Education and Training Committee, 10 March 2011

Service user involvement in the design and delivery of education and training programmes

Executive summary and recommendations

Introduction

The Committee has previously discussed the topic of service user involvement at its March 2010, May 2010 and September 2010 meetings.

This paper draws together the Committee’s previous discussion and looks specifically at service user involvement in pre-registration education and training and at the HPC’s potential role in recognising, supporting and/or compelling that activity.

Decision

The Committee is invited to discuss and agree the areas / actions outlined in paragraph 7.1 of the attached paper.

Background information

Please see paper

Resource implications

Subject to the Committee’s agreement:

- Writing research brief
- Managing the process to commission research
- Reviewing the final research report and writing a further paper for the Committee
- Writing a position statement

The above implications are accounted for in the draft Policy and Standards Department workplan for 2011/2012, due to be considered by the Council at its March 2011 meeting.

Financial implications

Subject to the Committee’s agreement:

- Externally commissioned research – budgeted amount c.£10,000 (but more may be possible dependent on other 2011/2012 priorities).
The above is accounted for in the draft Policy and Standards Department budget for 2011/2012.

Appendices

- Additional information
- Timetable

Date of paper

28 February 2011
Service user involvement in the design and delivery of education and training programmes

1. Introduction

1.1 This broad topic has been discussed by the Education and Training Committee at its meetings in March 2010, May 2010 and September 2010.¹

1.2 At its meeting in September 2010 the Committee did not reach a consensus view on the best way of tackling this area but ‘noted that some action must be taken’ and decided that a further paper was required ‘in relation to the Committee’s future role in relation to service user involvement’. This paper was to outline ‘the work done to date by the Committee and the work of other bodies approving and monitoring education and training’.²

1.3 The Committee’s discussion has been wide ranging on this topic but has narrowed to focus on the merits of three distinct areas of activity.

• Amending the standards of education and training and/or standards of education and training guidance to more explicitly require service user involvement in the design and delivery of programmes.

• Undertaking externally commissioned research into the existing methods of service user involvement undertaken by education providers.

• Undertaking a pilot in order to assess the value of ‘lay visitors’ as part of approval visit panels.

1.4 In the papers considered by the Committee to date, in its discussion, and given developments in the external environment, it seems likely that this will continue to be an important area for the HPC for a number of reasons including:

• developments in the external environment including the requirements of the CHRE as part of its performance review; the importance placed on service user involvement, including separate funding, in the social work field in the light of the HPC’s regulation of social workers in England from April 2012; and the activities of other regulators;

¹ Education and Training Committee, 10 March 2010, (enclosure 5)
http://www.hpc-uk.org/aboutus/committees/educationandtraining_archive/index.asp?id=489

Education and Training Committee, 8 June 2010, (enclosure 8)
http://www.hpc-uk.org/aboutus/committees/educationandtraining_archive/index.asp?id=492

Education and Training Committee, 16 September 2010, (enclosure 5)
http://www.hpc-uk.org/aboutus/committees/educationandtraining_archive/index.asp?id=541

² Minutes of the Education and Training Committee meeting on 16 September 2010, item 9
http://www.hpc-uk.org/aboutus/committees/educationandtraining_archive/index.asp?id=541
• the general trend in professional education toward new and innovative ways of involving service users in design and delivery including in selection, teaching and assessment;

• the existing practices of HPC regulated education providers in this area; and

• the HPC’s own continuing commitment to involving service users in its work and in ensuring fitness to practise at the point of entry to the Register.

1.5 This paper seeks to discuss the key issues that have emerged in the debate in this area in order to seek the Committee’s agreement on specific activities going forward. The paper seeks to provide a structure to guide the Committee’s discussion.

1.6 In its previous discussion, the Committee has often focused on the potential external imperatives for activity in this area, particularly the standards of good regulation published by the Council for Healthcare Regulatory Excellence (CHRE) and its comments in relation to the HPC in recent performance reviews. This paper deliberately does not focus on those factors, focusing instead on determining the approach that is right for the HPC – providing an overview of the points for debate and emerging issues, drawing broadly on information and evidence from the external environment. Appendix 1 includes a summary of information about the CHRE’s standards and performance reviews, the approach of other regulators, and the social work context in light of the planned transfer of the regulation of social workers in England to the HPC in April 2012.

1.7 In addition, this paper looks at service user involvement in pre-registration education and training and the HPC’s potential role in specifically recognising, supporting and/or compelling that activity. It does not look at service user involvement in the work of the HPC – for example, in the HPC’s quality assurance processes. Section 2 provides a summary of previous discussion in this broad area. The issue of a pilot of using lay visitors was considered separately at the meeting in September 2010 and the Committee agreed the arrangements for the pilot, which is planned to take place in the 2011/2012 financial year.

1.8 This paper is divided into seven sections.

• Section two summarises the HPC’s existing approach with regard to the standards of education and training, supporting guidance and operational arrangements.

• Section three summarises the previous papers considered by the Committee and the points raised in discussion.

• Section four discusses some of the key issues that have emerged in this area.
Section five looks at the potential scope of externally commissioned research.

Section six summarises the decisions to be made and invites the discussion of the Committee.

Section seven outlines the decisions the Committee is invited to consider.

2. Existing approach

2.1 Revised standards of education and training guidance came into effect in September 2009. As a result of the consultation on these standards, including engagement with education providers, the standards of education and training guidance was amended to more specifically encourage/support service user involvement. The changes were made in relation to standards relating to admissions (SET 2), programme resources and management (SET 3), curriculum (SET 4) and assessment (SET 6).

2.2 The operational processes – major change, annual monitoring and approval – were also reviewed to ensure publications for these processes included the encouragement of service user involvement. Changes included adding to the list of possible evidence that could be submitted to include information derived from service user involvement activity.

2.3 However, there are not currently any specific standards/guidance explicitly requiring service user involvement.

3. Previous discussion

3.1 This topic has been discussed on three previous occasions. The information considered and the conclusions/decisions reached are summarised below.

March 2010

3.2 The paper considered by the Committee looked very broadly at this topic including:

- The definition of the term ‘service user’ – in particular, the diversity of service users of the professions regulated by the HPC.

- The scope of the term service user involvement in regulation covering two areas: standards/processes ensuring education providers’ involvement of service users; and involvement of service users in regulators’ processes to quality assure education programmes.

- The outcomes of an ‘engagement exercise’ with UK regulators, education providers, professional bodies and other relevant organisations about their approaches in this area. The broad range of
different organisations with different roles engaged meant that a wide range of different approaches to involvement and engagement were revealed.

- A review of the literature about involvement of service users in health and social care education, with a particular focus on the benefits of this activity.

- Whether the engagement of service users on visiting panels would increase the effectiveness of the approval process and whether this could be directly linked to increased public protection.

3.3 In discussion, the following points were made / conclusions reached:

- The HPC would need to take a broad approach to the definition of ‘service user’ as this was frequently far broader than ‘patients’ in many of the regulated professions.

- Education providers might be better placed to determine which service users are impacted by particular programmes and professional groups.

- The evidence of whether involving service users on visit panels would enhance public protection was inconclusive.

- The Committee identified the three distinct activities outlined in section 1.3 of this paper and requested more information on the impact and feasibility of these options.\(^3\)

June 2010

3.4 The paper considered by the Committee covered:

- The potential for and benefits of changes to the standards of education and training and standards of education and training guidance. In particular, whether the changes should be made prior to the next planned periodic review of the standards in 2014/2015.

- The scope of potential externally commissioned research. Two areas were suggested – exploring the link between public protection and service user engagement; and investigating and analysing the current strategies of service user engagement on currently approved programmes with the HPC.

- The arrangements for a pilot of lay involvement on visit panels including objectives of a pilot, criteria for evaluation and the operational implications for the Education Department.

3.5 In discussion, the following points were made / conclusions reached:

\(^3\) Minutes of the meeting on 10 March 2010
http://www.hpc-uk.org/aboutus/committees/educationandtraining_archive/index.asp?id=489
• The Committee agreed the three work streams, subject to more detailed implementation plans at the following meeting.

• The Committee decided that the lay visitor pilot should include an additional visitor in addition to the two existing profession-specific visitors.

• The Committee agreed that an additional standard would have the greatest impact and that changes should take place before the next cyclical review of the standards.4

**September 2010**

3.6 The paper considered by the Committee covered:

• Potential timescales for amending the standards of education and training and any link in timescales between the outcomes of the lay visitor pilot and the implementation of a new standard. The arrangements for implementing the new standard in the operational processes were also outlined.

• Plans for externally commissioned research in the 2011/2012 financial year.

3.7 In discussion, the following points were made / conclusions reached:

• In contrast to its decisions at the June 2010, the Committee overall ‘did not agree that it had been given compelling evidence that regulatory involvement in promoting involvement of service users added value to the existing work taking place by education providers’.

• The Committee noted the overall movement towards service user involvement by public bodies and noted that many education providers were already involving service users in different ways.

• The Committee did not reach a consensus on whether a new standard should be developed, but noted that some action needed to be taken in this area. A further paper was requested.

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4 Minutes of the meeting on 8 June 2010
http://www.hpc-uk.org/aboutus/committees/educationandtraining_archive/index.asp?id=492
4. Discussion

4.1 This section discusses some of the key issues that have emerged in the Committee’s discussion to date that are directly relevant to questions associated with service user involvement in pre-registration education and training and the HPC’s potential role in further recognising, supporting and/or compelling that activity.

4.2 The areas to be discussed have been identified by the Executive from the Committee’s discussion and are outlined below.

- The existing practices and approaches of education providers in this area, and of other bodies involved in approving and monitoring education and training, and what can be learnt or concluded from these.

- The benefit / value of / rationale for service user involvement generally, such as links to enhanced public protection and, in particular, the evidence that regulatory involvement in promoting involvement of service users would add value to the existing work taking place by education providers.

- The definition of the term ‘service user’.

4.3 This section provides a summary, discussion and analysis of these three areas.

The existing approaches and practices of education providers and regulators including any barriers to service user involvement

4.4 The key questions are:

- What activities do education providers, particularly those delivering HPC approved programmes, already undertake in this area?

- What arrangements do other regulatory bodies have in place?

- What barriers are there to service user involvement with particular reference to the diversity of HPC regulated professions and HPC approved education providers?

4.5 In light of the above, what conclusions overall can we draw about the extent to which service user involvement is already well developed amongst education providers and therefore the feasibility of introducing a more specific requirement in this area?

4.6 The research submitted to the Committee at its March 2010 meeting revealed that a range of different activities are undertaken by education providers in the area of service user involvement. The research included
an engagement exercise\(^5\) with HPC approved education providers and other organisations, as well as a review of some of the available literature in this area. The activities revealed in the engagement exercise and literature review are listed below and grouped in two broad areas – design, monitoring and evaluation, and delivery.

- **Design, monitoring and evaluation**
  - Attendance at approval and validation events.
  - Committee attendance including those related to curriculum development and review.
  - Service user forums.
  - Advisory groups to comment on ideas and projects.
  - Evaluation of service user feedback.
  - Participation in exercises to audit quality.

- **Delivery**
  - Organisation wide activities such as a disabled person’s day.
  - Selection including shortlisting, devising questions and sitting on interview panels.
  - Teaching materials – for example, interviews with patients leading to a ‘narrative archive’ or ‘digital stories’; commissioning a DVD from a theatre group run by disabled people.
  - Participation in lectures and workshops including teaching.
  - Contributing towards classroom or practice-based assessment of students.

4.7 Appendix 1 includes a summary of the quality assurance activities of other regulators. A range of different approaches are adopted, and, aside from public or lay members on visit panels, they include the following requirements.

- Service user involvement as part of the assessment of students.
- Surveys to capture feedback / perspectives.
- Service user feedback as part of the review and evaluation of programmes including monitoring quality in teaching, learning and assessment.
- Information about past patient and public involvement, plans for improving the programme as a result and plans for improving the involvement of patients and the public in subsequent years.

4.8 It can be observed that the different approaches are guided by the size of the regulator including whether the regulator regulates one profession or a range of professions and therefore the level of prescription or generality of the requirements; different legislative frameworks which influence the approach to standards and programme approval; and different approaches to regulatory quality assurance.

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\(^5\) The previous paper used the term ‘consultation exercise’ but the term ‘engagement exercise’ is used in this paper to clearly differentiate this activity, aimed at gathering information from relevant stakeholders, from the formal consultation process used when the HPC publishes or amends standards and guidance.
4.9 The previous literature review revealed some (relatively minor) potential barriers to, or challenges for, effective service user involvement, including staff uncertainty about the best way of utilising involvement; the difficulty in resolving service user and service provider needs; and challenges in the recruitment and retention of service users involved in programmes.

4.10 With specific reference to the HPC, the range of different professions regulated, the range of different service users involved, and the diversity of education providers and education and training models, means that making a (prescriptive) requirement needs some careful consideration. For example, we might speculate that certain types of service user involvement activity may be more difficult for small education providers outside of the structures and systems of a large organisation or Higher Education Institution – for example, professional body delivered programmes. In the consultation on revised standards of education and training in 2008 respondents were generally supportive of enhancing the SETs to better encourage service user involvement. There were, however, two key caveats: that any requirement was meaningful; and that any requirement could not be prescriptive about the degree or nature of involvement given the range of potential activities and the range of different service users.6

4.11 In conclusion:

- From the available evidence, a number of HPC approved education providers have already developed ways in which they involve service users in the design and delivery of their programmes and therefore introducing a specific requirement (e.g. via an additional standard of education and training / guidance) might recognise and quality assure existing practice whilst encouraging development.

- There are a range of different approaches adopted by the other regulators. The detail of these may not be directly helpful to the overall debate as they are specific to the organisational, professional and legislative context in which different regulators operate. But they do demonstrate different ways of incorporating service user involvement requirements into approval and monitoring processes.

- Any requirement would need to be carefully considered and carefully written given the (increasing) range of potential service users of the professions regulated by the HPC and the range of different education delivery models. (The definition of the term ‘service user’ is discussed further in paragraphs 4.22 to 4.30).

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Benefits and evidence

4.12 In its previous discussion (and in previous papers) the Committee has considered arguments which have focused on the potential benefits of service user involvement, including whether there was a clear link between service user involvement and public protection.

4.13 In the paper considered by the Committee in March 2010 the overall conclusion was that there was no evidence of a clear link between service user involvement and enhanced public protection (although the emphasis of this paper was more on service user involvement in quality assurance via involvement on visit panels). The minutes for the Committee’s discussion in September 2010 record the following: ‘The Committee did not agree that it had been given compelling evidence that regulatory involvement in promoting involvement of service users added value to the existing work taking place by education providers.’ (Minute 9.6)

4.14 The engagement exercise previously carried out and the literature review identified a range of different benefits of service user involvement activity. The two following quotes from education providers indicate the perceived value of involvement in programmes:

‘We need to train students who are able to be responsive to both market and individual needs – and we must know what these are – and how they change over time.’

‘Good practice care of an individual patient also drives for an increase in patient involvement as it is important for learners to be provided with an opportunity to encounter an individuals’ voice in situations.’

4.15 In summary, the following benefits were identified:

- Giving service users a voice and thereby ensuring that professional practise is responsive to, and evolves in line with, their needs.

- Improved learning experience for students – providing ‘powerful insights’ and ‘challenging learning opportunities for students’. Raising awareness of service user needs. The value of such activity is supported by positive feedback from students.

- Service user involvement helped to develop practice guidelines.

- Service users enjoy the process of making a positive contribution.

- Service user involvement in education viewed as a part of a general move in delivery of treatment / care / services – away from a service user being a passive recipient of care to a more active role; part of a move toward greater accountability.
These benefits for service users themselves outlined on the previous page are consistent with those listed in the PPI Good Practice Handbook published by the Joint Regulators PPI Group in which the HPC participates. They list benefits to service users including improving confidence and self-esteem, developing knowledge, understanding and skills and encouraging people to take responsibility. It seems useful to look at this further by focusing on three areas: benefits to the public and to public protection; benefits to education providers; and benefits to the regulator and regulation.

Benefits to the public and public protection

In previous discussions, the Committee has considered whether there could be said to be a direct ‘causal’ relationship between service user involvement and public protection. Whilst unequivocal, empirical, quantitative evidence may not be possible or available, some benefits of direct relevance to the care, treatment or services provided to service users have been identified and we might suggest that they are very much consistent with the goals of public protection and the content of the HPC’s existing standards. Some key points that emerge are outlined below.

- The focus in the evidence we have about benefits is that involvement in programmes produces programmes and students that take account of and are responsive to service users’ needs; and that involvement activity reinforces that involving service users in decisions, their care, treatment and the services provided is an integral part of good practice.

- The above is consistent with the standards of proficiency with their focus on working in partnership with service users including involving them in decisions about their care, treatment and services provided and in providing sufficient information to allow informed choices.

- The standards of education and training are the standards necessary to deliver the standards of proficiency, describing the structures, systems, policies and processes that are necessary to ensure fitness to practise at point of entry to the Register. In light of the above, there may be a case for augmenting the standards of education and training to require service user involvement.

- However, it should be noted that the first two bullet points above do appear to focus more on situations where service users are patients and clients or to situations where interventions are more physical and/or therapy based. These arguments as currently framed may therefore be less directly relevant in other professions, such as occupational psychology where services are provided to businesses, for example.

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Benefits to education providers

4.18 The responses of education providers to the previous engagement exercise indicate that education providers see benefits in service user involvement activity. Some key points that emerge are outlined below.

- Service user involvement in programmes helps in programme development – keeping them up-to-date (SET 4.4) and responsive to the needs of the service users that students will be working with during the programme and once qualified and registered.

- Adding in an additional standard of education and training about service user involvement, if appropriately framed, might formally recognise these practices and therefore act as source of encouragement / a driver for further development.

Benefits to the regulator and regulation

4.19 Based on the above, the points below relate to regulators and regulation.

- If it is accepted that service user involvement can benefit practice by making it more ‘service user centred’, then this is entirely consistent with the public protection role of regulators, in ensuring fitness to practise at point of entry to the Register (and therefore in ensuring that registrants have the threshold knowledge, understanding and skills in order to meet the needs of service users).

- Arguably the regulators, through setting standards of education and training, are in a unique position to be able to ensure more consistency (though not uniformity) in the integration of service user views and experiences into the design and delivery of programmes.

- A regulatory requirement regarding service user involvement would be consistent with the HPC’s own commitment to involving service users in its work.

4.20 The PPI handbook, citing five particular pieces of evidence of the benefits of PPI, lists the following benefits for the regulators.

- Exploring the differences between professional and patient views and between corporate and community views.

- Gaining a better understanding of the public’s needs.

- Improving quality of services that meet needs and reflect broad social values and so making services more efficient and effective.

- Improving governance – democratic legitimacy, accountability and trust.
Building relationships – building networks, relationships and ownership.

Capacity building and learning – building confidence, skills, understanding, awareness and knowledge

4.21 In turn the benefits to the wider public are ‘Improved public protection’ and ‘Better focused regulation’.8

Definition of service user

4.22 In its previous discussion the Committee has considered the definition of the term ‘service user’, particularly in relation to the lay pilot. The Committee concluded that the lay pilot work should be considered separately as ‘lay involvement’ was not ‘service user involvement’.

4.23 In discussion at the March 2010 meeting, the Committee noted that the service users of HPC registrants were broader than just patients and clients. It was suggested that education providers were better able ‘to determine which service users are impacted by particular programmes and professional groups’.

4.22 In the previous papers a range of different potential ‘service users’ were identified. The list below is an in-exhaustive list of the possible range of service users.

- Patients
- Clients (individual and organisational)
- Carers
- Charity representatives
- Registrants
- Academics
- Students
- Professional colleagues

4.23 In the context of the HPC’s CPD standards we use ‘service user’ very broadly to mean anyone who uses or is affected by the services of a registrant. This encompasses all of the potential groups above and more. The rationale for such a broad use of the term is that the CPD requirements relate to all registrants; registrants can be audited to demonstrate compliance with the standards after they have been in practice for more than 2 years. Therefore, a term was necessary which could be applicable to both registrants in frontline ‘clinical practice’ (i.e. working in the areas and with the clients typically expected as the primary scope of practice of someone in the profession) and those who have moved into other roles – such as those in academia or in industry.

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4.24 The paper considered by the Committee in March 2010 illustrated the different range of service users across the professions. The following is adapted from that paper and is included for illustrative purposes (i.e. the range of service users is likely to be broader in every example).

4.25 For example, a speech and language therapists may consider a service user to be:

- an individual with whom they are providing therapy;
- the relatives or carers of an individual to whom they are providing therapy; and/or
- other professional colleagues in the multi-disciplinary team (for example, the teacher if working in a school).

4.26 A clinical scientist may consider a service user to be:

- colleagues working in the clinical setting who rely upon the outcomes of the registrant’s tests, research or other work; and/or
- patients or clients if the registrant undertakes direct facing work (e.g. audiological scientists).

4.27 For practitioner psychologists, service users are dependent upon the domain of practice:

- occupational psychologists provide services to organisations;
- educational psychologists work with pupils, parents, teachers and other health and social care professionals; and
- forensic psychologists work with prisoners and prison staff.

4.28 The Executive argues that student involvement / measures to safeguard the needs of students is / are already assured effectively by the standards of education and training and by the process followed in approving programmes. In particular:

- The visitors routinely meet with students as part of the visit agenda, ensuring student input into the quality assurance of programmes.
- Student feedback is encouraged in the guidance to SET 3.3. as a means of evidencing that a programme has regular monitoring and evaluation systems in place.
- SETs 3.11 and 3.12 focus on student wellbeing and support whilst on the programme.

4.29 As a result it is suggested that any additional requirement should make it clear that the service users relevant to different professions and different programmes will vary, but the focus should be on involving those who typically use or are affected by the services of registrants once they qualify from the programme and become registered (i.e. patients, clients, carers, organisational clients, colleagues in the multi-disciplinary team etc). In most professions this would not include students as pre-registration
education and training does not equip students at threshold entry to the Register to teach immediately.

4.30 This is in no way to denigrate the status of students as important stakeholders for education and training providers and the importance of involving students in programmes, or to suggest that this would not be an area in the future that the Committee might wish to consider further. However, it is suggested that for the purposes of focus and clarity, and to ensure that the scope of any work is reasonable and manageable, we should adopt the broad ‘definition’ above – that this work concerns the activities of education providers to involve patients, clients, carers and others who will use the services of a registrant once they are qualified, in the design and delivery of their programmes.
5. Externally commissioned research

5.1 In the course of the discussion on this topic, it has been suggested by the Executive and the Committee that externally commissioned research into service user involvement might be helpful. At the meeting in June 2010 this research was agreed in principle, but it was not the focus of discussion at the following meeting, where broader conclusions were reached about the desirability of regulatory activity in this area.

5.2 The purpose and scope of that research has yet to be defined, but three overlapping aims have been suggested in papers at previous meetings.

- To explore the link between public protection and service user involvement (i.e. ‘increasing’ or ‘influencing’ public protection).

- To investigate and analyse the current approaches to / methods of service user engagement on currently approved programmes within the HPC (and potentially other professions due to become regulated by the HPC).

- To elicit and explore the benefits of service user involvement in design and delivery of programmes.

5.3 In relation to the first point above, it would not seem possible to approach the research with a view to identifying a clear, ‘causal’ link between service user involvement and public protection but the research might certainly help in capturing further qualitative information about the potential benefits in this area.

5.4 The methods suggested for the research in the September 2010 paper included consultation with those involved in a range of pre-registration education and training programmes and clinical practice networks.

5.5 The scope of the research and the methods used will be determined by the available budget for 2011/2012. This is currently in the process of being set. However, the Executive suggests that the research should focus on understanding more about the activities undertaken by education providers across the breadth of professions and education models. The potential benefits / outcomes of such research include:

- A clearer picture of the extent of service user involvement amongst the education providers approved by the HPC (and those that are likely to be approved imminently).

- An analysis of the different types of involvement undertaken, identifying any trends within or between professions or different models of education delivery.

- Situating the current activities within the relevant literature on what works in service user involvement.
• The research could be helpful in informing any further discussion / decisions in this area and in disseminating examples of practices to HPC approved programme providers, which might help in the development of their programmes and approaches.

5.5 The Committee is invited at this meeting to agree to externally commission research and to discuss the scope / research aims and the potential research methods to inform the Executive’s preparation of a research brief.
6. Summary, conclusions and recommendations

6.1 The Committee has debated the broad area of service user involvement in education and in regulatory quality assurance of education on a number of previous occasions. This paper has provided a synopsis and synthesis of those previous papers and previous discussions. As a result, this paper to a large extent might be viewed as ‘covering old ground’.

6.2 However, it was felt this was necessary in light of the previous discussion and in light of the conclusion recorded in the minutes of the meeting in September 2010, that ‘some action must be taken regarding service user engagement’. In addition, the conclusion in May 2010 that adding an additional standard would have the ‘greatest impact’ contrasted to the conclusion in September 2010 that there was a lack of ‘compelling evidence’ that regulatory involvement would add ‘value’ to the existing work taking place by education providers’. [Emphasis added].

6.3 As previously stated, this paper has focused deliberately on service user involvement in pre-registration education and training and the HPC’s potential role in recognising, supporting and/or compelling that activity. This section addresses the conclusions and decisions to be reached in two areas:

- Questions – suggesting some questions based on statements which might assist in structuring the debate on the Committee’s approach in this area and the specific actions that may or may not be required.

- Specific actions – the Committee is invited to discuss the Executive’s recommendations for work in this area.

Questions

6.4 The following questions are suggested as a way of structuring the Committee’s discussion of this paper, in order to help indicate the actions, if any, that the Committee would wish to take.

6.5 They are suggested in order to assist the Committee in reaching a consensus and in developing clear unambiguous reasons for the Committee’s conclusions and desired actions.
Q. Why should / should not the HPC require evidence of service user involvement as part of its approval of education and training programmes?

Q. In principle, if an education provider did not involve service users at all in the design and delivery of a programme, should it still be approved by the HPC? Why? Why not?

Q. Does the Committee (consider there is sufficient information to) agree with the following conclusions?

- A number of education providers will already have developed ways to involve service users in the design and delivery of their approved programmes.

- Service user involvement has potential benefits for:
  - The public and public protection.
  - Education providers.
  - The regulator and regulation.

- Introducing a specific requirement for service user involvement in the future might be:
  - low risk (as it would recognise, quality assure and encourage further development and consistency in the activities already largely undertaken by education providers);
  - consistent with the HPC’s public protection remit; and
  - consistent with the HPC’s commitment to involve service users appropriately in its work (and consistent with developments in the external environment).

- Any specific requirement should:
  - be applicable across the range of regulated professions;
  - recognise the range and diversity of different service user groupings;
  - recognise the different education models used by approved programmes; and should
  - be meaningful, whilst avoiding over-prescription.

Q. Even if the Committee should determine that no actions are necessary, what view should the Committee take on the value of service user involvement in pre-registration education and training?
Specific actions

6.6 In light of the discussion on the statements listed on the previous page, the Committee is invited to consider the specific actions that should be taken in this area.

6.7 The Executive proposes two specific actions, one of which was suggested in previous discussion.

6.8 Appendix 2 outlines the draft timetable for completion of these activities.

Commission external research

6.9 The Executive recommends that research into service user involvement should be externally commissioned in the 2011/2012 financial year.

6.10 The potential scope of the research is discussed in section five of this paper. The Committee is invited to discuss at this meeting the potential scope of the research including the research aims and potential outcomes. This will inform development of a research brief by the Executive prior to commissioning the research. In keeping with other similar exercises, the Executive would draft the research brief and then identify potential researchers, inviting them to submit research proposals. The text of the research brief is not normally formally approved by a Committee.

6.11 The exact scope of the research would be dependent upon available budget. At the time of writing this paper, a budget of approximately c.£10,000 had been allocated in the Policy and Standards Department budget for 2011/2012 to this project, but it may be possible to increase this budget, subject to confirmation of costs attached to other research priorities in the 2011/2012 financial year.

6.12 The outcomes of the research would then inform a subsequent discussion by the Committee, which might include deciding to consult on an additional standard or changes to the guidance.

Position statement on service user involvement

6.13 The Executive recommends that the Committee consider (subject of course to its discussion of the questions in paragraphs 6.5) whether it should at this time agree a short position statement on service user involvement. Such a statement might be helpful in:

- signalling to education providers the value the Committee sees in involving service users in the design and delivery of programmes and in indicating that the Committee might be minded to require this in the future; and

- demonstrating a clear commitment to this area to other stakeholders, in light of, for example, the requirements of the CHRE and the focus on service user involvement in social work education.
7. Decisions

7.1 The Committee is invited to discuss this paper and determine the actions, if any, that are required. In particular, to:

- discuss the questions outlined in paragraph 6.5;
- agree the following:
  - to externally commission research into service user involvement in pre-registration education and training;
  - the timetable for this work outlined in Appendix 2;
- discuss the following:
  - the potential scope of the commissioned research, including the research aims, methods and potential outcomes; and
  - whether a position statement should be prepared on service user involvement and the content of such a statement.

7.2 The research outcomes will inform a future discussion by the Committee. Potential options for action might include:

- Consulting on an additional standard in the standards of education and training. For example, a standard might be added to SET 3, programme management and resources in terms such as: ‘There must be arrangements for involving service users appropriately in the design and/or delivery of the programme.’

- Consulting on changes to the guidance without adding an additional standard.
Appendix 1: Additional information

1. CHRE standards of good regulation and performance review

1.1 The Council for Healthcare Regulatory Excellence’s standards of good regulation were revised for the 2010/2011 performance review. In the education function, the relevant ‘minimum requirement’ reads:

‘4.3 (ii) Students’/trainees’ and patients’ perspectives are taken into account as part of the evaluation.’

1.2 In previous performance review reports, the CHRE has asked that the HPC should consider ways in which the views of patients and service users are taken into account in the assessment of education and training programmes.

1.3 The Executive has previously sought clarity from the CHRE on the arrangements that it considers would meet the standard relating to patient involvement and they are as follows:

- Evidence of HPC visitors speaking directly with students/patients. (N.B. Visit teams already routinely speak with students.)
- Lay participation on panels. (N.B. This has been considered separately by the Committee and is not the subject of this paper.)
- Patient/student involvement in the design and delivery of education programmes.

1.4 The most recent performance review report for 2009/2010 notes the HPC’s progress in this area (in the light of the continuing discussion of the Education and Training Committee) and identifies this as an area that the CHRE would wish to review in its 2010/2011 performance review report.
2. Social Work education and service user involvement

2.1 Service user involvement has been a particular focus in social work education and in social work education regulation over the last few years.

2.2 The requirements for social work education in England are currently set by the Secretary of State for Health. The Department of Health requirements for social work education specifically refer to the involvement of service users in selection of students. However, service users are also identified as key stakeholders in all areas of programmes – in selection, assessment, placements, design, teaching and learning agreements, quality assurance and preparation for practice learning.9

2.3 When the degree in social work was introduced, the GSCC asked education providers to provide a commitment for how they would involve service users in programmes. These commitments were then monitored subsequently. Accreditation and monitoring of programmes specifically looks for evidence that service users views are sought; that they are involved in design, delivery and review; that resources are available for design, delivery and development; and that they are involved in selection.10

2.4 In recent years specific funding has been available for service user involvement which is distributed by the GSCC. As part of this, education providers have had to provide a report to demonstrate how they have spent the money. In 2009/2010 this funding was approximately £7,400 per education provider – most spending was on salaries for dedicated development and project workers (30%) and direct fees / expenses for participation (53%)

2.5 As part of its work the GSCC has undertaken various pieces of work in order to promote service user involvement including joint work with the Social Care Institute for Excellence (SCIE).

2.6 In discussion with the GSCC they reported that based on their monitoring activities education providers made extensive involvement of services users in selection and teaching but that involvement in assessment was perhaps less developed. The table overleaf is reproduced from the GSCC’s report 'Raising Standards – Social Work Education in England 2007-08' and shows the trends for HEI’s involving users and carers in different areas of their programmes.11

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9 Department of Health, Requirements for Social Work Training, May 2002

10 The information included here is based on a discussion with relevant staff members at the General Social Care Council

<table>
<thead>
<tr>
<th>Area</th>
<th>% of HEIs reporting participation in these areas</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2006</td>
</tr>
<tr>
<td>Selection of students</td>
<td>90</td>
</tr>
<tr>
<td>Teaching</td>
<td>100</td>
</tr>
<tr>
<td>Assessing preparation for direct practice</td>
<td>64</td>
</tr>
<tr>
<td>Assessing competence to practise</td>
<td>88</td>
</tr>
<tr>
<td>Assessing academic work</td>
<td>43</td>
</tr>
<tr>
<td>Design of courses</td>
<td>76</td>
</tr>
<tr>
<td>Quality assurance of courses</td>
<td>88</td>
</tr>
</tbody>
</table>

2.7 The GSCC also includes service users in inspections of programmes and an evaluation of this arrangement is due to be published shortly.
3. The approaches of other regulators

(Source: CHRE performance review report 2009/2010 unless otherwise stated.12)

General Dental Council

- The GDC has a public visitor on each panel.

- Checks to see whether education providers have incorporated patients’ views into the design and delivery of the courses.

- The CHRE note that the GDC feels that these processes could be strengthened and that it looks forward to seeing the outcomes of the GDC’s work in this area.

General Optical Council

- Surveys are used to capture patient, employer and supervisor perspectives in the quality assurance process.

- Public members of visit teams are given specific responsibility for considering the public/patient perspective and have the opportunity to speak to patients during visits.

General Osteopathic Council

- The GOsC are undertaking a review, parts of which incorporate the need to incorporate patient involvement.

- The strands include a review and update of the GOsC’s policy and the aims of the quality assurance process; a review and streamlining of operational processes to ensure GOsC aims are delivered; a review and improvement of the requirements of the annual OEI [Osteopathic Education Institutions] report; and a review of the competencies and training of visitors that conduct quality assurance reviews.

Royal Pharmaceutical Society of Great Britain (the regulatory functions have since transferred to the General Pharmaceutical Council; the RPSGB previously undertook education quality assurance on behalf of the Pharmaceutical Society of Northern Ireland)

- The CHRE report notes more general involvement work undertaken but says: ‘However, we consider that it is appropriate that patient involvement is reflected in the design and delivery of education programmes and that any evaluation of courses has taken the views of patients into account.’

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12 CHRE performance review report for 2009/2010
http://www.chre.org.uk/satellite/311/

- Quality data to support requirements for quality assurance, review and evaluation explicitly include feedback from patients and employers. There is a specific requirement that ‘all clinical tutors and supervisors, students, employers and patients should be involved in quality management and control’.

- In assessment, an explicit requirement that there must be procedures in place to check the quality of teaching, learning and assessment.

- The GMC has recently published draft supplementary guidance to Tomorrow’s Doctors and this includes guidance on patient and public involvement in undergraduate medical education.14


- In the requirements for annual monitoring a specific requirement for information about: ‘Patient and public involvement over the previous 12 months, plans for improving the programme as a result of this involvement and plans for improving the involvement of patients and the public in the following year.’

Nursing and Midwifery Council (Source: NMC response to HPC questionnaire, results included in March 2010 paper)

- Quality assurance review plan includes requirement for education providers to evidence service user input to programme development and delivery.

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13 General Medical Council, Tomorrow’s Doctors

14 General Medical Council, Patient and public involvement in undergraduate medical education [DRAFT]
http://www.gmc-uk.org/education/undergraduate.asp

15 General Chiropractic Council, Degree Recognition Criteria
http://www.gcc-uk.org/page.cfm?page_id=25
Appendix 2: Timetable

The following timetable is subject to the discussion / approval of the Education and Training Committee.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project brief written</td>
<td>May / June 2011</td>
</tr>
<tr>
<td>Research commissioned</td>
<td>For commencement in the 2011/2012 financial year</td>
</tr>
<tr>
<td>Final research report received</td>
<td>By February 2012</td>
</tr>
<tr>
<td>ETC / Council discussion of final research report and agreement of next steps (if any)</td>
<td>March 2012</td>
</tr>
</tbody>
</table>