**health & care professions council**

# Education team Performance report June 2022

Report date: 30 May 2022, data correct 26 May

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# Summary

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## Leadership Attention

Resourcing
- 88% of active cases are within our service levels. Over the last six months, we have maintained our performance at this level despite resourcing challenges within the team, which have now been addressed. We have:
    - Recruited a FTC 12-month Education Manager, who started in April.
    - Secured a replacement Education Quality Officer, who also started in April.
    - Converted a new apprentice role planned to start this year to a 2-year FTC Education Quality Officer, and commenced recruitment for this role
- We have a large number of cases where submissions are due within this or the coming month. This means that the focus of our work is shifting from working with providers on delivering good quality submissions, to working with partners on assessing those submissions.
- We have undertaken trend-based analysis on regional engagement, and have identified some regions which we need to focus on within the team

Approval process
- We have seen an increase in the average length of time taken for completion of the approval process, so this measure is now over our KPI level. Importantly, there were no issues with providers starting their programmes linked to the length of time taken to conclude the process.
- A cause of this increase in length of time is that cases can remain 'dormant' for long periods when the provider is developing their submission for assessment. We can do little to influence or control this, as providers decide when to request approval, which may be many months before they are ready to make a submission. We will further develop the KPI in this area, to provide a true measure of the performance of the team and the current measure is impacted by factors outside of our control
- We have continued to not set conditions on approval, which is an explicit aim of the model focusing attention early to fix problems

Performance review
- Only pilot cases have progressed to completion, which still negatively impacts on the overall time taken to complete the process

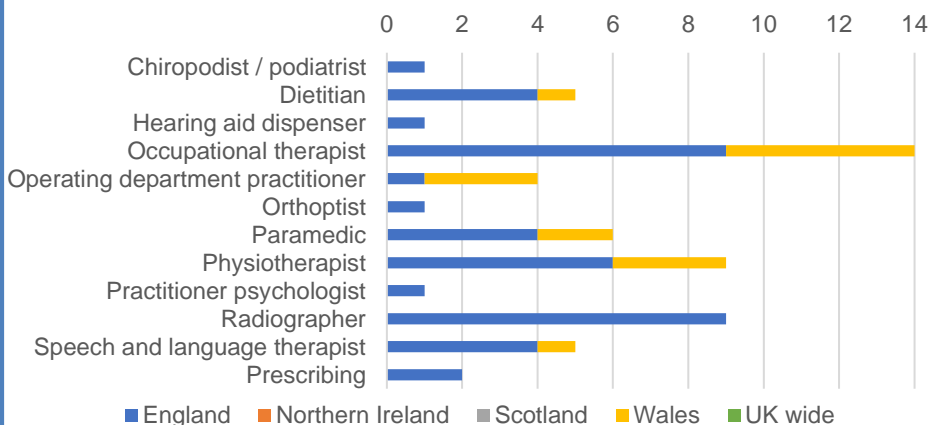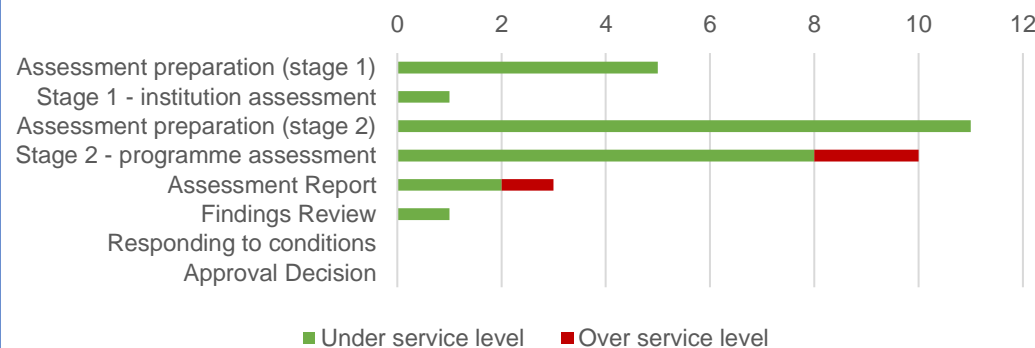| G | Risks & Issues | Performance summary | Current performance (RAG rating) |
|---|---|---|---|
| | • Workloads for the approval and performance review processes currently peaking<br>• This coincides with the recruitment and training of two new employees, which has begun to rebalance the load within the team | Time taken to complete approval process | |
| | | Approvals subject to conditions | |
| | | Time taken to complete the performance review process | |

# Approval process

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## Pipeline of new programmes



| | 0 | 2 | 4 | 6 | 8 | 10 | 12 | 14 |
|---|---|---|---|---|---|---|---|---|

- Chiropodist / podiatrist
- Dietitian
- Hearing aid dispenser
- Occupational therapist
- Operating department practitioner
- Orthoptist
- Paramedic
- Physiotherapist
- Practitioner psychologist
- Radiographer
- Speech and language therapist
- Prescribing

■ England  ■ Northern Ireland  ■ Scotland  ■ Wales  ■ UK wide

*NOTE: There are currently no programmes in the 'pipeline' for arts therapists, biomedical scientists, clinical scientists, or prothetists / orthotists*

## Number of active cases - by case stage



| | 0 | 2 | 4 | 6 | 8 | 10 | 12 |
|---|---|---|---|---|---|---|---|

- Assessment preparation (stage 1)
- Stage 1 - institution assessment
- Assessment preparation (stage 2)
- Stage 2 - programme assessment
- Assessment Report
- Findings Review
- Responding to conditions
- Approval Decision

■ Under service level  ■ Over service level

## Completed cases (new model)

| Period | Completed (cases) | Conditions set (% of cases) | Duration (months) |
|---|---|---|---|
| Last month | 1 | 0% | 7.7 |
| Last 3 months | 9 | 0% | 9.2 |
| Last 12 months | 20 | 0% | 7.5 |
| Target | | Less than 20% | 6 months |

## Commentary

**New programmes**
- New programmes continue to be developed across professions, particularly in Allied Health roles
- Over the last two months, we have seen a reduction in cases in assessment preparation stages, and an increase in cases in assessment stages. This shows we are moving to more active involvement by our executive and partner teams in case assessment

**Conditions applied on approval**
- An explicit aim of moving to the new quality assurance model was to frontload regulatory burden and reduce the number of formal 'conditions' applied when approving programmes
- We still hold providers and programmes to the same high standards, but work with them to fix problems early, rather than resorting for formal requirement setting through conditions
- We have continued to set no conditions on institution or programme approval
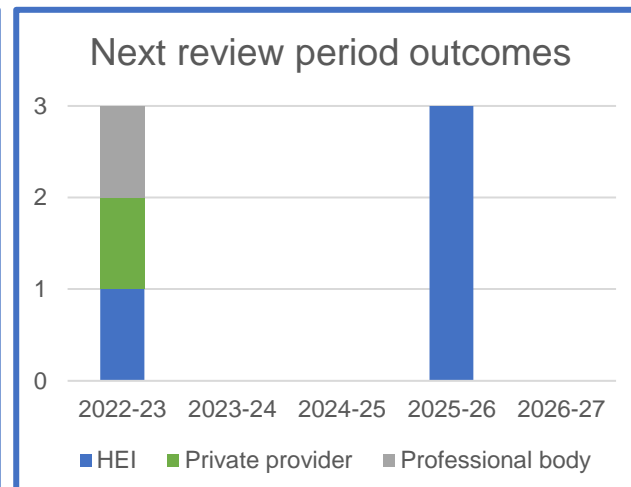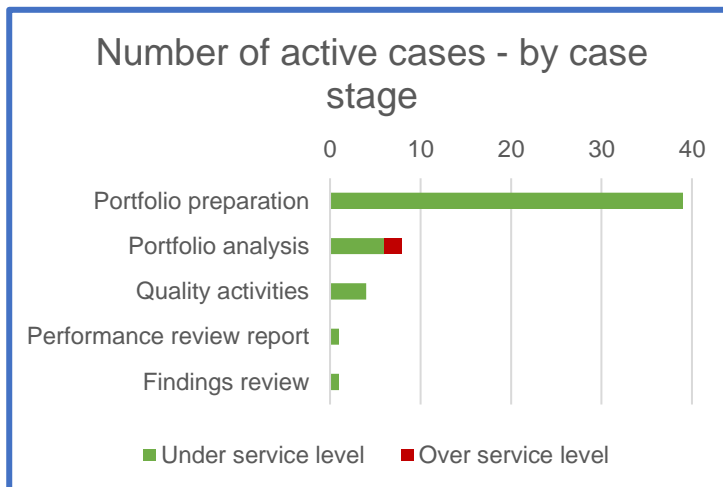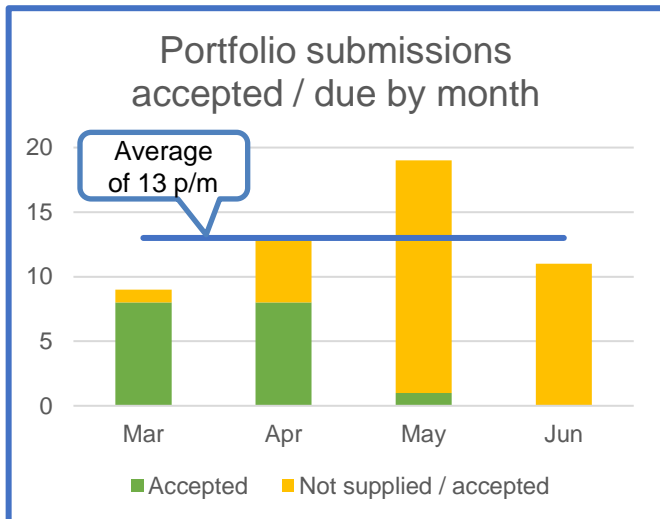
**Approval duration**
- In the last three months, five of the nine cases concluded were significantly over our service level of six months from assessment request to completion. This has increased average case duration over the service level across all periods reported
- Start dates of these programmes were not impacted by the length of time taken to complete
- This information has surfaced an issue with how we are reporting KPIs for this process – several cases had long periods from the request to approve the programme to the submission being due. This is a date agreed with the providers to allow them to produce a good submission
- Therefore, the duration KPI needs developing, so it primarily considers parts of the process that the HCPC is in control of progressing – we will redevelop this KPI for ETC in September

# Performance review process

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## Portfolio submissions accepted / due by month

Average of 13 p/m



- Accepted
- Not supplied / accepted

## Number of active cases - by case stage



- Under service level
- Over service level

## Next review period outcomes



- HEI
- Private provider
- Professional body

## Completed cases

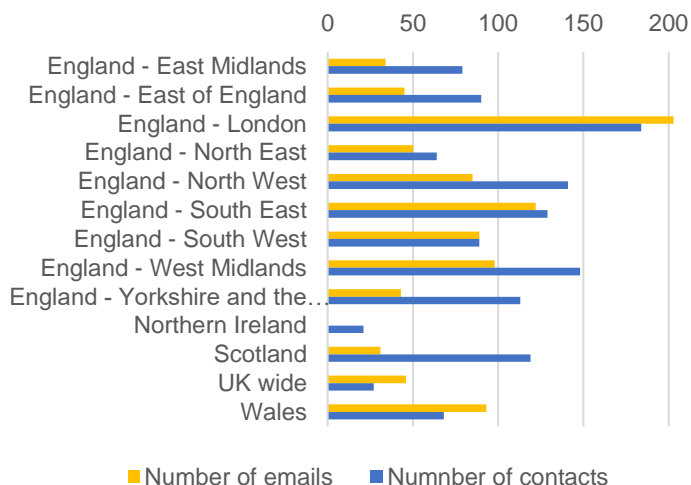| Period | Completed (cases) | Duration (months) |
|---|---|---|
| Last month | 0 | N/A |
| Last 3 months | 1 | 10 |
| Last 12 months | 6 | 8.8 |
| Target | | 4 months |

## Commentary

**Current activity**

- Continued focused on preparing providers for submissions in the 2021-22 academic year
- The average number of expected submissions per month has stabilised at 13, with further extensions to deadlines agreed with providers meaning there are additional deadlines in May and June, and that 6 submissions have not been supplied or accepted from March and April
- This number is formed of missed deadlines and where submission have been supplied but not accepted as complete
- To enable providers to engage well with the process, we have extended deadlines where required, and proactively worked with providers on the completeness of their submissions. This will add additional pressure to our resources through the coming months. Next year, we will work earlier in the academic cycle to secure deadline dates with providers to avoid the four month peak seen this year
- Most submissions have not yet been accepted for May – this is due to most deadlines being at the end of the month

**Review outcomes**

- Sample size remains small – with one pilot case still waiting for the final outcome
- Variance seen in outcomes driven mainly by provider type, and as those in earlier review period needed to provide more data to allow us to take assurance through regular performance data sharing
- Case durations only apply to pilot cases, and are significantly above target for several reasons – the complexity of cases assessed through the pilot, stakeholders being unfamiliar with requirements, and because we had not set clear case progression service levels
- We have now established clear service levels, and an internal monitoring function, so now expect better results against this performance marker for portfolios submitted in this academic year

# Regional engagement and focused review

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## Mailing list contacts vs email traffic



- Number of emails
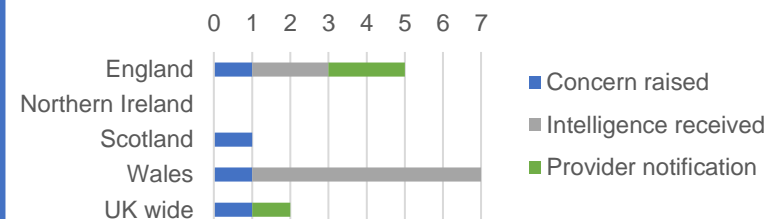- Numnber of contacts

**Stakeholder engagement commentary**
- We have undertaken analysis on regional engagement for the past three months, and there is now a consistent trend that some regions / countries (specifically England - Yorkshire and the Humber, Northern Ireland, and Scotland) are underrepresented in the number of emails we send / receive when compared to the number of contacts
- Internal system usage conventions are bedding in so we can not be absolutely confident with the data, but the consistency of findings shows that we may need to undertake actions to engage further within these regions

## Active cases by case stage



- Under service level
- Over service level

## Focused review triggers



- Concern raised
- Intelligence received
- Provider notification

## Cases – received and completed

| Period | Triggers received | Review required % | Completed (cases requiring review) | Duration (months) |
|---|---|---|---|---|
| Last month | 0 | N/A | 0 | N/A |
| Last 3 months | 3 | 67% | 0 | N/A |
| Last 12 months | 16 | 47% | 1 | 1.3 |
| Target | | | | 5 months |

**Focused review commentary**
- Number of cases remains small, with most cases set up due to receipt of intelligence
- Wales-based triggers were mostly due to review of provision from Health Education Improvement Wales (HEIW) commissioning exercise, which triggered approval assessments where required
- Of the seven active cases, six are over service level. This is due to the complexity of specific cases, with this process being a 'container' for a broad range of potential issues – case owners are focused on bringing these cases back within service levels, and service levels themselves may need amending if expectations being set are not achievable
- There is an upward trend with the numbers of cases set up where reviews are required – this percentage has grown from a third to almost a half. This could suggest we are getting better at initial 'triage' of case set up for potential focused reviews, only recording cases where it seems reviews are required.
- We will deliver normal expectations around this figure based on further data