Education and Training Committee – 25 March 2009

Service user involvement

Executive summary and recommendations
The CHRE performance review for 2007-8 identified three areas for development, one of which was our processes for ensuring that patients' views are taken account of in our assessment of education providers. At the Education and Training Committee meeting on 25 September 2009, it was agreed that the Executive would investigate this area further and report back to this meeting.

The separate paper on the revised standards of education and training and guidance partly addresses this area, as it considers the specific responses to the consultation around how our standards and guidance might better support service user involvement.

This paper outlines how our standards and guidance could be modified further to support service user involvement in approved programmes as well as how our processes could be modified to strengthen how service users' views are taken into account. The Education and Training Committee is asked to agree a number of enhancements to the standards of education and training guidance and the approval and monitoring processes.

Introduction

Definition
At the Education and Training Committee meeting on 25 September 2009, it was noted that the HPC used the term 'service users' instead of patients. Service users are usually defined as 'anyone who uses or is affected by the services of a registrant. This may include carers and relatives.' Using this broader definition is important when considering the pre-registration education context as students train in a variety of settings. Individual service users will vary depending on the programme design, the profession and how and where student placements are.

Background
Appendix 1 provides a summary of the combined feedback from visitors, education providers and education stakeholders. There was a shared feeling, across of all the different groups that education providers should take responsibility for ensuring that programmes were designed to take into account feedback from services users and that the HPC should take responsibility for facilitating and safeguarding this expectation. It was evident from the feedback that whilst service users were already involved with many pre-registration education programmes, their involvement was by no means uniform or standard practise across all education providers or all professions. However, where service user involvement was established it appeared to always be well documented. There was also a degree of confusion and scepticism over the

purpose and extent of service users' involvement. Some felt that a number of service users would lack the necessary knowledge to fully engage in the approval/validation process (e.g. the theoretical / academic underpinning of the programme); whilst others felt that where service users did not have direct contact with registrants or students on placements (e.g. biomedical scientists, clinical scientists), they would have unrealistic expectations of what a programme or student should deliver. All groups recognised the value that might accrue from service user inclusion on a visiting panel, but felt that the immediate challenges needed to be thought through.

Appendix 2 provides an overview of other regulators and stakeholders activities in this area. All bodies include service users in their processes, but the extent of their involvement varies greatly. The GMC, PMETB and QAA all include students as a member of the visiting panel; whilst the GCC, GDC, GOC, GOsC, NMC and RPSGB all have visiting panel made up of professionals only, like us. All the healthcare regulators meet with students as part of visits, with the QAA strengthening student involvement further through separate documentary submissions and their involvement in preliminary meetings. None of the healthcare regulators have formulised meetings with patients as part of their visits; although many meet with placement educators, placement providers and employers which arguably are incorporated into the wider definition of service users.

The remaining of this paper outlines the changes to our standards and processes that the Executive propose to enhance service user involvement in the pre-registration education context. These proposals take into account the original CHRE recommendation, the feedback from key education stakeholders, the relevant stipulations of the Health Professions Order and the Committee's commitment to ensuring that our regulation is robust, rigorous and effective, without being over-burdensome for education providers.

Service user involvement in programme design
In order to facilitate effective service user involvement with a programme, it is proposed that our standard of education and training guidance is altered. This will allow education providers to meet our standards in a variety of ways, relevant to their particular profession or model of education and training; whilst allowing us to investigate the level and effectiveness of involvement. It is hoped that amending the guidance, rather than creating or amending a standard, will provide flexibility and encourage innovation in this area. Although adopting a new standard could arguably provide a more focused safeguard, it would also create an additional burden on some education providers and some professions. Amending the guidance allows us to monitor long term service user involvement whilst retaining our focus on the delivery of the standards of proficiency.

In addition to the consideration given in the separate paper on the revised standard of education and training guidance, it is proposed that service user involvement is encouraged in the following areas; admissions and selection, design and development, delivery and teaching, assessment and monitoring, review and evaluation.

Appendix 3 proposes the relevant amendments to standards of education and training guidance.

Service user involvement in approval process

In order to strengthen the service user involvement in our approval process, it is proposed that we encourage (as opposed to require) education providers to include a validation or critical review document with their submission. This will allow education providers to submit existent documents, without creating an additional documentary burden where this type of document does not already exist. The standards of education and training mapping document will continue to require education providers to detail where they meet the standards in their personalised set of documents and encourage education providers to submit additional evidence of service user involvement. With the amended guidance and the personalised standards of education and training mapping document, visitors will be able to follow up any concerns about service user involvement.

It is also proposed that we encourage (as opposed to require) students to submit a written submission alongside the education providers documentation. This will give students the choice to produce or submit existent documents, without creating a specific requirement on them or their education provider. If a written submission is received from students, then visitors would use the existing meeting on the approval visit to discuss its contents further.

There are no proposals to change the groups that visitors meet with as part of a standard approval visit. The current meetings (see appendix 3) allow visitors to see a sufficient range of service users and discuss the level and effectiveness of their involvement with the programme. If we were to visit a programme as part of a directed or thematic visit, we would not follow this standard visit agenda. In these situations, if relevant, we would arrange to meet particular groups to discuss their involvement and opinion of the programme. This approach allows us to focus resources on the relevant risks.

There are no proposals to change the composition of visit panels at the present time. There is a lack of evidence to suggest that the existing visit panels are not working and that future panels will not be able to assess an education provider's ability to meet the amended standards and guidance. The Health Professions Order also stipulates the role and registration status of visitors. However, it is recommended that further research is undertaken and the area revisited. Further research would allow us to fully explore the arguments for and against the inclusion of students or patients (as an example) on visit panels. This research would consider strategic and operational perspectives as well as analysing the experiences of bodies such as QAA and GMC, the role and implications of the Standards and Guidelines for Quality Assurance in the European Higher Education Area (which clearly state that the participation of students in quality assurance activities and external assessment is an expectation) and the Committee's position on lay visitors made in March 2006. In light of the available evidence, it is recommended that Committee avoid making a rushed decision at this stage. Any changes to our regulatory processes should be clearly justified, balancing the costs of regulation against clear benefits. It is anticipated that future research will place the Committee in a much better position to make decisions about changes or additions to the composition of visit panels.

Service user involvement in annual monitoring process

In order to strengthen the service user involvement in our annual monitoring process, it is proposed that we encourage (as opposed to require) education providers to include evidence of ongoing service user involvement in their audit

submission, where relevant. Many education providers already submit copies of course consultative or employer liaison meetings as additional documents. Adopting this flexible approach will allow education providers to submit existent documents relevant to the changes detailed in their audit submission and in-keeping with their internal model of annual monitoring. It will also allow visitors to consider the role and evidence of service users in their ongoing monitoring and evaluation of a programme.

Service user involvement in major change process
In order to strengthen the service user involvement in our major change process, it is proposed that we encourage (as opposed to require) education providers to include evidence of service user involvement with their major change submission, where relevant. Many education providers already submit evidence of student and/or employer consultation about their changes. Adopting this flexible approach will allow education providers to submit existent documents relevant to the changes detailed in their submission. It will also allow visitors to focus on the engagement of service users in any proposed changes and if necessary request additional documentary evidence to demonstrate their engagement.

Decision
The Committee is asked to agree the following:

1) To recommend to Council the additional changes to the standards of education and training guidance (outlined in appendix 3).

2) To approve the following enhancements to the approval and monitoring processes;
   (a) Agree that the submission of validation or critical review document (as part of the approval process documentation) is optional but strongly encouraged;
   (b) Agree that a student written submission (as part of the approval process documentation) is optional but strongly encouraged;
   (c) Agree that no changes are made to the groups that visitors meet on an approval visit;
   (d) Agree that no changes are made to the composition of the visit panel;
   (e) Agree that the submission of evidence of engagement with service users (as part of an annual monitoring audit submission) is optional but strongly encouraged; and
   (f) Agree that the submission of evidence of engagement with service users (as part of a major change submission) is optional but strongly encouraged.

3) To approve that the above enhancements are communicated to education providers ahead of the 2009-2010 academic year and that they become effective from September 2009. To agree that publications are updated at the next suitable opportunity.

4) To approve that further research is conducted into the value and effectiveness of extending the composition of the visit panel to include service users. The findings from this research will report back to Committee in March 2010.

Background information
1. CHRE performance review for 2007-08
2. Education and Training Committee 25 September 2009 (item 8)
3. Standards of education and training guidance
4. Approval process - supplementary information for education providers
5. Annual monitoring - supplementary information for education providers
6. Major change - supplementary information for education providers

Resource implications
1. Reprinting of the standards of education and training guidance document – incorporated into the draft Education Department work plan 2009 - 2010
2. Communication of changes to education providers and updating of operational documents and website – incorporated into the draft Education Department work plan 2009 - 2010
3. Further research into composition of visit panels – incorporated into the draft Education Department work plan 2009 – 2010

Financial implications
1. The 2009-10 budget includes provision for the reprinting of the standards of education and training guidance document. (£10,000)
2. The 2009-10 budget does not include any provision to redraft or reprint the three supplementary information publications. It is estimated that this would cost between £15,000 and £20,000. Addendums will be created in the short term for attachment to the existing versions of the publications.

Appendices
1. Service user involvement feedback
2. Overview of service user involvement in the accreditation processes of regulators and education stakeholders
3. Proposed amendments to standards of education and training guidance
4. Sample approval visit agenda

Date of paper
13 March 2009

Service user involvement feedback from key education stakeholders

During the visitor refresher training sessions and education seminars in autumn 2008, the Executive ran facilitated sessions on service user involvement. Discussion was focused around the following three questions;

- How can we take service user perspectives into account as part of our approval and monitoring processes?
- What kind of evidence would you provide for HPC visitors to see?
- Are there challenges that this will create for education providers?

This appendix is a summary of the combined feedback from visitors, education providers and education stakeholders.

Definition of service users

- The attendees felt that the definition of service users varies greatly between professions and education providers.

- The attendees felt that there was a need to define who service users were in the area of pre-registration programmes as there was great variation.

- The attendees felt that service users' involvement needed to be considered in three different avenues – (i) involvement in programme design, (ii) inclusion in visiting panels and (iii) inclusion in visit – meeting with service users.

Role and value of service user involvement

- Some attendees felt that education providers may struggle getting balanced views from patients. They felt that the experience of care or experience of a student currently had an unclear focus.

- Some attendees felt that there may be ethical difficulties involved in obtaining some service user views.

- Some attendees were unclear how patient, service user and carer views could add value to the delivery or design of pre-registration training programmes given an individual's limited exposure to a programme and a minimum understanding of the underpinning knowledge and theory.

- Some attendees argued that service user views around a students' professionalism and communication skills were invaluable to their learning and the ongoing enhancements of a programme.

- Attendees explained that many education providers already involved service users in their curriculum design and delivery, but that this work was more often than not at a faculty/school/department level, rather than the programme level. Attendees wished to retain this model due to its feasibility and cost-effectiveness.

- Some attendees questioned whether education providers would need to seek patients' views of students or graduates and both, and the value of each.

- Some attendees explained that patients could already be involved in focus groups/forums and that education providers could tap into these as sources of evidence. Attendees explained that some education providers already hold their own service user forums. Some attendees were unclear how education providers would use focus groups/forums to design or review their programmes.

- The attendees asked whether the HPC could use service user groups in an area of education to get a broad overview level, rather than requiring individual education providers to do this.

- Some attendees suggested that a forum was provided for education providers to discuss and share their issues and experiences.

- Some attendees suggested that the HPC look at other regulators (especially the GSCC) to learn from their experience in this area.

Collecting the evidence base

- The attendees felt that there would be an increased burden on education providers if they were required to collect and collate patients' views at a programme level.

- Some attendees questioned whether existing university engagement strategies (e.g. service user forums, employer groups) with service users could be submitted to the HPC as evidence.

- Some attendees explained that in England, Strategic Health Authority contract monitoring arrangements already required education providers to report on their levels of service user involvement.

- Attendees acknowledged that the Strategic Health Authority contracts (in England) varied and they would need to include appropriate annual review questions to reflect the different approaches across the professions.

- Attendees, familiar with the area of biomedical science, questioned whether the reports from the accreditation of laboratories could be used as evidence. They also raised the question of what weight visitors should put on interim reports.

Proposed new standard of education and training 3.3 (The programme must have regular monitoring and evaluation systems in place)
- Some attendees thought that this new standard could be used by education providers to demonstrate the involvement of service users in their programme design.

- Some attendees thought that patient perspectives could not be guaranteed within this new standard sufficiently.

- Some attendees suggested that a new standard was included in section three which specifically required education providers to demonstrate how service users are involved in the design and review of their programme.

Approval visits

- Some attendees felt that the meetings with placement providers already allowed visitors to take this particular service user groups' perspectives into account.

- Some attendees felt that education providers may struggle logistically in involving service users in approval visit meetings and questioned whether documentary evidence was more practical. Some attendees felt this documentary evidence would not be easy to establish within some education providers; whilst other attendees felt that if the requirements were broad, education providers could easily include questionnaires and records of discussion and overcome any professional variations.

- Attendees felt that if students had input into a new or substantially revised programme then the visitors should ask explicit questions around the process.

- Some attendees felt that the standard documentation for an approval visit should be expanded to include a validation or critical review document which detailed evidence of stakeholder involvement and the underlying rationale for the programme.

- Some attendees felt that placement educators should be involved more with visits and that visits to placement sites should be included.

- Attendees felt that there should be ongoing evaluation of service user involvement beyond the approval visit with specific follow up questions addressed through the monitoring processes.

Monitoring submissions

- Attendees agreed that if service user views (especially those of students) were relevant to a major change submission then documentary evidence should be requested from education providers.

- Attendees agreed that if service user views (especially those of students) were relevant to an annual monitoring submission then documentary evidence should be requested from education providers.

- Attendees felt that the standard documentation required for the annual monitoring audit year could be extended to include evidence of ongoing service user involvement (e.g. student course committee minutes), but that the increase in documentation should need to be monitored to ensure that there was not an increased burden to education providers and visitors.

Overview of service user involvement in the accreditation processes of regulators and education stakeholders

Name of organisation	Composition of visiting teams	Involvement of groups during the visit
General Chiropractic Council (GCC)	Visit teams do not include a lay member or a student visitor.	Visit teams talk directly to students. Visit teams do not meet with patients.
General Dental Council (GDC)	Visit teams do not include a lay member or a student visitor.	Visit teams talk directly to students. Visit teams evaluates patient feedback where it is available
General Medical Council (GMC)	All GMC visit teams include a lay member visitor and a (medical) student visitor.	Visit teams talk directly to students. Visit teams evaluates patient feedback where it is available
General Optical Council (GOC).	Visit teams do not include a lay member or a student visitor.	Visit teams talk directly to students. Visit teams do not meet with patients.
General Osteopathic Council (GOsC)	Visit teams do not include a lay member or a student visitor.	Visit teams talk directly to students and employers. Visit teams do not meet with patients.
Nursing and Midwifery Council (NMC)	Visit teams do not include a lay member or a student visitor.	Visit teams talk directly to students. Visit teams do not meet with patients.
Pharmaceutical Society of Northern Ireland (PSNI)	RPSGB takes the oversight and quality assurance of pharmacy education on a UK wide basis.	RPSGB takes the oversight and quality assurance of pharmacy education on a UK wide basis.
Royal Pharmaceutical Society of Great Britain (RPSGB)	All RPSGB visit teams include a lay member (which will be a patients' representative, a senior member of another health or social care profession or an expert educationalist).	Visit teams talk directly to students. Visit teams do not meet with patients.
General Social Care Council (GSCC)	GSSC's regional inspectors visited at least one of the service user networks in their region to discuss how they have been involved in approved programmes.	Annual monitoring reports require education providers to detail how service users have been involved in all aspects of approved programmes. GSSC sent a short questionnaire to 41 service user organisations across England

Name of organisation	Composition of visiting teams	Involvement of groups during the visit
		asking about their involvement in approved programmes.
Quality Assurance Agency (QAA) Institutional audits (England and Northern Ireland)	The QAA is currently consulting on the inclusion of student members in institutional audit teams, with a view to implementing any necessary changes from the academic year 2009-10 onwards.	Students are invited to prepare a written submission to brief the audit team. This submission is voluntary. Students are invited to preliminary meeting. Visit teams talk directly to students. Visit teams do not meet with patients or employers.
Quality Assurance Agency (QAA) Institutional audits (Wales)	Visit teams do not include student members	Students are invited to prepare a written submission to brief the audit team. This submission is voluntary. Students invited to preliminary meeting. Visit teams talk directly to students. Visit teams do not meet with patients or employers.
Quality Assurance Agency Scotland (QAA Scotland) Enhancement Led Institutional Review (ELIR)	All ELIR visit teams include student reviewers as full members.	Students are invited to annual meetings. QAA Scotland anticipates that institutions' submissions are produced in collaboration with its students. Visit teams talk directly to students. Visit teams do not meet with patients or employers.
Quality Assurance Agency (QAA) Integrated quality and enhancement review (IQER) (England)	Visit teams do not include student members.	Students are invited to prepare a written submission to brief the audit team. This submission is voluntary. . Students are invited to preliminary meeting. Visit teams talk directly to students. Visit teams do not meet with patients or employers.
Postgraduate Medical Education and Training Board (PMETB)	All PMETB visit teams include two lay member visitors and a (medical) trainee.	Visit teams talk directly to students. Visit teams do not meet with patients.

Proposed amendments to standards of education and training guidance (in italics)

2 Programme admissions
2.5 The admissions procedures must apply selection and entry criteria, including appropriate academic and/or professional entry standards.
Guidance We will want to be assured that your academic and professional entry standards, including those regarding literacy and numeracy, are appropriate to the level and content of the programme. We will want to view evidence of how these standards are communicated to applicants and how they are applied. *You may want to show how you engage service users with your admissions and selection procedures. You could, for example, explain how service users are involved in your short-listing or interviewing processes or how they contribute to the design of interviewing questions or scenarios.*

3 Programme management and resources
3.2 The programme must be effectively managed.
Guidance We will want to see evidence of the programme management structure. This may include the lines of responsibility and the links to the management of practice placement providers, highlighting the roles and responsibilities of all parties. If the programme proposal is new, we must be convinced that there are effective systems in place to manage the programme and that individuals involved have the skills and expertise they need to work within these systems. If there is a partnership with another person or organisation to deliver the theoretical content of the programme (for example, another education provider, or where an employer employs the academic staff as well as the practice placement educators), we will ask to see the partnership agreement and find out which regulations and procedures apply to students and staff. We will want to be assured that there are clear procedures to deal with any problems in this area, and these should be clearly written into any partnership agreement. Evidence might include: • the programme handbook; • an outline of the management structure; • role descriptions; and • *records of staff-student liaison committees or employer liaison groups, or other service user activities.*

3   Programme management and resource standards

3.8 The resources to support student learning in all settings must be effectively used.

Guidance

By 'all settings' we assume that this covers the theoretical setting as well as the practice placement setting. 'All settings' could also refer to a second site where parts of the programme are delivered or where programmes are delivered by a franchise arrangement. In cases such as these, we will need to see evidence of the resources that are available and used by students.

'Resources' in this context may include:
- student handbooks and module guides;
- information technology (IT), virtual learning environments and other specialist programmes;
- academic and support staff;
- *service users direct involvement;*
- buildings;
- texts and journals;
- equipment; and
- materials.

This SET means that resources must be used effectively. You could provide information about the resources students have access to, including how equipment booking systems are used, or how laboratory resources are used. We will also want to be sure that resources are effectively used on placements, so, as part of your evidence to show that you meet this SET, you could show us how you support student learning in a practice placement setting.

We will want to see evidence of how you monitor the use and effectiveness of the resources through your regular monitoring and evaluation systems. Please see SET 3.3 for more guidance on this issue.

The evidence supplied here may also be relevant to SET 3.9

4   Curriculum standards

4.4 The curriculum must remain relevant to current practice.

Guidance

Practice may change over time. We expect you to provide evidence of how you make sure the curriculum remains relevant. Evidence may include:
- evidence of regular contact with ~~employers~~ service users;
- staff CVs (which might include information about how you maintain the relevance of the curriculum through the ongoing clinical or research experience, or professional activity of members of the programme team);
- evidence that the programme team participate in CPD
- evidence of how research and scholarly activity affect the programme, and programme development;
- peer-reviewed journals used in the curriculum;
- QAA reports;

- evidence of the contribution that stakeholders (placement educators, employers, practitioners, past and present students, service users, and strategic health authorities) make in the programme planning process; and
- evidence of how changes in policy and health and social care developments affect your programme's development.

You may want to provide information about how current frameworks influence the profession, and so influence the education and training that you provide. You should demonstrate how the programme design and delivery:
- predicts or reflects change in health and social care and its organisation, changes in the law, and in service user need;
- reflects developments in a profession's research base and technological advances;
- develops students' ability to respond to changes in practice;
- enables students to initiate change in practice to ensure continuing safe and effective practice; and
- equips students with the knowledge, skills and understanding to make a positive contribution for their service users.

4 Curriculum standards

4.8 The range of learning and teaching approaches used must be appropriate to the effective delivery of the curriculum.

Guidance

'Appropriate' means appropriate to the learning outcomes needed, both in terms of theoretical knowledge and the practical skills needed in professional practice.

You will need to show that you use a 'range' of learning and teaching approaches in delivering the programme. We do not specify how many approaches you should adopt, but it is unlikely that a programme which relied on one learning and teaching approach would be able to give evidence to show that it met this SET.

This area of SET 4 refers to both the theoretical and practice placement environments, so the information that you provide here may also be used to show how you meet SET 5 (which is concerned with practice placements).

You may want to show how you engage service users with your teaching and learning activities. You could, for example, explain how service users are involved in direct participation in teaching sessions or the development of service user led training materials.

The evidence supplied here may also be relevant to SETs 4.3, 4.4, 4.6 and 4.7.

Other sources of guidance
- The Higher Education Academy (www.heacademy.ac.uk)
See the back of this document for a list of publications.

6	**Assessment standards**

6.3 Professional aspects of practice must be integral to the assessment procedures in both the education setting and practice placement setting.

Current guidance

'Professional aspects of practice' may include, for example, the students' familiarity with:

- autonomy and accountability;
- values and ethics; or
- their understanding of the nature of professional regulation, and the responsibilities this involves.

You could provide information about how your assessment procedures assess this area of learning. For example, you may provide information about a specific module which covers professional issues, with information about how this is assessed. Alternatively, this information may be included in the placement handbook, learning log and other relevant parts of the curriculum.

You may want to show how you engage service users with your assessment procedures. You could, for example, explain how service users are involved directly in the assessment of students (formative or summative) or how service users contribute to the development of assessment tools.

Other sources of guidance

- Health Professions Council, Standards of conduct, performance and ethics
- Health Professions Council, Standards of proficiency

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Agenda

Day one	
12:00pm	**HPC private meeting**
	As an independent regulator, the HPC must come to their decisions independently, which is why we need private meetings throughout the event. This specific meeting will be used to discuss the documentation and agree the detailed points of discussion in the various meetings.
2:00pm	**Joint panel meeting**
	This meeting allows the HPC representatives and other panel members (e.g. chair, secretary, quality assurance staff, professional body representatives) to agree the detailed points of discussion in the following meetings with the senior team, students, programme team & placement providers and the general approach to the event.
2:30pm	**Tour of facilities – meeting with resources staff**
	This tour allows the HPC representatives to determine whether the learning resources available to support the programme are appropriate. The tour may include the library, IT and specialist teaching areas.
3:30pm	**Meeting with students**
	This meeting allows the HPC representatives to gauge the students' experience of the programme. Ideally, this meeting should include student representatives. Any issues raised will be discussed with the programme team in their separate meeting on day two. For new programmes where there are no current students, HPC would like to meet with students from an existing course in the same subject area.
4:30pm	**Meeting with senior staff** **(e.g. Senior managers, Deans/Heads of School/Faculty, Senior managers from funding/commissioning bodies)**
	This meeting allows the HPC representatives to discuss issues with those responsible the resourcing and financing (as opposed to the delivery) the programme. For programmes delivered in partnership, HPC would like to meet with senior representatives from the other bodies.
5:30pm	**Finish**

Day two	
9:00am	**Joint panel meeting**
	This meeting allows the HPC representatives to report feedback their findings from day one and reconfirm the detailed points of discussion with the programme team and placement providers on day two.
9:30am	**Meeting with programme team (including the programme leader and placement co-ordinator)**
	This meeting allows the HPC representatives to discuss issues with those responsible for the day-to-day management and delivery of the programme. (If the education provider wishes to give a presentation, then this should be incorporated here).
11:30am	**Meeting with placement providers and placement educators**
	This meeting allows the HPC representatives to discuss issues with placement providers, managers and educators responsible for practice/clinical placements.
12:30pm	**Working lunch and HPC private meeting**
	During their working lunch, the HPC representatives will meet privately to agree the outcome of the approval visit. If there are any unresolved issues, the HPC reserves the right to recall individuals at this stage, to investigate matters further.
2.30pm	**Joint panel meeting**
	This meeting allows the HPC representatives to feedback their outcome of the approval visit to the panel and discuss how the conclusions from the event will be delivered to the programme team.
3.00pm	**Feedback to programme team**
	The HPC representatives will give informal feedback, if appropriate, on their outcome of the approval visit. However, please note that this is not a requirement of the Health Professions Order. If appropriate, details of any conditions, recommendations and commendations will be given verbally.
3.30pm	**Finish**