

Education and Training Committee, 12 June 2017

Education annual report 2016

Executive summary and recommendations

### **Introduction**

This paper includes a draft copy of the Education Annual report 2016. This report is published by the Education Department each year, reviewing our work and outcomes regarding our approval and monitoring processes.

This year, we have produced a shorter report focusing on key areas of interest and how these relate to broad themes around:

- the influences on our work;
- the overall profile of work completed;
- the outcomes we reached; and
- the impact of our work on the programmes we approve

In doing so, we hope to make our key messages more accessible to education providers and the broader sector and regulatory related stakeholders. We will still publish full data set to accompany this document. We have also taken the opportunity to more closely align our annual reporting to the data we hold, following our work to implement new back office systems in recent years.

The analysis we have done in previous year, utilising graphs and tables, has not been included in the body of the report itself. Instead we have created a companion appendix so that anyone wishing to access this information can do so. As with the data set that the report is based on, this will be available to download on the Education Department's website.

We are working closely with designers and publishers around the look and feel of the final publication to further aide accessibility and interest of the document for our target audience. A section in the report, highlighted in italics, has been included to demonstrate to committee what work the designer will undertake and what information will be provided using graphics. A communications plan is also being

developed to direct communication dissemination activities following publication, which is planned for July 2017.

**Decision**

The attached paper is to note only.

**Background information**

- Education annual report data set 2016

**Resource implications**

None

**Financial implications**

The financial implications of this paper include the following.

- Costs for the design and publication of the annual report are accounted for in the Education Department budget for 2016-17.

**Appendices**

None

**Date of paper**

5 May 2017

**[Front cover]**

**[HCPC logo]**

**1 September 2015 to 31 August 2016 [strapline]**

**Education annual report 2016 [main title]**

**DRAFT**

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## Introduction

### About us

The Health and Care Professions Council (HCPC) is a multi-professional regulator and its role is to protect the public. Each of the professions we regulate has one or more 'protected titles' meaning that anyone who uses one of these titles must be on our Register. Our Register is a list of professionals (who are called 'registrants'), which [anyone can check](#) to make sure their health or care professional meets our standards and can practice safely and effectively.

### How we regulate

Our [governing legislation](#) requires us to keep a register of professionals; approve programmes which professionals must complete before they can register with us; and take action when professionals on our Register do not meet our standards. We do this by setting standards for the education and training, professional knowledge, skills, conduct, performance and ethics for the professions we regulate.

### Our standards

The [standards of proficiency \(SOPs\)](#) are our threshold standards for safe and effective practice that all registrants must meet to join the Register, and continue to meet to stay registered. The [standards of education and training \(SETs\)](#) are standards that a programme must meet to be approved by us. These standards make sure that anybody who completes an approved programme meets the standards of proficiency so that they are eligible to apply to join the Register.

### Assuring the quality of education and training

We [approve and monitor](#) education and training programmes for the professions we regulate, to make sure that they meet our standards. We can assess programmes from any type of education provider (for example a university, college, private training institution or professional body), for programmes that lead to registration and qualifications for registrants that want to extend their scope of practice. New programmes are assessed at an approval visit and approval is normally granted on an open-ended basis, subject to satisfactory monitoring. Programmes are then monitored to make sure that they continue to meet our standards.

Each academic year, programmes must go through annual monitoring. Education providers are responsible for highlighting how programmes have changed, mapping these against the standards and submitting supporting evidence. Education providers must also report significant changes to programmes (that impact how the programme meets our standards) through our major change process. Following both of these processes, it may be necessary to carry out another assessment through an approval visit. Anyone can raise a concern about one of our approved programmes. We look at concerns carefully and if necessary, investigate them to make sure programmes are continuing to meet our standards. You can find a list of [approved programmes](#) on our website.

### How we make decisions

Decisions about programmes are independent of the executive and based on evidence. We appoint [partner visitors](#) to carry out assessments so that we have profession-specific input in our decision making. Following an assessment, visitors

recommend an outcome to our Education and Training Committee (ETC) to make a decision. The ETC meets in public on a regular basis and you can view their decisions [on our website](#).

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## Executive Summary

Welcome to the eleventh Education annual report of the Health and Care Professions Council (HCPC), covering the period 1 September 2015 to 31 August 2016. In this report we show that our predictions in [last years' annual report](#) were realised in that we carried out more work to assess the quality of education and training programmes (programmes) this year than in any previous academic year. We also show that improvements to our systems and processes have enabled us to increase the overall volume of our assurance activities, whilst ensuring work is undertaken in a timely and efficient manner.

This is most clearly demonstrated by the majority of our approval and monitoring work as we were able to assess programmes more efficiently than at any time in the last five years. However, where required, we have also taken more time to delve deeper into the information we have received, particularly when faced with complex changes, new education providers, new models of education and significant sector developments driving change. This has led to even greater collaboration with education providers, particularly at the outset of processes, to ensure that we have done all we can to facilitate proportionate, risk based decisions about the quality of programmes.

We have also started to see some sector developments begin impact our work this year. In particular [proposed changes to funding arrangements for allied health professional \(AHP\) programmes](#), the [proposed changes in the higher education sector in England](#) and the continued implementation of funding changes for programmes from the social work profession, in England. These developments will impact how programmes will continue to meet our standards and as such will affect how we engage with the education providers we work with. We will monitor how this affects programme numbers and the resulting levels of assurance activity in the future

This report provides some statistical information and analysis. It is designed to highlight key trends and what has caused them, in particular important developments in the education sector. It also aims to improve stakeholders' understanding of our approval and monitoring processes. We hope this report is accessible and relevant to anyone wanting to know more about the HCPC.

You can download a full set of data from the 2015-16 academic year in the Education section of our website.

**Abigail Gorringe**  
**Director of Education**

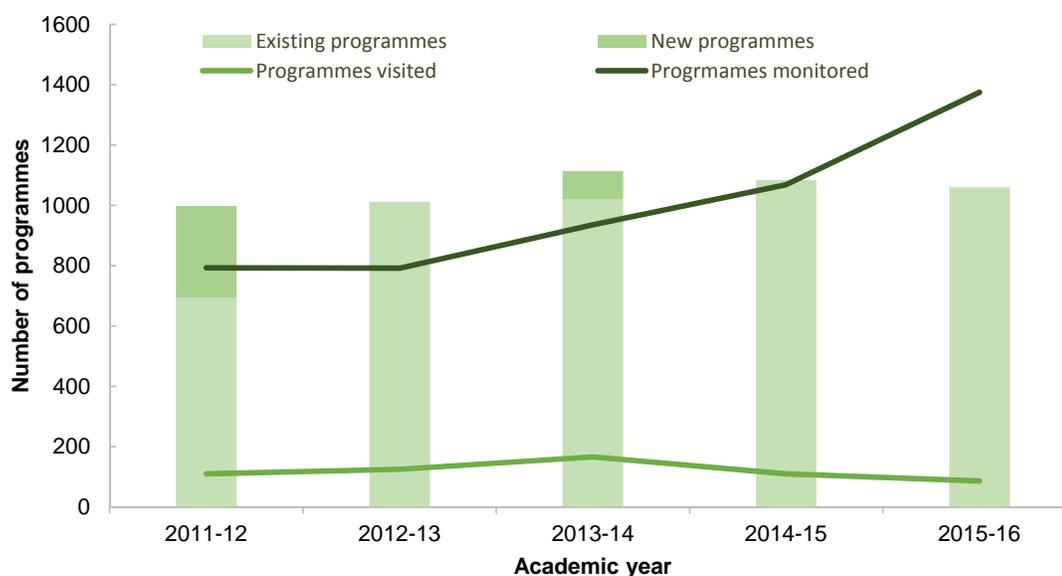
## Chapter 1: Influences on our work

Each year there are key developments which influence the type and volume of approval and monitoring work we undertake. Some of these developments are driven by us, but the majority are external developments in the health, care and education sectors. Key to our model of assurance is that we can adapt and undertake our work in changing circumstances so it is important that we understand what affects our work so that we can positively react to these developments.

### Number of approved programmes

Over the last five years, we have seen an increase of 6.2 per cent in the total number of approved programmes and at the end of this year there were 1060 programmes on [the list](#). This overall increase in approved programmes has mainly been the result of our regulation of [social workers in England](#), and [changes in prescribing legislation](#) allowing chiropractors / podiatrists and physiotherapists to prescribe independently.

**Graph 1 – Five year comparison: number of approved programmes, programmes visited and programmes monitored**



It is important to understand any changes to the number of approved programmes as the work we undertake each year is linked to the programmes we approve, and how we expect education providers to engage with us. This year the link was very clear as the percentage of approval and monitoring work per profession mirrored almost exactly the percentage of approved programmes for that profession. So for example, physiotherapy (seven per cent of programmes) and social work (24 per cent of programmes) accounted for eight per cent and 22 per cent respectively of our assurance work this year. This pattern was repeated across all professions and programmes this year, demonstrating clearly the link between workload and the number of programmes.

Once approval is given, we expect an education provider to continue to engage with us through our major change process whenever their programmes are subject to

significant change, and on a yearly basis through the annual monitoring process. This engagement drives the work we carry out to monitor programmes on annual basis and increases in the number of approved programmes leads to increases in the work we do to monitor these programmes, shown in graph 1.

Because all programmes must demonstrate they meet our standards and be approved before they can be monitored programmes for social workers in England were included on the list as transitionally approved in 2011-12. This caused a significant jump in the number of approved programmes which happened again in 2013-14 when we approved a number of independent prescribing programmes. As a result, the number of programmes that we monitored rose steadily in the years that followed after these programmes became approved. This highlights that an increase in the number of approved programmes will drive an increase in assurance work over a longer period of time, usually over a three to five year period.

### **Changing models of education funding and delivery**

As well as the number of approved programmes external developments in the health, care and education sectors also influenced our work in 2015–16. In particular we have seen increasingly varied models of education being proposed and a number of government initiatives impacting many of the programmes we approve.

Following increased funding for paramedic education and [revised curriculum guidance](#), 48 paramedic programmes submitted notification forms this year leading to twelve programmes having their changes assessed through an approval visit. There were also sixteen new programmes assessed at approval visits, which means that more than half (56 per cent) of paramedic programmes engaged with our approval process this year.

Thirty-three per cent of major change notifications related to programmes for professions that will be [changing their funding model for pre-registration education in England](#). Notifications for dietetics programmes increased from seven to seventeen, affecting over half of all approved dietetics programmes.

[Reforms to student bursaries](#) impacted how some social work programmes recruit and support students, and placement funding changes (implemented in 2015) affected how much money local authorities have to provide practice [placements](#) for students. Sixteen social work programmes submitted change notifications related to practice placements this year. We also worked with 12 education providers around the social work [Teaching partnerships](#) initiative, linked to funding from the department of education, which has also prompted some education providers to make changes to their programmes.

In April 2016, changes to the [Medicines Act 1968](#) and [Human Medicines Regulations 2012](#) allowed therapeutic radiographers to train to become independent prescribers and dietitians to become supplementary prescribers. Major change notifications for programmes in these professions more than doubled from last year.

In tandem with these changes an increase in the number of programmes delivered collaboratively (such as between higher education institutions and government agencies) was seen this year. Fourteen per cent of programmes subject to an

approval visit this year were either a collaborative programme or were being delivered by an education provider on behalf of another organisation.

### **Changes implemented by us**

To reflect the changing nature of the professions we regulate, [in 2012 we started to review and update all of the SOPs](#). This was to ensure that the language and structure of the standards continues to reflect current training and practice. As each set of SOPs have been published we have required programmes to report that they have integrated the new standards through our annual monitoring process. This year 49 per cent of programmes subject to annual monitoring audits, from 14 different professions, had to report that they had integrated the revised SOPs into their curricula.

A new SET, introduced in 2014, [requires programmes to involve service users and carers](#). To meet this standard education providers need to be able to justify why the service user and carers they have chosen are appropriate and relevant to the programme. This year was the first year that we assessed approved programmes against this new standard, through the annual monitoring process, with 296 programmes providing evidence.

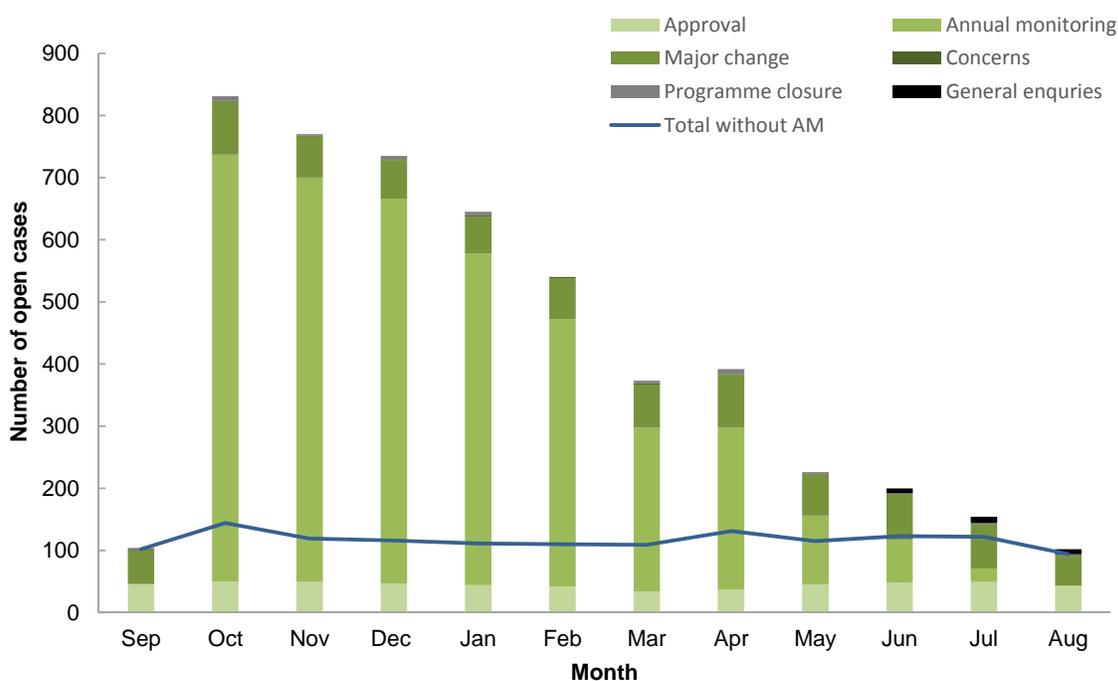
## Chapter 2: Assurance activity

### Managing work using cases

After the introduction of a new IT system in early 2015 we now manage our approval and monitoring work using cases. For each piece of work that we carry out, such as an approval visit, annual monitoring submission or a major change, we open a case. This means that in each case we open can look at a number of programmes that are run by an education provider.

Rather recording our work one programme at a time, as was previously done, we have been able to record work, manage complex queries and communicate with education providers more efficiently using cases. 2015–16 was the first year that we have a complete set of data collected and analysed based on cases rather than programmes.

**Graph 1 – Open cases, per month, in 2015–16**



### Consistency in workload

Recording cases has allowed us to gain an accurate picture of the type of work we carried out over the year, particularly how many cases were open and being worked on. Annual monitoring and major change cases increased significantly in 2015–16, whilst the rest of our approval and monitoring work was spread out more evenly than in previous years. We completed 1314 cases in total, with each education executive completing an average of nine approval cases, 80 major change cases and 62 annual monitoring cases.

From the information highlighted above, it is clear that number of cases that we completed this year is greater than the number of approved programmes. This occurs as while programmes must engage with the annual monitoring process each

year this does not prevent them from engaging with the major change or approval processes as well. For instance at least one programme this year was the subject of an annual monitoring, major change and approval case.

While we did expect an increase in the cases, this has resulted in a more consistent level of assurance activity spread across the year. The annual monitoring and major change processes have been the most significant contributor to the increase in case workload, and unexpected peaks in our approval activity have provided an increase in consistency across the year. Despite carrying out the fewest number of approval visits since 2012–13, on average, we assessed roughly the same number of programmes at the visits (1.6 compared to 1.7 the previous year). This indicates that the workload at visits has remained consistent.

Annual monitoring accounted for just over half (694) of cases opened, worked on and completed. As expected, there was a peak in the number of open cases when annual monitoring started in October but cases gradually reduced throughout the year as outcomes were reached and cases were closed. In September 2015 and August 2016 there were no open annual monitoring cases.

Taking annual monitoring out of the picture, there was an average of 116 open cases being worked on each month with little variation month to month (a standard deviation of only 13). In previous years there were very few visits in the summer months, but in 2015–16 there were seven approval cases in June, July and August. The number of programmes submitting a major change usually varies month to month but cases were relatively consistent across the year, with only one month seeing less than 18 created. Active major change cases never dropped below 45 in a month. Approval visits and major changes are primarily driven by education providers, so are less easy to predict and plan for, but this more even spread of work across the year will help us to plan more effectively in future.

*[The following paragraphs will support the prose above – to be laid out graphically in final version, alongside chapter analysis as ancillary information for the reader]*

### **Activity levels for each process**

#### **Annual monitoring**

*794 programmes were monitored through annual monitoring cases this year, which is 22 per cent higher than the previous year and a 66 per cent increase from 2011–12.*

#### **Major changes**

*485 programmes were monitored through major change cases this year, 17 percent more than the previous year and 53 per cent more than in 2011–12. This included an increase of six per cent for social work programmes and seven per cent for prescribing programmes compared to the previous year. The changes affecting programmes in these professions, explored in Chapter 1, are contributing factors to these increases.*

#### **Approval visits**

*Sixty-three per cent of approval visits were to new programmes, an 18 per cent increase compared to the previous year. We also saw a 16 per cent increase in the number of approval visits needed after monitoring. The changes to the professions, highlighted in Chapter 1, prompted some education providers to changes to their programmes and other to create new programmes. Given the changes in their professions it is also unsurprising that 60 per cent of approval visits were to paramedic and social worker in England programmes.*

**Concerns**

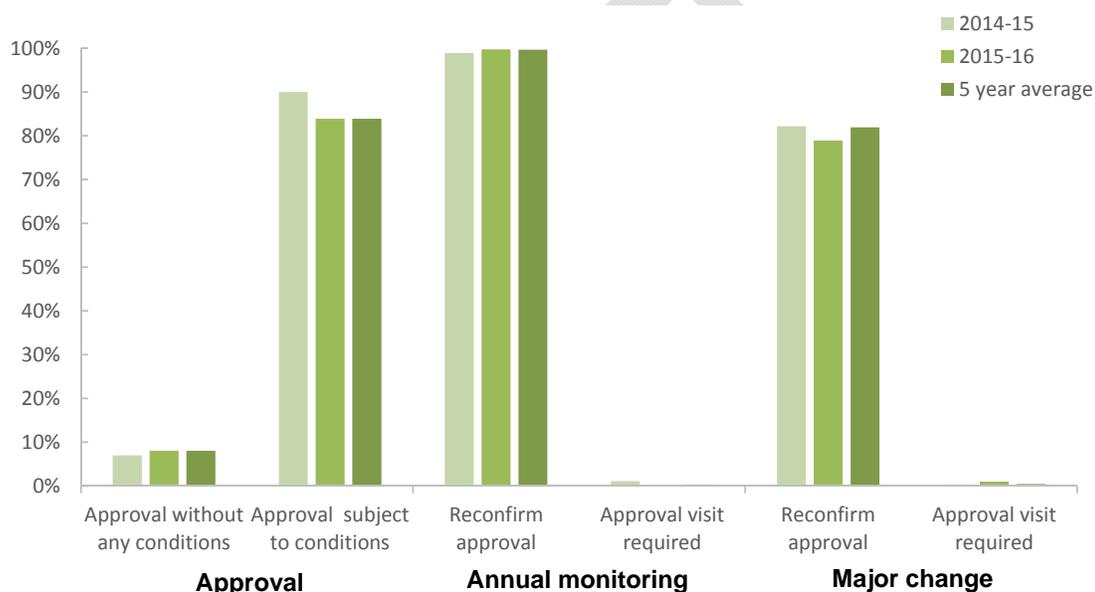
*We created six concern cases which is a slight increase on the five we received in 2014-15, but still accounts for less than one per cent of approved programmes. We also received 14 enquiries which related to potential concerns but did not progress through to a concern case being created.*

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## Chapter 3: Decisions about programmes

To complete approval or monitoring cases, and reach an outcome, decisions have to be made about the programmes that are subject to that case. These decisions are whether the programmes continue to meet our standards or not, and if the programmes should be approved or not. Because these decisions are linked to our standards, and not the volume of work that we complete, the decisions and outcomes of these cases demonstrate how we have applied the approval and monitoring processes over the course of a year. These outcomes also demonstrate how our work affects the number of approved programmes.

**Graph 3 – Outcomes compared to the previous year and five-year average**



This year the final outcomes from the approval and monitoring cases are only slightly different to last year, and almost identical to the outcomes of our assurance work over the past five years, as shown in graph three. This means that despite completing a larger, more diverse workload, we have been able to apply our resources effectively to provide similar outcomes for education providers compared to previous years.<sup>1</sup>

### Initial assessment of programme changes

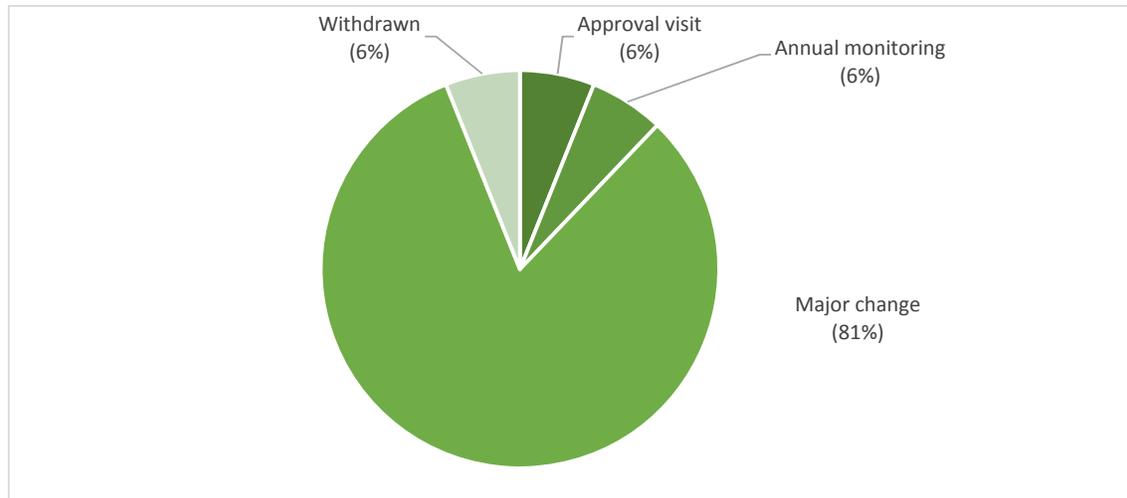
While the final outcomes of cases demonstrate that we have applied our processes in the same way as in previous years, despite the increased workload, they do not fully articulate the complexity of work involved and the resources required to assess programmes against our standards.

For both our major change and concerns processes a case outcome can be reached after an initial assessment of the changes to a programme, or the detail of a concern

<sup>1</sup> As this data is based on outcomes to the end of August, we acknowledge any pending decisions which affect the outcome or conclusions drawn in throughout the report.

submission. For an approval case, an outcome can be reached prior to or immediately at or after the visit itself. These points in the processes do not require a formal decision through our Committee but they do highlight work that has been undertaken and an outcome reached, and in some cases can lead to further process work needing to be undertaken. Therefore the outcomes of cases at these points in the processes provide further insight into understanding our process outcomes over the year.

**Graph 4 – How the education executive assessed changes**



In 2015–16, 73 per cent of changes were reviewed as a major change case, a 10 per cent increase from the previous year. Changes reviewed during annual monitoring reduced from nineteen to nine per cent, whilst those referred for an approval visit rose from four to seven per cent. A higher proportion of changes needed more in-depth assessment as a major change or through an approval visit, rather through annual monitoring. This led to over a quarter of approval visits being arranged as a result of a major change this year, the highest proportion in the last five years.

Due to changes in how we investigate anonymous concerns, half of the concerns we received met our criteria for investigation this year, compared to 22 per cent in previous years. No further action needed to be taken for all those investigated.

Seventy-two per cent of education providers that were subject to an approval visit completed the process this year. However, some withdrew from their approval visit resulting in no formal decision. In 2015–16, we had the highest number of withdrawals over the past five years, with education providers initiating 14 out of a total of 16<sup>2</sup> most often when it was clear that it would be very difficult to reach a favourable final outcome. Of those who withdrew, a third were related to programmes delivered by providers working in partnership, private providers and professional bodies. Our outcomes in previous years have shown that these providers have experienced greater challenges in meeting our standards often as a result of the complexity and design of the programmes proposed.

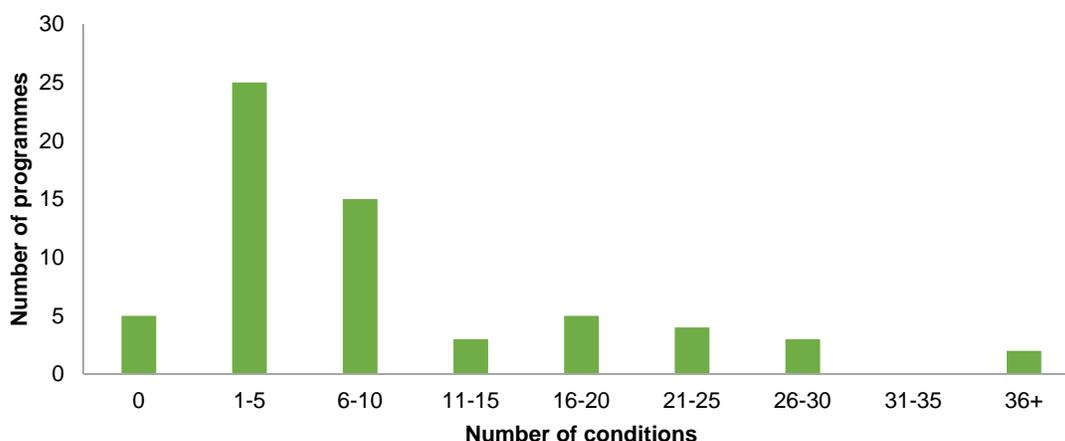
<sup>2</sup> This year, all withdrawals related to new programme proposals.

So while the final outcomes of our assurance activity suggests that there has been little or no change in the outcomes reached compared to previous years, the outcomes from our initial assessment at defined points within our processes provides a slightly different picture. This more detailed analysis indicates that the nature of programme changes and new programme proposals submitted to us were more multi-faceted and complex this year and, broadly speaking, required more scrutiny through the our processes than in previous years.

**Meeting conditions and providing further evidence**

After visiting a programme, a visitor may decide to place conditions on the programme’s approval. When a programme is monitored visitors may decide to request further evidence from the education provider. In both instances, education providers must provider further evidence to support their programme in demonstrating that it meets our standards which means that our approval and monitoring processes take longer to complete and require additional resource.

**Graph 5 - Number of conditions placed on programmes**



Following approval visits, in 2015–16, there was an average of eleven conditions placed on programmes , an increase from eight in the previous year and five the year before. Visits that assessed new programmes from providers working in partnership and private education providers had the highest number of conditions, with an average of 29 conditions per programme. Together they accounted for 205 conditions which means that these types of programmes (13 per cent of all programmes engaging with the approval process) were responsible for 30 per cent of the total number of conditions set this year. When excluding these programmes from our analysis, the rest of the programmes with conditions had an average of eight, which is almost identical (7.8) to the average over the past five years.

Paramedic and biomedical scientist programmes had a higher number of conditions than the average (15 and 17 conditions respectively) and accounted for more than half of all conditions set. Paramedic programmes typically received a high number of conditions this year as they accounted for 75 per cent of programmes who received over 20 conditions. These results highlight the increased workload associated with

approval cases for these professions' programmes this year. In contrast, programmes from the other 14 professions had an average of 5 conditions placed on them.

If the conditions placed on a programme, cover significant elements of the programme an education may need to send us a large amount of further evidence. We may decide that it would be better to discuss this evidence at another approval visit rather than simply look at documentary evidence. In 2015–16, five programmes with conditions needed another visit, compared to only one in the previous year. Extra resource was needed extra visits delayed decisions being reached in these cases.

**Graph 6 – Assessment methods for annual monitoring audits that resulted in further evidence**



We also needed further evidence in 45 per cent of annual monitoring cases, compared to 19 per cent last year. We expected this increase because education providers needed to demonstrate that their programme met the new service user and carer standard and our requirements for implementing the revised SOPs. Forty-eight per cent reviewed at an assessment day and 33 per cent by post or email were asked to provide further evidence. The difference between the requests at assessment days and via post is similar to last year, as demonstrated by Graph 6. Looking at the results for the last five years, it also shows that we are more likely to request further evidence at an assessment day. The reason for this is unclear, but we aim to have consistent outcomes in both methods of assessment in future years.

We asked for further evidence for 24 per cent of major changes this year. This is a relatively small number when compared to our approval visits and annual monitoring and means that most education providers provided sufficient evidence at the first attempt. This may be because 41 per cent of changes related to a programme leader change and as such needed to provide a comparatively small amount of evidence as to how the programme continued to meet our standards. We have also invested more time at the notification stage of the process to understand more about changes being proposed, which enables the education provider to be more informed around the evidence they could provide in their first full submission.

## Chapter 4: Proportionate quality assurance

### Managing complex cases

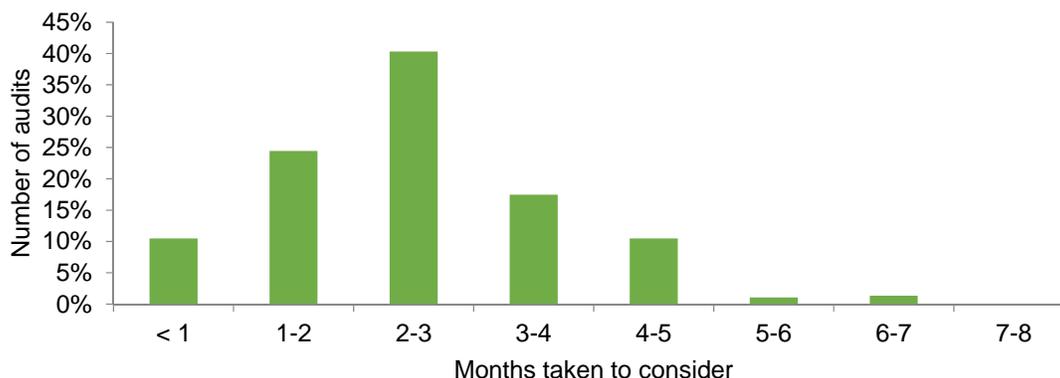
Despite carrying out more approval and monitoring work than in any other year there we have managed to apply our processes in the same ways and reach comparable outcomes. To manage this there may have been an increase the time we had to spend on cases to ensure that we continued to reach proportionate outcomes. But as we can show here, we actually managed to complete work as fast, and in some cases faster than in previous year, meaning we got decisions to education providers in the expected timeframes.

We achieved this, in part, through investment in our IT systems, managing assurance activity through cases and our regular process improvements. This enabled us to focus on cases which needed more time this year. So for every case that involved a request for more evidence, and needed more time and resources, we completed 1.5 cases that didn't need the additional evidence. This highlights our approach to approval and monitoring and demonstrates how we can proportionately allocate resources to work as and when we need to undertake it.

### Providing timely outcomes

On average, education provider's received a final outcome 108 days after an approval visit this year, far quicker than the average of 121 in 2014-15, as we also doubled the proportion of outcomes reached (from 19 to 28 percent) after 3 months. The completion of 97 per cent of approval visit reports within 28 days (an increase of 10 per cent compared with last year) was a big contributor to this reduction in time.

**Graph 6 - Months taken to assess annual monitoring audits**



Timeframes to complete annual monitoring also improved with 98 per cent of annual monitoring declarations reaching a decision within two months, compared to 80 per cent in the previous year. This meant that the average time taken to process a declaration was 0.94 months, compared to 1.28 months in 2014-15.

Seventy-five per cent of annual monitoring audits reached an outcome within three months, compared to 48 per cent the previous year. Again the average time taken to reach a decision was faster; 2.6 months compared to 3.3 months in the previous year. If we needed further evidence, this increased to 3.2 months, compared to 2.2

months for cases meeting our standards at the first attempt. To achieve these outcomes, we doubled the number of audits considered by email or post, compared to last year. This is a natural consequence of more audits being considered than ever before, and decisions being made about how to proportionally and efficiently assess them.

Eighty-one per cent of education providers that notified us of changes were informed about how their change would be assessed within three weeks. This took 1.6 weeks, on average, which is slightly faster than last year. When changes were looked at through a major change case it took an average of 2.2 months to reach a decision faster than the average of 3.4 months last year. When no further evidence was needed, we only took 2.1 months, on average, to let the education provider know the outcome

For concern cases where we decided not to investigate, we took an average of four months to complete the case. Concerns that we investigated took an average of seven months to reach an outcome. For general enquiries about a concerns, we took an average of two months to resolve cases.

## Chapter 5: Impacts of our work

This report highlights how significant developments in the education sector and changes that we have made to our requirements, as described in Chapter 1, have affected programmes in 2015–16. This resulted in increased monitoring of programmes and the busiest year overall that we have ever had.

Despite this we have managed to apply our processes and reach comparable outcomes to previous years, while completing this work faster on average. We have done this by continuing to improve the systems and ways we work to implement our processes, while working to ensure better communication with education providers.

### The impact on approved programmes

Approved programmes reduced by 2.2 per cent this year, a drop that is consistent with the reduction that we saw last year. However, over the last five years we have seen an increase in approved programmes of 6.2 per cent from to 1060 this year

**Table 1 – Number of programmes approved and open before and at the end of 2015–16, by profession / entitlement**

| Profession                                   | 2014–15:<br>number of<br>approved<br>programmes | 2015–16:<br>number of<br>approved<br>programmes | Difference<br>(+/-) |
|--|---|---|---------------------|
| Arts therapist                               | 33  | 29  | -4                  |
| Biomedical scientist                         | 65  | 62  | -3                  |
| Chiropodist / podiatrist                     | 23  | 19  | -4                  |
| Clinical scientist                           | 3   | 3   | 0                   |
| Dietitian                                    | 32  | 32  | 0                   |
| Hearing aid dispenser                        | 23  | 20  | -3                  |
| Occupational therapist                       | 73  | 70  | -3                  |
| Operating department practitioner            | 42  | 38  | -4                  |
| Orthoptist                                   | 3   | 3   | 0                   |
| Paramedic                                    | 72  | 78  | +6                  |
| Physiotherapist                              | 70  | 71  | +1                  |
| Practitioner psychologist                    | 97  | 101   | +4                  |
| Prosthetist / orthotist                      | 3   | 2   | -1                  |
| Radiographer                                 | 52  | 54  | +2                  |
| Social worker in England                     | 256   | 253   | -3                  |
| Speech and language therapist                | 36  | 34  | -2                  |
| <b>Entitlement</b>                           |   |   |                     |
| Approved mental health professional          | 36  | 32  | -4                  |
| Independent prescribing                      | 93  | 96  | +3                  |
| Prescription only medicines - administration | 4   | 4   | 0                   |
| Prescription only medicines - sale/supply    | 9   | 7   | -2                  |
| Supplementary prescribing                    | 59  | 52  | -7                  |
| <b>Total</b>                                 | <b>1084</b>                                     | <b>1060</b>                                     | <b>-24</b>          |

### **Looking forward**

We predict that the total number of approved programmes will stay relatively stable in 2016–17 year, possibly with a small reduction again, which will mean that the amount of work and type of activity we carry out should not be impacted dramatically. However, developments in the education, health and care sectors referenced in Chapter 1, may increase the complexity of our work for particular areas of practice next year. But as we continually improve the way we use and utilise our systems and processes, we feel fully prepared to respond to these changes.

We will continue to operate proportionally around the allocated resources for more complex issues and cases and look to continue our engagement and collaboration with education providers to clearly articulate our regulatory requirements. We will also continue to invest time and resources into understanding the complexities of the work that we are due to undertake, and make clear decisions about how to handle this work appropriately.

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**[Front cover]**

**[HCPC logo]**

**Graphs and data tables [strapline]**

**Education annual report 2016 appendix [main title]**

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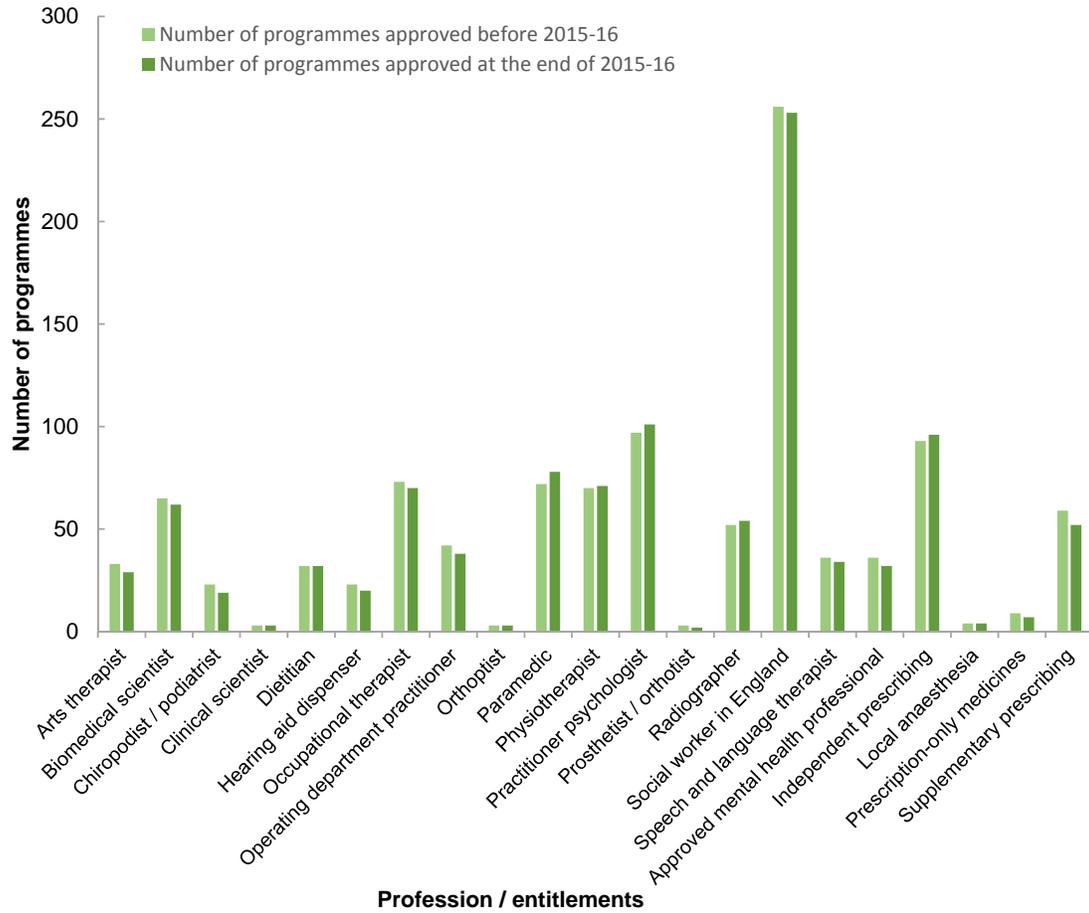
## Number of approved programmes

We approve programmes within the UK for the sixteen professions we regulate. An individual who successfully completes an approved programme is eligible to [apply to our Register](#).

**Table 1 – Number of programmes approved and open before and at the end of 2015–16, by profession / entitlement**

| Profession                           | Number of programmes approved before 2015–16 | Number of programmes approved at the end of 2015–16 | Difference (+/-) |
|--------------------------------------|--|---|------------------|
| Arts therapist                       | 33   | 29  | -4               |
| Biomedical scientist                 | 65   | 62  | -3               |
| Chiropodist / podiatrist             | 23   | 19  | -4               |
| Clinical scientist                   | 3  | 3   | 0                |
| Dietitian                            | 32   | 32  | 0                |
| Hearing aid dispenser                | 23   | 20  | -3               |
| Occupational therapist               | 73   | 70  | -3               |
| Operating department practitioner    | 42   | 38  | -4               |
| Orthoptist                           | 3  | 3   | 0                |
| Paramedic                            | 72   | 78  | 6                |
| Physiotherapist                      | 70   | 71  | 1                |
| Practitioner psychologist            | 97   | 101   | 4                |
| Prosthetist / orthotist              | 3  | 2   | -1               |
| Radiographer                         | 52   | 54  | 2                |
| Social worker in England             | 256  | 253   | -3               |
| Speech and language therapist        | 36   | 34  | -2               |
| <b>Post registration entitlement</b> |  |   |                  |
| Approved mental health professional  | 36   | 32  | -4               |
| Independent prescribing              | 93   | 96  | 3                |
| Local anaesthesia                    | 4  | 4   | 0                |
| Prescription-only medicines          | 9  | 7   | -2               |
| Supplementary prescribing            | 59   | 52  | -7               |
| <b>Total</b>                         | <b>1084</b>                                  | <b>1060</b>   | <b>-24</b>       |

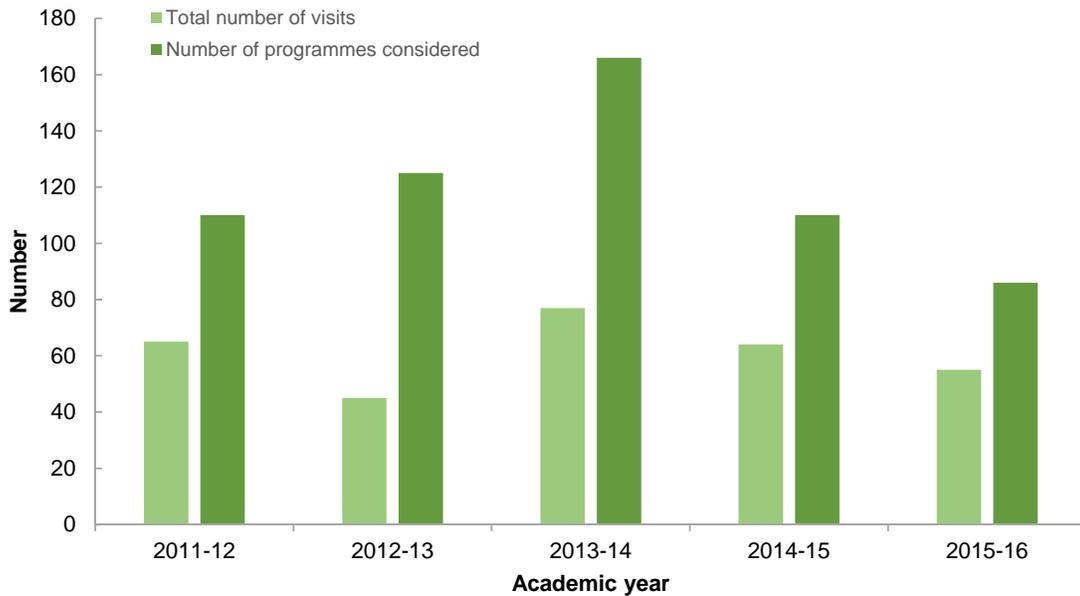
**Graph 1 – Number of programmes approved and open, before and at the end of 2015–16, by profession / entitlement**



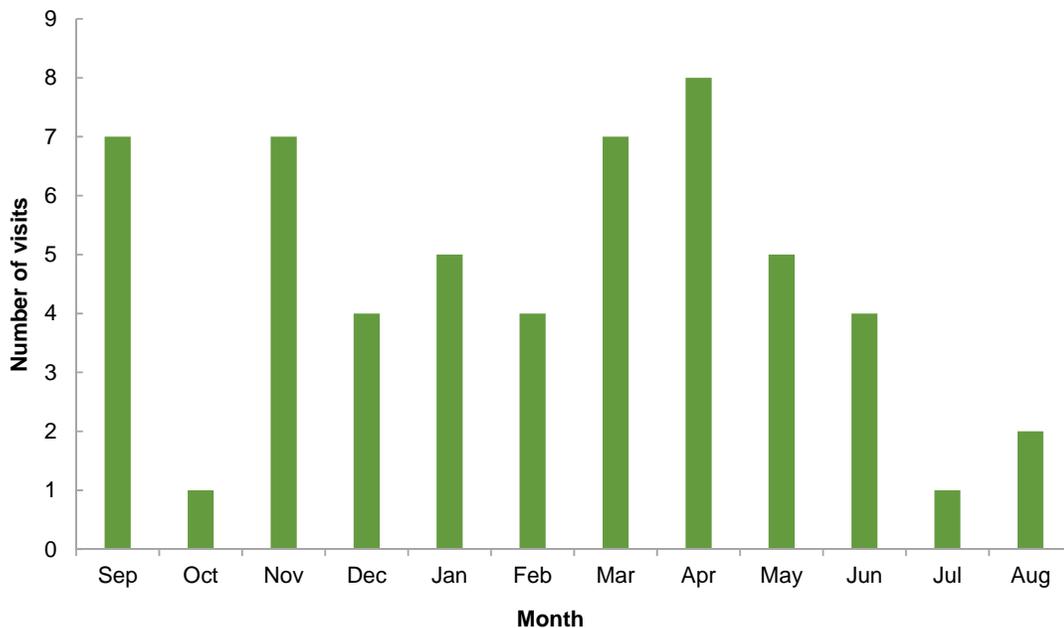
## Programme approval

As part of the HCPC approval process a visit to a programme must be conducted before it can be approved, or before its ongoing approval can be reconfirmed.

**Graph 2 – Number of programmes visited and considered, compared over the last five academic years**



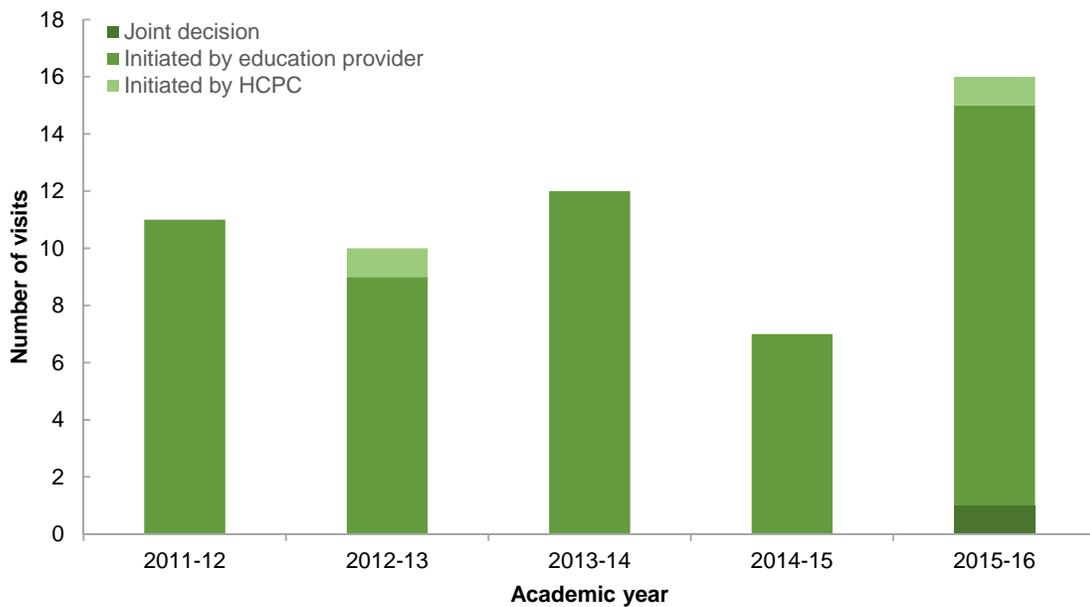
**Graph 3 – Number of visits per month**



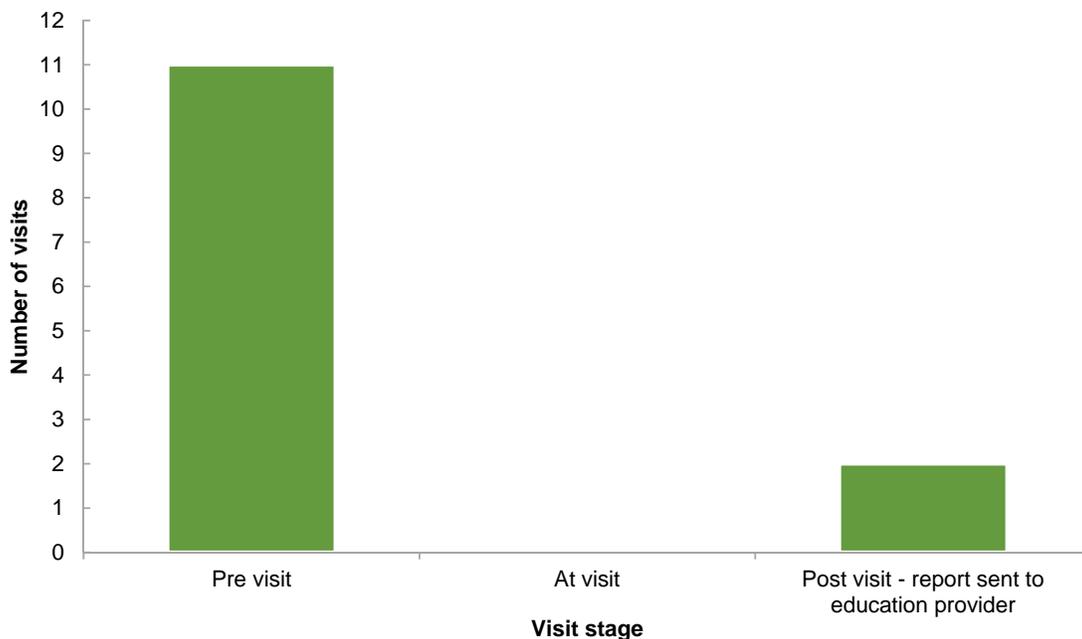
### Cancelled visits

When it is clear that the approval process cannot be completed the process is cancelled and the programme/s concerned withdrawn from consideration for approval.

**Graph 4 – Number of visits and who cancelled them, compared over the last five academic years**

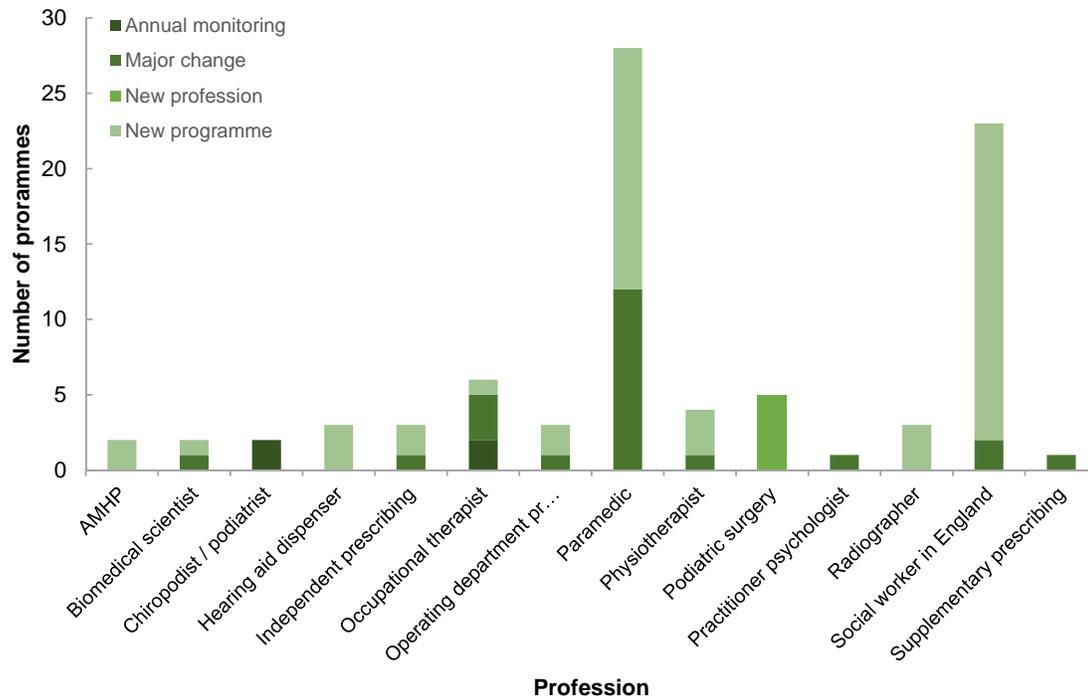


**Graph 5 – Number of approval visits that were cancelled, by visit stage**



## What types of programmes were visited?

**Graph 6 – Number of programmes visited, by profession and reason for visit**



## Outcomes of visits

After an approval visit, Visitors can make one of four recommendations to the ETC.

- Approval of a programme without any conditions.
- Approval of a programme subject to all conditions being met.
- Non–approval of a new programme.
- Withdrawal of approval from a currently approved programme.

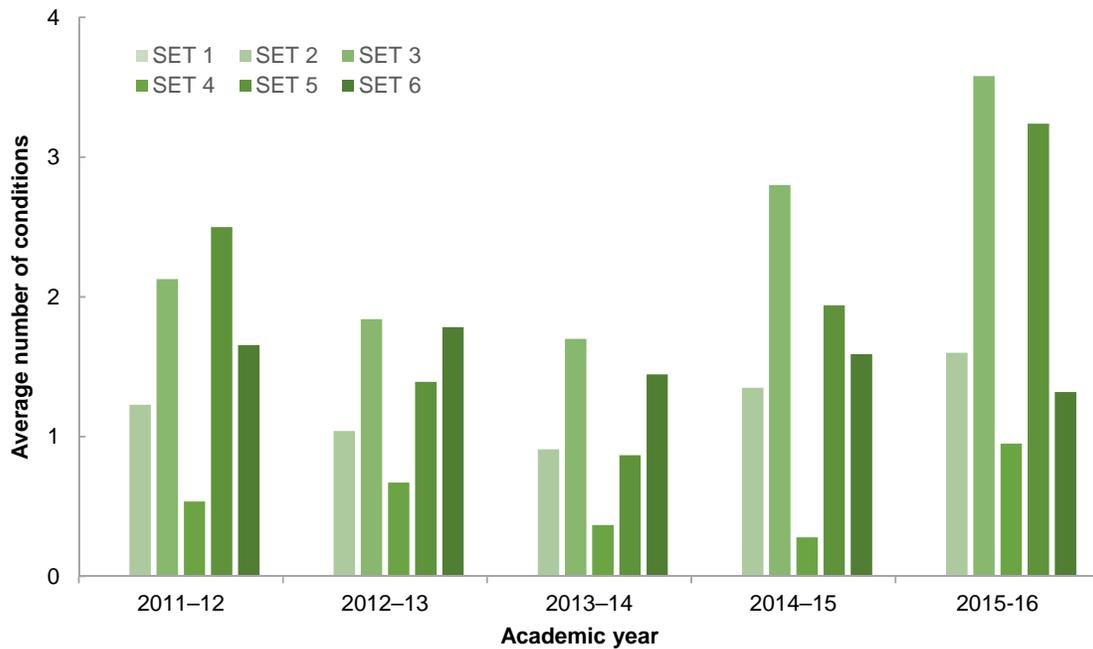
**Table 2 – Summary of outcomes**

| Decision  | Number of outcomes | Percentage |
|---|--------------------|------------|
| Approval of a programme without any conditions              | 5                  | 8%         |
| Approval of a programme subject to all conditions being met | 52                 | 84%        |
| Non–approval of new programme                               | 0                  | 0%         |
| Withdrawal of approval from a currently approved programme  | 0                  | 0%         |
| Pending   | 5                  | 8%         |

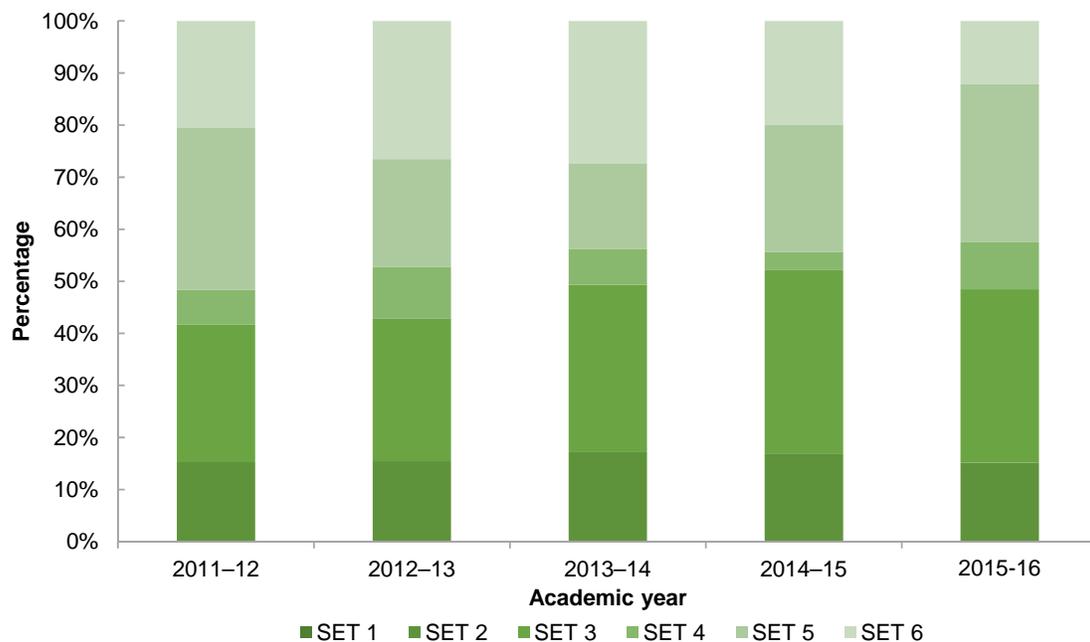
## Conditions

Conditions' are requirements made of an education provider by ETC which must be met before a programme can be recommended for approval. Conditions are linked to the standards of education and training (SETs) and require changes to the programme to ensure the threshold standards are met.

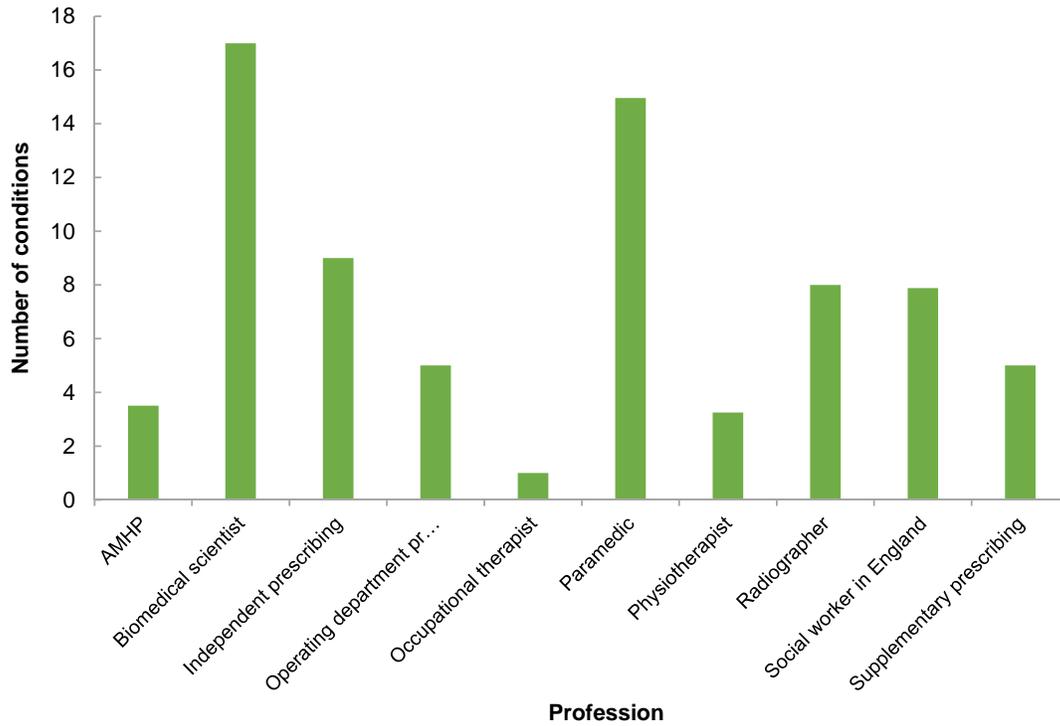
**Graph 7 – Number of conditions by SET area, compared over the last five academic years**



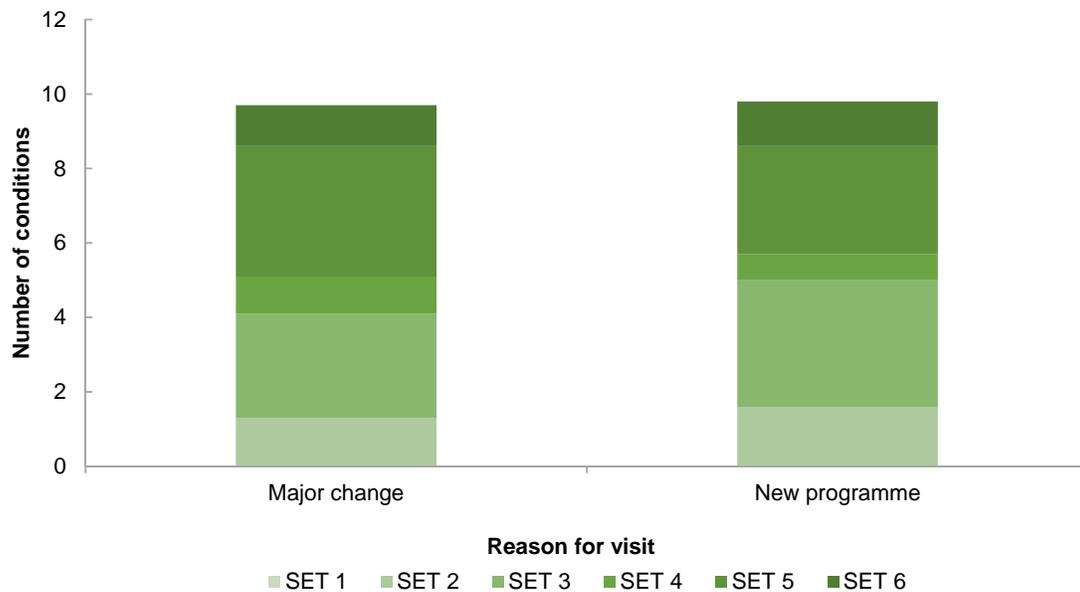
**Graph 8 – Percentage split of conditions applied to each SET, compared over the last five academic years**



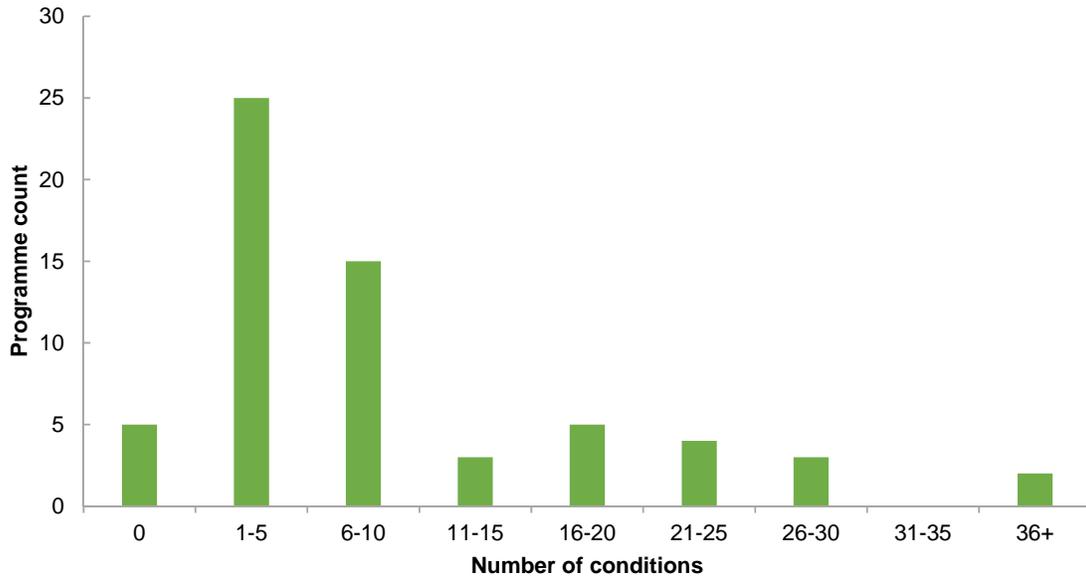
**Graph 9 – Comparison of the number of conditions per visit – by profession / entitlement**



**Graph 10 – Average number of conditions set against standards – by reason for visit**



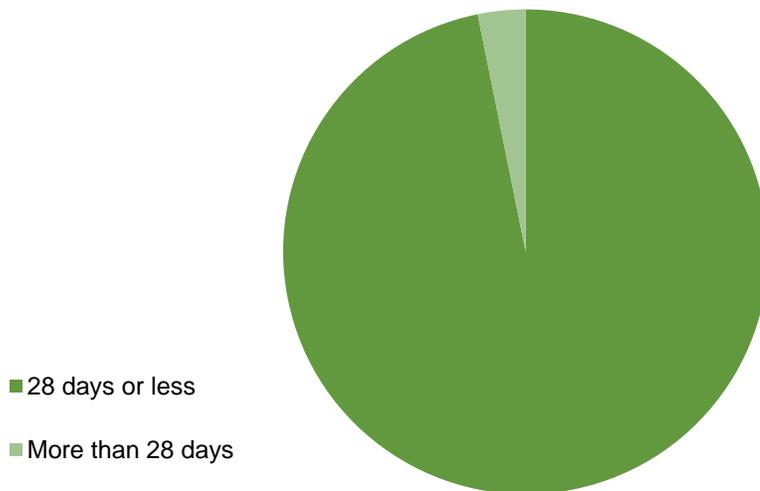
**Graph 11 – Number of programmes with conditions applied, by range of condition numbers**



**Visitors’ reports**

Following a visit, our Visitors produce a report. This is subsequently sent to the education provider. We then have up to 28 days to produce this report. After the report is sent, the education provider has 28 days to make observations. Following this period, the Visitors’ report and any observations made by the education provider are considered by the ETC and a final decision, including any conditions, is made.

**Graph 12 – Number of days taken to produce Visitors' reports**

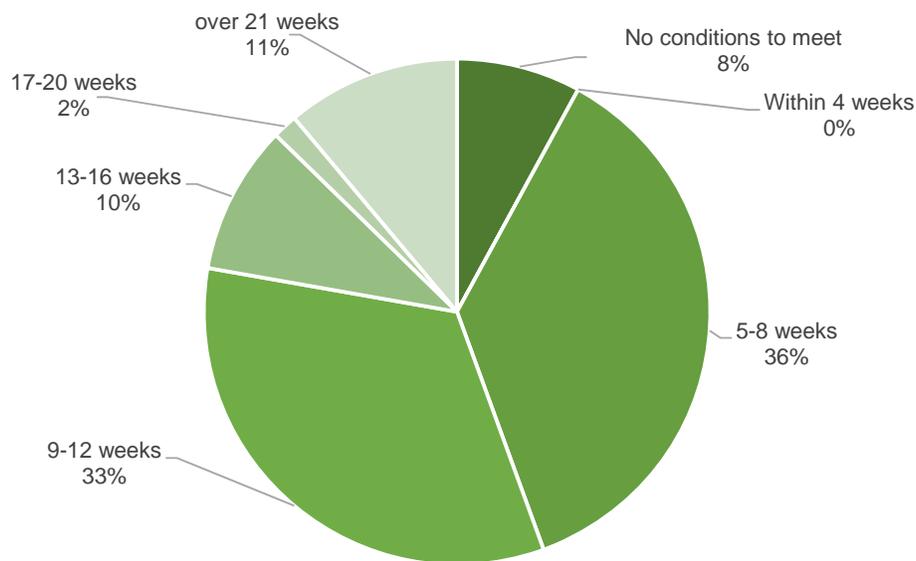


### How long does it take to meet conditions?

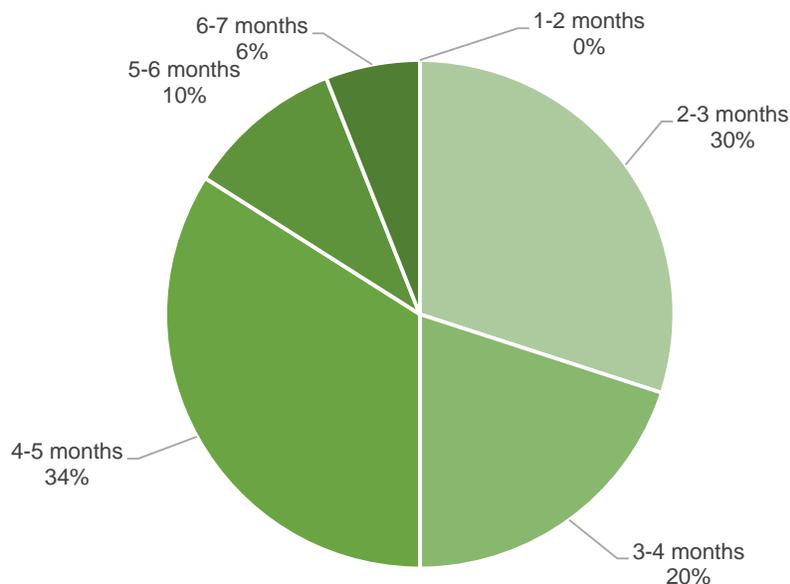
If we have placed conditions on a programme, we will negotiate a due date by which the education provider should meet the conditions. When deciding on a due date, we will consider factors such as: how long education providers need to address conditions; the proposed start date of the programme; and the schedule of ETC meetings.

Once a response from an education provider is received, our Visitors assess the documentation and make a final recommendation to the ETC about whether the conditions have been met or not.

**Graph 13 – Time taken for education provider’s initial response to conditions**



**Graph 14 – Number of months between visit and final decision on programme approval**

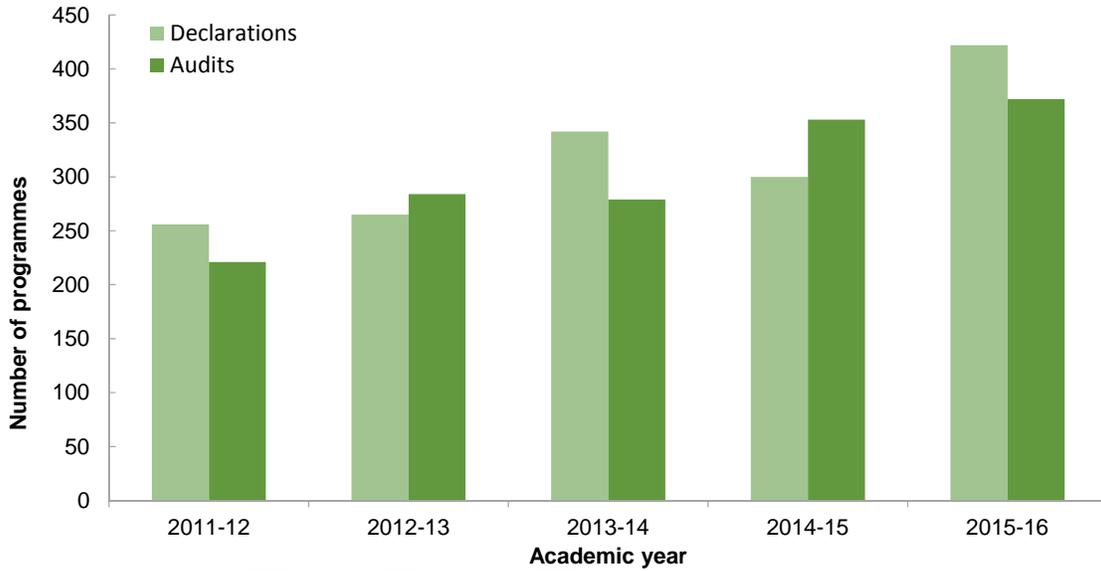


## Annual monitoring

To maintain their programme/s approval education providers must ensure that they engage with us through the annual monitoring process each year.

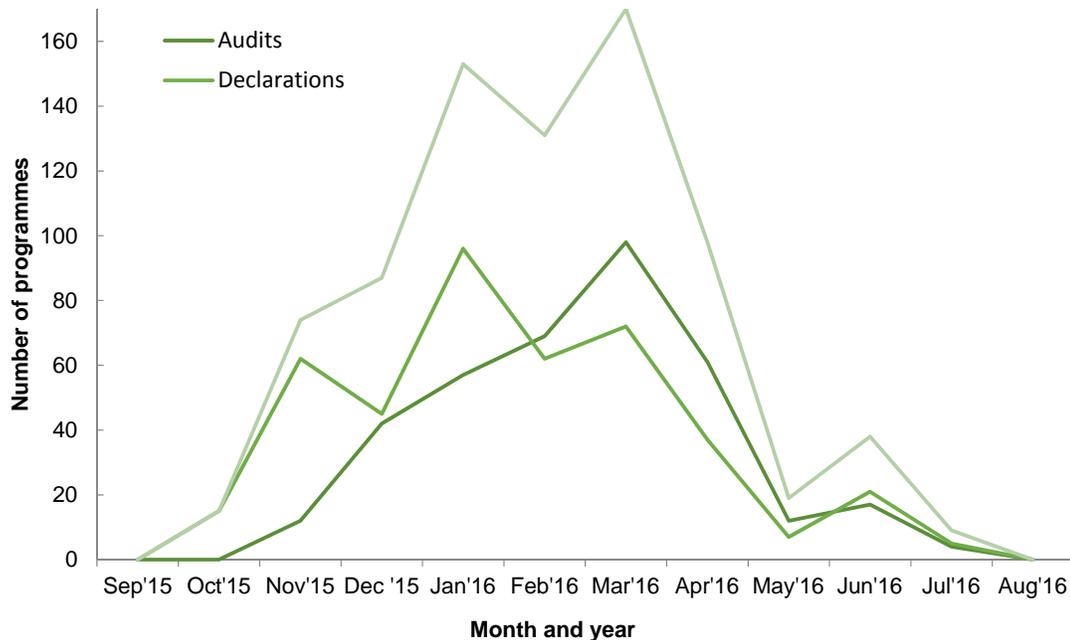
### Number of annual monitoring submissions

**Graph 15 – Number of programmes monitored by submission type, compared over the last five academic years**

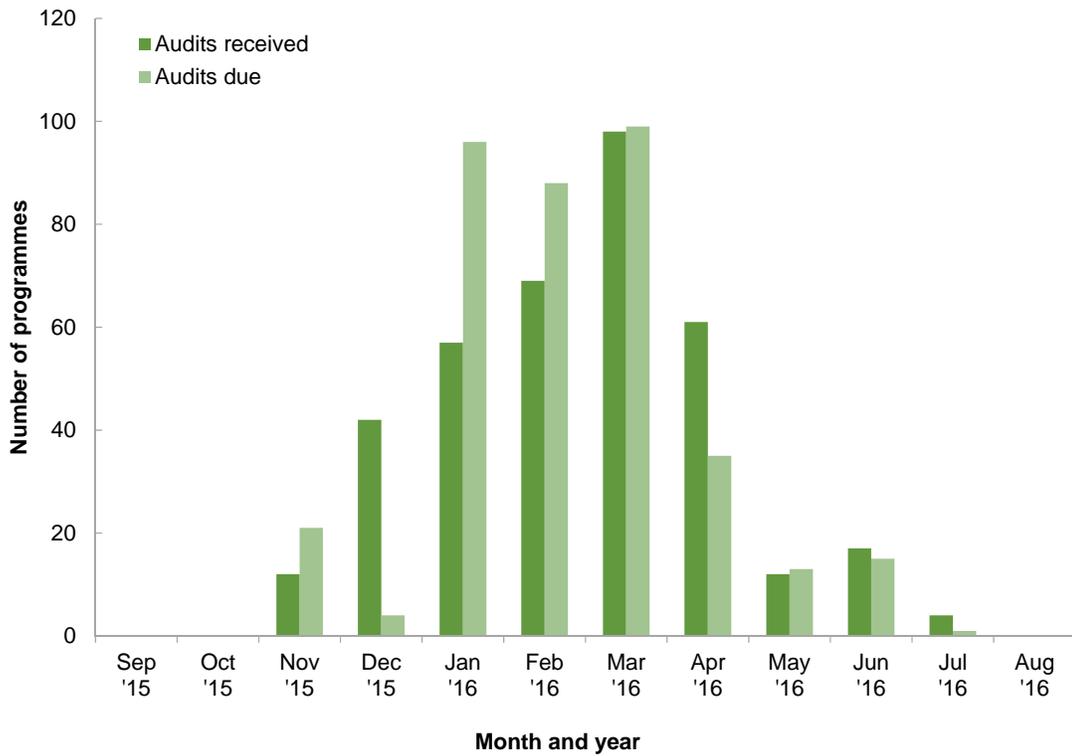


### When did the monitoring take place?

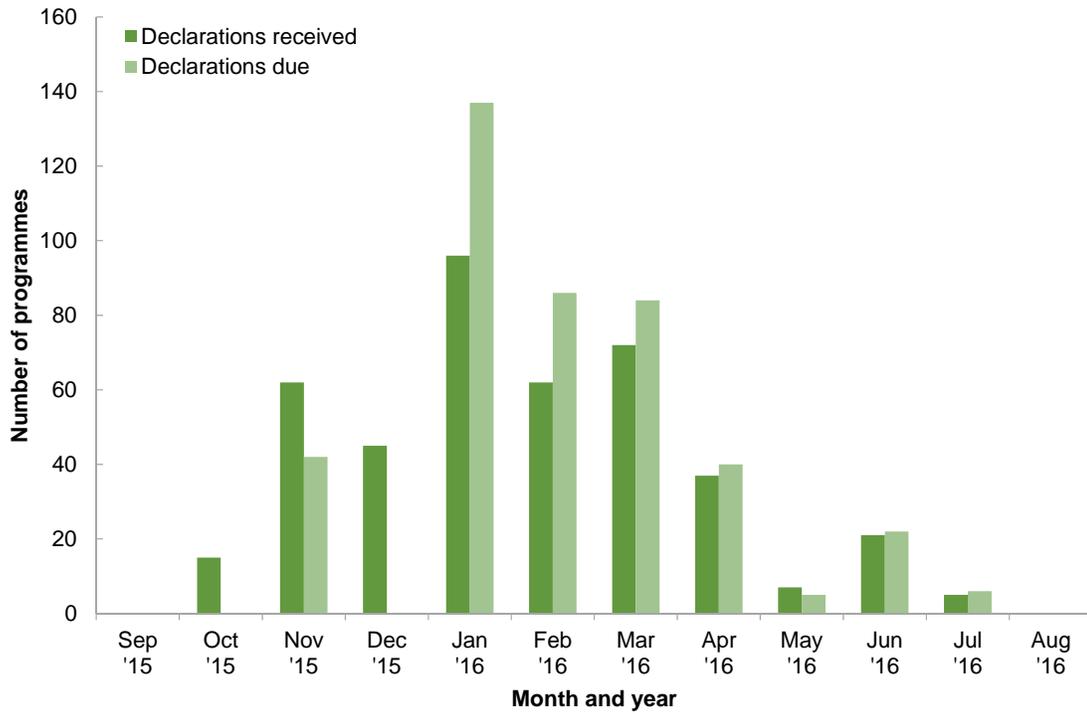
**Graph 16 – Number of audits and declarations received in 2014–15**



**Graph 17 – Number of audits due and received – by month**



**Graph 18 – Number of declarations due and received – by month**



### Method of assessment

Audit submissions are normally considered by at least two Visitors at assessment days or by correspondence.

**Table 3 – Method of assessment, compared over the last five academic years**

| Year    | Method of assessment |                |
|---------|----------------------|----------------|
|         | Assessment day       | Correspondence |
| 2011–12 | 191 (86%)            | 30 (14%)       |
| 2012–13 | 240 (85%)            | 44 (15%)       |
| 2013–14 | 252 (90%)            | 27 (10%)       |
| 2014–15 | 322 (91%)            | 33 (9%)        |
| 2015–16 | 306 (82%)            | 66 (18%)       |

### Requests for further information

Visitors need to request further information from an education provider if they judge the information provided in the annual monitoring audit wasn't enough for them to make a recommendation about the continued approval of a programme.

**Table 4 – Requests for further information, by method of assessment**

| Method of assessment | Further information was requested |     |
|----------------------|-----------------------------------|-----|
|                      | Yes                               | No  |
| Assessment day       | 147                               | 159 |
| Postal               | 22                                | 44  |

### Summary of outcomes

**Table 5 – Summary of audit assessment outcomes**

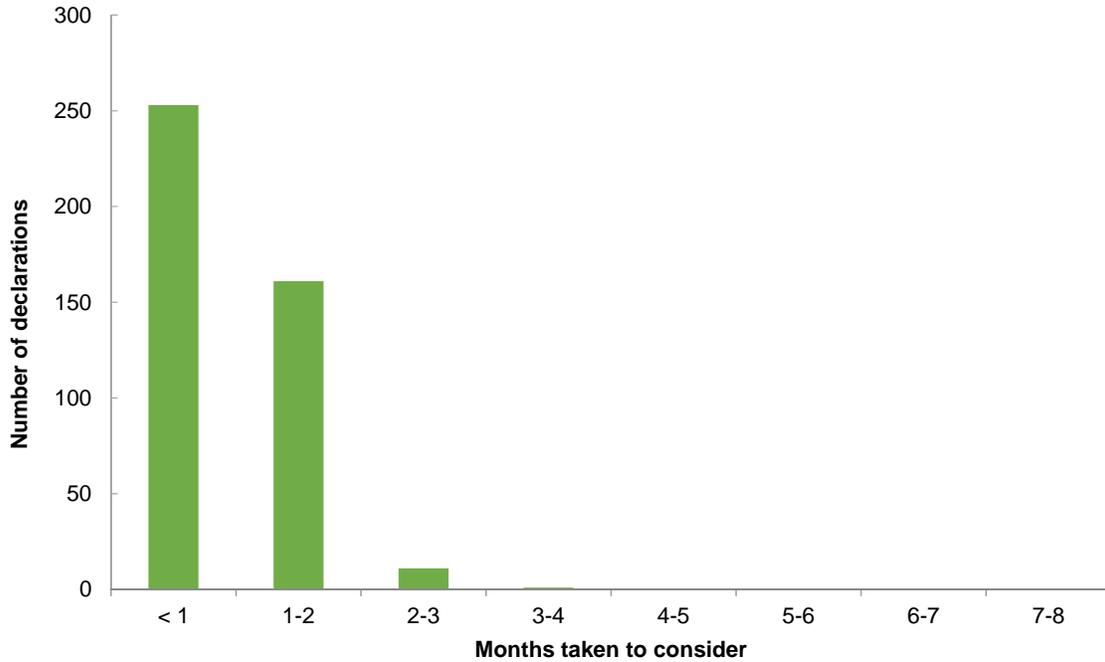
| Outcome   | Number of programmes |               |               |              |               |
|---|----------------------|---------------|---------------|--------------|---------------|
|   | 2011–12              | 2012–13       | 2013–14       | 2014–15      | 2015–16       |
| Sufficient evidence of standards continuing to be met   | 215<br>(100%)        | 272<br>(100%) | 273<br>(100%) | 349<br>(99%) | 371<br>(100%) |
| Insufficient evidence of standards continuing to be met | 0<br>(0%)            | 1<br>(>1%)    | 0<br>(0%)     | 4<br>(1%)    | 1<br>(>1%)    |

### How long does it take for us to consider a submission?

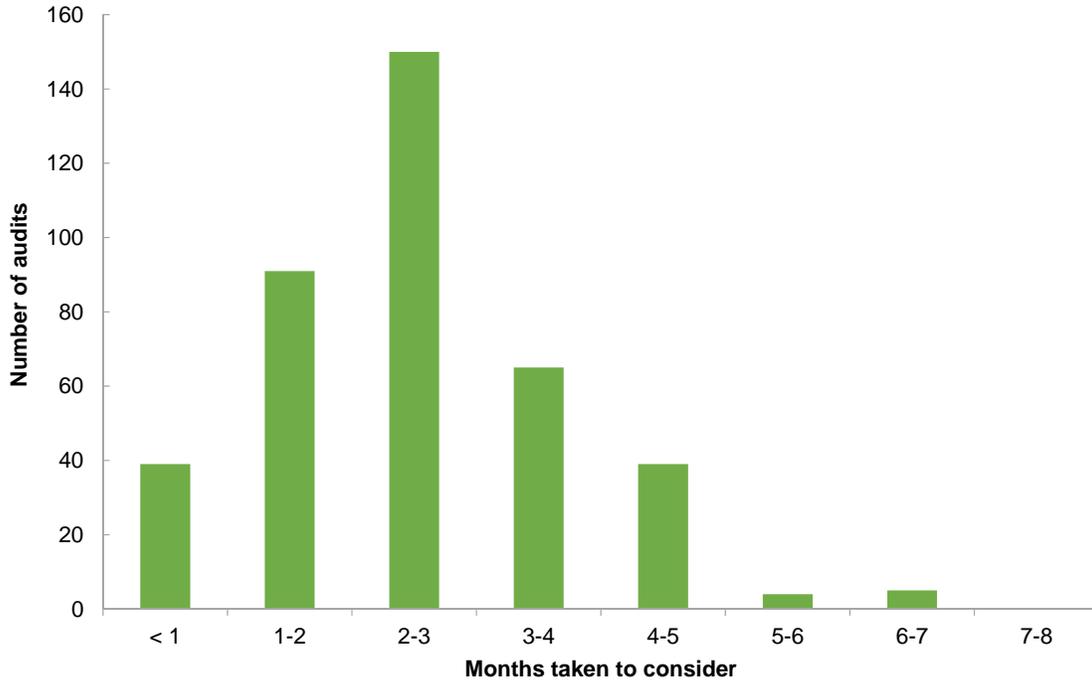
Declaration submissions are forwarded directly to the ETC for consideration after they have been received and checked. We aim to process all of these submissions and have an ETC consider them within two months. Audit submissions are

considered at an assessment day or by correspondence prior to a recommendation being made to the ETC. We aim to process all of these submissions within three months.

**Graph 19 – Number of months taken to consider declaration submissions**



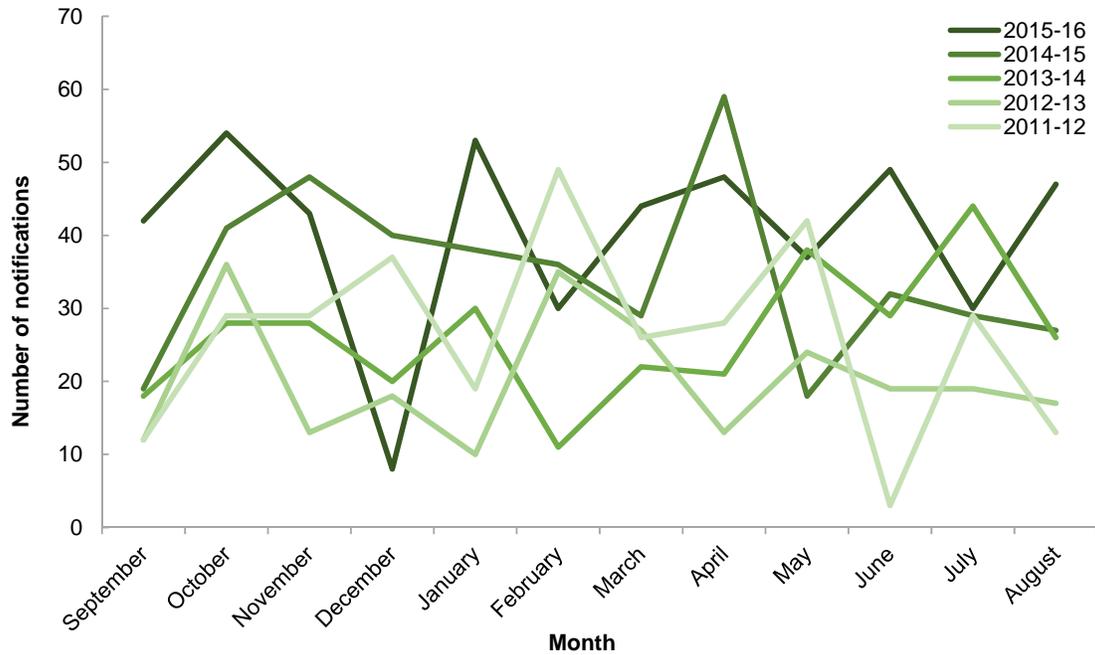
**Graph 20 – Number of months taken to consider audit submissions**



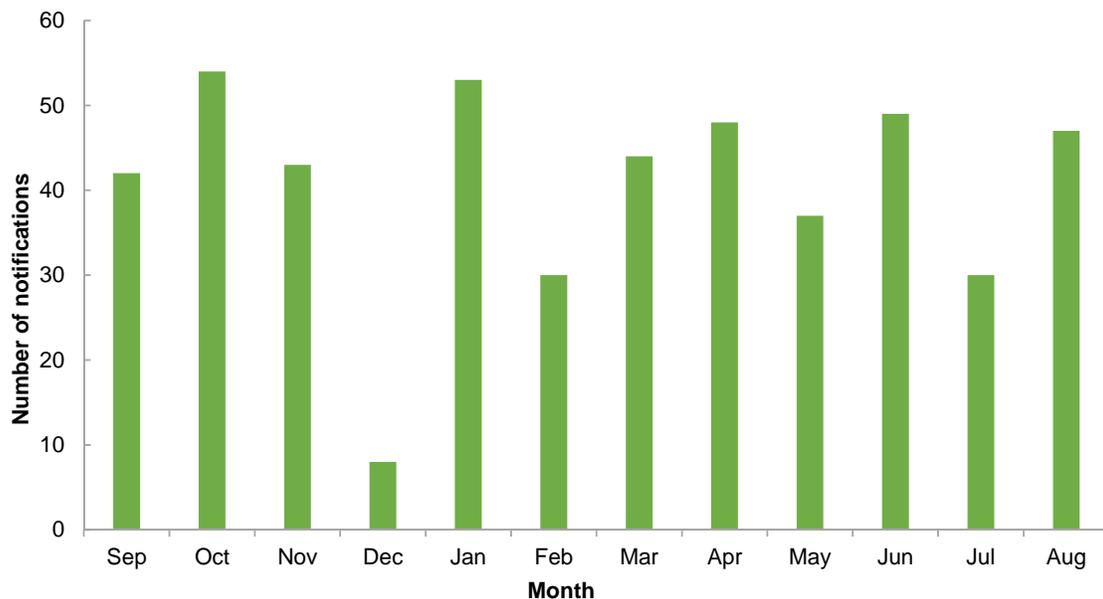
## Major change

Our major change process requires education providers to notify us of changes to the way in which a programme meets our education standards. Changes should be reported to us before they occur but it is possible for us to assess changes to programmes that have already taken place.

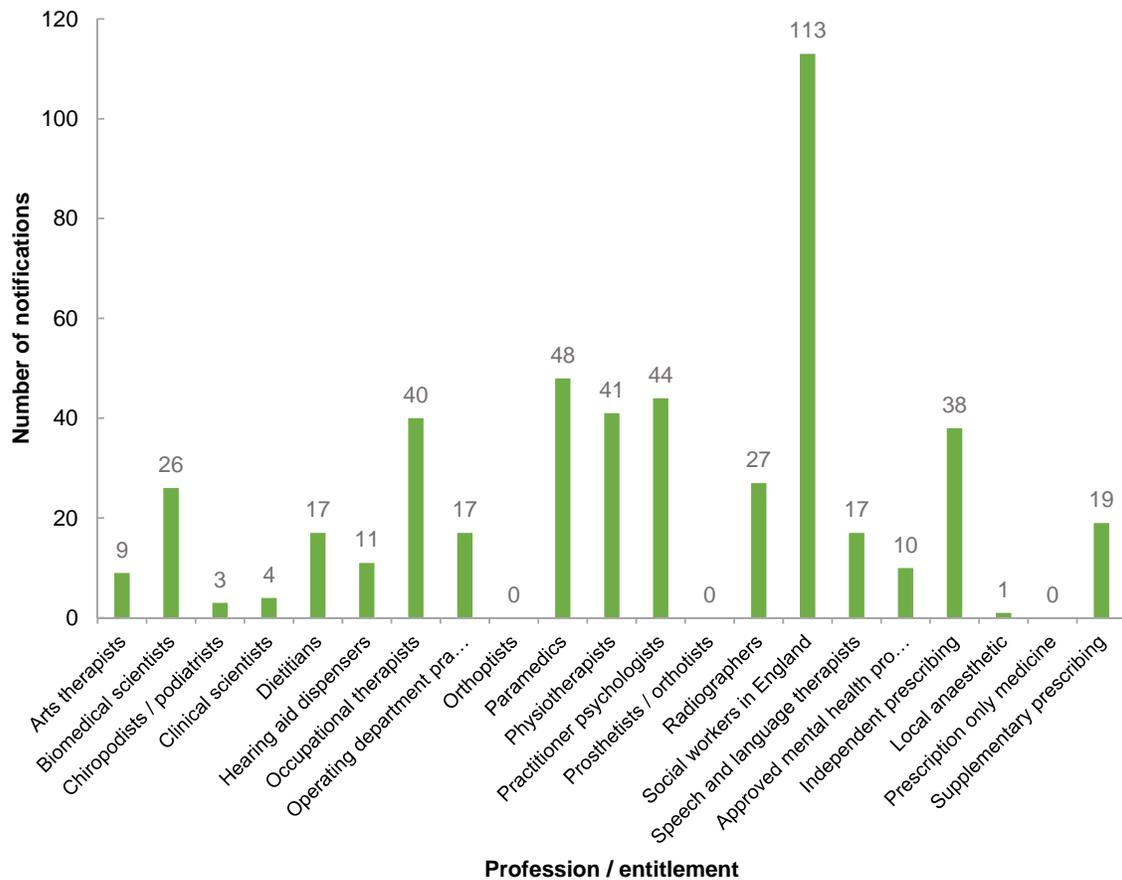
**Graph 21 – Number of change notifications received by month, compared over the last five academic years**



**Graph 22 – Number of change notifications received per month**



**Graph 23 – Change notifications received – by profession and entitlement**

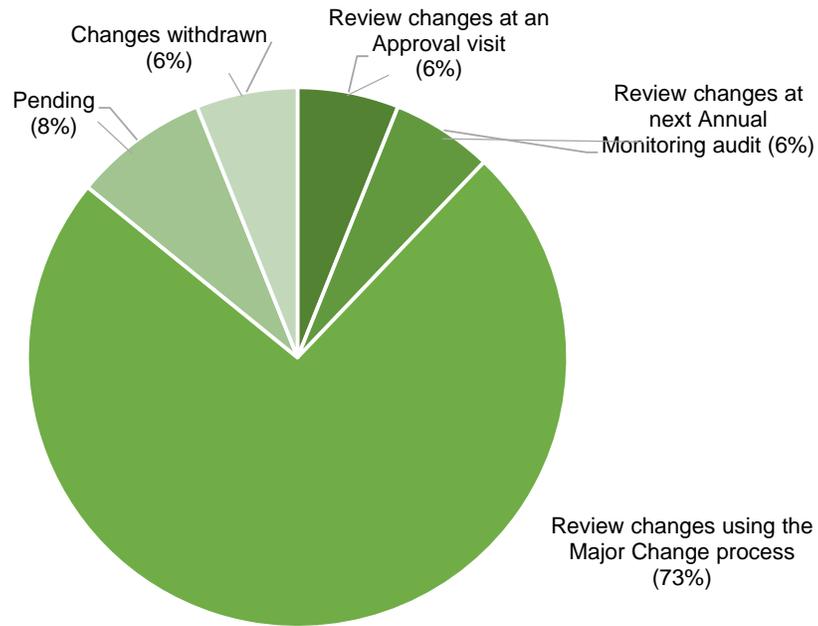


**Summary of outcomes**

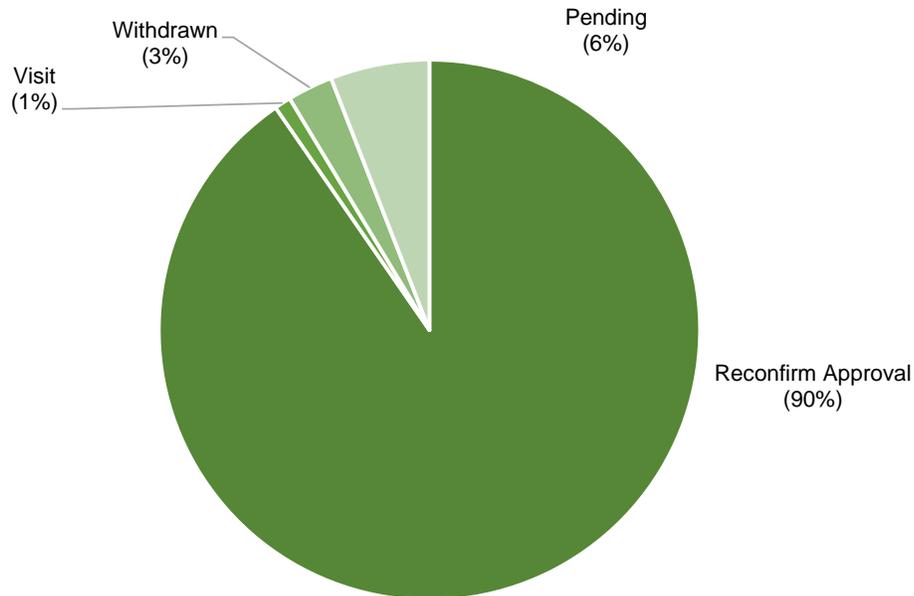
The major change process asks education providers to tell us about any significant changes to their programmes, whether proposed or retrospective.

When they have been received all change notifications are reviewed and a decision is made about the most appropriate process to consider the change. If it is decided that either the approval or annual monitoring process is most appropriate, the education provider is informed and further arrangements are made to arrange a visit or receive an audit submission at the appropriate time. If the major change process is most appropriate we ask the education provider to submit a documentary submission to compliment the change notification, which should evidence how the programme continues to meet the standards. This documentary submission is then reviewed by at least one Visitor and they are asked to make a recommendation to the ETC.

**Graph 24 – Change notification recommendation – by HCPC executive recommendation**



**Graph 25 – Major change decisions by the ETC**

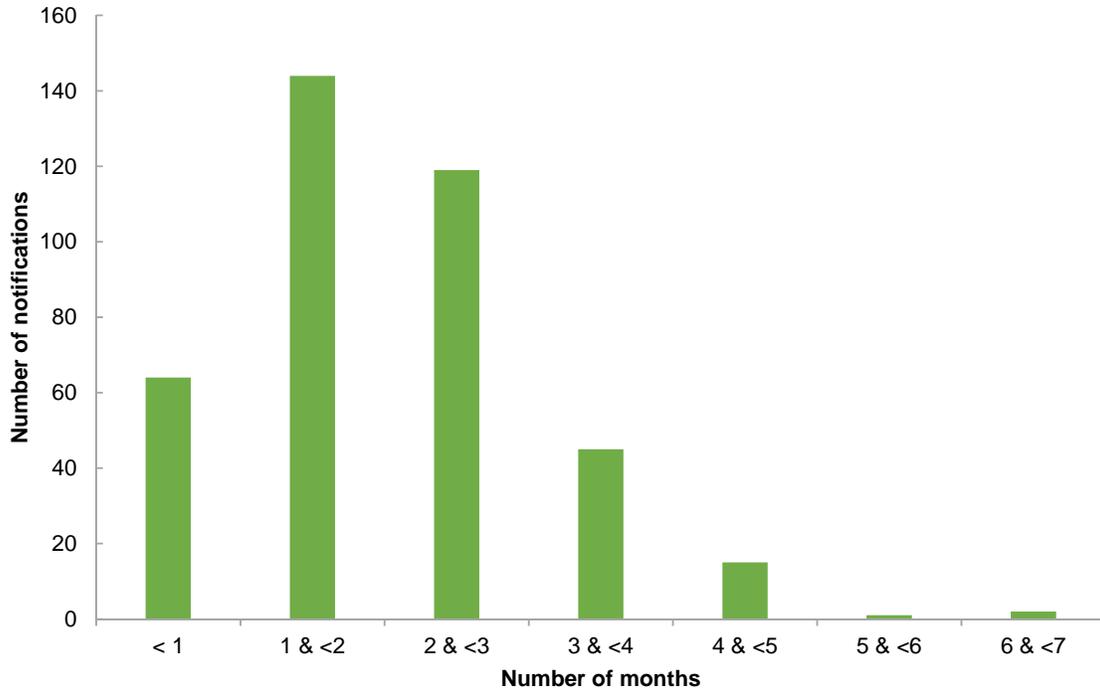


**How long does it take for us to consider a major change submission?**

If a decision is made that a change can be effectively reviewed at an approval visit or at the next annual monitoring audit, we aim to notify education providers of this within two weeks of the change notification being received. When we decide a

change needs to be reviewed through the major change process, we aim to complete this process within three months.

**Graph 26 – Number of months taken to consider a major change submission**

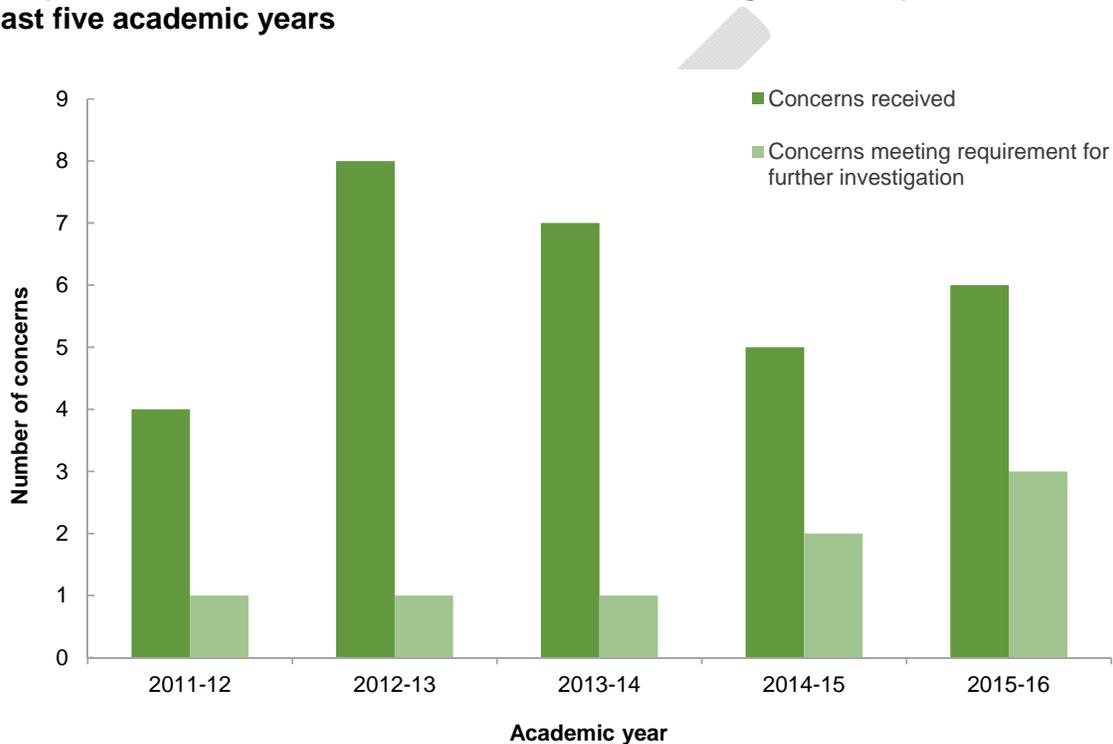


DRY

## Concerns about programmes

As well as routinely approving and monitoring our approved programmes, we also listen to concerns that anyone might have about them. Anyone can raise a concern about an education provider or approved programme. However, we would usually expect an individual to have gone through the education provider's internal concerns processes before we consider the concern. When we investigate a concern about a particular programme, the outcome will only affect whether we continue to approve that particular programme.

**Graph 27 – Number of concerns received and investigated, compared over the last five academic years**



## Protected titles

The titles below are protected by law. Anyone using one of these titles must be registered with the HCPC, or they may be subject to prosecution and a fine of up to £5,000. This information was correct at the time this report was written. Please see our website for an up-to-date list.

| Profession                         | Protected title   |
|------------------------------------|---|
| Arts therapists                    | Art psychotherapist<br>Art therapist<br>Dramatherapist<br>Music therapist   |
| Biomedical scientists              | Biomedical scientist  |
| Chiropodists / podiatrists         | Chiropodist<br>Podiatrist   |
| Clinical scientists                | Clinical scientist  |
| Dietitians                         | Dietician<br>Dietitian  |
| Hearing aid dispenser              | Hearing aid dispenser   |
| Occupational therapists            | Occupational therapist  |
| Operating department practitioners | Operating department practitioner   |
| Orthoptists                        | Orthoptist  |
| Paramedics                         | Paramedic   |
| Physiotherapists                   | Physical therapist<br>Physiotherapist   |
| Practitioner psychologists         | Practitioner psychologist<br>Registered psychologist<br>Clinical psychologist<br>Counselling psychologist<br>Educational psychologist<br>Forensic psychologist<br>Health psychologist<br>Occupational psychologist<br>Sport and exercise psychologist |
| Prosthetists / orthotists          | Orthotist<br>Prosthetist  |
| Radiographers                      | Diagnostic radiographer<br>Radiographer<br>Therapeutic radiographer   |
| Social workers in England          | Social worker   |
| Speech and language therapists     | Speech and language therapist<br>Speech therapist   |