Education and Training Committee, 4 December 2007

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

Executive summary and recommendations

Introduction

Skills for Health are currently consulting on a new quality assurance framework for healthcare education, EQuiP – Enhancing Quality in Partnership. The consultation runs from 28 September 2007 to 31 December 2007.

The Executive has drafted a response to the consultation which is attached. A letter from the Chief Executive to Skills for Health Chief Executive John Rogers and a copy of the consultation document are also appended.

Decision

The Committee is invited to:

- discuss the attached consultation; and
- discuss any amendments to and agree the text of the attached response to the consultation.

Background information

At its meeting on 12 June 2007, John Ennis and Helen Fields from Skills for Health presented to the Committee on their current work.

At its meeting on 27 September 2007, the Committee received a paper to note summarising Executive and Council member involvement in skills for health projects:

http://www.hpc-uk.org/assets/documents/10001D34education_and_training_committee_20070927_enclosure22.pdf

Resource implications

None

Financial implications

None

Appendices

- EQuIP Enhancing Quality in Partnership Healthcare Education QA Framework Consultation
- Letter from Marc Seale to John Rogers, Chief Executive, Skills for Health

Date of paper

22 November 2007

20 November 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 EQuIP model may 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 would be concerned that, rather than reducing burden,

such arrangements would increase the burden on education and training providers 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