

Council, 10 December 2009

Revalidation project update

Executive summary and recommendations

Introduction

This paper updates the Council about ongoing work in the area of revalidation, building upon the Council's previous discussion on this topic.

Decision

The Council is invited to discuss and approve the revalidation project brief.

Background information

Paper considered by the Council on 10 September 2009:
Enclosure 5 at http://www.hpc-uk.org/aboutus/council/councilmeetings_archive/index.asp?id=455

Resource implications

Outlined in attached paper.

Financial implications

Outlined in attached paper.

Appendices

- Appendix 1 - Revalidation phase one plan
- Appendix 2 - Revalidation five year plan

Date of paper

26 November 2009

Revalidation project brief

1. Introduction

The Health Professions Council (HPC) Executive takes the definition of revalidation as:

“The process by which a regulated professional periodically has to demonstrate that he or she remains fit to practise.”¹

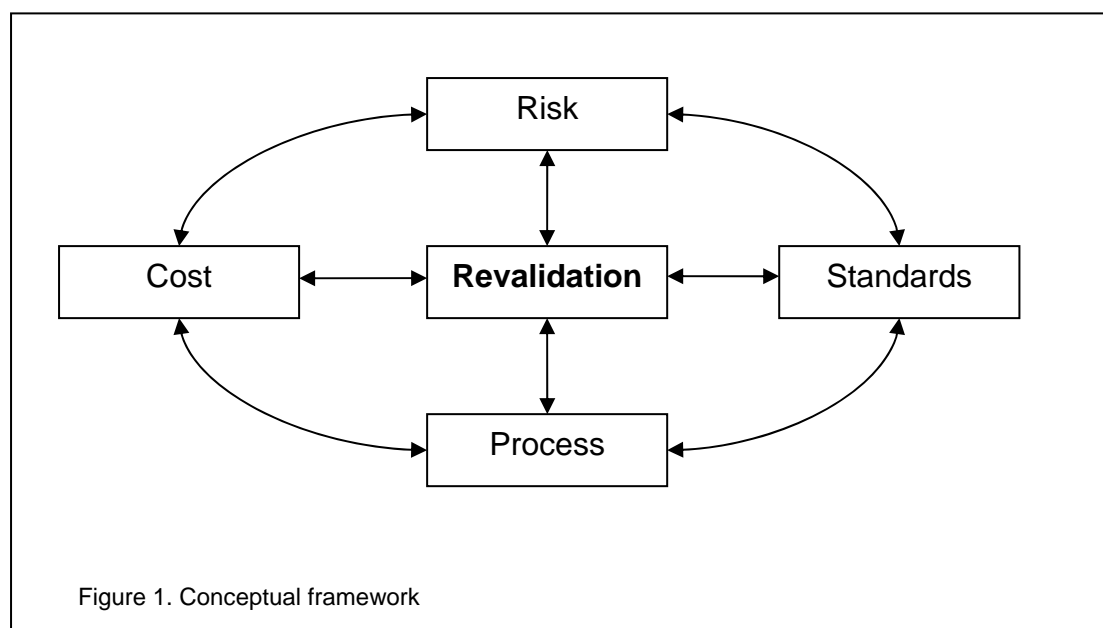
This paper outlines the work that the HPC is undertaking to make sure that any approach to revalidation:

- will represent a positive affirmation of continuing fitness to practise, supported by appropriate external verification;
- will command public confidence and demonstrate benefit to members of the public; and
- is proportionate to the available evidence of risk.

We are undertaking work in three phases and this project brief outlines the nine projects that will be undertaken in Phase One. Project plans for each project can be found in Annex A. At this stage, the project plans are an outline of the approach only and detailed plans will be prepared at a later date.

2. Conceptual framework and revalidation projects

The conceptual framework below summarises the key elements that need to be taken into consideration in the development of a revalidation system, as outlined in the Report of the Continuing Fitness to Practise Professional Liaison Group (PLG).



¹ The regulation of non-medical health care professionals (Department of Health, 2006)

2.2 Risk

The first task in our revalidation approach is to ensure that we understand the risk to the public posed by the professions that we regulate now and in the future. In particular, we need more information about how different health care professionals (e.g. different professions, ages, genders etc) expose service users to different levels of risks. This information is important if we are to develop a risk-based approach to revalidation.

Part of the work we will undertake will include further exploration about what is meant by 'risk'. For our purposes, an appropriate definition of risk might be:

“The potential to do harm.”

2.2.1 HPC's current systems

The HPC already has robust systems in place that reduce the risk to the public posed by our registrants by ensuring continuing fitness to practise. These include our standards of proficiency to join the Register, fitness to practise processes, Continuing Professional Development (CPD) and the self-certification that each registrant must complete when they renew their registration.

However, we do not yet know whether additional processes are required in order to ensure continuing fitness to practise. This is illustrated by the diagram below.

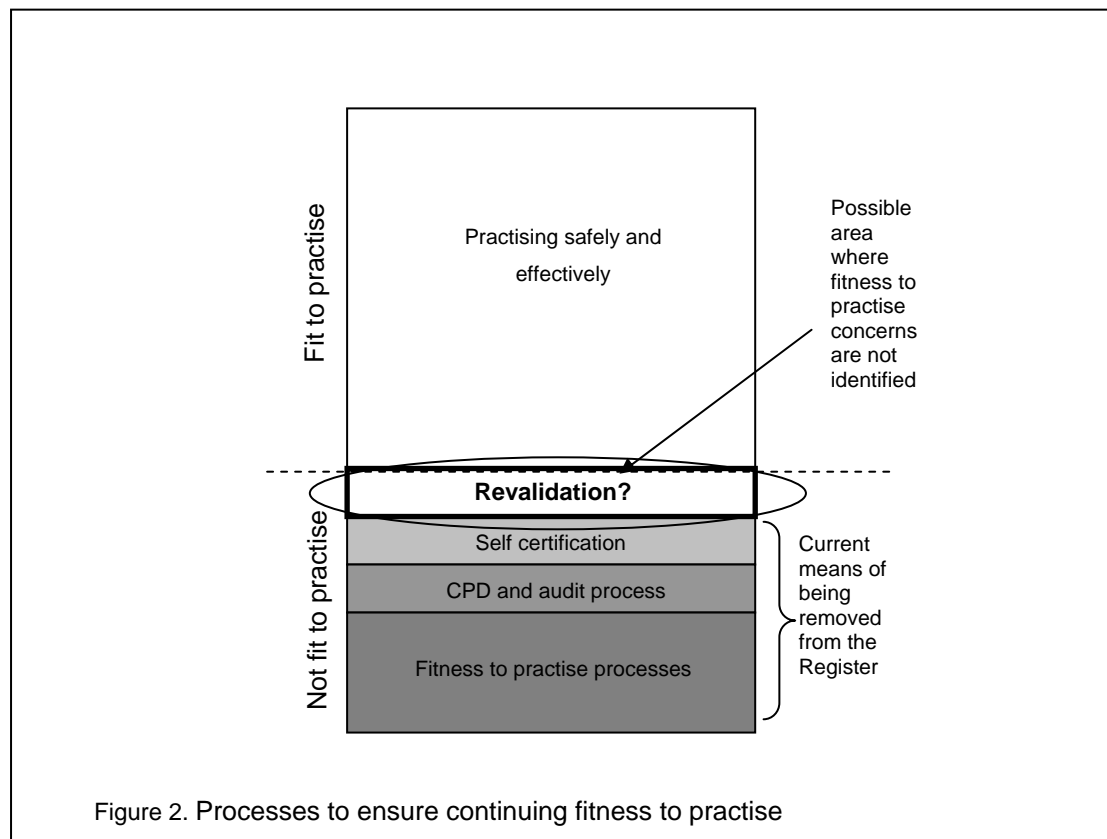


Figure 2. Processes to ensure continuing fitness to practise

2.2.2 Projects to increase understanding of the different levels of risk posed by our registrants and the robustness of our current systems

Six projects will contribute to our understanding about the different levels of risk posed by our registrants and the robustness of our current systems.

- Project 1: Exploring the link between conduct during pre-registration education and training and subsequent fitness to practise action
- Project 2: Piloting a pre-registration education and training 'professionalism tool'
- Project 3: Analysis of HPC's fitness to practise data to identify trends regarding fitness to practise concerns across the Register
- Project 4: Analysis of HPC's CPD audit profiles to identify trends regarding CPD profiles and assessment results across the Register
- Project 5: Literature review of the fitness to practise of the professions regulated by the HPC
- Project 6: Literature review of fitness to practise trends regarding professions other than those regulated by the HPC

Following the completion of the above projects we anticipate being able to answer the following questions:

Are there any 'gaps' in our current systems that mean some continuing fitness to practise concerns are not being identified?

Are there characteristics of registrants that mean members of the public are exposed to a greater than normal risk?

Does the level of risk posed by our registrants justify the introduction of an additional system?

2.3 Standards

If a revalidation system were to be introduced, we would need to develop the standards that registrants would need to meet. An example of one approach would be to assess registrants on their ability to continue to meet the standards of proficiency for their profession (i.e. the threshold standards). Another approach would be to develop additional standards that would test registrants against the knowledge and skills needed for their current work.

It would not be appropriate to develop the standards until the phase one projects have been completed and a decision has been made about whether an additional system is needed.

Assuming a revalidation system is introduced, more work around standards will be done in the second phase of revalidation work.

2.4 Process and cost

Once standards have been developed, we would then need to decide on the process to be piloted, which would include identifying the costs of different processes.

While we are not currently in a position to design or implement a process, we can begin to explore systems used by other regulators and the costs involved. Undertaking this work now will mean we have more evidence upon which to base our decisions. Understanding the benefits and costs of different processes used by other regulators will also help us to decide whether the cost of a revalidation system would be justified by the increase in public protection.

2.4.1 Projects exploring the feasibility and costs of different processes

Three projects will explore the feasibility and costs of a number of different potential processes.

- Project 7: Review of existing revalidation processes that have been implemented by international regulators
- Project 8: Review of existing revalidation processes that have been implemented or are being developed by other UK regulators
- Project 9: Explore patient² feedback tools currently being developed by other health regulators

When the above projects are completed we expect to be able to answer the following questions:

² By 'patient' we are referring to anyone who uses or is affected by the services of registrants

What tools and systems already exist within UK and international regulatory bodies beyond those identified by the work of the PLG?

If the evidence suggests that a revalidation system is needed, which, if any, of the existing tools and systems could meet the requirements of the HPC?

Are there further details of the costs of the different revalidation tools and systems available?

3. Phases two and three

The outcomes from Phase One will enable us to decide whether a system of revalidation is needed and will increase our understanding of processes used by other regulators. We expect to make one of the following recommendations after Phase One has been completed:

- adapt our current systems to fill in any gaps identified;
- develop, 'operationalise' and introduce an additional process or system of revalidation; or
- no further action as we are confident that our current systems adequately protect the public.

If a revalidation system were to be introduced, Phase Two would involve developing and consulting on the standards that registrants would need to meet. During this phase we would also consult on and make the necessary changes to legislation.

Phase Three would then involve developing and piloting the system to be used, ahead of an incremental roll out across the professions.

4. Phase One project reporting arrangements

The revalidation policy manager will be responsible for the reporting arrangements of all projects.

Each project will have its own reporting arrangements. This will include a final report and interim reports where needed. When an external provider is involved, the policy manager will ensure that the reports are delivered on time and to a high quality level.

The revalidation policy manager will provide regular updates to the Council about the progress of work.

By the end of 2011, most projects and final reports will be completed. Project 2, which is piloting a professionalism tool, has a duration of five years

and a first year report will be prepared that outlines the progress made and findings to date.

Following the completion of the projects, a comprehensive summary report will be prepared which will answer the questions posed in this document and make recommendations about whether an additional system is needed to ensure the continuing fitness to practise of our registrants. If a new system is recommended, the report will also include recommendations about the feasibility of introducing similar processes to those used by other regulators. The report will go out to public consultation before further work is commenced.

The Department of Health has indicated that HPC's progress will be monitored via regular meetings between the HPC's revalidation lead (the Director of Policy and Standards) and the Head of Non-Medical revalidation. The Department of Health has also asked to receive any papers or reports considered by the Council on this topic.

5. Legal framework

The introduction of a revalidation system would require a piece of secondary legislation known as a 'Section 60 Order'. This is an order made under the Health Act 1999. If a decision was made to proceed with a revalidation system, the Department of Health would publicly consult on a draft Section 60 Order prior to the publication of legislation.

The HPC would also consult on any changes to our Rules, as well as the introduction of any new standards and guidelines.

We would also need to consider other legal implications that may be associated with a revalidation system. For example, if a revalidation system could lead to removal from the Register, we would need to ensure that an appropriate appeals system was in place.

6. Communication strategy

A communication plan will be developed to engage professional bodies, registrants and employers. More information about the communication plan will be provided at a later date.

In addition to the external communication strategy, regular internal updates will be provided through the HPC employee newsletter and all-employee meetings.

7. Financial implications

The HPC was awarded a grant of £360,000 in May 2009 for the 2009/2010 financial year by the Department of Health to explore:

- (a) the evidence which will inform any revalidation system; and
- (b) the potential feasibility of possible models of revalidation.

The revalidation projects outlined in this paper will be funded through the grant.

The Department indicated that a further grant may be possible for the 2010/2011 financial year.

Project plans for Phase One

Risk

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| Project 1 – Link between conduct during pre-registration education and training and subsequent fitness to practise action | 1 |
| Project 2 – Piloting a pre-registration education and training ‘professionalism tool’ | 2 |
| Project 3 – Analysis of HPC’s fitness to practise data to identify trends regarding fitness to practise concerns across the Register..... | 3 |
| Project 4 – Analysis of HPC’s CPD audit profiles to identify trends regarding CPD profiles and assessment results across the Register | 4 |
| Project 5 – Literature review of the fitness to practise of the professions regulated by the HPC..... | 5 |
| Project 6 – Literature review of fitness to practise trends regarding professions other than those regulated by the HPC | 6 |

Process and cost

| | |
|--------------------------------------------------------------------------------------------------------------------------------------|---|
| Project 7 – Review of existing revalidation processes that have been implemented by international regulators | 7 |
| Project 8 – Review of existing revalidation processes that have been implemented or are being developed by other UK regulators | 8 |
| Project 9 – Review of patient feedback tools currently being developed by other health regulators | 9 |

Project 1 – Link between conduct during pre-registration education and training and subsequent fitness to practise action

Aim

To explore the link between conduct during pre-registration education and training and subsequent fitness to practise action.

Scope

The research will be limited to studying one or two professions currently regulated by the HPC and will be quantitative in nature.

Proposed approach

The process of appointing a researcher for this project is already underway. We have had discussions with a team of researchers from Durham and Newcastle Universities and the project arrangements will be finalised shortly. This research team will also undertake Project 2.

We expect the project to take 12 months with the findings presented to the HPC as a final report.

Anticipated outcomes

This project will contribute to our understanding about the risk to the public posed by our registrants and the robustness of our current systems, therefore enhancing the 'risk' element of the conceptual framework.

The study should enable conclusions to be drawn about whether there is a link between poor conduct and performance during pre-registration education and training and subsequent fitness to practise action. If a link is determined, the study will also look at the areas of conduct which most commonly act as pre-indicators for subsequent fitness to practise action.

Understanding this link will help us to identify the most effective point of intervention to increase public protection. For example, the outcomes from this study may indicate that the most effective way to increase public protection is to concentrate on pre-registration education and training, rather than introducing a post registration revalidation system.

This study has close ties with the Project 2, which is trialling the use of a pre-registration 'professionalism tool' as a way to reduce conduct concerns among registrants.

Project 2 – Piloting a pre-registration education and training ‘professionalism tool’

Aim

To pilot a ‘professionalism tool’ with pre-registration education and training providers to determine whether such a tool could help resolve potential conduct concerns before an individual joins the Register.

By ‘professionalism tool’ we mean a method of teaching or promoting professionalism to students and emphasising the importance the HPC places on the conduct of our registrants. More details about the tool will be available as the project progresses.

Scope

The research will be limited to studying two professions currently regulated by the HPC and will be quantitative and qualitative in nature.

Proposed approach

The process of appointing a researcher for this project is already underway. We have had discussions with a team of researchers from Durham and Newcastle Universities and the project arrangements will be finalised shortly.

The research will be undertaken over five years, so that student progress can be tracked over a reasonable time scale. The findings will be presented to the HPC through annual interim reports and a final report with recommendations.

Anticipated outcomes

This project will contribute to our understanding about the risk to the public posed by our registrants and the robustness of our current systems, therefore enhancing the ‘risk’ element of the conceptual framework.

The study should enable conclusions to be drawn about the potential usefulness of a professionalism tool in helping to identify and resolve potential issues around professionalism during pre-registration education and training, therefore reducing the number of fitness to practise complaints regarding conduct.

If the pilot is successful, we may decide that a pre-registration professionalism tool offers more benefits than a post-registration revalidation system. As part of the study we will also look at the cost of a professionalism tool compared to the costs of revalidation processes. This work will complement the projects looking at the robustness of our current systems and help us to decide whether an additional means of public protection should be implemented.

This pilot has the potential to have ongoing benefits to both the public and registrants as a way to increase public protection and reduce fitness to practise complaints.

Project 3 – Analysis of HPC’s fitness to practise data to identify trends regarding fitness to practise concerns across the Register

Aim

To identify what, if any, trends exist regarding fitness to practise concerns across our Register and whether certain registrants are more likely to be the subject of a fitness to practise complaint.

Scope

The study will involve analysing all available fitness to practise data that has been collected since the opening of the HPC register.

Proposed approach

This project will be led by the revalidation policy manager who will work closely with an external statistician/researcher who has expertise working with the professional regulatory environment.

The Executive will begin by reviewing the available data and working with the appointed researcher to discuss what analysis can be performed and what can be learned through the analysis.

We will shortly begin the process of identifying potential researchers, with the aim of appointing a provider in early 2010. We expect the project to take 12 months with the findings presented to the HPC as a final report.

Anticipated outcomes

This project will contribute to our understanding about the risk to the public posed by our registrants and the robustness of our current systems, therefore enhancing the ‘risk’ element of the conceptual framework.

The study should enable conclusions to be drawn about whether certain types of registrants are more likely to come in to contact with HPC’s fitness to practise procedures, by exploring for example:

- variations across professions, ages, genders and routes to registration with regard to fitness to practise complaints and hearings;
- whether there are any trends in the geographical location and types of practices where complaints are made;
- whether there are any trends regarding conduct and competence concerns;
- whether registrants who have been practicing for a certain period of time are more likely to come into contact with fitness to practise procedures; and
- whether there is a link between the frequency and/or type of complaint and the type of employment, for example NHS and private employment.

Project 4 – Analysis of HPC’s CPD audit profiles to identify trends regarding CPD profiles and assessment results across the Register

Aim

To identify what, if any, trends exist regarding CPD audit profiles and assessment results across the Register.

Scope

The study will involve analysing all available CPD profiles, assessor comments and assessment results.

Proposed approach

This project will be led by the revalidation policy manager who will work closely with an external statistician/researcher who has expertise working with the professional regulatory environment.

As for Project 3, the Executive will begin by reviewing the available data and working with the appointed researcher to discuss what analysis can be performed and what can be learned through the analysis. We expect that this project will also require the appointment of two short term contractors (2 x 6 weeks) to undertake some of the initial data analysis.

We will shortly begin the process of identifying potential researchers, with the aim of appointing a provider in early 2010. We expect the project to take 12 months with the findings presented to the HPC as a final report.

Anticipated outcomes

This project will contribute to our understanding about the risk to the public posed by our registrants and the robustness of our current systems, therefore enhancing the ‘risk’ element of the conceptual framework.

The study should enable conclusions to be drawn about the following:

- if there are any trends regarding the amount and type of CPD being undertaken across the Register;
- if there are any trends regarding the types of registrants that do not undertake appropriate or sufficient CPD; and
- the effectiveness of our CPD processes in identifying registrants who are not continuing to practise safely and effectively.

Depending on the outcome of this project and others, a future study could be undertaken to determine whether there is a link between the type and amount of CPD being undertaken and fitness to practise complaints. This is outside the scope of this project as it is unlikely that the current amount of CPD audit data would be sufficient to draw statistically valid conclusions about the link between CPD and fitness to practise. We recommend undertaking this work at a later date, for example after each profession has been through the CPD audit process at least once.

Project 5 – Literature review of the fitness to practise of the professions regulated by the HPC

Aim

To review and analyse existing literature which contains information relevant to the fitness to practise of the professions regulated by the HPC.

Scope

The study will require a literature search, review and analysis. Examples of literature expected to be of interest include reports from Ombudsmen, companies offering indemnity insurance to health professionals, the National Clinical Assessment Service (NCAS) and other research bodies.

Proposed approach

This study will be completed by the revalidation policy manager. We anticipate that the review could be completed in 12 months.

Anticipated outcomes

This project will contribute to our understanding about the risk to the public posed by our registrants, by identifying if and how our registrants are involved in complaints processes outside the HPC, therefore enhancing the 'risk' element of the conceptual framework.

Project 6 – Literature review of fitness to practise trends regarding professions other than those regulated by the HPC

Aim

To identify any trends regarding the characteristics of health professionals involved in fitness to practise complaints.

Scope

The study will require a search, review and analysis of literature which contains information about fitness to practise complaints against health professionals. In particular, we will look at fitness to practise annual reports of other health regulators.

Proposed approach

This study will be completed by the revalidation policy manager. We anticipate that the review could be completed in 12 months.

Anticipated outcomes

This project will contribute to our understanding about the risk to the public posed by our registrants and the robustness of our current systems, therefore enhancing the 'risk' element of the conceptual framework.

Through this review we hope to identify trends about characteristics of registrants who have a fitness to practise complaint made against them. For example, the data may suggest that health professionals over a certain age, or who have been practicing for a certain period of time are more likely to come into contact with fitness to practise procedures.

We could then use this information to develop a revalidation approach that is targeted to the registrants that are likely to pose the highest risk to the public. For example, if the data shows that concerns are most likely to arise either earlier or later in a registrant's career, a revalidation process could be targeted at registrants new to the Register, or those who have been practising for a certain number of years.

Project 7 – Review of existing revalidation processes that have been implemented by international regulators

Aim

To review existing revalidation processes to benefit from their experiences and to ascertain the feasibility of such processes for the HPC.

Scope

The study will involve visiting a small number of international regulators which have already made significant progress on implementing revalidation systems.

These visits will be supplemented by desk research about other international regulators.

As a contrast, we will also look at regulators who have chosen not to introduce a revalidation process to ascertain how successful their systems are.

Proposed approach

This project will be managed by the revalidation policy manager. A small team of HPC employees, including the HPC Chair and policy manager, may visit international regulators to see first-hand the systems being used and review how successful the systems have been.

The following regulators have introduced a variety of approaches to revalidation that are of interest to the HPC:

- Ontario College of Physiotherapists
- College of Dietitians of Ontario
- Federation of Medical Regulatory Authorities of Canada
- Ontario College of Pharmacists
- Federation of State Boards of Physical Therapy
- Virginia Board of Health Professionals

We are in the process of contacting the above organisations and expect the international trip to take by June next year.

Anticipated outcomes

This project will contribute to our understanding of the feasibility and costs of a number of potential revalidation processes, therefore enhancing the 'process' and 'cost' elements of the conceptual framework.

This project will increase our knowledge about the range and cost of existing systems, how successful they have been, and the feasibility of using such systems. For example, several regulators have introduced online systems which test registrants' knowledge and skills in a number of discrete areas, providing an external assessment which then helps to inform that individual's learning needs. Others have introduced face-to-face assessments.

Project 8 – Review of existing revalidation processes that have been implemented or are being developed by other UK regulators

Aim

To review revalidation processes that have been implemented or are being developed by other UK regulators to benefit from their experiences and to ascertain the feasibility of such processes for the HPC.

Scope

The study will be limited to UK regulators. It is expected that revalidation processes implemented by other health regulators will be most useful to the HPC. Non-health regulators, such as the Civil Aviation Authority or Gas Safe, may also have processes of interest to us.

Proposed approach

This study will be undertaken by the revalidation policy manager, who will identify suitable regulators to meet with and gather information. This information will be used to produce a report describing the existing process and including recommendations about the feasibility of using similar processes for the HPC.

This project will begin in Spring 2010 and a report will be produced after 12 months.

Anticipated outcomes

This project will contribute to our understanding of the feasibility and costs of a number of potential revalidation processes, therefore enhancing the 'process' and 'cost' elements of the conceptual framework.

As for Project 7, this project will increase our knowledge about the range and cost of existing systems. For example, the General Medical Council have recently introduced a revalidation system for their registrants which will be considered as part of the project. Other health regulators are in a similar position to the HPC and are undertaking scoping studies and gathering evidence before deciding on a revalidation approach. We expect the work being undertaken by these regulators to be of interest to us.

We will also look at systems implemented by non-health regulators. For example, the Civil Aviation Authority requires pilots to revalidate and undergo rigorous periodic testing and Gas Safe routinely inspect the work done by their registrants.

Project 9 – Review of patient feedback tools currently being developed by other health regulators

Aim

To review patient feedback tools currently being developed by other health regulators to ascertain the feasibility of such processes for the HPC.

Scope

This project will focus on work being done by other regulators, professional bodies and research organisations, such as the Picker Institute Europe who have recently completed an evaluation on patient feedback tools.

Proposed approach

This project will be undertaken by the revalidation policy manager. It will involve monitoring the progress of patient feedback tools being developed to produce a summary report which will include recommendations about the feasibility of using similar processes for the HPC.

This project will begin in Spring 2010 and a report will be produced after 12 months.

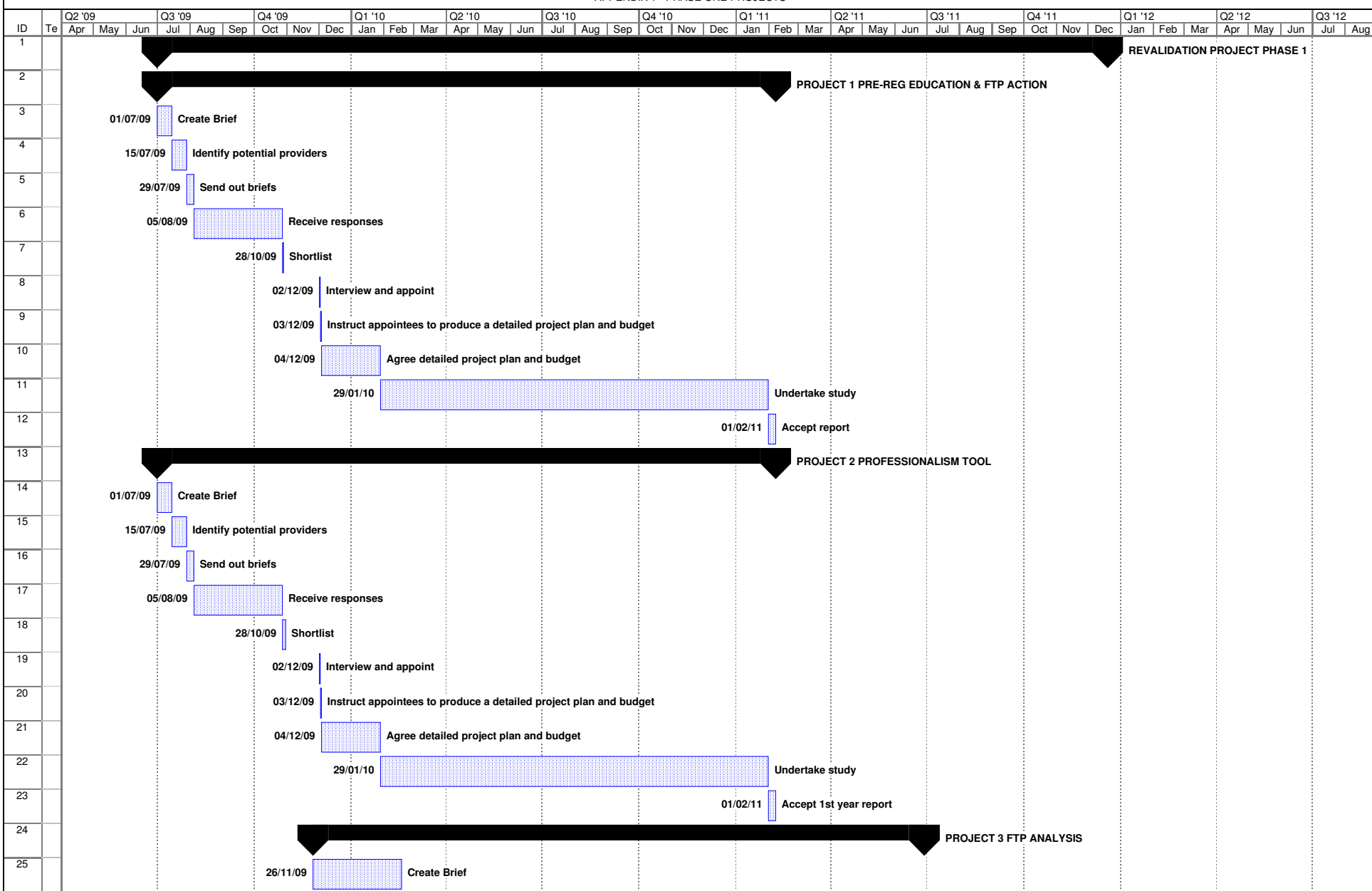
Anticipated outcomes

This project will contribute to our understanding of the feasibility and costs of a number of potential revalidation processes, therefore enhancing the 'process' and 'cost' elements of the conceptual framework.

Conclusions will be drawn about whether patient feedback tools have the potential to increase public protection and the feasibility of the HPC implementing a similar approach to patient feedback to other regulators.

This work links in to the PLG recommendation to undertake a prospective study looking at the application of a patient feedback tool with a random sample of registrants and students. Once the initial feasibility work has been done, one or more patient feedback tools could be piloted for use by our professions.

APPENDIX 1 - PHASE ONE PROJECTS



APPENDIX 2 - FIVE YEAR REVALIDATION PLAN

