hcpc | health & care professions council

Education and Training Committee, 11 June 2020

Education quality assurance model and pilot proposals

Introduction

The HCPC is changing its approach to the quality assurance of education programmes. This follows a significant investment to date working alongside stakeholders since 2019 to develop our thinking in this area.

This paper outlines the new quality assurance model and proposals to pilot this approach in the next academic year. The paper includes the following sections:

1. Our aim and objectives for this work

2. Our review and development activities to date

3. The new quality assurance model
   a. Overview of processes
   b. Key features of the new model

4. Further process specific information

5. Pilot design and methodology

6. Arrangements for existing processes during pilot

The Committee is asked to discuss the proposals in more detail and make decisions regarding the following questions:

- Does the Committee agree that we should take forward the proposed QA model to a pilot (as outlined in Sections 3 & 4)?

- Does the Committee agree with the broad pilot design, methodology and timelines (as outlined in Section 5)?

- To deliver the pilot, does the Committee agree that we should pause the annual monitoring audit process for 2020-21 academic year (as outlined in Section 6)?

1. Our aim and objectives for this work

We will position the HCPC's education function to be flexible, intelligent and data led in its risk based quality assurance of education providers.

Our objectives to deliver on this aim include to:

1. Embed flexibility within the QA model to enable bespoke, proportionate and effective regulatory engagement with education providers.

2. Embed organisation, profession and programme specific level engagement mechanisms which enhance our ability to assess the impact of risks and issues on HCPC standards.

3. Use data and intelligence within the QA model to enable more effective risk-based decision making.

In section 5 we discuss the indicators we will apply during the pilot to assess our ability to delivery on these objectives.

2. Our review and development activities to date

The proposals put forward in this paper reflect the development work we have carried out in collaboration with range of stakeholders since the beginning of 2019.

January – May 2019: We established a working group established with Council of Deans of Health (CoDoH) to review the current quality assurance approach and options to develop further.

June 2019: The working group recommendations were considered by ETC. Consensus was reached around developing an approach going forward which is more risk based, data informed and less administratively burdensome to education providers.

September 2019: We introduced a new education provider / profession pathway through approval process. This provided more support prior to the visit, particularly for new providers. It also started to 'front end' significant risks and issues as early as possible in this process.

September 2019: Learner numbers started to be gathered through annual monitoring, alongside our focus on placement and service user monitoring.

January-March: Review of regulatory approaches undertaken by the General Medical Council and General Dental Council.

March 2020: ETC agreed to further development of approval and monitoring processes to further embed key principles from working group. The Committee also agreed to expand use of data where feasible, but also that this must sit within wider HCPC data strategy.

March – May: We engaged with a range of stakeholders including the CoDoH and its members, HCPC visitors, a professional body and ETC to gather feedback on proposals.

3. The new quality assurance model

a. Overview of processes

We are proposing to pilot a new risk-based quality assurance model which contains three main processes. We have designed these processes to support an approach which puts the institution and its programmes at the centre of our quality assurance activity.
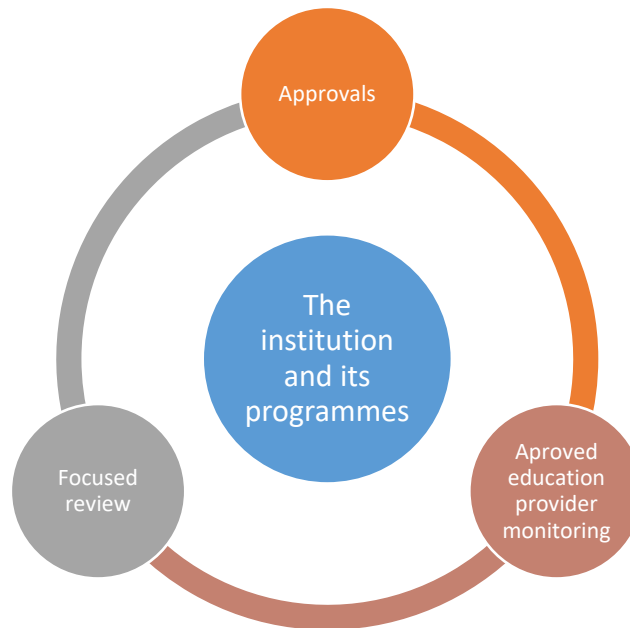
Approvals

Purpose: To assess institutions and new programmes to ensure they are properly organised to deliver education and train learners to be safe, effective and fit to practice. The process is designed to be delivered flexibly in stages, to allow for more effective engagement of specific areas of the standards.

Focused review

Purpose: To enable timely engagement with Approved Education Providers (AEPs) and their approved programmes following approval.

This process allows us to maintain closer contact with education providers where we identify significant risks. This could be based on information and intelligence we receive at any point or outcomes we reach through approvals and monitoring, This process enables us to understand any impacts to our standards and to inform decisions regarding the on-going approval of a programme.

Approved education provider (AEP) monitoring

Purpose: To periodically engage with organisations to understand how they have developed and delivered their approved programmes in a way which aligns to the HCPC's education standards. This is designed as a risk based process, with

the outcomes we reach informing how frequently we will engage the institution in the future.

<u>What are we keeping?</u>

The model will continue to be underpinned by these existing principles:

- Open-ended approval
- Flexible, output focused standards
- Registrant and service user input to inform decision making

<u>What are we leaving behind?</u>

In our new model, we will no longer require significant changes post approval to be flagged to us as a standard requirement through mechanisms such as major change and annual monitoring. We will therefore no longer run these processes.

More importantly, we will deliver the new model on the basis of trust and responsibility placed upon the education provider to continue to develop their programme in line with our education standards. In doing so, our focus will shift from 'checking for change incrementally' to one that is risk based.

b.   Key features of the new model

<u>Working with education providers at Institution and programme levels</u>
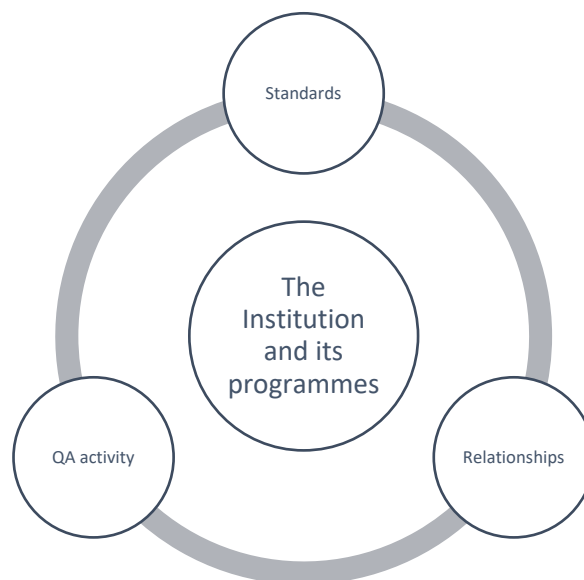

At the heart of the proposals is the recognition of institution wide approaches to meeting standards which are common across programmes. We will structure our standards to support this approach (see appendix 4) and structure our quality assurance process accordingly.

The education provider will define the 'institution', as this will differ depending on how they are organised for the professions / practice areas they deliver (e.g. within Schools/Faculties). We will also identify accountable / responsible individuals

at institution and programme levels which will support a relationship driven approach to our engagement.

Institutions and programmes being placed at the centre of our model continues as a key thread through the detail of the proposals outlined in this paper.

<u>Approval delivered in flexible stages, streamlining the process for existing institutions</u>
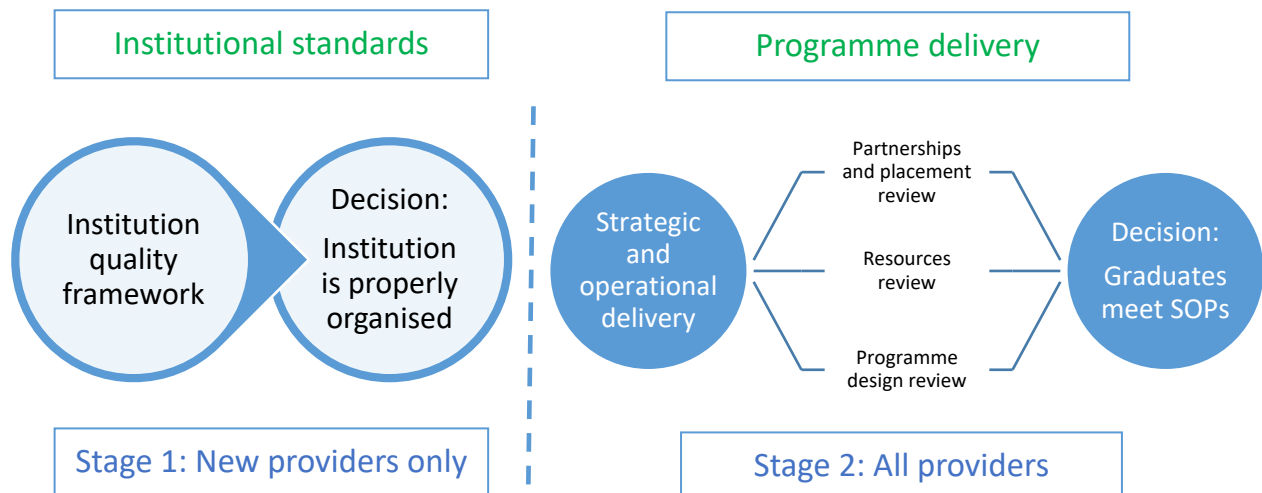
Institution and programme approval process

<u>Stage 1</u>
We will assess 'the institution' as the body which has oversight for one or many programmes leading to registration. At stage 1, we will assess the mechanisms in place to maintain and develop quality across the programmes it delivers. This will allow for approval of common policies and processes used to maintain and improve academic quality and support (e.g. admissions policies, practice based learning audit and quality mechanisms assessment regulations, feedback mechanisms). For institutions already approved, this will stream line and focus the approval process when applying to deliver new programmes.

<u>Stage 2</u>
At stage 2, we will then focus on strategic and operational elements of the programme within the institution context. This would include consideration around resources, partnerships to support practice based learning and governance arrangements. We will also focus on the curriculum, practice based learning and assessment design to consider how this ensure individuals are prepared to meet our standards.

We will consider how the provisions made for new programmes relate to and impacts on any existing provision in the institution and more widely in the region.
We will be flexible throughout each stage in how we triangulate the evidence provided using a mix of documentary, virtual and face to face discussions as necessary, instead of always requiring an on-site visit. We anticipate the entire process being completed within a 6-9 month period.

Closer contact with institutions / programmes applied where needed

Focused review process

A one-size fits all approach will no longer exist, meaning our engagement post-approval will be driven by the risks and issues, and our interventions will be tailored to support engagement around these, and where needed, through formal assessment. This is most evident through our approach to AEP monitoring and focused review, where we will determine any action we take based on the issues presented, rather than the rigid requirements of a process itself. The focus review process provides us with the flexibility our current approach lacks, to enable more timely and appropriate responses to particular issues.

Monitoring based on reflection and performance
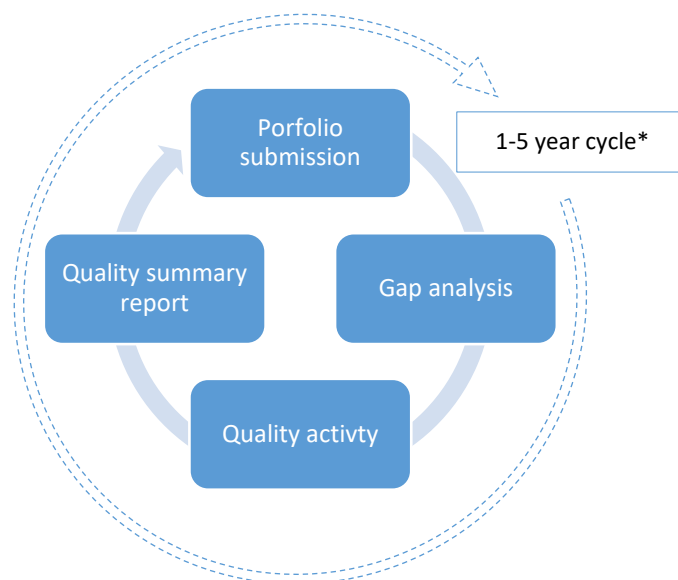
AEP monitoring cycle

Our monitoring approach is designed to support meaningful engagement with the education provider to understand risks and issues. The emphasis will be on understanding how quality is maintained and how programmes are performing. This will be achieved through the use of:
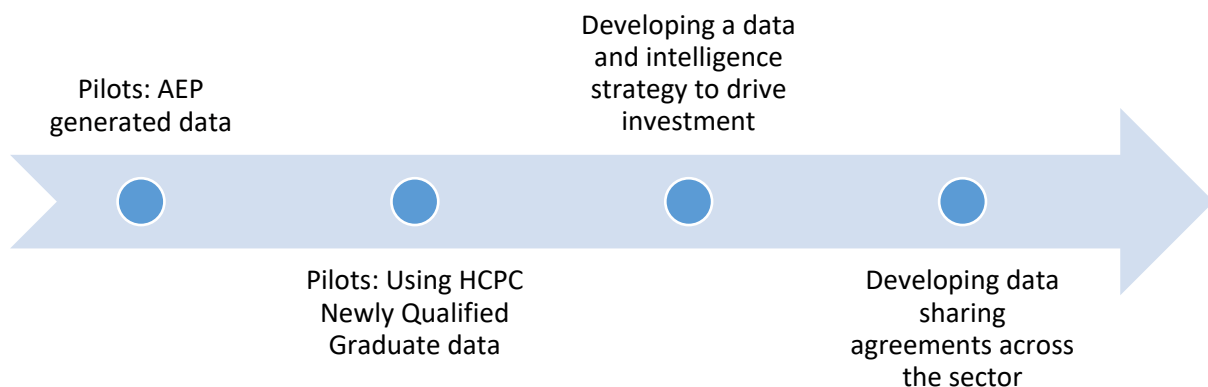
- Institution led self-evaluation,
- Thematic and sector based reflection
- Stakeholder feedback
- Performance based data and trend analysis

A portfolio approach to the submission will be encouraged, whereby education providers use regulatory monitoring to supplement their own internal quality management mechanisms regularly.

Visitors will work collectively to identify and discuss any matters of quality, strategy and operational delivery across all programmes delivered within the 'institution'. Where possible, further enquiry will be set up at the institution level to provide consistency and overall accountability for issues at that level, leaving profession-specific matters to be pursued at that level only where absolutely necessary. Our gap analysis and quality activity will be designed to support further exploration of any aspects of the institution and its programmes post the initial assessment of the submission. This will allow for further understanding and assurance to be gained by visitors through bespoke and proportionate methods of engagement.

As part of the final outcome, we will rate all institutions based on their risk and performance to determine the frequency of monitoring required there after (anything between 1-5 years). This will be reviewed at each monitoring point and adjusted accordingly where needed. We will produce a quality summary report for each education provider which will detail our findings on all areas of the programme (rather than only reporting by exception as per our current model).

<u>Using data to inform our thinking</u>

Pilots: AEP generated data

Developing a data and intelligence strategy to drive investment

Pilots: Using HCPC Newly Qualified Graduate data

Developing data sharing agreements across the sector

We will build up our capability to embed data into how we understand the risks and performance of education providers across all areas of the proposed QA model. Initially, we will rely on the education provider to supply this to us, particularly in relation to our monitoring processes. However as illustrated above, our intent is to build data sharing partnerships across the sector, with a priority being HESA data in the first instance. Our own development will be carried out in step with a wider organisational strategy regarding the use of data and intelligence to inform regulation.

4. Further process specific information

We have started to develop these processes to enable us to move into the pilot period later this year. These are included as appendices to this paper and provide further insight into the practical implementation of the model and associated processes:

- Appendix 1 – Approvals
- Appendix 2 – Focused review
- Appendix 3 – Approved Education Provider monitoring
- Appendix 4 – Institution and programme level standards

5. Pilot design and methodology

<u>Meeting our objectives</u>

Building on the objectives set out in Section 1, we will use the following indicators to assess the effectiveness of the pilot of the new QA model.

1. Embed flexibility within the QA model to enable bespoke, proportionate and effective regulatory engagement with education providers.

   - Different types of regulatory engagement are capable of being designed and successfully implemented through each QA process.

   - Education providers are highly satisfied that the engagement undertaken was proportionate, meaningful and appropriate for their context.

   - The visitors are able to perform their role effectively through the structure of engagement used in any QA process undertaken.

   - All parties are satisfied they were clear about how our process requirements and the reasons for taking a particular engagement approach through any given process.

2. Embed organisation, profession and programme specific level engagement mechanisms which enhance our ability to assess the impact of risks and issues on HCPC standards.

   - Education providers are satisfied in the consistency of outcomes reached through all quality assurance processes.

   - Visitors are satisfied they can focus more effectively on different areas of the standards through each process, in comparison to current model.

   - Visitors are satisfied they are positioned effectively to understand the wider organisation context in any decisions they reach.

- Education providers perceive there to be a reduction in the administrative burden for them to engage with us through all processes, compared to the current model.

3. Use data and intelligence within the QA model to enable more effective risk-based decision making.

- Sector based intelligence is used throughout each process where appropriate, which improves the quality of decision making.

- Performance related data points are accessible across all provider types.

- Education providers understand our risk assessment of them and perceive it to be objective and consistently applied.

- Visitors feel supported and positioned to make risk-based decisions appropriately within the QA model.

- Risk is quantified effectively using a range of data sources, with higher risk education providers appropriately engaged in more intensive and timely regulatory interventions.

- Resources are allocated more effectively to assess significant risks, compared to the current model.

Further refinement of these indicators will remain a priority for the initial pilot preparation phase.

We envisage a range of assessment methods will be used throughout the pilot to track the effectiveness of the new model:

- Surveys
- Structured interviews
- Focus groups
- Structured data analysis to compare outcomes to existing QA model

Pilot timelines

The pilot will be delivered over an 18 month period. A dedicated team within the Education Department will be assigned solely to deliver this activity in accordance with the following milestones:

June 2020	ETC to consider proposals around piloting a new approval and monitoring approach in the next academic year.
June – December 2020	Pilot preparations, including further engagement with education providers to inform user experience and system / process refinement.

December 2020	Pilots with selected providers through new approval and monitoring proposals.
September 2021	ETC review of pilot outcomes
January 2022	Full implementation of the new QA model.

Methodology

The PDSA cycle
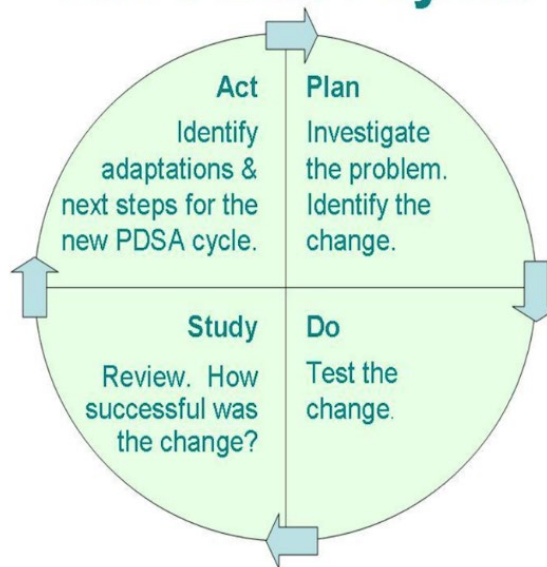
The pilot will test the ability of the proposed model to achieve the aim and objectives driving organisational change of the education function. In order to test this effectively we will broadly adopt a PDSA methodology commonly used across various sectors to implement organisational change. This approach will:

- enable us to apply the model incrementally to test its effectiveness against objectives and indicators;

- allow us to adjust the approach within cycles to refine the model further based on the data gathered;

- apply the model incrementally to different education provider profiles to ensure it can be applied widely and effectively; and,

- enable engagement with stakeholders during the pilot to feed directly into changes we make.

Pilot cycle delivery
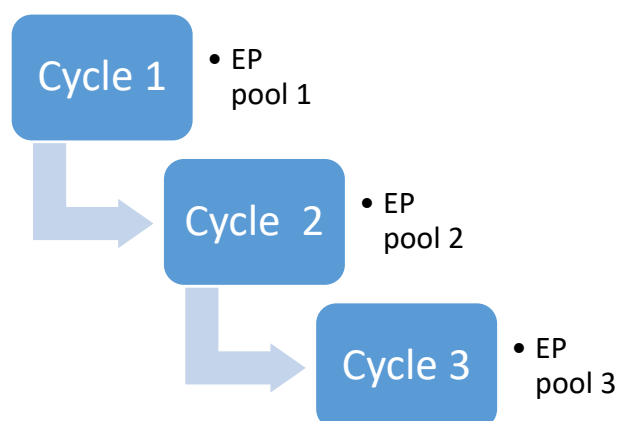
Based on the PDSA approach, we envisage delivering the pilot in cycles (exact number of cycles to be determined). This will allow for the analysis of results and learning to be fed into further process and systems development before the next cycle.

Our approximate schedule based on this approach will be:

- Cycle 1: December - February
- Cycle 2: March - May
- Cycle 3: June - August
- Further cycles post August - TBD

Education provider selection

Piloting the model across a wide range of education providers will be important. To this end, we envisage including enough education providers within the pilot pool to satisfy the following criteria. It may certainly be the case that one education provider will satisfy more than one criteria.

Larger approved provision	Education providers delivering programmes in 4 or more professions / post-registration practice areas.
Smaller approved provision	Education providers delivering 1 profession or post-registration practice area
Profession / Practice mix	Education providers delivering programmes for 2 or more of the following disciplines: allied health, health science, psychological, therapeutic based practice, post-registration entitlements.
Four nations	Education providers delivering primarily with each UK home country.
Academic context	A mix of education providers with Taught Degree Awarding Powers and those without.

<u>Systems based development during the pilot</u>

We will also look to develop our systems to support the achievement of objectives. Systems development to support the pilot will primarily be focused on:

- Core education provider data framework (based largely on existing model)
- Internal business process development
- External facing to support engagement and secure document handling

This work is scheduled in line with the Digital Transformation Strategy.

6. Arrangements for existing processes during pilot

We plan to dedicate resources within the Education Department to deliver the pilot. In the first instance this will involve:

- 1 x Education Manager
- 1 x Education Officer

As the pilot develops, we may need to dedicate an additional Education Officer to support this work.

On this basis, we would be unable to continue with the full scope of approval and monitoring processes currently in operation. In order to refocus resource appropriately and given the findings of the development work so far, we propose the following:

- Pause annual monitoring audit for the 2020-21 academic year; and
- Require all education providers to submit a annual monitoring declaration.

We will continue to operate the approvals, major change and concerns processes as normal. In taking this approach, we believe it is an effective use of our existing resource envelope. The alternative is to continue running all existing processes and seek further resource to backfill roles to support the pilot activities.

Appendix 1 - Approvals

Purpose: To assess institutions and new programmes to ensure they are properly organised to deliver education and train learners to be safe, effective and fit to practice.

High level process flow

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│  ╎  │ Partnership, │  │Report produced│  ╎  │              │                        │
│  ╎  │resources and │  │     with      │  ╎  │  ETC decison │                        │
│  ╎  │programme design│ │recommendation │  ╎  │              │                        │
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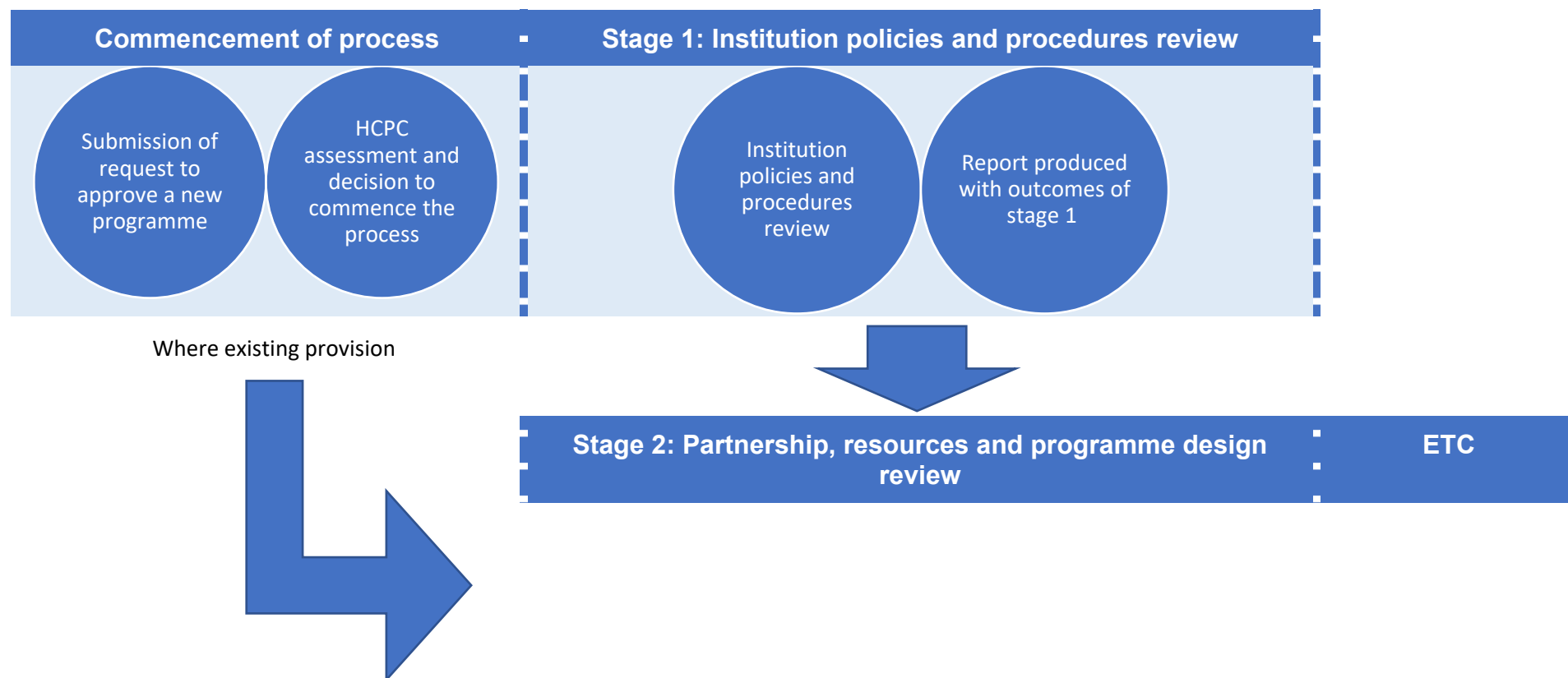
Through the process, ensure frequent and meaningful engagement:
- Work collaboratively with providers on an ongoing and flexible basis, to support providers, to understand risk, and to inform our decision making
- At any given time, providers can access information about how they are progressing through the process, which standards are met, and where issues remain

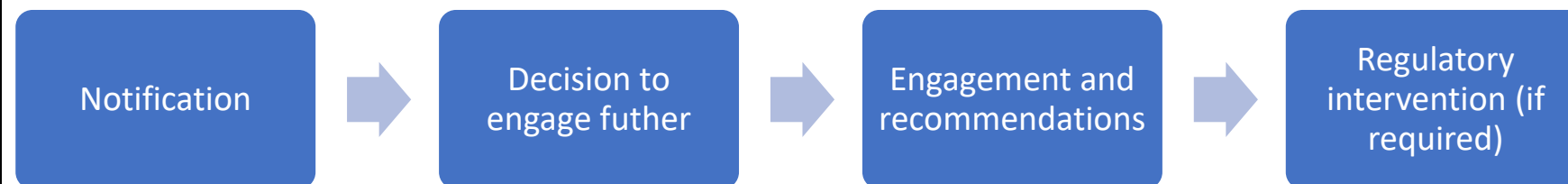| Activity summary	Key elements
Submission of request to approve a new programme	Request to approve a new programme submitted at an appropriate time to have the programme approved before the proposed first intake date. Through the request, the education provider to define: 1. Context and rationale for the proposal, including support from strategic stakeholders 2. Definition of the 'institution' 3. If and how the proposal sits alongside other HCPC-approved provision 4. Policies, procedures and processes relevant to HCPC standards, that apply at an institution level 5. Proposed programme start date and availability for assessment

Decision to commence the process	HCPC to: • Work with the education provider on our understanding of the proposal • Decide whether to commence the process • Decide whether the proposal is assessed through stage 1, which would only be applied if other HCPC approved programmes are not delivered by the institution
Stage 1: Institution policies and procedures review (where required) • Assess whether the institution is properly organised to deliver HCPC-approved education and training • Assess whether our institution level standards are met • Make decision about whether to progress to stage 2 • Provide and document context for stage 2 assessment and decision-making • Gather / collate evidence and information that can be used to provide context for future assessments	**Process** 1. HCPC to support provider to produce a case-specific documentary submission that addresses how standards are met at an institutional level 2. Documentary submission reviewed by HCPC visitor(s) against the institution level standards 3. HCPC to work with the provider on understanding of the approach, to ensure our institution level standards are met 4. Details and outcomes from the stage 1 assessment contained in a report

Stage 2: Partnership, resources and programme design review • Assess whether our partnership, resources and programme design and delivery standards are met • Set formal requirements on programme approval (conditions) • Make a visitors' recommendation on programme approval to ETC • Define continuing requirements for programme's / institution's interactions with future HCPC QA processes	For all proposals, stage 2 starts with the same level of assurance that institution level standards are met. HCPC to support the provider to produce a case-specific documentary submission, to address the following assessment strands: • Partnerships (including practice-based learning) • Resources (physical, virtual, and staffing) • Design (including programme design, delivery, curriculum, and assessment) • Programme / profession specific arrangements

	Process
	1. Detailed visitor review of the proposal against the partnership, resources and programme design and delivery standards
	   • Where possible and appropriate, focus on partnership and resource standards first
	   • Come to conclusions on these assessment strands prior to the design and programme / profession specific arrangements
	2. HCPC decide how is best to work through any remaining issues. Could be:
	   • requesting further information / evidence
	   • discussion(s) with certain groups, or
	   • virtual or on-site review
	3. Work through questions / issues with provider
	4. At end of stage 2 review, report sent to provider which may contain conditions on approving the programme(s)
	5. (if required) HCPC to work with provider on understanding of the issues
	6. (if required) conditions response assessed by HCPC visitors

Final report produced with recommendations on programme approval	Report to: • Provide an overview of the assessment process • Broadly, how the institution and programme has aligned to the standards • Provide a clearly reasoned recommendation on programme approval for the ETC • Define the recommended approach for the institution's / provider's interactions with future HCPC QA processes

ETC decision on programme approval	ETC considers report and any observations from the education provider, to make decision about whether to approve the programme.

Appendix 2 - Focused review

Purpose: To enable timely engagement with AEPs and their approved programmes, on the basis of information we receive or outcomes we reach at any point, to understand any impacts to our standards and to undertake any further necessary, proportionate regulatory interventions to inform decisions regarding on-going approval.

Notification → Decision to engage futher → Engagement and recommendations → Regulatory intervention (if required)

Activity summary	Key elements
Notification We will receive notifications from anyone seeking regulatory intervention. This could include (but is not limited to): - Outcomes from Approvals or AEP monitoring requiring further regulatory intervention - Concerns received about AEPs and their programmes - Intelligence received based on sector body outcomes (CQC, OfS) - Sector body requests for regulatory involvement (e.g. HEE workforce planning) - AEPs and / or programme level requests for specific 'regulatory approval	The application of this process is broad to allow flexibility to engage with one or many AEPs and their programmes as required. This means notification can be made through a structured submission, or through other intelligence and information received.
Decision to engage further	1. Decision to engage

We will take a proportionate, risk-based approach to any decisions we make based on the information we have received. In all cases, we will explain the reasons for why we have decided to take a particular course of action.	a. At the point of receipt, the Executive will consider whether a focused review process should be initiated. b. Where this is the case we will summarise our reasons for the decision to engage further or any decision not to. c. Where we do need to engage, contact will be made with relevant education provider contacts to discuss further. d. We will reach agreement with the education provider around the issues to explore and how we will go about engaging with them to facilitate this.

Engagement and recommendations
 	
Where we do decide to engage further with relevant stakeholders, this will be led by an Executive Officer. We will involve visitors for their expertise on particular matters where this is felt needed.
 	
If the Committee deem there are significant issues outstanding from our engagement work which impact on our standards, they will direct the nature and further focus for any regulatory intervention. At this point, any further regulatory engagement can lead to non-approval of AEP and / or specific programmes.
 	
The quality summary report will not be finalised until any matters are resolved through this stage.
	1. Engagement with relevant stakeholders
	   a. Engagement activities will vary based on the issues and what may be proportionate and necessary. This could involve discussions, supporting evidence submissions and meetings with relevant stakeholders.
	   b. Where needed, visitors will be involved to provide expertise to any engagement activities and recommendations.
	   c. We will produce a report which explains the reasons underpinning any findings and recommendations.
	   d. Education provider invited to formally respond to report findings and recommendations.
	   e. Education and Training Committee consider report and decide whether further assessment for on-going approval of AEP / programmes is needed or that no further action is required.
	
	2. Regulatory intervention (if required)
	   a. An appropriate visitor panel is appointed to carry out regulatory intervention as agreed by the Committee.

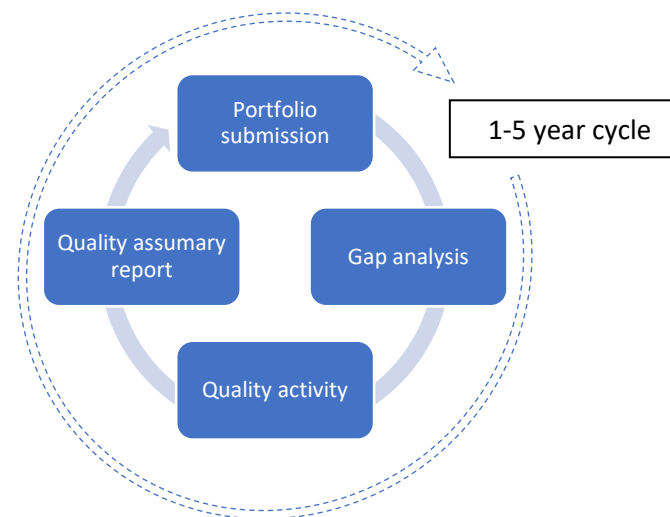|	b. A final report is produced and recommendations made regarding on-going approval. The education provider is invited to provide a response to these findings. c. The Committee meet to consider on-going approval.

Appendix 3 - Approved Education Provider (AEP) monitoring

Purpose: To periodically engage intelligently and proportionately with the institution to understand how they develop and deliver their approved programmes in a way which provides assurance regarding continued alignment to the HCPC's education standards. The process involves 4 key stages: 1. Submission 2. Gap analysis 3. Quality activity 4. Quality summary report Where needed, further review can be undertaken through our focused review process. This could lead to non-approval of programmes if significant matters remain outstanding.	 Portfolio submission 1-5 year cycle Quality assumary report Gap analysis Quality activity

*progression through the relevant process activities will vary by AEP.

Activity summary	Key elements
Submission The emphasis of the monitoring cycle will be on the education provider's reflection on challenges, developments and outcomes. Areas for reflection will be driven jointly by the education provider and the regulator.	1. HCPC provide a platform to enable online portfolio development. 2. The education provider can make reflective entries at any given point relating to institution level and programme level standards and provide supporting documentation. Each AEP submission will broadly include the following elements: 1. Institution self-reflection

AEPs will review their institution wide data, developments and intelligence to develop and submit an institution wide submission which covers both strategic and profession specific elements.
 	
Education providers are notified around six months prior to the submission of their AEP monitoring assessment.
	a. Governance, academic quality and partnership developments / challenges
	b. Inter-professional education, service user involvement
	c. Equality and diversity
	
	2. Thematic reflection
	   a. Example: COVID-19 impacts
	   b. Example: Apprenticeships in England
	
	3. Sector body assessment reflection
	   a. Example: Quality assurance Agency / Office for Students
	   b. Example: Care Quality Commission reporting
	   c. Example: National Student Survey outcomes
	
	4. Profession specific reflection
	   a. Resourcing, placement quality and capacity, curriculum, assessment development/challenges
	   b. Profession specific development to reflect changes in regulatory standards and professional body guidance
	   c. Feedback from:
	      i. Learners
	      ii. Practice placement educators
	      iii. Newly qualified graduates (new registrants)*
	      iv. External examiners
	      v. SUC
	
	5. Programme performance data**
	   a. Continuation
	   b. Completion
	   c. Student FtP outcomes

	d. Placement capacity
	e. Staff : learner ratios
	
	6. Outcomes from regulatory activities during the last monitoring cycle
	   a. Quality summary report
	   b. Approval report(s)
	   c. Focused review report(s)
	
	*Gathered by HCPC and provided to education provider annually to support reflection process.
	
	**Initially provided by the education provider, with HCPC developing sector data sharing agreements in future (HESA as a priority).

Gap analysis
 	
The visitor panel reviews the submission and provides a view on the continued alignment to education standards and identifies potential gaps, issues and risks for the institution to address further.
	1. Review panel appointed
	   a. Visitor panel appointed to review submission.
	   b. Conflict of interest policy applied to manage links and competition considerations.
	   c. Panel comprises necessary experience of strategic / programme level education delivery, current practice and from relevant part(s) of the Register.
	
	2. Initial review of submission
	   a. Panel members review submissions in advance of joint panel discussions held with the HCPC executive.
	   b. Outcomes recorded across each area of AEP and programme level standards.
	   c. Gap analysis identifies issues for further exploration with the institution and where needed, around profession specific elements.
	   d. Panel makes recommendations for any further quality activities to be undertaken.

	3. Discussion with AEP institution and programme specific contacts
	    a. Panel members and Executive discuss initial findings to enable further understanding of all outcomes, particularly regarding gap analysis and recommended quality activities.
	    b. Quality activities further developed in collaboration with education provider.

Quality activity
 	
We undertake proportionate regulatory activity to seek assurance and to note innovation, notable practice. Activities may include documentation requests / reviews, meetings, shadowing, observations. Activities will be applied to the institution where possible, with profession specific elements explored in isolation only where absolutely necessary.
	Scheduling and undertaking quality activity
	
	    a. Quality activity requirements scheduled with the education provider.
	    b. Visitors and executive undertake activity in accordance with agreed approach established through the gap analysis.
	    c. Any outstanding minor issues will be resolved through further contact with the education provider for further clarification.

Quality summary report
 	
A quality summary report is produced at the conclusion of the AEP monitoring process. The report provides a definitive account of the engagement exercise undertaken with the AEP and the HCPC's findings. This will include a 'risk rating' which will be used to determine monitoring frequency from there on in (between 1 – 5 years).
 	
The report is intended to detail how the AEP and its programmes continue to meet HCPC standards in across all areas. Note will be made regarding good practice and innovation, alongside noting areas which required further investigation. Recommendations will
	Quality summary report publication
	
	    a. Quality summary draft produced and sent to education provider
	    b. Education provider observations on the report can be made
	    c. Education and Training Committee meeting to discuss report findings and any observations from the provider.
	    d. The Committee agree the report for publication.
	    e. Report published on the AEP website record.
	
	If there are significant issues outstanding we will trigger a further review (see process document for key elements). This can lead to non-approval of AEP and / or specific programmes.
	
	High level quality indicators used to make assessments of required monitoring frequency

be made where these are useful for the AEP and programme teams to note for further consideration.	<u>4-5 years</u>: The education provider has addressed all elements of reflection effectively and continues to perform well based on data and feedback. This demonstrates clear adherence to standards well above our regulatory threshold. <u>2-3 years</u>: The education provider has addressed all elements of reflection and has provided assurance around challenges which exist based on performance and / or issues regarding programme delivery. There are risks to areas of the standards continuing to be met at the threshold required by the standards. <u>1-2 years</u>: The education provider has address all elements of reflection and has provided assurance around challenges which exist across a number of areas. There are significant risks to many of the standards continuing to be met in the short to medium term. The education provider should remain closely engaged with us to ensure threshold can be met.

Appendix 4 – Institution and programme level standards

Notes of proposed mapping

This is a draft of how we might break down the standards, undertaken by the Executive:
- To ensure that splitting standards in this way can work when we move beyond a conceptual discussion
- That there is relative and reasonable weight to the different levels of the standards and assessment (the count from undertaking this exercise is 33 at institution level, and 21 the strategic / resources / programme level)

The following considerations were made when splitting standards between the institution and programme level:
- Where accountability best sits, with either the nominated responsible person for the institution or programme
- How the standard is worded, with references to the education provider and processes often best sitting at the institution level, and references to the programme or profession often best sitting at the more granular level
- We have preferred seeking assurance at the institution level, to fit with our multi-professional model
- Ensure that the purpose of each standard is properly understood, and it is assessed at the right level

Notes on the split:
- Some standards may sit across both levels of assessment, although we have avoided this where possible for simplicity. There is intended flex in the processes to ensure issues can be assessed at the appropriate stage, to a level of detail required
- Where required, we have added footnotes explaining our reasons for where the standard situated – generally, the reasons for splitting are covered by the list of considerations above

If the approach is agreed, we will:
- Bring in experienced educationalist visitors to develop our thinking around where standards should sit, to finalise for the pilot activity
- Through the work of the pilot, review how the split works in practice
- Using findings from the pilot, commence a formal review of the SETs, which will underpin the new QA approach in the longer term

Standard of education and training (SET)	Institution level standards	Standards relating to:		
Level of qualification for entry to the Register		Partnerships	Resources	Design
1. 1 The Council normally expects that the threshold entry routes to the Register will be the following. Bachelor degree with honours for: – biomedical scientists (with the Certificate of Competence awarded by the Institute of Biomedical Science, or equivalent); – chiropodists / podiatrists; – dietitians; – occupational therapists; – orthoptists; – physiotherapists; – prosthetists / orthotists; – radiographers; – speech and language therapists. Diploma of Higher Education for operating department practitioners. Equivalent to Certificate of Higher Education for paramedics. Foundation degree for hearing aid dispensers. Masters degree for: – arts therapists;				X[1]

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[1] In practice, this standard is often met at the point of application to the HCPC, where the provider defines the award.

Standard of education and training (SET)	Institution level standards	Standards relating to:		

– clinical scientists (with the Certificate of Attainment awarded by the Association of Clinical Scientists, or equivalent);
   – forensic psychologists (with the award of the British Psychological Society qualification in forensic psychology, or equivalent);
   – health psychologists (with the award of the British Psychological Society qualification in health psychology, or equivalent);
   – occupational psychologists (with the award of the British Psychological Society qualification in occupational psychology, or equivalent); and
   – sport and exercise psychologists (with the award of the British Psychological Society qualification in sport and exercise psychology, or equivalent);
Professional doctorate for clinical psychologists.
Professional doctorate, or equivalent for:
   – counselling psychologists; and
   – educational psychologists.				

Programme admissions				
2.1 The admissions process must give both the applicant and the education provider the information they require to make an informed choice about whether to take up or make an offer of a place on a programme.	X^2			
2.2 The selection and entry criteria must include appropriate academic and professional entry standards.				X
2.3 The admissions process must ensure that applicants have a good command of English.	X			
2.4 The admissions process must assess the suitability of applicants, including criminal conviction checks.	X			

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[2] Focus becomes on overarching policy or approach related to information through admissions.

Standard of education and training (SET)	Institution level standards	Standards relating to:		
2.5 The admissions process must ensure that applicants are aware of and comply with any health requirements.	X			
2.6 There must be an appropriate and effective process for assessing applicants' prior learning and experience.	X			
2.7 The education provider must ensure that there are equality and diversity policies in relation to applicants and that they are implemented and monitored.	X			
Programme governance, management and leadership				
3.1 The programme must be sustainable and fit for purpose.	X			
3.2 The programme must be effectively managed.	X			
3.3 The education provider must ensure that the person holding overall professional responsibility for the programme is appropriately qualified and experienced and, unless other arrangements are appropriate, on the relevant part of the Register.	X			
3.4 The programme must have regular and effective monitoring and evaluation systems in place.	X			
3.5 There must be regular and effective collaboration between the education provider and practice education providers.	X	X		
3.6 There must be an effective process in place to ensure the availability and capacity of practice-based learning for all learners.		X		
3.7 Service users and carers must be involved in the programme.	X			
3.8 Learners must be involved in the programme.	X			
3.9 There must be an adequate number of appropriately qualified and experienced staff in place to deliver an effective programme.			X	
3.10 Subject areas must be delivered by educators with relevant specialist knowledge and expertise.			X	

Standard of education and training (SET)	Institution level standards	Standards relating to:		
3.11 An effective programme must be in place to ensure the continuing professional and academic development of educators, appropriate to their role in the programme.	X			
3.12 The resources to support learning in all settings must be effective and appropriate to the delivery of the programme, and must be accessible to all learners and educators.			X	
3.13 There must be effective and accessible arrangements in place to support the wellbeing and learning needs of learners in all settings.	X			
3.14 The programme must implement and monitor equality and diversity policies in relation to learners.	X			
3.15 There must be a thorough and effective process in place for receiving and responding to learner complaints.	X			
3.16 There must be thorough and effective processes in place for ensuring the ongoing suitability of learners' conduct, character and health.	X			
3.17 There must be an effective process in place to support and enable learners to raise concerns about the safety and wellbeing of service users.	X			
3.18 The education provider must ensure learners, educators and others are aware that only successful completion of an approved programme leads to eligibility for admission to the Register.	X			
Programme design and delivery				
4.1 The learning outcomes must ensure that learners meet the standards of proficiency for the relevant part of the Register.				X
4.2 The learning outcomes must ensure that learners understand and are able to meet the expectations of professional behaviour, including the standards of conduct, performance and ethics.				X
4.3 The programme must reflect the philosophy, core values, skills and knowledge base as articulated in any relevant curriculum guidance.				X
4.4 The curriculum must remain relevant to current practice.	X			

Standard of education and training (SET)	Institution level standards	Standards relating to:		
4.5 Integration of theory and practice must be central to the programme.				X
4.6 The learning and teaching methods used must be appropriate to the effective delivery of the learning outcomes.				X
4.7 The delivery of the programme must support and develop autonomous and reflective thinking.				X
4.8 The delivery of the programme must support and develop evidence-based practice.				X
4.9 The programme must ensure that learners are able to learn with, and from, professionals and learners in other relevant professions.	X			
4.10 The programme must include effective processes for obtaining appropriate consent from service users and learners.	X			
4.11 The education provider must identify and communicate to learners the parts of the programme where attendance is mandatory, and must have associated monitoring processes in place.	X			
Practice-based learning				
5.1 Practice-based learning must be integral to the programme.	X			
5.2 The structure, duration and range of practice-based learning must support the achievement of the learning outcomes and the standards of proficiency.				X
5.3 The education provider must maintain a thorough and effective system for approving and ensuring the quality of practice-based learning.	X			
5.4 Practice-based learning must take place in an environment that is safe and supportive for learners and service users.	X			
5.5 There must be an adequate number of appropriately qualified and experienced staff involved in practice-based learning.		X	X	

Standard of education and training (SET)	Institution level standards	Standards relating to:		
5.6 Practice educators must have relevant knowledge, skills and experience to support safe and effective learning and, unless other arrangements are appropriate, must be on the relevant part of the Register.		X	X	
5.7 Practice educators must undertake regular training which is appropriate to their role, learners' needs and the delivery of the learning outcomes of the programme.	X			
5.8 Learners and practice educators must have the information they need in a timely manner in order to be prepared for practice‑based learning.	X			
Assessment				
6.1 The assessment strategy and design must ensure that those who successfully complete the programme meet the standards of proficiency for the relevant part of the Register.				X
6.2 Assessment throughout the programme must ensure that learners demonstrate they are able to meet the expectations of professional behaviour, including the standards of conduct, performance and ethics.				X
6.3 Assessments must provide an objective, fair and reliable measure of learners' progression and achievement.	X			
6.4 Assessment policies must clearly specify requirements for progression and achievement within the programme.	X			X
6.5 The assessment methods used must be appropriate to, and effective at, measuring the learning outcomes.				X
6.6 There must be an effective process in place for learners to make academic appeals.	X			
6.7 The education provider must ensure that at least one external examiner for the programme is appropriately qualified and experienced and, unless other arrangements are appropriate, on the relevant part of the Register.	X			