

Agenda Item 7

Enclosure 3

Paper ETC 3/02

Shadow Health Professions Council

Education and Training Committee

**MAINTAINING THE CONTINUITY OF C.P.S.M.'s
EDUCATION APPROVAL AND CONTINUED
APPROVAL WORK IN THE FIRST TRANSITIONAL
PERIOD**

From the Executive

FOR DISCUSSION / DECISION

**APPROVAL AND CONTINUED APPROVAL OF PRE-REGISTRATION
EDUCATION AND TRAINING PROVISION IN THE FIRST TRANSITIONAL
PERIOD**

1. Executive Summary

- 1.1 The Health Professions Council's (HPC) Education and Training Committee (ETC) is asked to consider making arrangements to maintain the continuity of educational approval and continued approval work (Sections 4 and 5 of the Professions Supplementary to Medicine Act, 1960) in the first transitional period after 1 April 2002.
- 1.2 The predicted volume of this work is set out to show the context for any such arrangements.
- 1.3 The report suggests discharging this core statutory duty by establishing ad hoc working groups to advise the Council and ETC specific to the first transitional period and without prejudice to long-term future change in procedures.
- 1.4 These groups would be designated " First Transitional Period Education and Training Working Groups " (WG) and there would be one for each Part of the Register.

2. Sections 4 and 5 of the Professions Supplementary to Medicine (PSM) Act

- 2.1 In the first transitional period the provisions of the PSM Act will continue to run, but under the authority and discretion of HPC.
- 2.2 S.4 required the Boards at CPSM to approve on their own authority institutions as being suitably "organised and equipped" and to recommend to the Privy Council, via the Council at CPSM, approval specifically and separately of the course (i.e. curriculum) assessment, and qualification granted upon successful completion. The Privy Council then made these three formal approvals on the recommendation of its own advisers.
- 2.3 S.5 required the Boards to keep themselves informed of the nature of the approved education and training. This amounted in practice to a quinquennial continued approval cycle on the Boards' own authority.
- 2.4 In addition, some Boards also approved clinical placements and laboratories in detail separately from the main academic provision.
- 2.5 It is recommended that ETC continue to approve new provision at this senior level, but that continued approval of existing provision against CPSM criteria be treated separately because of the volume of work involved, as set out below.

3. CPSM Criteria and Volume of Work

- 3.1 It should be appreciated for context that HPC (Council and statutory committees) is the successor in title not just to the Council at CPSM but also to the 12 Boards at CPSM.
- 3.2 Full details of all the Boards' and the Council's (and Privy Council's) procedures have been laid on the table at previous meetings and are available from the Executive.
- 3.3 The Executive has surveyed the commitments arising from CPSM, and some indicative figures are that CPSM has approved (and has to maintain approval of) 174 institutions delivering 164 courses excluding laboratories and clinical placements. CPSM needed to liaise with up to 130 external bodies. Visiting and meetings amounted to a commitment probably exceeding 600 working days across the twelve professions. This work was carried out in around 25 fora, by approximately 500 Board, Council, and Committee members and visitors with wide ranges of expertise in each profession. They were supported by six full-time equivalent staff (spread around twelve officers in various locations). Some 500 reports arose each needing the exercise of professional discretion. Information is appended to give a more detailed breakdown of these global figures.
- 3.4 It is not envisaged in Part II of the OIC that HPC institute major changes in the volume or procedures for this work immediately during the first transitional period. This is partly because Part II requires major change to take place only after consultation. Additionally it would be a very heavy burden to expect HPC members and alternates to discharge all this work themselves. (On a purely practical basis, the expenses regime would only allow members to be re-imbursed for a fraction of the work needed).

4. First Transitional Period Education and Training Working Groups

- 4.1 It is recommended that Working Groups be appointed for each Part of the Register under powers in Part II Section 3 (12), to advise ETC on education and training approval and continued approval work.
- 4.2 The composition of Working Groups is recommended as follows :
- HPC Practitioner member and alternate for the profession concerned,
 - one lay HPC member, and
 - either, the members from Boards which do not have formal working arrangements with a professional body,
 - or, the Joint Validation / Advisory Committee members from those bodies.

The President and Vice-Chairman of HPC would be members ex-officio of all Working Groups.

This composition would link HPC to the detail of the work and enable a controlling influence to be exerted and a lay voice to be heard.

- 4.3 All existing secretariat arrangements for the Boards and JVCs / JACs for education and training work would continue for the Working Groups.
- 4.4 The role of overseeing the activities of the Working Groups and of setting standards would be discharged by the Council / ETC. Policy development could therefore continue during the first transitional period.
- 4.5 The Working Groups could appoint visitors as before.
- 4.6 It is suggested that they should have the discretion to continue to run their own alternate member system as before.

5. Expenses and Financial Implications

- 5.1 If Working Groups were set up, discussions would need to be held with the professional bodies to establish a new expenses regime. This should be consistent with HPC's but equitable for the context of the joint working with professional bodies. HPC will need to reconfirm its expenses regime after 1 April 2002 in any case.
- 5.2 It is likely that costs would be equivalent to those for 2001 / 2 for the same work. Any increases in this present proposal would arise only from more general decisions about expenses.

6. Long-term Developments

- 6.1 During 2002 / 3 consultations will be held on how HPC intends to implement Part IV of the Order in Council (OIC). This will be reported to, and discussed at, the Council meeting on 14 February 2002 in the context of a strategy for all HPC activities.
- 6.2 This consultation process will be where major reviews of procedures can take place to commence as appropriate in the second transitional period.

7. Consultation with the Professional Bodies

- 7.1 These proposals will not need to become an Order of the Privy Council, so the full formal consultation process set out in Part II of the OIC does not necessarily apply and more focused discussions could be held. Consultation on these proposals should be held at two levels with the professional bodies. The first is with the Allied Health Professions Forum generally, and the second is specifically with the professional bodies which have joint working arrangements with CPSM.
- 7.2 On the general consultation, CPSM and SHPC published a (well received) statement in the autumn advising that the PSM provisions would have to run on past 1 April 2002 and asking those involved to continue to carry out activities on that basis. The present proposals are wholly consistent with that earlier advice. In parallel with this SHPC recognised the need for a strategic discussion with the professional bodies from the outset and set up the " Professional Advisory Committees Working Party " to advise on consultation. In a number of areas, more specific discussions were held back to defer to this over-arching strategy. This part of the consultation process is scheduled to start on 31 January 2002, and the outcome of that day's discussions will be available to ETC on 13 February 2002. (Unfortunately, it will not be feasible to prepare papers for despatch in time for 13 February which can report on the outcome of the event on 31 January).
- 7.3 The individual professional bodies with joint working arrangements with CPSM have long indicated their satisfaction with them and their desire to continue with them under HPC. This is at the levels of joint member-level decision making and of detailed secretariat support arrangements. There is always discussion to be had around preparing the budget each year, but there are no outstanding issues of principle here. This means that running existing arrangements forward would already meet the expressed wishes of these professional bodies.
- 7.4 There has been much informal liaison and discussion with the professional bodies to prepare the ground for the suggestions in this paper.
- 7.5 A desire to institute radical and immediate change in procedures after 1 April 2002, however, should be the subject of consultation on the issues of principle which could arise.

8. Conclusion

- 8.1 Maintaining continuity of education and training approval and continued approval work and liaison with the 130 other stakeholders is one of HPC's core statutory functions.
- 8.2 For the first transitional period the Executive suggests a mechanism to carry the resources and best practice of CPSM over into HPC for a specific time limited period.

Annex A

Breakdown of Predicted Commitment for 2002 / 3

On the assumption that the level of activity in 2002 / 3 will be broadly comparable to that at CPSM in 2001 / 2, then the Executive has been able to work up some indicative figures for the volume of work arising. It should be remembered that this work was never carried out centrally at CPSM but was delegated by statute to the Boards who in turn delegated some of the advisory work to their own subordinate bodies. This is the first occasion on which figures below have been brought together.

1. Number of Bodies involved and Working Days spent in meetings

The Council and twelve Boards discharged these functions with at least one subordinate advisory body for each Board, making a total of around 25 bodies. All CPSM Board members and alternates were available for service on these bodies together with representatives from the professional bodies for six of the professions making a total of around 600 members. Each body met at least three times a year making 75 meetings (although many of these could be held on the same day as each other and most were scheduled meetings for the full range of Board / Council activity). A pure guess at working days required at member level for this system would be 1,000 across all professions.

2. CPSM Approvals for 2001 / 2

<u>Board</u>	<u>Approved Institutions</u> <u>(S 4(1)(c))</u>	<u>Approved Courses / Qualifications</u> <u>(S 4(1) (a – b) and (2))</u>
AsTs	15	19
Chiropodists	13	13
Clinical Scientists*	1	1
Dietitians	12	16
MLT*	1	1
OT**	28	29
Orthoptists	3	3
Paramedics***	30	1
Physiotherapists**	30	32
Prosthetists / Orthotists	2	2
Radiographers**	24	27
Speech & Language Therapists	15	20
<u>Total</u>	<u>174</u>	<u>164</u>

- * These two Boards register on their own qualification (as at the time of preparing this paper) and generate a relatively much higher volume of work than the Boards which register via approved qualifications. The proposed change in awarding body will not alter the volume of work.
- ** Several courses for these Boards are offered part as well as full time and approximately half the courses allow registration by an Ordinary as well as an Honours degree – but in both these cases it is the same institution and the same curriculum approved in the same way in the same process.
- *** Registration is granted on successful completion of the programme at the Institute of Healthcare Development.

NB. The figure of 174 institutions represents the workload of the Boards not the total number of Higher and Further Education Institutions (H/FEI) involved. Because each Board must work separately under the PSM Act H/FEIs must be multiply counted. This will not necessarily change – or change quickly – under HPC / new model of Academic Review.

3. HPC Commitment for 2002 / 3

3.1 An estimate of the numbers of (re-)approvals and separate reports requiring approval in 2002 / 3 is as follows :-

	JVC	Clinical Visits required of CPSM per year	Board reps required for JVC	Board reps required for visiting work	Conferences, Events & Subject Benchmarking, Numbers of Members
PH	Yes	10	7**	–	6
OT	Yes	5	7**	–	6
CH	Yes	4	7**	–	5
DT	*	22	–	16	5
ML	No	150	–	70	6
RA	Yes		6**	–	6
PA	No	30	–	8	5
AS	Yes	10	3**	3	6
P&O	No	2	–	2	5
CS	No	#	#	#	6
OR	No	10	–	7	5
SLT	No	#	–	#	6

* This Board is hoping to have a joint validation committee shortly

Not yet approved any

** This figure is half the number of members required to discharge the work under the PSM Act – the other half coming from the PB. The Panel of visitors for each JVC may be a larger figure again.

3.2 The JVCs normally meet four times a year. Boards without JVCs normally have three or more equivalent committee meetings, which may be on the same day as Boards. A proportion of each CPSM Council business is on educational approvals.

3.3 In very broad terms these two tables identify up to 1000 working days per year from members supported by a proportion of the time of around 12 staff (6 in CPSM, 6 external at present).

4. Visitors

4.1 The total number of approved visitors is now approaching 500 people for all tasks (although not all of them may be used). The numbers for each profession are :

AsTs	18
Ch	37
CSc	none at present but the Association of Clinical Scientists' commitment may be around 100
D	22
MLT	90
OT	40
Orth.	19
PA	21
Phys.	14*
P & O	25
Rad.	45
SLT	30
	466

* Please note the following rider to this figure :-

" The physiotherapy JVC has recently agreed that visits to clinical placements as part of validation and review visits have been neglected and plans to include these in visits this year. Whilst for the near future, JVC members themselves will do this, we are keen to include clinicians in the process more than is currently done and some work has been done on the way in which they may be recruited and " used ". However the work has not been taken forward given the uncertainty around the use of " visitors " as cited in the Order for the HPC and the way in which they may impact on the work of the JVC. "

4.2 Visitors are selected for their relevant expertise. The only absolute criterion is that they must be registered at CPSM if they are acting as members of the profession concerned.

- 4.3 Compiling and maintaining these registers of visitors can be a significant activity which can only be discharged by people expert, knowledgeable, and well-connected in the profession concerned. This activity cannot be carried out on a multi-professional basis.

5. (Approval of) Visitors' Reports

- 5.1 There will be up to 500 visitors' reports of all types needing scrutiny and approval in 2002 / 3. Each report requires the separate and specific exercise of discretion on its recommendation(s).
- 5.2 Under the PSM Act the CPSM Council only needed to see about 5% of all reports, but, unless other arrangements are made, all 500 would have to go to ETC for full consideration (ie. up to 100 on any agenda).
- 5.3 These reports will vary from half a page on a single clinical placement to substantial multi-professional reports on whole HEIs. These latter should properly go to ETC, but some consideration will be needed of the most practicable way to handle the remaining mass of work. Under CPSM this was devolved to 25 different bodies.
- 5.4 All reports at CPSM were scrutinised initially by some form of panel of peer experts (as well as by non-registrant members further up the approval process). Reports were often found to have defects in terms of their (uni-)professional content and needed to be referred back to the visitors for amendment. This particular task can only be done by professional experts. (For comparison, QAA uses a similar procedure for its Subject and Academic Review reports because it has found that no amount of training and preparation can avert the need for at least some expert editorial scrutiny prior to approval and publication).

6. Other Commitments

The education and training commitment is likely to be mirrored by the conduct and competence commitments for members. Members of ETC will also be asked to undertake the conduct and competence work as well. Some members will also be on other committees such as Registration or Finance.