Education and Training Committee, 10 June 2008

Skills for Health EQuIP consultation report

Executive summary and recommendations

Introduction

At its meeting on 4 December 2007, the Education and Training Committee discussed and agreed a response to the Skills for Health consultation on 'EQuIP Enhancing Quality in Partnership – Healthcare Education QA Framework'.

Skills for Health have recently published a report of the consultation and this is attached. A copy of HPC's consultation response is appended.

Decision

This paper is for information. No decision is required.

Background information

Paper considered by the Education and Training Committee on 4 December 2007:
http://www.hpc-uk.org/assets/documents/10001FFFEducation_and_training_committee_20071204_enclosure06.pdf

Resource implications

None

Financial implications

None

Appendices

- HPC response to EQuIP consultation

Date of paper

29 May 2008

11 December 2007

Health Professions Council response to 'EQuIP Enhancing Quality in Partnership – Healthcare Education QA Framework Consultation'

The Health Professions Council welcomes the opportunity to respond to this consultation. We do not support the proposals in this consultation document, and we do not believe that a further, additional quality assurance process of this nature is necessary.

We recognise that employers and others who commission education will wish to be involved in ensuring that the programmes they pay for meet their needs. This involvement may be strategic, around workforce planning and numbers, or assisting in tailoring the curriculum to future service delivery plans. However, it is the statutory regulators who have the role of ensuring that those who complete the programmes are fit to practise. If there are concerns that recent graduates are not fit to practise, then it is important that these concerns are raised with the statutory regulator so that action can be taken. We do not believe that a further quality assurance process of this scope is proportionate or necessary.

About us

The Health Professions Council is a statutory healthcare regulator, governed by the Health Professions Order 2001. We regulate the members of 13 healthcare professions across all four home countries of the UK. We maintain a register of 180,000 health professionals, set standards for entry to our register, approve education courses for registration and deal with concerns where a health professional may not be fit to practise. Our main role is to protect the health and wellbeing of those who use or need to use our registrants' services.

Our approvals process

Our statutory role and our experience of approving pre-registration education and training programmes for the purposes of registration forms the background to our response.

We approve programmes against our standards of education and training. Our legislation says that our Council shall, '*establish the standards of education and training necessary to achieve the standards of proficiency*', and '*satisfy itself that these standards are met*'. (Health Professions Order 2001, 15, (1) a and (4) b) This means that we approve programmes of pre-registration education and training, to ensure that those who complete the programme meet national standards for safe and effective practice.

We grant open-ended approval subject to ongoing monitoring that a programme continues to meet our standards. We do this via our monitoring and major/minor change processes.

We currently approve 94 education providers, providing 424 separate programmes of education. This includes NHS-funded provision and education provided by universities but also other programmes including education and training delivered by ambulance services, as well as the certificates issued by the Institute of Biomedical Science and the Association of Clinical Scientists.

Our comments
We have structured our response around the overview framework questions given on page 33 of the consultation document.

Partnership working
Does the proposed approach support education delivered through partnership?

We are concerned about the use of the terms 'partners' and 'partnership' in the document. In particular, we are concerned that readers may be mistaken that HPC has been jointly responsible for, or endorses, the consultation and its contents.

The role of regulatory bodies in approving education
We are further disappointed that the document only briefly refers to the regulatory bodies and fails to acknowledge our statutory roles in setting standards and in approving education and training programmes against those standards.

The scope of the proposals
We note that the document does not make it explicit that the process proposed would apply only to NHS-funded healthcare education in England.

We operate a process which is flexible enough to take account of the different ways that education is delivered across the home countries, and across different types of provision.

The burden of the EQuIP process
Does the proposed approach reflect the eleven principles outlined on pages 9 to 11?
Does the proposed approach help to avoid undue duplication of QA processes?

We broadly support the principles outlined on pages nine to ten, many of which are reflected in our own existing approvals and monitoring processes. For example, we publish the reports from our approvals visits publicly on our website.

However, we are concerned that the proposed EQuIP model does not meet these principles. In particular, we do not believe that the proposals will minimise the burden on education providers. This is linked to the document's failure to explain how the model fits in with existing university validation and regulatory body approval processes – processes which would continue if the model was to be introduced.

The model proposes that self-evaluation should take place at two levels – the practice placement / classroom level and the organisational level. It is proposed that this process should be updated continuously and that reports should be produced annually. We are concerned that such arrangements would increase

the work required by those delivering education and training by adding a 'commissioning based' validation on top of existing university, statutory regulator and Quality Assurance Agency processes.

We are further concerned that the document does not mention how this new quality assurance process will be resourced within the Strategic Health Authorities.

EQuIP replacing other QA processes?

The first principle says '…*the burden should be further reduced when other QA processes are used within or replaced by EQuIP'*. However, the document is unclear as to which 'other processes' this refers to. We are concerned that this may refer or could be seen to refer to the statutory role of regulators in approving education and training programmes for the purposes of registration.

HPC processes working with other QA processes

We are committed to ensuring that we minimise the burden of our approvals and monitoring processes on education and training providers, where this is possible and does not affect our statutory functions. For example, we will aim to hold approvals visits at the same time as professional body accreditation and internal university accreditation where possible. Another example is that education providers may choose to submit to our approvals process the same pieces of evidence that they use for their institution's own validation procedures. However, it is important to recognise that other quality assurance processes have different purposes. We need to make an individual assessment of a programme against the relevant threshold standards in order to ensure that our standards are met, and members of the public are protected.

We hope that you find these comments useful. Should you wish to discuss any of our comments, please do not hesitate to contact us.

Rachel Tripp
Director of Policy and Standards

EQuIP Consultation
Summary of Consultation Responses

Intended SfH Website Note

Skills for Health are pleased to publish a report summarising responses from a four month consultation (September 2007 to January 2008) regarding proposed Quality Assurance arrangements for health care education in England (EQuIP), and wishes to thank all those who responded to the consultation.

The report has been subject to external verification, undertaken for Skills for Health by The Mackinnon Partnership. Mackinnon concluded that “the report of the consultation is a balanced and fair representation of the comments made”.

The report has been submitted to the Department of Health, with whom Skills for Health is now discussing next steps.

the mackinnon partnership

Verification Report to Skills for Health for the EQuIP Consultation

Skills for Health has asked us to review its draft report summarising the results of the consultation exercise on the EQuIP proposals, in order to verify the conclusions drawn.

To do this we have compared the draft conclusions with:

- a random sample of approximately 10% of the online responses to the EQuIP consultation.
- a sample of approximately 20% of the written documents submitted separately from the online consultation, taking care to ensure a balanced spread between different types of respondent.

We extended our sampling at one point to explore further a point which was not unambiguously resolved by our initial sample.

We conclude that the report of the consultation is a balanced and fair representation of the comments made.

The EQuIP proposals are complex, and responses to the consultation have come from a wide variety of organisations, and individuals, with differing perspectives, drawing different conclusions from wholly supportive to very negative. The report of the consultation has, fairly, illustrated that complexity by recording, in some detail and with numerical data where it exists, the range of responses made, so that the many qualifying comments can be seen alongside the generally supportive headlines.

Iain Mackinnon
Managing Director
The Mackinnon Partnership
31 March 2008

Enhancing Quality in Partnership (EQuIP) – Factual Analysis of Consultation Responses and Proposed Amendments to the QA Framework

Introduction

Enhancing Quality in Partnership (EQuIP) is the quality assurance framework developed by Skills for Health in discussion with commissioners, practice providers, higher education organisations, learners, service users and other key stakeholders. Although ostensibly developed to meet the need of the Multi-professional Education and Training (MPET) National Standard Contract, it has been designed in such a way that it could quality assure all forms of education, both professional and non-professional.

The final framework will replace the different types of contract quality monitoring undertaken by Strategic Health Authorities and will presently work alongside the QA processes of Professional, Regulatory and Statutory Bodies and those of organisations such as the NHS Litigation Authority, although there is agreement that evidence provided from one QA process will be accepted as evidence for another in many cases.

The framework underwent public consultation between September 2007 and January 2008. During that time there have been a number of opportunities for stakeholders to respond. Workshops were held around the country and over 500 people from a wide range of organisations attended. Comments were taken from each group at the workshops but attendees were also encouraged to respond online. The majority of individual comments were received by our online consultation response tool although there were also some organisations which responded in writing. The online response tool people asked people if they were responding as an organisation or as an individual. The organisations which responded have been listed in Annexe 1.

Over 300 individual responses were received. There were 274 online responses via the web site, 32 written responses and 67 responses were collected at the workshops. The data attached in Annexe 2 is a question by question analysis of the overall response to the consultation, i.e. comments from the workshops and online responses have been combined. We have not been able to include all comments. However, to try and ensure that the conclusions drawn have related to the data we received we have commissioned The Mackinnon Partnership to undertake an independent verification process of the data from all sources.

An analysis of the date has also been undertaken by looking at the data from key sectors who responded to the consultation. This analysis can be seen as Annexe 3.

Many of the written responses were not in the format of the consultation questions and so have been treated separately. Summaries of the written responses can be seen in Annexe 4.

Overall conclusions

1) There is majority support for the EQuIP Quality Framework

2) The processes of EQuIP, subject to some amendments, are agreed with SHAs taking the leading role in the processes in each area. The amendments include:

    - The introduction of a 'working towards' category in self-evaluation

    - A less rigid specification around the amount of evidence used and focus on the quality of evidence

3) There is an overwhelming request for support and training materials to assist implementation

4) There is a very strong request for IT to support the implementation of EQuIP in order to reduce its burden

5) It is generally felt that EQuIP enhances as well as assures quality although this element could be strengthened further

6) The process of external verification, including the use of lay and student verifiers, was supported

7) The need to analyse and publish outcomes and trends nationally was supported

8) There was majority support for the risk assessment process via the traffic light system. However, it was felt that the risk categories could be reviewed and made clearer.

9) It was felt by most that the principles of EQuIP could be seen within the Framework. Where this was not supported it was the reduction of burden which was highlighted as missing.

10) There was a good deal of concern that the burden of QA will not be reduced through EQuIP. However:

    - Some people were not aware EQuIP would replace SHA contract quality monitoring

    - Some people thought that Major Review would still exist

    - Some people thought there was a role identified for EQuIP in approval/validation (this initially had been included in the earlier proposals but at the request of stakeholders this was withdrawn from EQuIP as they felt approval was already appropriately addressed by other means).

11) As a consequence of 8) above, the responses suggest there is a need to show how other existing external QA processes align with EQuIP and continue work with the Healthcare Commission and the NHS Litigation Authority to identify where meeting the standard of one organisation confirms the meeting of a standard by another.

12) The responses also suggest further work needs to be undertaken with the statutory and regulatory bodies to see if a way forward can be found to further streamline QA processes whilst accepting that many SHA contracted programmes, such as post-registration professional programmes and foundation programmes for assistant practitioners are usually not quality assured by health professional or regulatory bodies.

Annexe 1

Organisations undertaking online responses and identifying themselves

1	Allied Health Professions Federation
2	Bedford Hospital NHS Trust
3	Berkshire East PCT
4	Berkshire West PCT
5	Birmingham City University
6	Bournemouth University
7	Bromley NHS Trust
8	Buckinghamshire New University
9	Canterbury Christ Church University, Faculty of Health and Social Care
10	Central Lancashire PCT
11	Chesterfield Royal Hospital NHS Trust
12	Christie Hospital NHS Foundation Trust
13	City and Hackney Teaching PCT (Paediatric Speech and Language Therapy Dept)
14	City University
15	College of Occupational Therapists
16	County Durham and Darlington PCTs
17	De Montfort University
18	Department of Language and Communication Science
19	Doctorate in Clinical Psychology
20	Dorset County Hospital NHS Trust
21	East of England SHA
22	East Midland Practice Learning Leads
23	East Midlands Healthcare Workforce Deanery
24	East and North Hertfordshire and West Hertfordshire PCTs
25	Edge Hill University
26	Faculty of Health and Social care Sciences St George's, University of London and Kingston University
27	Faculty of Health, Hull University
28	Florence Nightingale School of Nursing, Kings College, London
29	Gateshead NHS Foundation Trust
30	General Dental Council
31	George Eliot Hospital NHS Trust
32	Gloucestershire Hospitals Foundation NHS Trust
33	Haringey Teaching PCT
34	Islington Primary Care Trust – Nursing Directorate
35	Kent and Medway GP Staff Training Department
36	Kirklees Primary Care Trust
37	Lincolnshire Health Community
38	Lincolnshire Interprofessional Practice Learning Unit
39	Liverpool John Moores University
40	Liverpool University Doctoral Training Programme in Clinical Psychology
41	London Pharmacy Education and Training
42	Manchester Metropolitan University
43	Newcastle University Speech and Language Sciences
44	NHS Education South Central
45	NHS London
46	NHS North West
47	NHS South East Coast

48	NHS Southwest
49	NHS Workforce Review Team
50	Northampton General Hospital NHS Trust
51	North Bristol NHS Trust
52	Northern Region PPF Group
53	Northumbria University, School of Health, Community and Education Studies
54	Nottinghamshire Healthcare NHS Trust
55	Nottingham University Hospitals Trust, Occupational Therapy Department
56	Oxfordshire PCT, Speech and Language Therapy
57	PDL for Digestive Diseases and Throat
58	Pharmacy Department, Berkshire Healthcare NHS Foundation Trust
59	Practice Development Leads, Notiingham University Hospitals NHS Trust
60	Plymouth Teaching Primary Care Trust
61	Quality Managers and Learning Environment Leads working across healthcare organisations in Hampshire and the Isle of Wight
62	Royal Berkshire NHS Foundation Trust
63	Royal Bournemouth and Christchurch NHS Foundation Trust
64	Royal College of Nursing
65	Sandwell and West Birmingham Hospitals NHS Trust
66	Salisbury NHS Foundation Trust
67	School of Health and Social Care, Oxford Brookes University
68	School of Healthcare, University of Leeds
69	School of Nursing and Midwifery, Keele University
70	Sheffield Hallam University
71	SLT department, Sutton and Merton PCT
72	Southampton City
73	Southampton University Hospitals NHS Trust
74	Southwark Paediatric Speech and Language Therapy
75	South Western Ambulance Service NHS Trust
76	Staffordshire University
77	Stockport PCT
78	St Helens and Knowsley NHS Trust
79	Surrey PCT
80	TEWV
81	The Royal College of Speech and Language Therapists
82	United Kingdom Council for Psychotherapy
83	United Lincolnshire Hospitals Trust
84	University College Hospital London NHS Foundation Trust
85	University College Hospital London Trust Pharmacy
86	University Hospital of North Staffordshire
87	University of Bedfordshire
88	University of Brighton
89	University of Central Lancashire
90	University of Cumbria
91	University of Greenwich
92	University of Hertfordshire
93	University of Nottingham, School of Nursing, Division of Midwifery, Division of Nutritional Biochemistry, Division of Physiotherapy
94	University of Oxford
95	University of Salford, School of Nursing

96	University of Surrey, Faculty of Health and Medical Sciences, Division of Health and Social Care
97	University of Surrey, Dietetics
98	University of Sunderland
99	University of Wolverhampton
101	University of Wolverhampton, School of Health
102	University of York
103	West Sussex PCT
104	Whittington Hospital NHS Trust
105	Winchester and Eastleigh NHS Trust
106	Worcestershire Mental Health Partnership Trust
107	Yorkshire and Humberside SHA

Annexe 2 Joint Online and Workshop Response

This is a question by question summary of the responses received online and at the workshops combined together. N.B. The results from each separately were similar in outcome so the combination has not affected the overall outcome of either process.

Question	Response		Analysis of Comments		Proposed Recommendations
Are you answering this survey as an organisation or an individual?	Organisation	27%	University Departments SHAs Reg & Prof bodies NHS Trusts PCTs	33 8 4 31 20	
	Individual	73%			
If answering as an individual, are you:	Nurse Midwife Health Visitor Allied Health Professional Doctor NHS Manager Independent NHS Other	46% 2% 2% 27% 0% 11% 1% 21%	HE Practice Other Student	29 28 4	
Are the requirements and criteria comprehensive?	***Yes***	***67%***	Clear Good to have standardised requirements		Keep general content of requirements
	No	12%	Open to interpretation Will not reduce burden		
	Not Sure	21%	Need to use them before you can be sure		Recommend further review after 2 years
Is the language of the requirements and criteria	***Yes***	***58%***	Language appropriate Requirements and Criteria have		

appropriate?			been altered enough	
	No	25%	Not plain English Too Education orientated	Review by copy writer for plain English
	Not Sure	17%	I understand them but colleagues from practice may not	Review of language by frontline clinical staff
Do you agree that the criteria can be applied to all learners within a learning environment?	***Yes***	***67%***	It would appear to be applicable to all learners	
	Disagree	17%	Processes need to include doctors – presently they have separate system. Not sure it will meet NVQ students' needs Not sure will work in some placement areas	Mapping activity needs to be disseminated more widely Identify demonstration site SHA to test joint usage with NVQ and medical QA bodies
	Not sure	16%	Criteria open to interpretation Need to test it	Review in 2 years time
Would it be helpful for EQuIP to include suggestions about types of evidence that might be used to meet requirements and criteria?	***Yes***	***88%***	Essential Would be good to standardise evidence As long as they are only suggestions	Produce list of indicative examples
	No	6%	People would interpret suggestions as requirements Too prescriptive	Highlight evidence examples can be replaced by better examples where these are available
	No Opinion	6%		
Do you agree that the criteria can	Yes	38%	Avoids people sitting on the fence	

be met or not met with no intermediate category?	***No***	***45%***	Standards are either met or not met Staff would be motivated by an intermediate category Intermediate category can show progression Helpful to have working towards Unmet may be de- motivating category	Introduce 'Working Towards' category
	Not Sure	17%	Categories need defining more clearly	Give clear definitions and examples of judgements against categories
Do you agree that all criteria should be used in self-evaluation by all areas each year?	***Yes***	***46%***	Anything less dilutes process If this is a review and not a redo Needed yearly due to rapidity of change Ensures continuity	Suggest normally should be annual but subject to SHA local agreement informed by risk assessment
	No	44%	Too burdensome Concentrate on areas which have not been met SHAs' should choose area/determine locally Link to regulatory body cycle	
	Not Sure	9%		
Do you agree that two is the ideal number of pieces of evidence to support meeting a criterion in a self-evaluation?	Yes	39%	As long as this is advisory to prevent lots of evidence being collected. Need to include learner/service user evidence	The quality of the evidence is the primary consideration. Normally a maximum of two pieces of evidence should be provided but subject to robustness, depth and reliability of evidence. In some circumstances one piece of evidence or more tha two may be appropriate.
	No	***41%***	One piece of evidence may be appropriate Quality rather than quantity Determine by risk	
	Not Sure	20%	Depends on the context	

In what circumstances might just one, or more than two, pieces of evidence be appropriate?		Where single piece of evidence is very robust More than two pieces of evidence may be needed where the placement has a variety of learners Quality more important than quantity More than two at organisational level might show variety of evidence available Determined by risk/seriousness of the issue To ensure leaner/service user views are included To demonstrate different levels of attainment in an organisation/range of placement areas To demonstrate good practice	Examples of types of robust evidence will be identified
Do you agree that internal verification should be carried out at organisation level in line with local governance arrangements?	***Yes*** ***84%*** No 8%	This should be normal practice One person should be made responsible/clarify accountability Have to do this if it to become the business of the organisation Need for clear audit trails Workload will be burdensome Demonstrate how to link different process across organisations	Internal verification should be carried out at organisational level linked to the organisation's normal governance arrangements

	Not Sure	8%	This should happen but who will provide the resource?	
Do you agree that internal verification should be carried out before the exception report and action plan are signed off a Board level?	***Yes***	***82%***	Could it be any other way? This would ensure Board involvement Clarify definitions/roles In keeping with agreed principles	Normally internal verification should occur prior to Board sign off.
	No	4%	Time frame too tight to do this Board should be involved We do not support the process	
	Not Sure	14%	In principle but where will resource come from? Not sure of meaning	
Do you agree that the consideration of good practice should be a part of every contract review meeting?	***Yes***	***90%***	Essential Should celebrate achievements Equal focus on best and weak Yes but needs guidance /clear definitions Always report not just exceptionally	Good Practice to be considered during every contract cycle Provide guidance regarding definitions and approach to good practice
	No	5%	Right people not always there at contract review Contract meetings can be lengthy. This would make them longer.	Good practice should also be featured in the data relating to national trends and outcomes. National demonstrations of good practice should considered as an aspect of Skills for Health's Sector Skills Council remit
	Not Sure	5%	Best practice would be better than good practice	
Do you agree that Criteria should be mapped against the potential risk that might occur if they were	***Yes***	***82%***	Traffic light system well used This is good practice In line with governance	Retain mapping of criteria against risk (See below)

unmet?			arrangements Needs to be supported by training Clarify roles/responsibilities	
	No	11%	Risk categories too broad Need re-writing	
	Not Sure	7%	Guidance/definitions needed	
Are the risk categories identified appropriate?	***Yes***	***50%***	Seem Comprehensive Some modification needed (examples given) Map to organisation risk Reclassify /re word all to reflect risk to leaner	Re-visit language
	No	20%	Too broad Too narrow Risks seem extreme	
	Not Sure	30%	Would need to review/test them Would have to use them to know	
Do you agree that the traffic light approach to the assessment of risk should be adopted by all in order to be able to make comparisons?	***Yes***	***71%***	People already familiar with this system Focuses the mind Support with guidance and training	Traffic light system to be adopted
	No	14%	Don't agree with the traffic light system Adds another level of complexity Should be done by all or not at all	
	Not Sure	15%	Where will the resource come from to do this?	

		Difficult to eliminate some subjectivity	
***Do you agree that the traffic light risk assessment process should only start at organisation level? ***	***Yes*** ***40%***	Too burdensome at individual practice level This is the usual way Link to organisations risk registers	Traffic light system is required at organisational level. SHAs or individual organisations may wish to informally undertake this at an earlier stage
	No 39%	Needs to start at placement level Could identify useful things for placements Individual professions at risk could be hidden if only at organisational level	
	Not Sure 21%	Needs to be piloted	
Do you believe that the calculation of risk offers an appropriate balance between ensuring public confidence whilst avoiding undue burden?	***Yes*** ***36%***	As long as associated with an action plan If correctly carried out Provides transparency Clarify process Agree need a consistent approach	Review usefulness and impact of traffic light approach after 2 years.
	No 29%	Will be burdensome Not sure public will be aware Too simplistic	
	Not Sure 35%	Needs testing to be sure	
Do you agree that the proposals for external independent scrutiny are sufficient to provide public reassurance that self evaluation is operating effectively?	***Yes*** ***53%***	Essential to ensure independent assessment of quality standards Yes minimum of 5 years appropriate More detail needed Agree needs standardisation	Retain process of external independent scrutiny Provide guidance on details of the process In line with HERRG processes

				consider 6 year cycle
	No	25%	Not necessary with other quality processes Not sure if there was public outcry they would be satisfied with these procedures	
	Not Sure	22%	Not sure that desk based activity is appropriate Clarify link to other process (regulatory body)	Review after completion of first cycle
Do you agree that lay verifiers should be used in external independent verification and scrutiny?	***Yes***	***60%***	Give another perspective Provided they are properly trained Full engagement needed not tokenism Clarify arrangements e.g. payment /recruitment	Include lay verifiers
	No	20%	What for? What would they bring? Should be involved earlier in the process Adds nothing extra Not practical Sufficient engagement already	
	Not Sure	20%	Where would the resource come from?	
Do you agree that learners should be able to be independent verifiers?	***Yes***	***59%***	Yes. They are service users They would bring an unbiased view If they are appropriately trained Yes if not used in own institution Yes but needs protected time not to erode learning Needs to be robust a real voice not	Include student verifiers Provide guidance regarding conflict of interest and protection of learning time

			tokenism Not undertake in 1st year of learning (pre registration)	
	No	24%	Not appropriate The do not have the experience Too difficult to organise need to stick to learning	
	Not Sure	17%	Where would they find the time	
Do you agree that there is a need for the analysis of outcomes and trends to support future policy development and programme commissioning?	***Yes***	***89%***	Clarify who does this/target audience Needed to support workforce planning	Recommend that outcomes and trends are subject to analysis and publication at a national level
	No	4%	Danger of league table approach Clarify purpose	
	Not Sure	7%		
Do you agree that outcomes of the self-evaluation and action planning should be published on the websites of local learning providers and programme commissioners?	***Yes***	***71%***	Publish outcome not process Ensure jargon free Supports transparency	Outcomes (only) of self-evaluation should be published Develop common format to facilitate collation and analysis of trends as above
	No	14%	Potentially misleading	
	Not Sure	15%	Danger of league table Clarify purpose Summary only needs publication	
Do you agree that the templates are:				Confirm adoption of a common template to facilitate outcome and

Usable	***Yes***	***65%***	Better than OQME templates Appear quite useful Can amend after a year if necessary Support use via an IT tool Clarify link to evidence in templates	trend analysis Review present template lay out. If IT tool developed design undertaken by IT specialists Review templates after 2 years
	No	31%	Need to trial them /detailed modifications suggested Confusing and difficult to understand	
	Unsure	4%	Will need to try them before we know	
Appropriate	***Yes***	***60%***	Provide guidance for completion Clarify process Provide IT tool in support	
	No	39%	Amendments suggested	
	Unsure	1%		
Does the proposed approach support education delivered through partnership?	***Yes***	***56%***	I I like the tripartite approach A great step forward Partnership already exists	Work to include other partners where appropriate and/or sharing of evidence and reciprocal recognition of judgements
	No	22%	The burden may break partnerships It has united us in opposition Where are the professional and regulatory bodies	

	Not Sure	22%	Concern re use in small /3rd sector areas may withdraw from partnership Address partnership with reg bodies Some separation of HEI/practice responsibility	
Does the proposed approach help to avoid undue duplication of QA processes?	Yes	17%	Only if everybody buys in to it Only if IT based Step in right direction	Recommend the use of an IT tool to support implementation. Publish guidance where QA process are replaced by EQuIP processes (e.g. SHA contract monitoting) Work to include other partners where appropriate and/or sharing of evidence and reciprocal recognition of judgements Consider further QA streamlining of education for healthcare professionals in future policy developments
	No	***51%***	No because it does not replace other QA processes e.g. HCC; NHSLA, HPC, NMC, HPC, QAA	
	Not Sure	32%	Needs to be rolled out before a judgement can be made Would be helpful if other profs such as medicine and pharmacy were included Needs to be rolled out before a judgement can be made Would be helpful if other profs such as medicine and pharmacy were included	
Do you agree that the proposed approach supports quality enhancement as well as quality assurance?	***Yes***	***59%***	If good practice disseminated Has the potential to do so Is there on paper Need to balance risk against good practice Provide guidance/clarification	Retain and strengthen focus on enhancement Provide guidance on the means by which enhancement can be achieved
	No	26%	More focus on assurance than enhancement	

	Not Sure	15%	Met and not met cannot bring about enhancement Needs testing	
Do you agree that the proposed approach has a logical order to it?	***Yes*** No Not Sure	***69%*** 11% 20%	Logical and progressive Academically sound Logical but cumbersome Logical but burdensome 6 step approach. Straight forward Yes at last Too many steps Ordering is only a proposed structure Too retrospective Needs to be trialled Link with Reg Bodies unclear	
Does the proposed approach reflect the eleven principles outlined on page 9?	***Yes*** No Not Sure	***52%*** 26% 22%	In the main I suppose it does Does not reduce burden Not inter-professional as medicine, dentistry and pharmacy excluded Needs testing Partially (detailed against each principle)	Overtly state for each stage of the process which principles are addressed
What type of support materials will be needed for EQuIP to be put into use?			Training 135 IT based 103 Staff Resource 59	Provide training and guidance materials to support introduction of EQuIP Investigate further the use of IT

			(particularly focusing on existing options)
Do you agree that few changes are made to the Requirements?	***Yes*** ***50%***	Please do not change them any more	See comments above
	No 27%	Major changes They need to be scrapped	
	Not Sure 23%	They need to be reviewed after implementation	

Annexe 3

The responses to the consultation have been broken down and summarised by key stakeholder. The summary has included online and written responses only.

Strategic Health Authorities (SHAs)

All 10 of the Strategic Health Authorities responded to the consultation. A large majority were in favour of the EQuIP framework overall. Nine of the 10 though that the requirements and criteria were appropriate. Six of the SHAs felt that all the requirements and criteria should be evaluated each year whilst the others gave varying alternatives, suggesting such things as a two year cycle or sampling of criteria. Most were in favour of adding an intermediate category between met and not met.

Nine of the SHAs agreed that internal verification should be carried out at organisational level and eight thought there should be Board level sign off. Nine out of the ten felt there should be Dissemination of Good practice as part of the contract review and nine thought the traffic light system of risk calculation was appropriate. Eight of the SHAs supported the system of external verification.

Most, but not all, of the SHAs felt that the framework would not avoid duplication with other QA processes. One of the SHAs did not support the implementation of EQuIP. However, eight of the other nine were in favour of it. The final SHA did not give a strong reply in either direction

NB. A written response has been summarised in Annexe 3 which outlines collated comments from six SHAs collated by one of the SHAs. This letter is not reflective of individual responses.

NHS Trusts

All of the Trusts who responded in the consultation did so positively. There was a majority agreement in all areas including the requirements and criteria being appropriate, the system of internal verification, the external verification and the dissemination of good practice. They also agreed with the collecting of trends and outcomes. There were a small number of areas where they did not agree:

- The wanted an intermediate category in the self-evaluation
- They did not like the stipulation of two pieces of evidence
- They were not sure about the reduction in duplication with other QA processes – although even here there were several who thought this was the case.

The above points are in line with the overall consultation responses. However, one area where the response of Trusts was different to the consultation was that they were strongly in favour of the traffic system but thought that it should start at practice

and programme level rather than organisational level. In this area the Trusts felt that the framework could be stronger than the consultation had suggested.

Primary Care Trusts

In many respects the responses of the PCTs were similar to those of the NHS Trusts and were very positive overall in relation to the framework. However, whilst a minority of the PCT respondents, more of them, than wit the Trusts, would like the wording of the requirements and criteria to be made clearer. Also a majority of them felt that the self-evaluation should be carried out less regularly than once a year. Like other respondents they were not sure that duplication of QA processes would be avoided. However, they tended to answer the 'unsure' category rather than giving a definite no as an answer.

It should be noted that several PCTs did not get beyond answering the first few questions of the consultation response although again this was a minority of the overall responses

Professional, Regulatory and Statutory Bodies

This sector was the most varied of all the sectors. Three of the organisations pertaining to Allied Health Professions were not in favour of the process. However, for one of them, their response seemed to be based on a misunderstanding of the content of the EQuIP process. Two other organisations whose work is with Allied Health Professions were less dismissive although still unsure about the level of burden that would be involved.

The organisations which work with nurses and midwives also gave a mixed response with one being concerned that EQuIP strayed into assessment of fitness to practice rather than contract monitoring. However, this organisation suggested it would work with Skills for Health in this area. The second body which worked with nurses and midwives gave responses broadly in line with the overall consultation. It was overall supportive of the process but unsure about the reduction in duplication of burden.

Those organisations which are not covered by the QA framework, i.e. undergraduate doctors, dentists and pharmacists, were willing to engage with Skills for Health to see where processes could be streamlined. The organisation responding in relation to post-graduate medicine acknowledged the separate constituents of their framework and that of EQuIP.

Universities

Whilst the consultation question responses were in line with the overall responses, the majority in this sector made it clear that they felt that the framework was a significant burden and would require many additional resources to work. This was strongly stated by a number of universities. A significant minority, however, whilst still acknowledging that they were unsure whether there would be a reduction in duplication in comparison to the present situation, implied that they would be willing to see it in action to know for definite. One university said that they would embrace it wholeheartedly if it helped to assure and enhance the quality of their provision.

Annexe 4 Summary of Written Responses

It should be noted that the overall tenor of response of these written consultation replies is not in line with the majority view reflected within the online responses. It has been impossible to include most of them within the online response so none of them have been. However, it should be noted that the overall direction of the responses here would not have a significant impact on the outcome of the online responses.

Strategic Health Authorities

NHS North-east

The strategic health authority is fully supportive in all of its responses but feels there should be a sample based approach to evaluating requirements and criteria and also would like Skill for Health to provide training and web based tool to support implementation.

NHS West Midlands

The strategic health authority is fully supportive in all of its responses but would like further reduction in the criteria and removal of overlap between them.

Professional, Regulatory and Statutory Bodies

General Medical Council(GMC)

The GMC notes parallels between EQuIP and their own quality assurance processes and looks forward to working other regulators to reduce the burden of QA. Suggests an assessment should be made after on EQuIP cycle to look at further opportunities to share information.

Postgraduate Medical Education and Training Board (PMETB)

PMETB notes its role as the statutory body for postgraduate medical education and training and that this QA framework applies to non-medical healthcare education.

Royal Pharmaceutical Society of Great Britain (RPSofGB)

RPSofGB notes it statutory role in relation to pharmacists and pharmacy technicians. Thy also note that the role of EQuIP in relation to the Society needs further exploration and acknowledges that the EQuIP framework may contribute to discussions around the obligations of the new regulator the General Pharmaceutical Council.

Health Professions Council (HPC)

Notes its role in the approval of pre-registration education and training programmes for allied health professionals. The organisation is concerned that it may have been seen to be jointly responsible for the framework. The organisation does not feel that the framework supports the eleven principles identified in relation to the reduction of QA burden. The HPC believes that existing processes for approval of programmes are robust enough and that that the proposals imply replacement of other bodies QA processes – whose is not made clear.

NB. Much of the HPC's comments refer to approval which is not part of the EQuIP framework.

Nursing and Midwifery Council (NMC)

The NMC confirms it role in the quality assurance of providers and programmes of learning. They note the focus of EQuIP on contract monitoring and acknowledge the need for those who QA healthcare education to collaborate in this area in accordance with HERRG principles. The NMC has several specific concerns in relation to:

The increase in burden on providers and commissioners;

Duplication with regulator's QA processes

The lack of external verification of good practice

Difficulties of exception reporting in relation to external verification

The risk processes within EQuIP

The extension of EQuIP into areas beyond the monitoring of contracts.

The Chartered Society of Physiotherapy (CSP)

Many of the CSP responses are in line with other organisations. However, the CSP did not feel it had the option of an appropriate response in relation to the overview framework questions.

The CSP believes that the consultation does not recognise other QA processes. They believe the framework is unnecessary bureaucratic and does not guarantee quality enhancement, value for money, partnership working and reduction of burden.

British Psychological Society

The British Psychological Society were concerned that EQuIP would increase burden on placement providers and programme providers in addition to those activities that there were required to undertake to meet the requirements of other QA processes. They were not convinced that EQuIP would add any additional value.

Employer Organisations

University Hospital of North Tees

The response of this organisation is broadly in line with the consultation responses outlined above.

South Staffordshire and Shropshire Healthcare NHS Foundation Trust

The response of this organisation is broadly in line with the consultation responses outlined above.

Higher Education Institutions

Coventry University

The university is concerned that EQuIP will add an additional layer of burden rather than streamlining processes. The university is not clear how EQuIP will be integrated into present

NMC audit systems or how student evaluations – local or national will be utilised. It is not clear whether universities working with more than one SHA will be subjected to audit by more than one of them. The traffic light approach would take up significant HEI and PCT/Trust resource.

Hull University – additional comments to online response

There is no reason to believe that EQuIP will replace other processes. The only change envisaged is replacing educational audit of placements. Current SHA processes have been agreed as robust and appropriate. These will have to change if EQuIP is introduced. This will not reduce burden and is only one part of contracting arrangements. An opportunity has been missed.

Leeds Metropolitan University

The university does not support the proposals. Individual consultation question responses were in the negative and it was strongly felt that the process would lead to increased burden.

Oxford Brookes University

The proposed framework is not a single integrated system as proposed by the National Audit Office. EQuIP needs the sign up of the professional and regulatory bodies and QAA to bring about streamlining. The proposal does not acknowledge the positive outcome of previous reviews and is complex and resource intensive. The framework is not objective as it relies on self-assessment and questions within are ambiguous. The claim that proposed IT systems will reduce burden are unrealistic (NB There is no mention of an IT system within the document). The list of those involved is ambiguous as it implies sign up by the organisations which is not the case. The framework duplicates a range of existing monitoring provisions embed in legislation rather than focussing on the effectiveness and quality of learning.

Sheffield Hallam University

Responses to consultation questions broadly in line with online consultation but the organisation added additional comments.

HEIs are currently subject to robust regulation and monitoring processes. The organisation is moving towards more enhanced led quality management processes it is regrettable therefore that there has been a move from the earlier interim standards initiative which did seem to be an enhancement framework that EQuIP has developed as a fully fledged quality assurance framework. The EQuIP documentation does not appear to support enhancement or exception reporting.

Partnership working may be put at risk because of the perceived over-burdensome process causing practice placement providers to disengage. The EQuIP framework suggests that much of the responsibility for gathering and reviewing evidence rests with senior managers. This would be challenging for some organisations.

Consideration needs to be given to the introduction of another tier of reviewers. It would seem more appropriate to adopt an integrated approach to enhancing quality.

University Campus, Suffolk

This organisation responded in the format of the consultation. Many of the responses focussed on the fact that contract monitoring should focus on contract compliance and value for money rather than elements identified within EQuIP. Feels much of the latter is covered by other existing QA processes. The organisation supports the idea of exception reporting and engaging with those exceptions annually and other areas on a quinquennial basis. Finds the traffic light system useful as long as the assessment method is clear.

University of Cumbria

Specific responses broadly in line with overall online response with the exception of specific comments made in the accompanying letter.

The principles on which EQuIP is stated as being based are supported but the proposed processes don't support them. There is a lack of reference to parallel quality assurance processes or streamlining of QA activities. There is no discussion as to how criteria should be informed by placement audits required by the NMC. There is no discussion as to how the data provided by the National Student Survey will be incorporated into the process. There is no belief that SHAs will have the human resources available to support the proposals. The risk based 'traffic light' proposals need further work. There is concern that it appears to be assumed that all criteria will be applied to all provision on an annual basis adding significant additional burden to both universities and service partners.

University of East Anglia

The School of Health endorses the aspiration to assure and enhance accountability within the provision of higher education but this has to be seen in the context of increased QA activity within the sector. The process is NHS specific and fails to address the multiple partnerships within which healthcare education takes place. The additional QA activity will have a significant impact on resources. There is no confidence that the framework as proposed can achieve the aims of the original proposition. The major issues of concern are not at the process level but within the premise and assumptions of the principles proposed by EQuIP.

What is proposed by EQuIP will enhance the scrutiny of the practice placement and potentially improve quality there it is clear that this does not articulate with other QA processes of HE and the professional and regulatory bodies. It is questionable why the proposals do not also cover medical education.

Specific process issues were raised. The conclusion states that many of the principles with the document require further development to enable a rigorous and realistic process to emerge which can be welcomed by all stakeholders.

University of Manchester

The organisation notes the intention to standardise the QA mechanisms that the SHAs operate but it is essential that more explicit attention is given to co-ordination with regulatory bodies in order to avoid duplication.

The process appears to be time consuming. Identification of two pieces of evidence to note that the criteria are not of note will be heavy handed. The language of the process is broad and vague so it will be difficult to identify specific needs and actions.

Some specific process responses were identified. Additional points were raised about the need for audio records of outputs (NB This was given as an example of alternate formats and

not a requirement) and the prospect of substituting what was seen as an acceptable document for templates within EQuIP.

University of Sheffield.

The university is confident in its present local QA processes and those relating to statutory and regulatory bodies. They remain to be convinced how the resource intensive process of EQuIP would enhance the quality of their graduates. There will be a clear impact on staff time and resources for them and partner organisations.

University of West of England

EQuIP as an additional framework to what is already being provided would not offer any added value and would have the effect of diverting human resource away from the patient and student experience.

We fully endorse and support the concept of dissemination of good practice and it is something we would expect our contracting Strategic Health Authority to engage in but we do not see the need to overlay another framework to do this. Risk management is an area that would need an enormous amount of work to ensure consistency. We are not convinced that some of the risks identified are valid.

The need to analyse outcomes of any QA process is an obvious conclusion but there is no justification for the additional burden of writing an annual report for publication. The EQuIP framework is in all but name an annual Major Review. There is already the evidence available to provide evidence of outputs to DH.

The templates are not usable, appropriate or desired.

The proposed approach does not support the principles, which in themselves are broadly supported, by adding to the duplication of QA processes. We believe the framework is ill conceived and would be a logistical and human resource nightmare to implement. Our health service will now be subject to the potential of a number fo visits from regulatory bodies and potentially an EQuIP process. This could lead to some Foundation Trusts, Independent Sector and small (niche) providers refusing to engage and withdrawing much needed placements.

University of York

As a university we are supportive of the aims of the new quality assurance framework and the principles upon which it is based. We are concerned about the lack of clarity about how it will dovetail with the rigorous quality assurance and enhancement mechanisms that already exist. We fear that contrary to the claim of the consultation document the proposed framework may lead to an increase, rather than a decrease in the quality assurance burden for education and placement providers and may serve as a disincentive for the independent and voluntary parts of the healthcare sector.

Other Responses

Allied Health Professions Federation (AHPF)

Specific responses were broadly in line with consultation questions. However, the AHPF did not feel the consultation questions allowed participants to adequately voice their concerns about the process. They feel that the process is unnecessarily bureaucratic. Meaningful debate with other stakeholders from the outset might have allowed a genuinely useful

integrated framework to be adopted. By answering 'yes' to any of the consultation questions the federation does not wish it to be inferred that it is in support of EQuIP. The framework is unnecessarily bureaucratic and provides no evidence that it will meet the purposes set for it in terms of quality enhancement, value for money, partnership working and reducing the burden for stakeholders.

British Association for Counselling and Psychotherapy

We are concerned that the proposals will duplicate processes carried out by existing QA systems, especially those of QAA and the standards of the regulatory bodies. External verification mechanisms are already in place and adding an additional layer would not assist in streamlining the quality assurance processes. There is minimal reference in the document to how the new framework would interact with existing processes. We are concerned that the document includes references to both classroom and practice based learning. There is heavy emphasis on how the proposals would affect HEIs and their staff. There is little consideration given to the huge burden on placement providers. The outcome is likely to be that placement providers would cease to take on students.

Higher Education Regulation and Review Group (HERRG)

HERRG notes the previous attempts to get all organisations quality assuring healthcare education to work together and regrets that this has not happened. Overall they endorse the work that has gone into producing EQuIP but would like a 6 year review, rather than 5, and would like to see the risk-based approach strengthened. They would also like to see work with other healthcare education quality assurance bodies re-kindled.

Independent Healthcare Advisory Service

This group discussed EQuIP at the meeting of their Clinical Education and Training Advisory Group. The majority of the notes are clarification of the EQuIP process but they include the statement 'the standards within the framework could and should be met by the independent sector when providing clinical education to students'.

Individual Allied Health Practitioner

Specific consultation responses broadly in line with those on the online comments. Additional comments:

The current bullet points on page 5 makes the framework look more about commissioning and less about those working or learning in practice, where most importantly the framework will play a big role.

I like the use of the key steps. They're easy to look at, read, digest and understand. Fantastic.

In Appendix 2, what's meant by shared… as I read on, I understood it to be "shared requirements". Could this be made explicit. And likewise from page 56-76 could the "partner specific requirements" be made explicit as "requirements". I know we're in the requirements section, but the pages are so full of information, and there is so much information that making the titles easier to distinguish would help!

Individual Medical Practitioner

The principles of EQuIP seem sound and applicable across the board. Self-evaluation does drive local development but it needs additional tools to enable effective comparative feedback. I was worried that people were having difficulty understanding and navigating the requirements and criteria. If this is the case practitioners in day to day practice will have difficulty also. I think EQuIP will need more practical generic standards on introduction/induction, review/appraisal, education supervision, evaluation of teaching. I believe EQuIP needs to make the standards clearer at a lower more practice based level than at present. EQuIP could also provide guidance on methods of local evaluation and perhaps assist in developing a national evaluation tool that can provide local feedback to educators.

Leeds Health Partnership

This group brings together universities SHA and partner NHS Trusts in Leeds. The consultation has not taken the opportunity to streamline quality assurance activity and presents a framework which will lead to further burden on all parties in meeting the proposed requirements which are resource intensive.

Summary Strategic Health Authority Letter

This letter summarises the responses from 6 strategic health authorities (although it is not clear which they are or how the summary was gathered).

The overview suggests that SHAs are worried about duplication of effort with other QA processes, the resource implications of EQuIP, the amount quality will be enhanced rather than assured and which of the principles can be driven locally

The SHAs were also concerned that independent and voluntary sector organisations were concerned that the workload would outweigh the benefits. It was felt that the templates could be more user friendly. They also felt that other evidence could be drawn upon before external verification occurred and that it was unclear who would carry out external verification.

Whilst feeling that a flexible implementation with local ownership could be powerful, the SHAs were concerned that implementation would be inconsistent. Some SHAs would like to see a 'partially met' option. An alternative risk rating tool was put forward by NHS London. Some SHAs supported board level sign off through Learning and Development Agreements but others would not support this. A two year rather than annual cycle may be easier to achieve.

Concerns were raised about lay and learner involvement in verification and there was a need for IT support identified. There was widespread belief that organisations already had robust governance arrangements in place.

NB. This summary letter is different from the summary of the 10 SHA responses sent directly to Skills for Health.

The National Practice Learning Partnership

Specific responses were broadly in line with the online responses. In addition they concluded that the consultation did not address how the QA framework could be streamlined with NMC and HPC processes to reduce burden. They also queried how the newly configured SHAs would find the resources for EQuIP but state that 'the view of the NPLP is that the process has merits if the key principles are embedded in the process and the participants are not required to work with this alongside several other QA processes.