Council, 4 July 2013

Service user and carer involvement in education and training programmes – consultation responses and our decisions

Executive summary and recommendations

Introduction

A consultation was held between 3 September 2012 and 7 December 2012 on a proposal to amend the standards of education and training and supporting guidance to require the involvement of service users in approved programmes.

A summary of the consultation responses and our proposed decisions as a result is appended. Our proposed decisions as a result of the consultation feedback are set out on pages 28 to 31 of the attached document. The text of the proposed standard and guidance is set out on pages 32 and 33.

The Education and Training Committee has considered papers from the Executive on the consultation outcomes at its meetings in March 2013 and June 2013. The key decisions to highlight to the Council, which are incorporated in the attached document, are the following.

- The standards of education and training should be amended to require the involvement of service users **and carers** in approved programmes.

- The standards (once agreed) should be implemented on a phased basis from the 2014-2015 academic year onwards.

- The standards for prescribing should be amended from the 2015-2016 academic year to include a standard on service user and carer involvement in the same terms.

At its meeting in June 2013, the Education and Training Committee recommended to the Council the text of the revised standard and guidance and the text of the consultation responses document, subject to minor amendments agreed at the meeting.

Decision

The Council is invited to agree the following.

- To amend the standards of education and training and supporting guidance to require the involvement of service users and carers in approved programmes (on a phased basis from the 2014-2015 academic year).

- To amend the standards for prescribing to require the involvement of service user and carers in approved prescribing programmes (from the 2015/2016 academic year).

- The text of the revised standard and guidance as set out on pages 32 and 33 of the attached consultation responses document (subject to minor editing amendments and any amendments arising from the Council's discussion).

- The text of the consultation responses document for publication on the HCPC website (subject to minor editing amendments and any further amendments resulting from the Committee's discussion).

Background information

- Education and Training Committee, 7 March 2013. Service user involvement in education and training programmes – consultation responses [Discussion paper looking at the key issues from the consultation]
http://www.hpc-uk.org/assets/documents/10003F12Enc09serviceuserinvolvementineducation.pdf

Resource implications

- Arranging for the amendment and re-publication of the SETs and SETs guidance for the 2014-2015 academic year.

- Arranging for the amendment and re-publication of the standards for prescribing for the 2015-2016 academic year.

The amendments to publications will be accounted for in Policy and Standards Department and Communications Department planning in 2014-2015 and 2015-2016.

Financial implications

- Re-publishing the amended SETs and SETs guidance for the 2014-2015 academic year.

- Re-publishing the amended standards for prescribing for the 2015-2016 academic year.

The above will be accounted for in Policy and Standards Department budgeting for 2014-2015 and 2015-2016.

Appendices

None

Date of paper

24 June 2013

Consultation on service user involvement in education and training programmes approved by the Health and Care Professions Council (HCPC)

Summary of responses to the consultation and our decisions as a result

July 2013

1. Introduction

1.1 We consulted between 3 September 2012 and 7 December 2012 on a proposal to amend the HCPC's standards of education and training and supporting guidance to require the involvement of service users in approved programmes.[1]

1.2 We emailed a link to the consultation document to a range of different individuals and organisations including education providers, professional bodies and charities. The consultation was promoted on our website, through a press release and in our 'In Focus' and 'Education update' newsletters.

1.3 We received responses via an online survey tool, by email and by letter.

1.4 We would like to thank all those who took the time to respond to the consultation.

1.5 Please note that social workers in Scotland, Wales and Northern Ireland are regulated by separate organisations. The regulation of social work education and training in these countries will be unaffected by our decisions as a result of this consultation.

About us

1.6 We are a regulator and were set up to protect the public. To do this, we keep a register of professionals who meet our standards for their professional skills and behaviour. Individuals on our Register are called 'registrants'.

1.7 We currently regulate 16 professions.

- Arts therapists

- Biomedical scientists

- Chiropodists / podiatrists

- Clinical scientists

- Dietitians

- Hearing aid dispensers

- Occupational therapists

- Operating department practitioners

- Orthoptists

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[1] For a copy of the consultation document, please see here:
http://www.hcpc-uk.org/aboutus/consultations/closed/index.asp?id=150

– Paramedics

  – Physiotherapists

  – Practitioner psychologists

  – Prosthetists / orthotists

  – Radiographers

  – Social workers in England

  – Speech and language therapists

Our consultation proposals

1.8   In the consultation we proposed adding an additional standard to the
       programme management and resources standards in the HCPC's standards
       of education and training (SETs).[2] We proposed that the standard should
       read: 'Service users must be involved in the programme.' We also proposed
       draft supporting guidance.

About this document

1.9   This document summarises the responses we received to the consultation
       and our decisions as result.

1.10   The document starts by explaining how we handled and analysed the
       responses we received, providing some overall statistics from the responses.
       An overall summary of responses and our responses is provided in section
       three. Sections four to eight are structured around the questions we asked in
       the consultation document. Section nine explains our decisions following the
       consultation.

1.11   In this document, 'you' or 'your' are references to respondents to the
       consultation; 'we' and 'our' are references to the Health and Care Professions
       Council.

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[2] HCPC (2009; revised 2012). 'Standards of education and training' and 'Standards of education and
training guidance'.
http://www.hcpc-uk.org/aboutregistration/standards/sets/

2. Analysing your responses

2.1 Now that the consultation has ended, we have analysed all the responses we received.

Method of recording and analysis

2.2 The majority of respondents used our online survey tool to respond to the consultation. They self-selected whether their response was an individual or an organisation response, and, where answered, selected their response to each question (e.g. yes; no; partly; don't know). Where we received responses by email or by letter, we recorded each response in a similar manner.

2.3 When deciding what information to include in this document, we assessed the strength and frequency of the comments made across the consultation responses and identified common themes.

2.4 During the consultation period, we discussed the consultation questions with groups of our education visitors as part of our on-going programme of refresher training. We made a note of the feedback at these sessions. We have taken into account this feedback in putting together the summary that follows, but we have not recorded this in the consultation statistics.

Statistics

2.5 We received 297 responses to the consultation document. 139 (47 per cent) responses were made by individuals and 158 (53 per cent) responses were made by organisations.

2.6 Education providers and educators were the largest groups of organisations and individual respondents (55 per cent and 39 per cent respectively). However, the education provider figure includes a number of service user and carer forums and groups hosted by education providers. Approximately 23 per cent of individuals described themselves as service users or as carers and around 15 per cent of organisations that responded were service user or carer-led, had an advocacy or involvement role or were voluntary sector organisations. (These figures include some respondents from the 'other' category described overleaf.)

2.7   The statistics give a good indication of overall level of agreement or disagreement with our proposals. However, they should be treated with caution. Often similar issues and concerns were raised by respondents who had answered each question very differently and some respondents were more equivocal in their responses than others.

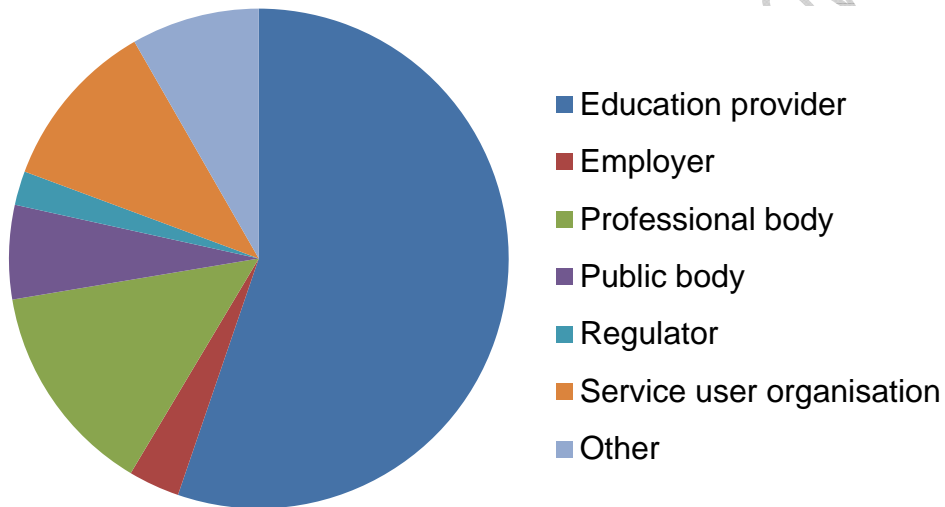2.8   The breakdown of respondents and of responses to each question is shown in the graphs and tables that follow.
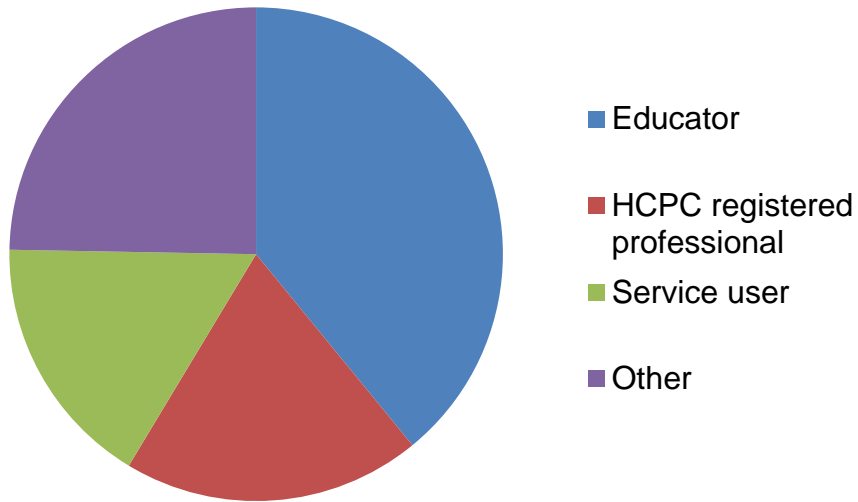
Graph 1 – Breakdown of individual responses

Respondents were asked to select the category that best described them. The largest groups in the 'other' category were individuals who identified themselves as carers, and educators who noted that they were also HCPC registered.

Legend:
- Educator
- HCPC registered professional
- Service user
- Other

Graph 2 – Breakdown of organisation responses

Respondents were asked to select the category that best described them. The 'other' category included some voluntary groups and charities.

Legend:
- Education provider
- Employer
- Professional body
- Public body
- Regulator
- Service user organisation
- Other

Table 1 – Breakdown of responses to each question

Question	Overall results			
	Yes	**No**	**Partly**	**Don't know**
Question 1 – Do you agree that the standards of education and training should be amended to require the involvement of service users in approved programmes?	88%	4%	8%	1%
Question 2 – Do you consider that the proposed standard and guidance are appropriate to different types of approved programmes, and to different professions? If not, why not?	71%	5%	15%	9%
Question 3 – Do you agree with the approach to defining 'service users' in the proposed standard and guidance? If not, why not?	65%	12%	22%	2%
Question 4 – Do you agree that there should be a lead-in period, with the standard becoming effective from the 2015-2016 academic year? If not, what alternative arrangements should we put in place?	64%	17%	18%	1%

Key

- Percentages in the above table have been rounded to the nearest whole number and therefore may not add to 100 per cent.

- Question five invited any further comments rather than a 'yes or no' answer so is not included in the table above.

Table 2 – Breakdown of responses by respondent type

Question	Individuals				Organisations			
	Yes	**No**	**Partly**	**Don't know**	**Yes**	**No**	**Partly**	**Don't know**
Question 1	86%	4%	10%	n/a	89%	4%	7%	1%
Question 2	71%	4%	12%	13%	71%	6%	17%	6%
Question 3	71%	7%	18%	3%	59%	16%	25%	1%
Question 4	67%	20%	12%	2%	61%	15%	23%	1%

Key

- Please see Table1 for information about each question.

- Percentages in the above table have been rounded to the nearest whole number and therefore may not add to 100 per cent.

3. Summary of responses and our decisions

Amending the standards of education and training

- A large majority of respondents agreed that the standards should be amended to require involvement.

- The reasons given included that involvement was good practice in delivering education and training; most if not all approved programmes already involved service users (and carers); and that there were a range of benefits from involvement.

- Some respondents were more qualified in their agreement dependent upon the exact detail of the standard which was introduced, often referring to the conditions or challenges for effective involvement.

- A minority disagreed. The reasons given included the principle and impact of a standard; differences between professions; and factors which were considered to inhibit the feasibility of involvement.

Different types of approved programmes and different professions

- The majority of respondents agreed that the proposed standard and guidance were sufficiently broad and flexible.

- Other respondents considered that the standard should be more specific, including that it should be more prescriptive in setting out our expectations or requirements for involvement.

Defining service users

- The majority of respondents agreed with the proposed definition.

- The most frequently received comments about the definition were that the term we used should refer directly to carers, and that we needed to amend the guidance to focus on the 'end recipients' of services and remove references to other members of the multi-disciplinary team.

Implementing the standard

- The majority of respondents agreed with the proposed lead-in period for implementation, but some groups of respondents were significantly less in agreement than others.

- Where it was proposed that the standard should be implemented sooner, the most common suggestion was by 2014-2015.

Additional comments

- We received a range of other comments about this topic overall. They covered areas including funding for involvement; establishing the impact of involvement; and how we would assess that a standard had been met once it is introduced.

- We received a range of detailed suggestions about the wording and content of the standard and guidance including that we should provide more guidance on the recruitment, training, and payment of service users.

Summary of our decisions

- We will amend the standards of education and training and its supporting guidance to require the involvement of service users and carers in approved programmes.

- We will use the term 'service user and carer' because this term is in common usage and will make clear the valuable contribution of carers.

- We will amend the list of useful reference sources already on our website to provide links to other sources of guidance about service user and carer involvement.

- We will amend the standards for prescribing to include a standard in the same terms from the 2015-2016 academic year.

- We will implement the new standard on a phased basis from the 2014-2015 academic year.

- We will make a number of amendments to the consultation draft of the guidance to make our expectations as clear as possible.

4. Amending the standards of education and training and guidance

Question 1. Do you agree that the standards of education and training should be amended to require the involvement of service users in approved programmes?

Summary

- A large majority of respondents, 88 per cent, agreed that the standards of education and training should be amended to require the involvement of service users in programmes approved by the HCPC.

- There was no significant overall difference between responses from individuals compared to responses from organisations. The proportion of respondents agreeing with this question was slightly higher for service users and service user organisations, compared to educators and education providers.

Support for a standard

- There was widespread agreement across all types of respondent for a standard to be introduced requiring the involvement of service users in approved programmes.

- The involvement of service users (and carers) in approved programmes was commonly referred to as a part of good practice in delivering education and training.

- A number of respondents noted that most if not all programmes should already be doing this anyway, but concluded that formalising this as a requirement for education providers would be helpful.

- A small number of respondents welcomed the standard as part of a common approach to these topics across different professions and regulators. The regulators of social workers in the other countries said that a common UK-wide approach to this issue was important.

- Some individual respondents commented that this standard was required by the Council for Healthcare Regulatory Excellence (CHRE, now renamed the Professional Standards Authority for Health and Social Care) and therefore the HCPC would have to meet their requirements anyway.

Benefits

- The benefits of involvement identified frequently in responses included the following.

  - Involvement provides a link between theory and the real world of practice.

  - Involvement is consistent with a partnership between service users and professionals and is consistent with meeting service user needs and expectations.

  - Involvement was linked to professional values such as empowerment and inclusion.

  - Involvement was a way of students benefiting from the lived experience of service users which could not be obtained in any other way.

  - Involvement was seen as breaking down barriers. For example, by dispelling myths and stereotypes leading to attitudinal change.

  - Learning experiences involving service users (for example, as guest lecturers) frequently receive very positive evaluations from students.

  - Involvement increases the accountability of programmes to those who receive the services from students once they are qualified.

  - Involvement of service users was considered as a right in of itself.

  - Involvement was linked to keeping the curriculum up-to-date and relevant to the reality of practice.

Qualified support

- Some respondents were more qualified in their support, agreeing in principle but seeking further clarity on the detail behind the proposal, or setting out what they saw as the challenges for effective involvement. The common areas which were raised in responses included the following.

  - The need for funding and resources, including for training and supporting service users and staff working on involvement.

- o The possibility of tokenism rather than meaningful involvement as a result of introducing a requirement. This was a theme across all responses.

- o The representativeness of service users and the limitations of involvement in some areas such as assessment.

- o The standard and guidance should avoid prescription and allow flexibility in how it could be put into practice by different professions.

- o Some said they needed more information about how the requirement would be implemented, including the level of involvement that the HCPC would expect.

A standard should not be introduced

- A small minority of respondents disagreed with the proposal to introduce a new standard. The majority of these respondents were educators and education providers.

- The following provides a summary of the arguments we received. This includes both responses which were unequivocal in their opposition to a standard and those respondents which were less so, but which nonetheless articulated similar concerns which they considered to be significant. Some of the points below were also raised by respondents who were in agreement with the proposed standard.

  - o Some saw a requirement as problematic owing to the diversity of the professions regulated by the HCPC. It was argued that this meant that the concept and definition of a service user was very different for different professions and therefore a standard would be inappropriate and difficult to assess.

  - o There was concern about adopting a 'one size fits all approach' to this issue.

  - o Some educators and education providers cited a lack of feasibility or ability to involve service users in their programmes as reasons for why a standard should not be introduced. They included access to service users; service users having their own agenda; the representativeness of service users; payment of service users in the current financial climate; and previous experience of involvement in some programme areas having limited perceived value.

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- The responses did not suggest overall that any particular professions were less supportive of a standard than others. However, a few respondents, including some who were in agreement with the principle of a standard, raised the following profession-specific issues.

    o In forensic psychology, there was concern about the feasibility of involving individual service users, who may be past or serving prisoners with a history of serious offending behaviour such as sexual offences. There was concern about their access to information, such as safeguarding information or teaching materials which relate to their area of offending. It was suggested by a professional body that this would be less of an issue if the standard could be met through involving representative / advocacy organisations rather than through individual service users.

    o A few respondents saw particular challenges with regards to involving service users in the psychological therapies, with reference to the arts therapies (art, music and drama therapy). Points raised included concern about involving service users who were undergoing therapy; and the necessity that only service users with experience of the specific profession / therapy concerned could or should be involved. Similar concerns were not raised by other respondents.

Other comments

- We received a variety of other comments in relation to this question, most of which are summarised in relation to other consultation questions. However, they included the following.

    o Some service users and carers and some education providers referred to their experience of involvement activities across a range of different areas such as preparation for placements; teaching; selection; design; and quality assurance.

    o Other areas cited as involvement by a small minority of respondents included students themselves undergoing therapy as a part of training; and students having contact with service users as part of practice placements.

5. Different types of approved programmes and different professions

Question 2. Do you consider that the proposed standard and guidance are appropriate to different types of approved programmes, and to different professions? If not, why not?

Summary

- The consultation document outlined that the proposed standard and guidance would need to apply across the 16 different professions we regulate, as well as to different types of programmes (for example, programmes which are not delivered or validated by a higher education institution).

- The majority of respondents, 71 per cent, said that the proposed standard and guidance were appropriate. 15 per cent of respondents said that the standard and guidance was only appropriate in part.

- There was no overall significant difference between responses from individuals compared to responses from organisations.

- 75 per cent of educators and education providers agreed with this question, compared with 67 per cent of service users and 61 per cent of service user organisations.

A flexible and broad requirement

- A number of respondents agreeing with this question concluded that the standard and guidance were set at a threshold level and were sufficiently broad and flexible to apply across a range of professions (and parts of professions) whilst avoiding over-prescription.

- Some respondents said that it was important and appropriate that the education provider was able to make and justify their definition of service user within their specific context.

- Some respondents were content with the broad nature of the standard as currently proposed as they considered this would be an appropriate starting point which could be built upon in the future.

Standard should be more specific

- A number of respondents (including both some who agreed and disagreed with this question) argued that the standard should be more specific.

- Some respondents, including a few HCPC visitors, concluded that the standard and guidance were too broad and as such too open to interpretation. Some argued that we needed to provide much more information about the threshold of involvement we were looking to achieve.

- Some organisations, particularly some education providers and other organisations in the social work field, argued that the standard should be much more prescriptive – either for social work programmes or across all professions. They were concerned that the standard as it was currently drafted set the bar for involvement too low.

- In the draft proposed guidance, we included a bullet pointed list of the areas of a programme in which service users might be involved. Some suggested that the involvement of service users in some or all of these areas should become mandatory.

- With regards to social work, some organisations in the field recognised that the standard and guidance may be more appropriate for some programmes and professions where involvement may be less developed. This included professions where direct contact with service users was limited. However, concern was expressed that this should not be detrimental to involvement in professions where it was already well developed, such as in social work.

Different professions and programmes

- A handful of respondents questioned whether some professions may find meeting the proposed standard and guidance harder than others. The most frequently cited profession was biomedical science, where practitioners do not often have direct day-to-day patient-facing contact.

- A few other examples were given of issues related to specific professions which may need to be addressed explicitly in the standard and guidance or which would need to be negotiated by education providers. They included the following from a minority of respondents.

  o The guidance should address specific issues in the psychological therapies around the vulnerability of client groups. The therapeutic context would make it inappropriate to involve service users in assessment.

- o There may be specific challenges in some domains of psychology, particularly outside of an NHS context, in terms of differing access to service users. For example, in occupational psychology, commercial sensitivities may make it difficult to work with some organisational service users.

- Only one respondent commented directly on applicability across different types of programme. They said that the guidance as currently written was too focused on higher education institutions but did not provide any further information.

6. Defining 'service users'

Question 3. Do you agree with the approach to defining 'service users' in the proposed standard and guidance? If not, why not?

Summary

- In the proposed draft guidance, we said that the term 'service user' was used as 'a broad phrase to refer to the involvement of those who typically use or are affected by the services of registered health and care professionals'.

- The majority of respondents, 65 per cent, agreed with the proposed definition. 12 per cent said they disagreed, and 22 per cent said they only partly agreed.

- Overall, a higher proportion of individuals (71 per cent) agreed with this question compared to organisations (59 per cent).

- Amongst specific respondent groups, education providers and educators had the highest proportion of respondents agreeing to this question (77 per cent and 68 per cent). Service user organisations and professional bodies had the lowest rate of agreement (56 per cent and 57 per cent).

Service user

- Where respondents broadly agreed with the definition of service user proposed in the consultation document they often said that given the diversity of the HCPC register the definition was appropriate.

- A small number of respondents said that in their view it was unnecessary to add 'carer' to the term which was used.

Service user and carer

- In the consultation document we also noted discussion about whether 'carers' were one group of service users or whether they should be identified separately in the proposed standard. We said that we would particularly welcome the views of stakeholders on this topic.

- Amongst those who disagreed with the proposed definition and those who agreed in part, a prevalent theme was that the terminology should be amended to refer to carers.

- This view was sometimes strongly articulated, with some respondents, (including respondents identifying themselves as service users or carers and service user organisations) highly critical of what they viewed as our failure to

include carers 'on equal terms' with service users in the definition we had used.

- The following provides a summary of the common arguments that we received.

  - Carers are recognised separately from service users in various pieces of legislation, in policy documents, academic literature and in common terminology.

  - Future health and care professionals should be equally aware of the important role unpaid carers such as family and friends play in supporting and advocating on the behalf of service users, and involve them in decisions appropriately. Each has interlinked but different perspectives.

  - Not recognising carers is a negative approach which overlooks a large portion of the population and undermines those trying to raise the profile of carers. The contribution of carers should be equally valued and therefore should be equally prominent in our terminology.

End recipients of services

- In the proposed guidance, we said we recognised that service users may vary between and within the different professions we regulated. We said that service user could include 'patients, clients, carers, organisations, other members of the multidisciplinary team and so on'.

- Amongst those who disagreed with the proposed definition overall and those who agreed in part, another prevalent theme in responses was concern about this approach. The following provides a summary of the common arguments that we received.

  - We had lost sight of 'end users' or 'end recipients' of services. Service user involvement should be about involving the end recipients of services not 'intermediate users'. This could include individual service users and carers or organisations representing them.

  - Including organisations and the multi-disciplinary team is confusing. We had confused service users with stakeholders. Stakeholder involvement is not service user involvement. Stakeholder involvement is important and should be addressed in a separate standard.

- There was a concern that the standard and guidance as proposed would increase the risk that programmes might go for the 'easy option' by engaging with other professionals rather than with people who use or receive services.

- A few respondents said that they saw involvement of 'end recipients of services' (e.g. patients and clients) as essential and beneficial even if the profession itself typically did not have direct contact on a day-to-day basis. This argument was made with specific reference to biomedical scientists.

- In contrast, as previously described, other respondents emphasised the importance of flexibility in our approach. One organisation from the healthcare science field described how it was important that organisations and the multi-disciplinary team were specifically included in our definition.

Other terminology

- We received a number of other suggestions for the terminology we should use. A small number of individuals reflected on the term 'service user' and whether they identified with it.

- A range of alternatives were suggested by respondents including the following.

  - People who use / have used / services (or similar wording).

  - People with lived experience (or similar wording).

  - Experts by experience.

  - Patient and public involvement.

Other comments

- We received a range of other comments. They included the following.

  - The definition we proposed was that service user referred to both those who use the services of registered health and care professionals and those who are affected by their services. Two respondents said that this aspect of the definition was too broad and too big to manage and should be narrowed to focus on users of services.

  - In contrast, small numbers of respondents said that the public should be included in our definition. One respondent said that the public should be included because someone with a psychological difficultly might make a

useful contribution to the development of a clinical psychology programme; they would not necessarily need to have had direct contact with a clinical psychology service.

- The use of the word 'typically' in the definition ("'Service user' is used as a broad phrase to refer to the involvement of those who typically use…') is unhelpful and reinforces stereotypes, argued one respondent.

- We should define involvement clearly. This comment was made by a number of respondents across the different consultation questions.

- One respondent, a professional body, said that the definition and guidance should refer specifically to service user and carer organisations not just individual service users. A number of other respondents referred to the engagement of community or voluntary groups, charities and service user and carer led organisations when referring to involvement.

7. Implementing the standard

Question 4. Do you agree that there should be a lead-in period, with the standard becoming effective from the 2015-2016 academic year? If not, what alternative arrangements should we put in place?

Summary

- In the consultation document we proposed a lead-in period before the standard became effective.

- The majority of respondents, 64 per cent, agreed that the standard should become effective from the 2015-2016 academic year. 17 per cent disagreed, and 18 per cent only partly agreed.

- Overall, a higher proportion of individuals (67 per cent) agreed with the proposed lead in period compared to organisations (61 per cent).

- Amongst specific respondent groups, only 45 per cent of service users and 33 per cent of service user organisations agreed with this question. 25 per cent or more of both of these groups disagreed with the proposal and relatively high proportions only partly agreed or said that they did not know.

Lead-in period to 2015-2016

- Where respondents agreed that the standard should be introduced from 2015-2016, they generally agreed that this was a fair and reasonable time period which would allow time to share best practice across education providers and, where necessary, for education providers to develop the systems and processes to support effective involvement.

- Across responses as a whole, including responses advocating a 2015-2016 lead in period, respondents referred to the importance of the HCPC engaging with education providers including facilitating the sharing of good practice, for example, through its seminars with education providers.

The introduction date should be brought forward

- Where respondents disagreed or only agreed in part with our proposed introduction date, the majority said that we should bring the date forward. Many of these respondents argued that this was justified given the importance of involvement and because the HCPC's own research had indicated that most education providers were doing this anyway.

- We received suggestions that we should introduce the standard and guidance immediately; from the 2013-2014 academic year; and from the 2014-2015 academic year. The most common suggestion was to introduce within two years or by 2014-2015.

- Amongst those who suggested it was introduced immediately, many were social work education providers or other individuals or organisations in the social work field who argued that involvement had been a requirement for some time in social work education. It was argued that delaying the introduction might have the unintended consequence of reducing the amount of involvement in social work education in the interim period.

There should be a longer lead-in period

- We received few requests for a longer lead-in period. A few respondents referred generally to the challenges of introducing or developing involvement to meet the standard by 2015-2016 if this was not already taking place.

- We received suggestions that we should introduce the standard in 2016-2017 and in 2017-2018.

8. Additional comments

Question 5. Do you have any other comments you would like to make about the proposed standard and guidance, or about any other aspect of the proposals?

- We received a range of different comments in response to this question, some of which overlapped with themes in responses to the other consultation questions.

- This section summaries those comments. We have included here a summary of themes which we identified throughout the responses but which were not directly related to another consultation question, and comments we received about the content of the standard and guidance which did not relate directly to our proposed definition of 'service user' (see question three).

Funding

- The importance of adequate funding and resourcing for involvement was a frequent comment throughout responses, particularly from social work education providers drawing on their own experience.

- Respondents argued that it was essential that specific funding for involvement in social work education continued and that this might be extended to the other professions that the HCPC regulates.

- Some respondents said that the guidance should refer directly to the financial and resource implications for effective involvement and that this was currently a significant omission in the draft.

The impact of involvement

- We received a few comments about the importance of establishing the impact or difference that involvement makes, in order to reinforce its value. Some thought we should be more specific about this or make evaluation a mandatory requirement. We received a few suggestions for changes to the standard or guidance to make undertaking such evaluation a requirement.

- Other respondents referred generally to the importance of evaluation taking place and a few referred to the importance of that evaluation involving or being carried out by service users and carers.

Representativeness

- The representativeness of service users and carers was considered to be an issue across responses to the consultation questions. This was sometimes linked by respondents to the need for a clear definition of 'who service users are' in each profession. Some referred to the importance and challenge of ensuring the representativeness and diversity of service users, including the challenges of engaging with vulnerable people and harder to reach groups such as those with acute rather than chronic or long term conditions, and of ensuring a diversity of views and experiences. It was suggested that this could be an issue addressed in guidance.

Equal status for service users and carers

- A few individual service users and carers or service user and carer organisations that responded emphasised the importance of delivering involvement in a way which valued the contribution of service users and carers on an equal basis to other contributors. This included acting on feedback; paying service users and carers on the same basis as other contributors; and service users and carers acting as full members of any approval, validation or review panel.

Evidence and assessment

- The evidence that education providers might provide to support that the standard had been met and how the HCPC would assess that information was a theme, particularly amongst responses from educators, education providers and HCPC visitors.

- Some respondents referred to this area more generally, but we received a range of comments including the following.

  - We should be more specific about the types of evidence we require or would expect to meet the standard.

  - How will we evaluate the information we receive?

  - We should be clearer and more specific about what we mean by terms used in the proposed guidance including 'involvement', 'encourage' and 'evaluate'.

  - A concern that the standard and guidance could be interpreted by visitors as a 'checklist' and implemented in a stricter manner than was intended.

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- o The guidance needed to ensure that education providers were required to use the outputs of involvement activity and explain and justify their decisions.

- o The HCPC should speak directly to service user and carer groups at visits as this is the only way to gage effectiveness.

- o Visitors should receive thorough training, particularly so that they are alert to the diversity of possible service users and to the range of different permissible involvement activities.

Additional guidance or issues

- In addition to the areas previously subscribed, the following were areas most frequently cited by respondents as ones where it was argued either we should provide more guidance or where our expectations should be more specific.

  - o We should provide more guidance on issues as recruitment, induction, preparation, training and support of service users; payment; contractual arrangements; and ethical considerations in involving vulnerable people. Some respondents suggested that our requirements should be more specific in seeking evidence that education providers had systems, policies and procedures in these areas.

  - o We should require that involvement forms part of the education provider's business plan; teaching and learning strategy; or is outlined in a separate strategy. These suggestions were made as specific expectations or sources of evidence which should form part of the guidance, or as alternatives to the proposed standard.

  - o The guidance should specifically mention that involvement can include individual service user and carers as well as charities, service user and carer led organisations, networks, forums and voluntary sector organisations.

  - o The guidance should include a wider range of examples. Suggestions included education commissioners and employers as examples of organisations which could be involved. A minority of respondents referred to the potential or need for profession-specific guidance.

Service user involvement at the HCPC

- A few respondents referred to the involvement of service users and carers in our work. This included the following suggestions.

- o The HCPC should have service users and carers on its visit panels as the best way of ensuring that the standard was met effectively.

- o Service users and carers should be involved in the evaluation of the consultation results and implementation of the new standard.

- o Consultation documents should be co-produced with service users and carers to improve readability and to reduce jargon. A summary in Easy Read might increase accessibility.

Other comments

- We received a range of other specific comments from a minority of respondents, including the following.

  - o Service user and carer involvement should also be embedded into research and development.

  - o Role play should be deleted from the bullet pointed list in the proposed guidance because it is only one type of teaching. We should make it clear that assessment could include assessment on placements.

  - o Service user involvement might be addressed through existing SETs – such as SET 4.4 which requires that the curriculum remains up-to-date.

  - o The reference to biomedical scientists in the guidance should be amended as their role may involve more direct patient contact in the future. The reference to occupational psychologists should be amended to refer to this group as 'often' rather than 'primarily' providing services directly to organisations.

  - o We should refer to involvement taking place on an inter-professional basis.

9. Our comments and decisions

9.1   The following explains our decisions in some key areas. We have considered carefully all the comments we received to the consultation and have used them to review and revise the standard and guidance.

9.2   The final text of the standard and guidance (subject to minor editing amendments prior to final publication) follows.

Amending the standards of education and training and guidance

9.3   We have concluded that the standards of education and training and its supporting guidance should be amended to require the involvement of service users and carers (see below) for a programme to be approved, or to continue to be approved by us.

9.4   The new standard is consistent with ensuring that a student completing an approved programme meets the standards of proficiency and is fit to practise at entry to the Register and sends out a strong message that service user and carer involvement has an important contribution to make to public protection. Although there are challenges that education providers would need to address in developing their approaches in this area, there were no significant concerns identified during the course of the consultation on the basis of profession or model of education delivery which would indicate that introducing a standard would be unfeasible or unreasonable.

Service user and carer

9.5   We will amend the proposed standard so that it refers to the involvement of 'service users and carers'.

9.6   We have made this amendment because we have concluded, in light of responses to the consultation, that this term is in common usage amongst many, if not all, of the professions we regulate. We also want to ensure that it is clear that carers will have an important and valuable perspective to contribute to many of the professions and programmes that we regulate.

How specific should our requirements be?

9.7   Many of the comments we received in the consultation were about the detail of the proposals – including whether we should prescribe the specific areas in programmes in which we expected involvement to take place; whether our proposed standard and guidance sufficiently focused on the 'end recipients' of services; and what we meant by involvement.

9.8 We have concluded, based on the responses we received overall, and the research we commissioned in this area, that a more prescriptive requirement across all the professions would be unreasonable at this stage. However, expectations in individual professions are likely to be addressed in the relevant curriculum guidance or framework for the profession (SET 4.2).

9.9 We need to ensure that the standard and guidance we set is appropriate to professions which have regular contact with 'end recipients of services' and carers, including groups such as patients, as well as to professions such as biomedical scientists where the nature of their contact with individual end recipients of services and their carers can sometimes be much more indirect. The contribution of wider stakeholders such as employers and commissioners to programmes is already addressed elsewhere, including in the guidance to SET 4.4.

9.10 We have made a small number of minor amendments to the guidance to ensure that our use of terminology and our expectations of education providers are very clear. The revised draft of the guidance supporting the standard ensures that the standard can be applied appropriately to different types of programme across different professions.

Funding, infrastructure and support for involvement

9.11 One issue raised frequently by respondents was funding for involvement activities and the infrastructure and support required for effective involvement – for example, preparing service users and carers for certain roles and paying them for their time and contribution. Some suggested that we should address these issues in the guidance.

9.12 We have not added a specific requirement about this in the revised guidance because we are aware that education providers will meet the standard in different ways. We need to strike a balance between providing sufficient guidance and avoiding inadvertent prescription or duplicating guidance which is available elsewhere. However, as part of adding to the guidance to better indicate the kinds of evidence an education provider might provide to demonstrate that they have met this standard, we have suggested that such evidence might include 'policies about how service users and carers are prepared for their roles and supported when they are involved in the programme'.

9.13 A range of very helpful guidance already exists on these topics and others raised by respondents to the consultation. We already publish on our website a list of helpful external reference sources against each SET and this will be updated to signpost education providers to sources of available guidance on service user and carer involvement.

Implementing the standard

9.14 In light of the consultation feedback, we have decided to amend our proposal for implementation. We will instead put in place arrangements which take into account that regulatory requirements for involvement have previously existed in the social work profession in England for a number of years. These arrangements also take into account that in other professions and for other programmes a longer lead-in period would be reasonable to allow existing approved programmes the time to make any necessary changes.

9.15 We recently published standards for prescribing which include standards for education providers to meet. As part of the analysis of the consultation responses on those standards, we said that we would also consider amending those standards to include a requirement for service user (and carer) involvement in prescribing programmes when we considered the outcomes of this consultation.[3] We will amend those standards from the 2015-2016 academic year to include a standard for service user and carer involvement in the same terms.

9.16 The new standard will be implemented as follows.

- The standards would apply to the following programmes from the 2014-2015 academic year.
  - o New programmes being visited for the first time (excluding prescribing programmes).
  - o Transitionally approved social work programmes.
  - o Programmes requiring a visit as a result of a major change or annual monitoring submission (wherever possible).

- The standards would apply to all other approved programmes including prescribing programmes, from the 2015-2016 academic year.

(DN 9.17 Subject to the Council's decision at this meeting, this section will be updated with reference to whether such a requirement will be included in the criteria for Approved Mental Health Professional (AMHP) programmes.]

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[3] HCPC (2013).Outcomes of the consultation on standards for prescribing.
http://www.hcpc-uk.org/aboutus/consultations/closed/index.asp?id=151

Summary of specific amendments to the guidance

9.18   In light of responses to the consultation, we have made a number of changes to strengthen the guidance (some of which are discussed earlier in this section) including amending the structure and changes to make our expectations clearer overall. These changes include the following.

- A definition of involvement has been added.

- The guidance is now clearer that, for most professions, service users and carers are likely to be individual 'end recipients' of services but that for some professions this might be wider. We will continue to expect that education providers should be able to justify the service user and carer groups which are most appropriate and relevant to their programmes.

- In addition to using the term 'service user <u>and carer</u>', we have made a few minor amendments to our definitions, including defining 'carer'.

- We have it clearer that education providers might engage directly with individual service users and carers and/or might engage with voluntary organisations and existing groups and networks.

- We have made some amendments to the bullet pointed list of programme areas to avoid duplication, in light of specific comments made in the consultation, and to ensure our language is consistent with that used in other SETs.

- We have indicated the kinds of evidence that an education provider might provide as part of demonstrating that the standard had been met. This includes evidence which might indicate how involvement activity has improved the programme.

Final standard and guidance (subject to minor editing amendments)

SET 3.17 Service users and carers must be involved in the programme

Guidance

By 'involved in the programme' we mean that service users and carers must be able to contribute to the programme in some way.

We use the term 'service user' as a broad phrase to refer to the involvement of those who use or are affected by the services of professionals registered with us. We use the term 'carer' as a broad phrase to refer to someone who has or who currently looks after or provides support to a family member, partner or friend. They might need support because of their age, an illness, or because they have a disability.

Who service users and carers are will vary between and within the different professions we regulate. In many professions, registrants will work closely with individuals who are the 'end recipients' of their services and carers, including groups such as patients and clients. In other professions, registrants' contact with individual 'end recipients' of their services and carers is more indirect. For example, biomedical scientists often do not interact directly with individual patients or their carers. In these professions, service users might legitimately include organisations or other clinicians but they could also include groups such as patients who ultimately benefit from their work. We will want to be satisfied that you have considered and can justify the service user and carer groups you have chosen as the most appropriate and relevant to your programme.

Involving service users and carers could include involving individuals and/or could include working with existing groups and networks of service users and carers such as working with voluntary organisations.

We do not prescribe the exact areas of a programme in which service users and carers must be involved but they could be involved in some or all of the following.

- Selection.

- Development of teaching approaches and materials.

- Programme planning and development.

- Teaching and learning activities.

- Feedback and assessment.

- Quality assurance, monitoring and evaluation.

We will want to see evidence that service users and carers are involved in the programme. You will need to be able to explain and justify where and how involvement takes place, appropriate to your programme.

The evidence you provide could include:

- information about how involvement activity is planned, monitored and evaluated;

- policies about how service users and carers are prepared for their roles and supported when they are involved in the programme;

- an analysis of service users' and carers' feedback through groups, committees and questionnaires; and

- examples of how the involvement of service users and carers has contributed to the programme.

The information you provide us to show how you meet this standard may also be relevant to meeting SETs 3.2, 3.3, 3.8, 4.4, 4.8, and 6.3.

10. Respondents

The following lists the names of the organisations that responded to the consultation.

Academy of Medical Royal Colleges (Patient Lay Group)
Alzheimer's Society
Aneurin Bevan Community Health Council
Anglia Ruskin University (multiple responses including Service user and carer involvement advisory group)
Association for Clinical Biochemistry
Association for Perioperative Practice
Association of Directors of Adult Social Services
Bangor University
Birmingham City University
British and Irish Orthoptic Society
British Association for Music Therapy
British Association of Art Therapists
British Association of Dramatherapists
British Association of Social Workers
British Chiropody and Podiatry Association
Board of Community Health Councils in Wales
British Psychological Society
British Society for Histocompatibility and Immunogenetics
British Society of Hearing Aid Audiologists
CAIPE (Centre for the Advancement of Interprofessional Education)
Canterbury Christ Church University (multiple responses, including Department of Applied Psychology)
Cardiff University (Occupational Therapy programme)
Cardiff University (South Wales D.Clin.Psy programme)
Care Council for Wales
Centre for Public Scrutiny
Chartered Society of Physiotherapy
City University London
Cleft Lip and Palate Association
College of Human and Health Sciences, Swansea University
College of Occupational Therapists
College of Operating Department Practitioners
College of Paramedics
College of Social Work
Community Anti-bullying Project
Council of Deans of Health
Council of Healthcare Science in Higher Education
Coventry University (multiple responses)

De Montfort University

Department of Health, Office of the Chief Scientific Officer

University of Huddersfield (Division of Podiatry and Clinical Science)

Teesside University (Doctorate in Clinical Psychology)

East Midlands Ambulance Service NHS Trust

Expert Patients Programme Community Interest Company

York St John University (Faculty of Health and Life Sciences)

University of Southampton (Faculty of Health Sciences)

Glasgow Caledonian University (Life sciences)

Goldsmiths, University of London

Hertfordshire County Council

Higher Education Academy

Hope for Home

Institute of Biomedical Science

Institute of Medical Illustrators

Joint University Council Social Work Education Committee

Keele University (School of Health and Rehabilitation, BSc (Hons) Physiotherapy Programme)

Kingston University (School of Social Work)

Lancaster University (Doctorate in Clinical Psychology)

Learn to Care

Leeds Metropolitan University (Faculty of Health and Social Sciences)

Leeds Metropolitan University (Speech & language Therapy)

University of Leeds (Clinical Psychology Doctoral Training)

Liverpool Community College (multiple responses)

Liverpool John Moores University (multiple responses)

London Metropolitan University (Service users and carers - social work programme)

London South Bank University (multiple responses)

Merseyside Partners in Policymaking

Metanoia Institute

National Allied Health Professions Patients' Forum

National Development Team for Inclusion

New College Durham

NHS Commissioning Board

NHS Education for Scotland

NHS National Services Scotland

North East Worcestershire College (BA (Hons) Social Work Programme)

Northern Ireland Ambulance Service Health and Social Care Trust

Northern Ireland Social Care Council

Northumbria University

Nottingham Trent University (multiple responses)

Nursing and Midwifery Council

Open University

Patients Association

Pennine Acute Hospital NHS Trust

Plymouth University (School of Health Professions)

Plymouth University (Service Receiver and Carer Consultative Group

Plymouth University (Trainees on the Doctorate in Clinical Psychology)

Queen Margaret University (multiple responses)

Robert Gordon University (Nutrition and Dietetics)

Royal College of Anaesthetists

Royal College of General Practitioners

Royal Holloway University of London (Service User and Carer Involvement Group)

Royal Holloway, University of London (Doctorate in Clinical Psychology programme)

Royal Holloway, University of London (Service User and Carer Advisory Group and the Department of Social Work)

Scottish Social Services Council

Self Help Nottingham

Shadow Healthwatch (previously LINks)

Shaping Our Lives

Sheffield Hallam University (Faculty of Health and Wellbeing)

Skills for Care

Social Care Association

Social Care Institute for Excellence

Social Work Education Partnership

South Staffordshire and Shropshire Healthcare NHS Foundation Trust (Allied Health Professions Leads)

Southern Health and Social Care Trust (Senior AHP Governance Forum)

Staffordshire University (multiple responses)

Steve Turner Innovations

Teesside University (Physiotherapy)

Royal College of Anaesthetists

Royal College of Surgeons of Edinburgh

Society of Sports Therapists

Teesside University (School of Health and Social Care)

Therapy in Praxis Limited

University College London (Doctorate in Clinical Psychology)

University College London (Service User and Carer Committee, Doctorate in Clinical Psychology)

University College London (Speech and Language Therapy)

University of Birmingham (multiple responses including social work programmes and carer contributors)

University of Bradford (multiple responses including social work programmes)

University of Brighton (Social Work, School of Applied Social Science)

University of Central Lancashire (multiple responses including physiotherapy programme team)

University of Chester (multiple responses including social work and clinical sciences departments)

University of Cumbria
University of Essex
University of Exeter (Doctorate in Educational Psychology)
University of Greenwich
University of Hertfordshire (multiple responses)
University of Huddersfield
University of Hull (multiple responses including Faculty of Health and Social Care)
University of Leeds
University of Leicester
University of Lincoln (Service User Participation Advisory Group)
University of Lincoln (Social work teaching team)
University of Liverpool (School of Health Sciences)
University of Manchester (Doctorate in Clinical Psychology - Community Liaison Group)
University of Oxford (Oxford Institute of Clinical Psychology Training)
University of Portsmouth (School of Pharmacy and Biomedical Science)
University of Roehampton (Music Therapy MA team)
University of Salford (Occupational Therapy Directorate)
University of Surrey (multiple responses including ODP and dietetics teams)
University of the West of England
University of Wales, Newport
University of Warwick (Social Work Masters Course Team)
University of Winchester
Wiltshire College