

11 November 2021

## Education quality assurance model – partner allocation framework

### Executive Summary

For the legacy Education quality assurance model, the Committee agreed a framework which provided the Executive instructions on how to resource assessment activity. This framework was based on legislative requirements and what we considered best practice to resource assessments with the right partner expertise.

With the introduction of the new Education quality assurance model, we have updated this framework based on:

- Process changes
- The introduction of new partner roles (lead visitor and service user expert advisor)
- The legislative requirements for programme approval assessments

We are asking the Committee to note the changed framework, so it can be applied by the Executive when making assessment-level visitor resourcing decisions when the model is fully implemented in January 2022.

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Previous consideration	<ul style="list-style-type: none"><li>• Legal advice that proposals for partner resourcing comply with legislative requirements</li><li>• <a href="#">ETC decision</a> that the model is implemented from September 2021</li><li>• ETC previously agreed to implement a lead visitor role.</li></ul>
Decision	The Committee is asked to confirm the framework provided replaces the framework for the legacy model
Next steps	The Executive will begin using the framework from model full implementation (January 2022)
Strategic priority	Strategic priority 5 – Build a resilient, healthy, capable and sustainable organisation
Financial and resource implications	None – partner fees are remaining unchanged and are budgeted for within the Department budget
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**All partner panels undertaking approval assessments for the HCPC will:**

No.	Always or Normally	Consideration
1	Always	<p>Have at least one lead visitor or visitor from the same part of the Register as the programme being scrutinised (inclusive of modalities) <b>or</b></p> <p>Have at least one visitor whose registration record is annotated with the appropriate entitlement (or is appointed to the appropriate role) for the programme in question; <b>or</b></p> <p>Have at least one non-HCPC registered professional who is registered as an independent prescriber with the General Pharmaceutical Council or the Nursing and Midwifery Council, or are on the orthopaedic surgery specialist register of the General Medical Council.</p>
2	Always	Not contain any lead visitor or visitor with significant connections to the programme under scrutiny, the education provider its employees or learners*.
3	Always	Have at least one member of the panel who has prior experience of undertaking work as a lead visitor or visitor for the HCPC
4	If stage 1 is visitor-led, always	Have a service user expert advisor contribute to stage 1 of the assessment
5	Normally	Have two lead visitors to undertake any work
6	Normally	Have a lead visitor with experience of the educational setting and a lead visitor with experience of the clinical or practice setting.

**All partner panels undertaking performance review assessments for the HCPC will:**

No.	Always or Normally	Consideration
1	Always	Have at least one lead visitor
2	Always	Not contain any lead visitor or visitor with significant connections to the programme under scrutiny, the education provider its employees or learners*.
3	Always	Have at least one member of the panel who has prior experience of undertaking work as a lead visitor or visitor for the HCPC
4	Always	Have a service user expert advisor contribute
5	Where professional expertise is required by the assessment, always	Have at least one lead visitor or visitor from the same part of the Register as the programme being scrutinised (inclusive of modalities) <b>or</b> Have at least one visitor whose registration record is annotated with the appropriate entitlement (or is appointed to the appropriate role) for the programme in question; <b>or</b> Have at least one non-HCPC registered professional who is registered as an independent prescriber with the General Pharmaceutical Council or the Nursing and Midwifery Council, or are on the orthopaedic surgery specialist register of the General Medical Council.
5	Normally	Have two lead visitors to undertake any work
6	Normally	Have a lead visitor with experience of the educational setting and a lead visitor with experience of the clinical or practice setting.

\*Where potential conflicts of interest are unavoidable (owing to the size of the profession or where every reasonable effort has been taken to avoid potential conflicts occurring), potential conflicts must be declared to the education provider seeking their views on the potential conflict and legal advice may be sought regarding the individual case before a decision is made whether or not to proceed or seek alternate visitors. When the profession is small, consideration should be given as to whether an experienced educationalist from a different profession should be allocated to the assessment as an additional lead visitor.

**Panel selection table (approval process - stage 2, performance review / focused review where professional input required)**

		Programme leading to						
		Professional registration	Supplementary prescribing annotation	Independent prescribing annotation	Prescription only medicine (sale / supply) annotation	Prescription only medicine (administration) annotation	Podiatric surgery annotation	Orthoptist exemptions annotation
<b>Visitors' professional role or annotation</b>	Pre-registration profession	<b>Always one</b>						
	Supplementary prescribing		<b>Always one</b> (with expertise in one of these areas)					
	Independent prescribing			<b>Always one</b>				
	Prescription only medicine (sale / supply)				<b>Always one</b>			
	Prescription only medicine (administration)					<b>Always one</b>		
	Podiatric Surgery						<b>Always one</b>	
	Orthoptist exemptions							<b>Always one</b>