

**Health Professions Council
Education and Training Committee 5 December 2006**

Reports from Education and Training Committee Representatives at External Meetings

Executive Summary and Recommendations

Introduction

The Committee has agreed that representatives of the Committee should formally report back from meetings at which they have represented the Committee by completing a standard form outlining the meeting attended and the key decisions taken.

Feedback forms, which are attached, have been received from the following members:

- (i) Helen Davis
- (ii) Christine Farrell
- (iii) Tony Hazell
- (iv) Eileen Thornton (two meetings)
- (v) Diane Waller

Decision

The Committee is requested to note the document. No decision is required.

Background information

Minute 5.6.1 of the Education and Training Committee meeting 23 June 2004.

Resource implications

None.

Financial implications

None.

Background papers

None.

Appendices

Copies of feedback forms.

Date of paper

23 November 2006.

FEEDBACK SHEET TO BE COMPLETED AFTER THE MEETING

Name of Council Member	Helen Davis
Title of Conference/Meeting	BIOS Managers Forum
Date of Conference	2nd October 2006
Approximate number of people at the conference/meeting	90
Issues of Relevance to HPC I was asked to give a presentation on the role of HPC. All aspects were covered but the ones I emphasised were the fitness to practice education and touched on CPD. The following speaker talked in detail about the HPC requirements and BIOS recommendations for achieving them. Most questions related to CPD and clarification of the change to approval for clinical placements.	
Key Decisions Taken No decisions but membership said it helped to clarify HPC role and responsibilities and the CPD requirements and process	

Please complete as much of the above as you can and return by post to Sabrina Donaldson, Council and Committee Secretariat, Health Professions Council, Park House, 184 Kennington Park Road, London, SE11 4BU, or alternatively by e-mail to sabrina.donaldson@hpc-uk.org.

July 2004

FEEDBACK SHEET TO BE COMPLETED AFTER THE MEETING

Name of Council Member	Christine Farrell
Title of Conference/Meeting	Patient & Community Voices in Professional Learning
Date of Conference	14-16 September 2006
Approximate number of people at the conference/meeting	6--70
<p>Issues of Relevance to HPC</p> <p>Important questions were asked about the value and effectiveness of involving users in health professional education by teachers and users. Generally teachers were concerned to find answers to the following: what are the most effective ways to introduce change into health professional education? What does partnership working with users involve? Whose voices should be heard and how should they be used? Users were generally concerned about the outcomes of involving users for education, patient/professional encounters and service delivery. Many examples of educational activities involving users were demonstrated. These included: a five year programme of developments in the social work curriculum at the University of the West of England; examples of training patients as teachers at the University of Leeds; and involving students as advocates and mentors for patients at the University of Wisconsin. There were also presentations from the Director of the new resource centre for patient & public involvement based at Warwick University and from the Picker Institute on patient-centred professionalism. During the latter session, contributions were made on the impact of regulation on professional education. Regulation was seen as one way of introducing and sustaining change in the curriculum. The Donaldson report was described as a potential, major force for change here with its emphasis on public and patient involvement based on the principles of mutuality and autonomy.</p> <p>This was a vibrant conference which demonstrated the value to students, teachers and users, of their involvement in professional education. However, developments are still at an early stage and more evaluation is needed on the overall effectiveness of these kinds of initiatives and their outcomes.</p>	
<p>Key Decisions Taken</p> <p>A second international conference on the subject to be arranged for 2007.</p>	

FEEDBACK SHEET TO BE COMPLETED AFTER THE MEETING

Name of Council Member	Professor Tony Hazell
Title of Conference/Meeting	British Society of Human Genetics Annual Conference
Date of Conference	18/19 September 2006
Approximate number of people at the conference/meeting	700
Issues of Relevance to HPC I gave a paper on ‘Accountability and the HPC’ to a parallel session (approx 50 in attendance). The Genetic Counsellors section of the BSHG are keen to become regulated by the HPC and I was able to have informal discussions with a number of the relevant committee members regarding the process. It was suggested that I continue to have contact with them as they prepared to submit an application to the Council. (This has been agreed by the President and the Registrar)	
Key Decisions Taken None	

FEEDBACK SHEET TO BE COMPLETED AFTER THE MEETING

Name of Council Member	Eileen Thornton
Title of Conference/Meeting	Inaugural meeting of Advisory Board for the Health Subject Centres, Higher Education Academy
Date of Conference	13th October 2006
Approximate number of people at the conference/meeting	14
Issues of Relevance to HPC	
<p>Background</p> <p>The <u>Higher Education Academy (HEA)</u> mission is to help institutions, discipline groups and all staff to provide the best possible learning experience for their students. Promotes high quality learning and teaching through the development and transfer of good practice in all subject disciplines. Based in York Science Park and was founded in 2004. Independent organisation funded by grants from the four UK funding bodies, subscriptions for higher education institutions, and grant and contract income from specific initiatives. Core part of Academy is subject specific expertise, offered through 24 academic subject centres.</p> <p>Subject Centre for Health Sciences and Practice is hosted by Kings College, London. Subject Centre for Medicine, Dentistry and Veterinary Medicine is hosted by University of Newcastle upon Tyne. As part of a recent review of the infrastructure of the Academy it was agreed that the two Subject Centres related to health should form the Higher Education Academy Learning and Teaching in Health (HEALTH) NETWORK with a new, single Advisory Board to help coordinate strategy and policy across the network.</p> <p>The Chair of the Advisory Group is Professor Dorothy Whittington, currently Director of Education, Research & Development, North Bristol NHS Trust.</p>	
Key Decisions Taken	
<ol style="list-style-type: none">1. The Governance arrangements for the Advisory Board – frequency of meetings 2-3 per annum2. To hold an away day in early 2007 to determine the way forward: future strategy for the Network	

FEEDBACK SHEET TO BE COMPLETED AFTER THE MEETING

Name of Council Member	Eileen Thornton
Title of Conference/Meeting	Inaugural meeting Skills for Health Council
Date of Conference	17th October 2006
Approximate number of people at the conference/meeting	20
Issues of Relevance to HPC	
<p>Background</p> <p><u>Skills for Health</u> is the UK Sector Skills Council for Health established in May 2004 and licensed by the DfES. Part of NHS, hosted by United Bristol Healthcare NHS Trust but it is a quasi-autonomous body. UK wide and covers the whole health sector i.e. NHS, independent and voluntary employers. Funded by 4 UK health departments, Sector Skills Development Agency (SSDA), the Education Act regulatory bodies and the sector.</p> <p>From the <u>Terms of Reference</u> the Sector Skills Council has 4 key goals:</p> <ol style="list-style-type: none"> 1. Reducing skills gaps and shortages. 2. Improving productivity, business and public service performance. 3. Increasing opportunities to boost skills and productivity for everyone in the sector's workforce, including action on equal opportunity. 4. Improving learning supply, including apprenticeships, higher education and National Occupational Standards (NOS). <p>Overall purpose is to help the whole sector develop solutions that deliver a skilled and flexible UK workforce in order to improve health and healthcare. Its aims are:</p> <ol style="list-style-type: none"> 1. Develop and manage national workforce competences. <ul style="list-style-type: none"> ◆ <i>Leading and facilitating the development, maintenance and use of national workforce competence frameworks, embracing NOS, and evaluating their impact and use.</i> 2. Profile the UK workforce. <ul style="list-style-type: none"> ◆ <i>Bring together Labour Market Intelligence for the whole of the UK health sector.</i> 3. Identify and articulate sector workforce needs. <ul style="list-style-type: none"> ◆ <i>Working with and on behalf of a network of employers in the nations and regions of the UK.</i> 4. Improve workforce skills. <ul style="list-style-type: none"> ◆ <i>Developing and implementing a strategy for skills escalation embracing the use of qualifications and career frameworks.</i> 5. Influence education and training <ul style="list-style-type: none"> ◆ <i>Ensuring the sector gets the skills it wants through influencing learning supply by developing a 'Sector Skills Agreement'.</i> ◆ <i>Developing employer-led partnership approaches to quality assurance of education and training</i> 6. Work with our partners <ul style="list-style-type: none"> ◆ <i>Working in a focused and strategic way with key partners, stakeholders and customers across the sector</i> 	

Structure - Skills for Health is governed by a Board with support and advice from a wider Council. The Council is made up of 30 members to include a wide range of stakeholders and meets three times per year. The statutory regulatory body representatives are from the GMC, NMC and the HPC. The Chair of the Council & Board is filled by open advertisement and search. The Vice Chair is elected by the Council membership.

Key people - CEO is John Rogers; Chair is Chris Hannah; Vice Chair is Anna Markham

Key Decisions Taken

1. Agreed Governance Issues

Noted

2. Chair underlined importance of SSA as fundamental purpose of SfH. Council noted progress of the development of SSA and the executive summaries/action plans for each country.
3. Developments with National Skills Academy – DfES England initiative and possible future involvement of SfH in this.
4. Programme Updates on
 - ◆ Modernising Health Care Careers Project (Four programmes - AHP, Healthcare Scientists, Medical, Nursing) – UK wide.
 - ◆ New Ways of Working – England only – SfH and Skills for Care have agreed a three part strategy to continue the development of new roles across health and social care.

FEEDBACK SHEET TO BE COMPLETED AFTER THE MEETING

Name of Council Member	Diane Waller
Title of Conference/Meeting	International Reflexology Conference
Date of Conference	September 17th, 2006
Approximate number of people at the conference/meeting	120
<p>Issues of Relevance to HPC I was asked by the Reflexologists Forum (the body which represents Reflexology professional associations in the UK) to give a paper about Regulation at this event. I am now a Lay Member on the Reflexology Forum Board. They are particularly interested in the experience of arts therapists, as we are probably the profession closest to complementary medicine. I outlined the processes involved in becoming statutory as opposed to voluntarily regulated, being very clear about the transition period that the professional bodies would go through and describing the various functions of both professional body and regulator. I addressed some of the anxieties that people have about losing control of the curriculum, approving training etc. The Reflexologists have a strong voluntary register, having spent some time in bringing different groups together under the Forum's umbrella. They have produced an impressive curriculum document and scope of practice. We discussed questions about regulation of complementary medicine in general, especially in view of Foster and Donaldson reports. I think people were left with a clearer picture of the HPC and regulation in general, and through attending the Forum I will be able to make a link between the Prince of Wales' initiative and HPC if this proves to be necessary.</p>	
<p>Key Decisions Taken The UK Reflexologists to keep in touch. To look at the HPC website and acquaint themselves with its work.</p>	

Additional report tabled at meeting

FEEDBACK SHEET TO BE COMPLETED AFTER THE MEETING

Name of Council Member	Alan Mount
Title of Conference/Meeting	Skills for Health – Allied Health Professions Career Framework Strategy Group
Date of Conference	17th November 2006
Approximate number of people at the conference/meeting	15
Issues of Relevance to HPC <p>The main purpose of the Careers Framework is to set out a clear structure that will allow organisations and individuals to model career pathways, undertake workforce planning and increase transferability of competence and qualifications.</p> <p>The main aim of the Careers Framework is to illustrate a clear structure of skills escalation which will enable individuals and organisations to both plan staff career progression and service development based on competence and levels of practice. This will have a direct impact on future work we undertake on reviewing/developing a structure for recording / registering post-registration qualifications of registrants.</p> <p>Another point to note is the careers Framework is intended to support staff at all levels in the workforce to maximise their potential. It will therefore in the long term support the development of new roles within health & social care. This will have an impact on the regulation of new aspirant groups.</p> <p>The work also has a major relevance to our registrants meeting the Standards for CPD i.e. through changing roles and career pathways?</p>	
Key Decisions Taken <p>Please see attached Project Execute Summary and a position statement regarding HEI implementation.</p>	



COMPETENCE BASED CAREER
FRAMEWORK FOR AHPS

PROJECT EXECUTIVE SUMMARY
for
AHP STRATEGY GROUP

FRIDAY 17TH NOVEMBER 2006
Motorcycle Museum, Solihull
10am to 1pm

Compiled by
Alison Strode
AHP Programme Manager

Executive summary.

The AHP Strategy group will be presented with a number of reports outlining the achievements so far of the UK Departments of Health/ Skills for Health project for the development of a competence-based Career Framework for AHPs which will contribute to the modernisation of the AHP workforce.

The project has been managed in four phases which are now running concurrently:

1. Competence development, Generic and Specific.
2. Mapping roles onto the Career Framework
3. Modernising education and training to support career progression
4. Implementation of a competences based career framework across the UK

1. Competence development

Phase 1 -Generic – 25 sites were visited across 3 UK countries (excluding Northern Ireland) and the findings were presented to the National Reference group in May and presented to the Project Board in July. The analysis has been completed and the data has been presented following the patient pathway (appendix 1).

Phase 2 - Specific – 26 sites have been visited across the four UK countries this work is being finalised, having been presented to the National reference group meeting on Oct 26.

Before delivery the competences will go through the Skills for Health rationalisation process and should be ready by end February 2007.

2) Career framework

Work is underway to map AHP roles onto the career framework using the Skills for Health methodology. Gaps have been identified and networks are being approached to fill the gaps. There is particular difficulty in getting outline KSFs.

3) Qualifications framework

Early work is underway to identify a set of principles that can be followed to modernise education and training for AHPs.

A position statement and strategy titled Higher Education within the Sector Skills Council for Health can be found attached with the Strategy Group papers.

4) Implementation strategy

The Programme Manager has visited AHP leads of all four countries to gain a view on implementation. All four are at different stages of career framework development and a template below outlines that engagement. However the shared view of the four countries is that any documentation produced should be easy to understand and give examples of how the career framework might be used.

MODERNISING HEALTH CARE CAREERS

Competence-Based Career Management Framework for AHPs
OCT 2006

	Competence development	Career Framework and Pathway Development	Development plan for modernising Education and Training	Implementation Competences	Implementation of Career Frameworks and Pathways	Modernising Education & training
UK	Yes Generic and Specific					
England		Agreed	In plan	In discussion	In discussion	In Plan
Northern Ireland		In discussion	Not specified	In discussion	In discussion	Not Specified
Scotland		In discussion	In discussion	In discussion	In discussion	In discussion
Wales		In discussion	In discussion	In discussion	In discussion	In discussion

**Higher Education within the Sector Skills Council for
Health:
A position statement and strategy**

Introduction

Skills for Health is leading on the modernisation of education and training across the health sector through the strategy of National Occupational Standard (NOS) learning design. Universities unlike the other UK Regulatory Authorities are their own individual validation and awarding bodies and therefore pose additional challenges in seeking collaborative, joint working and partnership arrangements to forward this agenda.

This paper sets out the strategic vision for the implementation of the Sector Skills Agreement with particular reference to higher education through the strategy of the Skills for Health Recognition and Reward of Learning principles.

The paper outlines proposals for:

- Project and other development work
- Identification of and mechanisms for engagement of key stakeholders
- Implementation and role out of the Sector skills agreement.

Within this strategy National Occupational Standards are used to define the role or function and are used to underpin the knowledge and skills required to inform indicative content of modules or packages of learning. This process commences with defining the educational pathway, followed by the design of 'units' of learning, which are flexible, interdisciplinary, sensitive to need, equip for role and offer appropriate exit and entry points at all levels.

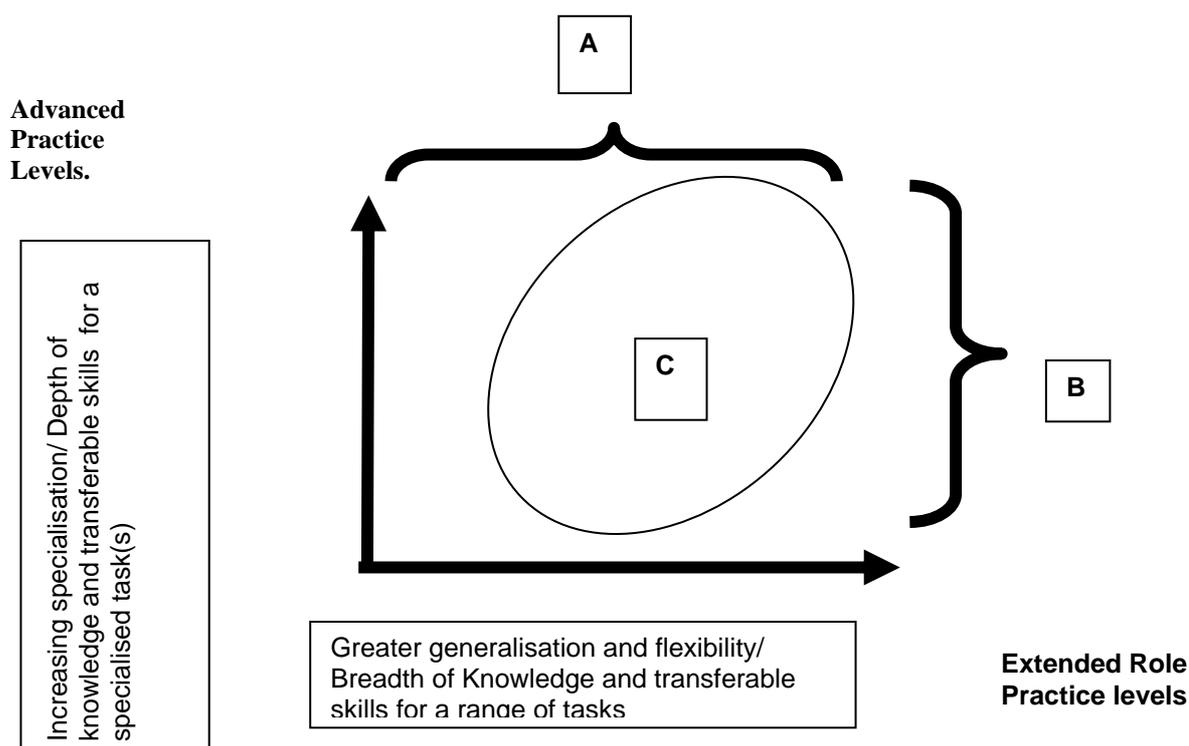
From these design features learning outcomes and the associated assessments (psychomotor, cognitive and affective skills) are then devised and measured to a required level. Credit is usually based in multiples of 10, 15, 20, or 60 with indicative content and learning outcomes and the associated assessment strategy defined in levels which combine to form awards. As an example, at postgraduate level, modules grouped into multiples of 60 credits will award a PgCE, at 120 credits a PgD and 180 credits an MSc. Various Universities will accept a certain number of credits defined at a lower level to be counted towards an award at the higher level where the total number of credits for the whole award is at that higher level.

These learning packages amassed as single modules or awards can act as a currency for entrance on to more education, often expected, (erroneously) to be at the next level. For example a graduate in Physiotherapy would expect the next package of learning he/she studies to be at Postgraduate level when in fact all that he/she might require is to extend the scope of practice at the same educational level. Hence CPD which is required to be maintained on the professional register is often undertaken in-house with no accreditation to a certificated award.

This is one of the challenges being addressed in the requirement to modernise education and training into the future to enable sustainable and affordable learning which is fit for purpose. The assumption (often driven by funding policy) about vertical progression is further complicated by the need to specialise. Indeed, specialising requires further in depth higher level of study as opposed to the above example of the physiotherapist role that needs additional breadth at the same academic level. This challenge is summarised by requiring clarity about the educational needs for the role, not an assumption that it should be at a higher level in both defining and equipping new roles and skills escalation. This facet is also captured by the accompanying recognition and reward of learning design principles as devised by Skills for Health as part of the wider strategy for the implementation of competence based learning as articulated in the SSA. The overall objective is to populate a flexible; bite sized and integrated set of pathways, finding new points of entry, exit and overlap. This also highlights the need for competence based commissioning, clarity in role design and the need to map all competences used for educational purposes to provide transferability.

In conclusion, effective use of the KSF, remuneration through AfC, clear definition of roles and educational needs in conjunction with the learning design principles together provide the strategic direction of this strategy. This also implies decoupling, or at least, loosening the careers framework from qualifications frameworks to achieve this as diagram 1 illustrates.

Diagram 1: NHS Careers: Depth and Breadth of Knowledge.



A. Career/role in terms of a range of functions defined by competences which might be at the same or similar academic level. Reward based on a portfolio demonstrating a breadth of academic and practical knowledge and skills.

B. Career/role in terms of a range of functions defined by competences of increasing coherent specialisation of increasing complexity moving up the academic levels. Reward based on depth of specialised knowledge and skills which can be recognised for attainment on academic qualifications at increasing levels.

C. The reality is that health employees will be attaining education on practical and academic knowledge and skills which can include a range of different academic award levels. The key is that assessment of their reward and title need not always be linked to award level but on meeting the needs of their role.

Overall Aims

There are four long term aims to achieving competence based learning provision as an incremental strategy. These are presented here in order of perceived priority.

Long term

1. To engage with all who use and provide Higher Education in the Health Care Sector in order to define a seamless integrated educational package with easy entry from all pre-level 4 awards and provide opportunities for numerous entry and exit points.
2. To engage and work with HEIs to provide the means whereby the work of Skills for Health is discussed/presented, understood and introduced into workforce and award design to seek and produce "ambassadors" to spread and implement this work.
3. To define standardised mechanisms for award design that encompass the function and competence enshrined in the National Occupation Standards and KSF and ensures that development of awards becomes an extended partnership between employers, employees and HEIs.

4. To link development, to recognition of the student's achievement by a clear strategic rationale for development linked to a careers framework.

Objectives

Within the first three years from 1st March 2006:

1. To identify and influence the key factors in award design, commissioning and promote new and existing functions, expressed as roles.
2. To promote seamless pathways with particular reference to the FE/HE interface.
3. To identify, influence and promote the key principles in short course, CPD and Post-registration/Postgraduate award design to move towards flexible delivery that matches the aspirations of employers and employees.
4. To devise a strategy to aide the development of partnership working between key employer/commissioners and HEIs. To do this within the parameters of the Sector Skills Agreement implementation plan.
5. To identify processes and practices that will aid interpretation and understanding between key stakeholders drawn from employers, employees and HEIs to the benefit of service delivery for the recipients of health care.
6. To maintain and disseminate the results of the relevant research, projects and general philosophical arguments as put forward within the context of the wider SSA implementation.

Short term work streams (2006 - 2007)

This strategy defines an integrated package of work encompassing the aims and objectives above. To support the implementation process of the key work of Skills for Health by the :

- Writing and validation of a module on utilising NOS and competences in Human Resources management, and educational award design - first cohort in September 2007
- The formation of a Higher Education forum to act as a resource for the rapid development of our work and aid the evaluation and dissemination of the projects and their findings.

Arising out the aims and objectives are key projects to be developed with partner institutions (HEI and employers) to act as pilot sites across all four Countries of the UK as exemplars to inform others and aid the publication of:

- Guidelines to support Trusts and HEIs for incorporating NOS into HE awards specification
- Assessment of competence in higher education - mapping to typology (completion summer 2007)
- The development of a range of specifically focussed awards that demonstrate effective incorporation of NOS/competences in awards with particular reference to the FE / HE interface and post registration flexible learning.
- Evaluation, and dissemination of all exemplars to feed into guidelines and act as ambassadors for Skills for Health.

For further information please contact:

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