Agenda Item 6(3)

Enclosure 5

Paper ETC ³⁹/02

Education and Training Committee

DEVELOPING A SHARED FRAMEWORK FOR HEALTH PROFESSIONAL LEARNING BEYOND REGISTRATION

From the Executive

for information

Executive Summary

This is an announcement by DoH of the principles which should underlie the development of a post-registration education and training framework in due course.

It will become operational as the other developments referred to in the letter come to fruition.

Although not a consultation paper, comment is invited. However, HPC is itself currently consulting on CPD and the Committee might like to consider referring DoH to the views expressed there in due course.



22 July 2002

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To:

Chief Executives of Workforce Development Confederations Medical and Dental Post Graduate Deans The Health Professional and Regulatory Bodies Universities UK

For information to:

Chief Executives of NHS Trusts Directors of Human Resources The Scottish Executive Health Department The National Assembly for Wales The Department of Health, Social Security and Public Safety for Northern Ireland

Dear Colleague

DEVELOPING A SHARED FRAMEWORK FOR HEALTH PROFESSIONAL LEARNING BEYOND REGISTRATION

I am writing to update you on work which, subject to Ministerial agreement, the Department of Health's Learning and Personal Development Division is planning to take forward in the area of post-registration education and continuing professional and personal development.

The modernisation of services, the influence of the NHS Plan, National Service Frameworks, the clinical governance agenda and the recommendations of the Bristol Royal Infirmary Inquiry clearly highlight a need to introduce a recognised, shared development framework for all professional staff across healthcare services.

The drivers and principles underpinning these changes are reflected within the Lifelong Learning Framework for the NHS – Working Together - Learning Together published in November 2001 (an extract – 'Principles for Post Registration' is attached).

I believe the shared framework needs to:

- support the development of consistency in skills, knowledge and attitudes to deliver high quality patient centred care whilst ensuring protection of the public;
- support coherent planning for the development of health and (where appropriate) social care inter-professional care group teams and the growth in demand for new and existing specialist professional roles;
- be flexible enough to allow for localised and individual adaptation but still allow for transferability by identifying a recommended credit currency to carry uniprofessional pathways as well as interprofessional and care group modules;
- be robust enough to support streamlined and collaborative approval processes for new education programmes;
- build on the good work undertaken by Workforce Development Confederations (WDCs) in implementing a continuing professional development (CPD) infrastructure locally during 2001/2 and 2002/3.

The anticipated key outputs should:

- (a) establish a shared definition and understanding of levels of practice beyond initial registration across all professions by building on and bringing together work already in progress;
- (b) provide WDCs and education providers with agreed standards and processes for maintaining, bringing into line existing provision and development of new provision;
- (c) establish clearly defined quality assurance processes building on the success of recent work, undertaken in partnership with employer, higher education, regulatory and professional interests, to develop preregistration education benchmark statements and streamline preregistration quality assurance review processes.

The proposed work will also need to draw on current related work including the review of NHS Multi-Professional Education and Training funding (MPET) and Agenda for Change. We are also keen to explore interfaces with postqualifying social work education and training.

There is much good practice to draw from but the range of approaches, cultures and stages of development across the professions means that this work will be particularly challenging and complex. Nevertheless, current changes mean that we have an unprecedented opportunity for all stakeholders to work together to develop a more integrated and coherent framework to support inter-professional education and CPD at post registration level. These include the professional and regulatory bodies, the

Specialist Training Authority and the Joint Committee on Postgraduate Training in General Practice and the future Postgraduate Medical Education & Training Board (PMETB), and education providers. It needs to reflect a bottom up as well as top down approach to ensure that there is a strong degree of ownership from employers, educators and practitioners.

We are currently in the process of clearing with Ministers and drafting the outline work programme and specification for circulation. Following this we will be considering how to take the work programme forward and may be seeking expressions of interest to tender for the work. We intend to engage a wide range of stakeholders, including UK-wide interests, in shaping this work and I look forward to your participation in due course. Given the changes I have referred to, there is some urgency in making progress and we aim to have largely completed the work programme and have recommendations ready by autumn 2003.

If you have any questions or suggestions please do not hesitate to contact Leo Doherty on 0113 254 5699. We look forward to working with you on this very important project.

Yours sincerely

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PROFESSOR MAGGIE PEARSON DEPUTY DIRECTOR OF HUMAN RESOURCES

Attachment

Principles – post-registration education/CPD:

- should be patient-centred;
- can only be delivered in partnership with stakeholders, with objectives aligned as far as possible – so that, for example, the requirements of regulatory bodies for re-registration or re-validation purposes are relevant to the individual's working environment and to the job they actually do;
- is an integral part of the NHS Quality Framework employers' strategies and plans must be closely linked to clinical governance plans;
- should meet local service needs as well as the individual's personal and professional development needs;
- should be increasingly focused on the development needs of clinical teams, across traditional professional and service boundaries;
- > requires robust systems to assure both quality and equality of opportunity;
- should increasingly be work based. The acid test must be 'competence in doing';
- should increasingly draw on core knowledge and skills to support the skills escalator approach at this level;
- will involve users and carers wherever practicable in designing and evaluating the outcomes and in the delivery of learning programmes;
- should make use of the full range of development approaches and methods, rather than rely solely or largely on formal courses;
- should be modular and attract academic credits where possible;
- should be grounded in clinical governance and draw on clinical audit, clinical effectiveness findings and enable the development of a research aware workforce;
- should make optimal use of new technology and distance learning.