibility in developing new approaches to programme approval, monitoring and review, while asserting the continued central significance of assuring the quality of qualifying education and the PSBs' central role in achieving this;
- XII. Take account of changes within education and practice, while ensuring that quality assurance processes continue to allow for consistent and objective judgements about provision to be made;
- XIII. Respond appropriately to government initiatives relating to raising student numbers and increasing diversity as these impact on the

- quality – and assuring the quality – of qualifying education programmes;
- XIV. Explore the scope for streamlining processes with those implemented under the NHS's contract with the QAA for the prototype subject reviews, while promoting an appreciation among all stakeholders of the fundamental differences between prospective and retrospective approval processes;
 - XV. Take appropriate account of changes impacting on practice learning to ensure
 - Provision reflects the changing nature of professional practice
 - The quality and capacity of placements is maintained within the context of expanding student numbers and increasingly diverse work settings.

Principles relating to the HPC

9. The professions believe the HPC should demonstrate its commitment to

- XVI. Recognising the centrality of a joint – that is, professional and statutory – approach to programme approval and monitoring;
- XVII. Maintaining appropriate levels of profession-specific scrutiny of qualifying programmes within its approval and monitoring processes;
- XVIII. Taking a genuinely inter-professional approach to matters of programme approval and monitoring in order to achieve cohesion and consistently high standards in policy development and implementation and education provision through
 - Promoting good practice across the professions
 - Acknowledging the increasing trend towards shared learning;
- XIX. Ensuring its involvement in joint approval and monitoring activity is informed, sanctioned and approved by committees within its own structures that possess an appropriate level of profession-specific education and practice expertise and have appropriate lines of accountability for decision-making;
- XX. Promoting approaches to programme approval and monitoring that
 - Are flexible
 - Encourage innovation
 - Are informed by expert opinion and established good practice
 - Responsive to change
 - Subject to on-going evaluation;
- XXI. Achieving cohesion in its policy, procedures and decision-making to ensure equity and consistency across its range of functions, including
 - Programme approval and monitoring
 - Re-registration
 - Consideration of overseas-qualified practitioners applying for UK state registration
 - 'Grandparenting'.

Sally Gosling
 CSP Head of Learning & Development
 15 May, 2002
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References

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Support for the statement from the allied health professions

The following professional bodies form signatories to the value statement:

- Association of Professional Music Therapists
- British Association of Prosthetists & Orthotists
- British Dietetic Association
- British Dramatherapy Association
- British Paramedic Association
- Chartered Society of Physiotherapy
- College of Occupational Therapists
- Royal College of Speech & Language Therapists
- Society of Chiropractors & Podiatrists
- Society of Radiographers

A response is awaited from the following:

- British Association of Art Therapists
- British Orthoptic Society

The Institute of Biomedical Sciences has indicated it would be interested in exploring involvement in project work if this were to be commissioned.

Future programme approval processes for the allied health professions [AHPs]: initial proposals for project plan

Executive summary

This document outlines initial proposals for collaborative work across the allied health professions [AHPs], for which funding would need to be secured, to explore future arrangements for assuring the quality of educational programmes leading to state registration with the Health Professions Council [HPC] and relevant professional body membership. The proposals build directly on discussions held within and between the AHPs to date and upon the draft value statement currently being circulated for approval.

The project would seek to identify current good practice and provide the opportunity for exploratory activity and consensus-building on future arrangements for programme approval, monitoring and review. Its aim would be to suggest ways in which professional and statutory body [PSB] collaboration could continue and be enhanced under new arrangements, as well as to optimise opportunities for genuinely inter-professional collaboration while ensuring appropriate levels of profession-specific in-put to quality assurance processes.

To do this, it would need to

- Be underpinned by heavy involvement from the AHPs to ensure the project's recommendations are based on current good practice, draw on the professions' experience and expertise and reflect their thinking on education, professional practice and quality assurance issues;
- Involve strong in-put from the HPC to ensure the project's recommendations would be in keeping with the Council's broader thinking and worthy of its support;
- Be sustained by the appointment of a project officer and administrator on a temporary, or seconded, basis;
- Be around twelve months in duration to allow for the in-depth exploration of issues, detailed modelling activity and consensus-building.

Rationale

1. It is understood that formation of the HPC will lead to changes to how the quality of qualifying education programmes relating to the AHPs is assured. Such change is to be welcomed and the professions are committed to ensuring that new arrangements work well. To do this, there is a need to draw on existing good practice while seizing the opportunity to develop processes that reflect developments in the style and scale of health care education and broader change within the quality assurance arena.
2. The professions' broad thinking on quality assurance arrangements under the HPC is articulated in the accompanying value statement. Collaborative project work would allow the principles rehearsed in the statement to be explored in depth and for the AHPs to offer proposals to the HPC as to how future arrangements for programme approval, monitoring and review could be formulated.

Aims

3. The aims of the project would be, through inter-professional collaboration, to develop proposals for future arrangements for programme approval, monitoring and review that

- Build on current good practice within existing professional and statutory body [PSB] quality assurance arrangements;
- Establish the scope for achieving a common approach to PSB approval processes across the AHPs through achieving adherence to common terminology, documentation requirements and procedures while respecting the need for profession-specific in-put to programme approval, monitoring and review and appropriate differences of expectation and requirements;
- Promote the scope for sharing good practice on an on-going basis and through in-built mechanisms for evaluating processes' effectiveness and efficiency.

Objectives

4. The project objectives would be to

- Map the range of ways in which PSB programme approval, monitoring and review is currently undertaken across the AHPs in order to highlight areas of commonality and difference;
- Identify how genuinely inter-professional approaches to quality assurance processes could be achieved through adopting common terminology, procedures and documentation requirements that were inclusive of, and acceptable to, all;
- Identify how the expectations and requirements for qualifying education programmes relating to the AHPs could be framed in comparable formats, while respecting the distinct nature of each profession's criteria and the acceptability of different priorities and policies within these;
- Formulate acceptable common terminology, documentation requirements and procedures and frame profession-specific expectations and requirements relating to qualifying education programmes, taking account of changes in health care education and practice and differences in the structure and funding of AHP education across the UK countries;
- Assert the distinct nature of PSB quality assurance activity, while exploring and highlighting the scope for sharing documentation and judgements in appropriate ways with the process of subject review.

Outcomes

5. The intended outcomes of the project would be

- An analysis of current PSB activity relating to programme approval, monitoring and review across the AHPs;
- The formulation of proposals for common terminology, documentation requirements and procedures, while asserting the continued need for profession-specific in-put to, and scrutiny of, education provision;
- The formulation of a standard format for framing expectations and requirements of qualifying education programmes for the AHPs, while respecting professional difference and the need for profession-specific criteria;
- The presentation of models for future quality assurance arrangements for formal consideration by the HPC.

Basis of the project

- #### **6. The project would build on the wealth of experience and expertise among the AHPs on developing and implementing arrangements for programme approval, monitoring and review undertaken in partnership with the relevant**

boards of the Council for Professions Supplementary to Medicine [CPSM]. Particular areas of work and styles of operation on which the project would be able to draw include the following:

- Joint committee structures between some of the professional bodies and the relevant CPSM boards for the conjoint validation, monitoring and revalidation of qualifying education provision;
- Documents outlining approval procedures and the outcomes of qualifying programmes, often produced jointly by the relevant professional body and board of the CPSM;
- Benchmark statements published by the Quality Assurance Agency for Higher Education [QAA] that outline the expected coverage and outcomes of academic awards for different professional study routes.

Stages, methodology and schedule

7. The project methodology would need to enable the participating professions to pool their knowledge, expertise and experience to expedite the progress of developmental work, while ensuring the eventual project outcomes are worthy of support from all appropriate stakeholders. The early stages of the project, as outlined below, would form essential underpinnings to the major elements of the planned project activity and should secure a solid basis for on-going inter-professional collaboration.

Stages

Initial tasks	<ul style="list-style-type: none"> i. Produce more detailed project plan to describe the processes and precise timings of activities to fulfil the project aims, objectives and outcomes; ii. Map and share all work, activities and publications relevant to the development of a common approach to programme approval, monitoring and review, leading to the preparation of a baseline report that would identify <ul style="list-style-type: none"> a) Areas of commonality b) Strengths c) Areas for development; iii. Initial consultation with relevant stakeholders (including participating professional bodies, the HPC, commissioning authorities, employers and patient representative groups) on future quality assurance arrangements.
Major tasks	<ul style="list-style-type: none"> iv. Explore, through consultation with all relevant stakeholders, the scope for common terminology, documentation requirements and procedures; v. Explore the scope for identifying common elements within expectations and requirements of qualifying programmes while respecting the need for profession-specific elements within these; vi. Explore the distinct, but complementary, relationship between PSB quality assurance processes and QAA/NHS subject review; vii. Undertake modelling activity, based on each of the above exercises, to formulate possible approaches to future PSB quality assurance arrangements that have the support of all relevant stakeholders.

8. The tasks would be undertaken through the following:

- Workshops and seminars
 - Consultative meetings with participating profession representatives and other appropriate stakeholders
 - Desk-based research activity
 - Consensus-building exercises.
9. A fieldworker would need to be appointed to undertake the major components of the project. It is also likely that the work of the project would require a part-time administrator, particularly given the high level of co-ordination that would be required across the participating professions for work to be undertaken effectively and efficiently. Both posts could be filled on a temporary or secondment basis.
10. A schedule for enacting the proposed project plan is outlined below.

Outline schedule

Tasks	Timescale
Mapping exercise	4 months
Developmental/consultative activity	6 months
Refinement of proposals	2 months

Project management and monitoring

11. A steering group, comprising a representative of each of the participating professions and other relevant stakeholders (including the HPC and AHP Forum) would need to be formed to oversee the project's direction and fulfilment of its outcomes.
12. The progress of work would need to be monitored through
- The regular submission of work and progress reports to the project steering group and to the committees of the participating professional organisations and to the education and training committee of the HPC;
 - The on-going appraisal of work against agreed project objectives and expected outcomes;
 - Seeking and analysing feedback from stakeholders;
 - The preparation of a final report.
13. Arrangements would need to be made for the project's effective and efficient management on a day-to-day basis.