

1 September 2006 to 31 August 2007

Approvals and monitoring annual report 2007

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Foreword

Welcome to the second approvals and monitoring annual report of the Health Professions Council (HPC).

The report covers the period 1 September 2006 to 31 August 2007, or the '2006-2007 academic year' as it is more commonly known.

The 2006-2007 academic year has been another busy and productive year for the HPC's Education – Approvals and Monitoring Department. We reviewed the annual monitoring and major/minor change processes in summer 2006 following their first year of operation and made a number of enhancements for implementation in the 2006-2007 academic year. We also produced publications for our three main processes and guidance on our standards of education and training. In December 2006, the Education and Training Committee agreed to disband the non-statutory Approvals Committee which was established primarily to oversee the creation and embedding of the approvals and monitoring processes.

This report aims to give an insight into the HPC's work in approving and monitoring programmes offered by UK education providers. These programmes provide students with eligibility to register with us. The report gives information about the number and types of approval visits, the outcome of these visits, the number and types of annual monitoring submissions and the outcome of this monitoring. For the first time, this report provides information about the number and types of major/minor change submissions and the outcome of these submissions.

Although this is only the second annual report, and so our experiences and evidence base are still relatively narrow, we have begun to identify and analyse potential trends, where possible.

We hope that you find this report interesting and useful in understanding more about the work of the Health Professions Council.

Eileen Thornton

Chair of the Education and Training Committee

Introduction – The approvals and monitoring overview

About us (the HPC)

We are the Health Professions Council. We are a regulator, and we were set up to protect the public. To do this, we keep a register of health professionals who meet our standards for their professional skills, behaviour and health.

We currently regulate 13 health professions.

Biomedical scientists Chiropodists / podiatrists Clinical scientists Dietitians Occupational therapists Operating department practitioners Orthoptists Paramedics Physiotherapists Frosthetists / orthotists Radiographers E Chiropodists / podiatrists Comparison of the process of t	Profession	Abbreviation
Chiropodists / podiatrists Clinical scientists Dietitians Occupational therapists Operating department practitioners Orthoptists Paramedics Physiotherapists Frosthetists / orthotists Radiographers	Arts therapists	AS
Clinical scientists Dietitians Cocupational therapists Operating department practitioners Orthoptists Paramedics Physiotherapists Frosthetists / orthotists Radiographers	Biomedical scientists	BS
Dietitians Occupational therapists Operating department practitioners Orthoptists Paramedics Physiotherapists Prosthetists / orthotists Radiographers	Chiropodists / podiatrists	CH
Occupational therapists Operating department practitioners Othoptists Orthoptists Paramedics Physiotherapists Prosthetists / orthotists Radiographers G	Clinical scientists	CS
Operating department practitioners OE Orthoptists OR Paramedics Physiotherapists Prosthetists / orthotists Radiographers F	Dietitians	DT
Orthoptists Paramedics Physiotherapists Prosthetists / orthotists Radiographers F	Occupational therapists	OT
Paramedics Physiotherapists Prosthetists / orthotists Radiographers F	Operating department practition	iers ODP
Physiotherapists F Prosthetists / orthotists F Radiographers F	Orthoptists	OR
Prosthetists / orthotists F Radiographers F	Paramedics	PA
Radiographers F	Physiotherapists	PH
	Prosthetists / orthotists	PO
Speech and language therapists	Radiographers	RA
	Speech and language therapists	S SL

We may regulate other professions in the future. For an up-to-date list of the professions we regulate, please see our website at

www.hpc-uk.org

Each of these professions has one or more 'protected titles' (protected titles include titles like 'physiotherapist' and 'dietitian'). Anyone who uses one of these titles must be on our Register. Anyone who uses a protected title and is not registered with us is breaking the law, and could be prosecuted. For a full list of protected titles, please see the back of this document.

You should always check that a health professional using a protected title is registered with the HPC. You can check whether a health professional is registered by logging on to

www.hpcheck.org or calling **+44(0)20 7840 9802**.

Our main functions

To protect the public, we:

- set standards for the education and training, professional skills, conduct, performance, ethics and health of registrants (the health professionals who are on our Register);
- keep a register of health professionals who meet those standards;
- approve programmes which health professionals must complete before they can register with us; and
- take action when health professionals on our Register do not meet our standards.

The Health Professions Order 2001 says that we must set our standards to protect the public and that we must set standards which are necessary for safe and effective practice. This is why our standards are set at a 'threshold' level (the minimum standard that must be met before we can allow entry onto the Register).

About our standards of proficiency (SOPs)

The standards of proficiency are our threshold standards for safe and effective practice that all registrants must meet. They include both generic elements, which all our registrants must meet, and profession-specific elements. These standards play a central role in how to gain admission to and remain on the Register and thereby gain the right to use protected title(s).

About our standards of education and training (SETs)

The standards of education and training are our standards that an education programme must meet in order to be approved by us. These generic standards ensure that anybody who completes an approved programme meets the standards of proficiency and is therefore eligible for admission to the Register. The standards cover:

- 1) the level of qualification for entry to the Register;
- 2) programme admissions;
- 3) programme management and resources;
- 4) curriculum;
- 5) practice placements; and
- 6) assessment.

What are the approval and monitoring processes?

The HPC's approval and monitoring processes ensure that programmes and education providers meet the standards of education and training. The approval process involves an approval visit and an initial decision as to whether a programme meets the standards of education and training. A programme is normally approved on an open-ended basis, subject to satisfactory monitoring. There are two monitoring processes, annual monitoring and major/minor change. Both of these processes are documentary and may trigger a new approval visit. Annual monitoring is a retrospective process by which we determine whether a programme continues to meet all the standards against which it was originally assessed. The major/minor change process considers significant changes to a programme and the impact of these changes in relation to our standards. All of our processes ensure our regulation is robust, rigorous and effective,

without being over-burdensome for education providers.

Who makes the decisions on programme approval?

The Education and Training Committee has statutory responsibility for approving and monitoring education programmes leading to eligibility to register with the HPC. 'Visitors' are appointed by the HPC to visit education providers and assess monitoring submissions. They include registered members of the professions we regulate and members of the public. Visitors work as agents of the HPC (not employees) and provide the expertise the Education and Training Committee need for their decision making. Visitors normally operate in panels, rather than individually. Each panel includes at least one visitor from the relevant part of the Register for the programme under consideration. All visitors are selected with due regard to their education and training experience. Visitors represent the HPC and no other body when they undertake an approval and monitoring exercise. This ensures an entirely independent outcome. All visitor reports from approval visits are published on our website.

What programmes can be approved?

Any education provider (eg a university, college, private training institution or professional body) can seek approval of their programmes.

As well as approving and monitoring education and training for people who want to join our Register, we also approve a small number of qualifications for those already on the Register. The post-registration programmes we currently approve are supplementary prescribing programmes (for chiropodists/podiatrists, radiographers and physiotherapists) and programmes in local anaesthetics and prescription-only medicine for chiropodists/podiatrists. For people who successfully complete these programmes, we will make a note on the Register.

We publish a list of all approved programmes on our website.

Approvals

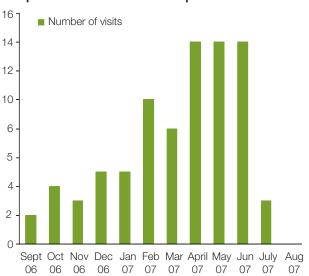
Number of approval visits

This year we attended 82 visits.

Table 1 Number of visits – per month

Month	Number of visits
September 2006	2
October 2006	4
November 2006	3
December 2006	5
January 2007	5
February 2007	10
March 2007	8
April 2007	14
May 2007	14
June 2007	14
July 2007	3
August 2007	0

Graph 1 Number of visits - per month



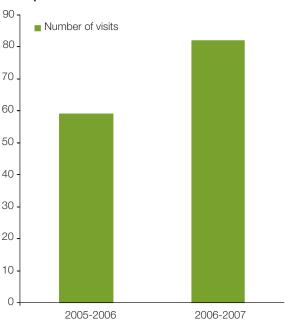
The largest number of visits was made in April, May and June 2007. Over 50% of all visits took place within this three-month period. These three months were also the busiest three months for visits in the previous year. This preference for us to hold visits in April,

May and June is because we try to coordinate them, where possible, to tie in with education providers' internal periodic reviews and validations, which tend to be held at this time of the academic year. Also, we do not hold visits less than three months before the start of a programme. Most programmes start in September, which means that June is the cutoff point each year. This makes April, May and June popular choices for visits by education providers.

Table 2 Number of visits in 2006-2007, compared to 2005-2006

Year	Number of visits
2005-2006	59
2006-2007	82

Graph 2 Number of visits in 2006-2007, compared to 2005-2006



This year, we held 23 more visits than in the previous year. This represents a 39% increase in the number of visits. The reasons for this increase will be looked at in later sections.

Number of programmes considered

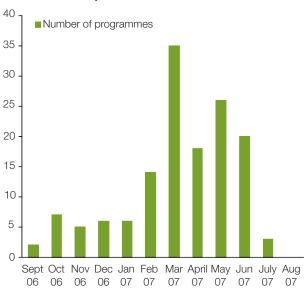
This year, during the 82 visits, 142 programmes were considered.

Each mode of study or level of qualification is recorded as a separate programme by the HPC.

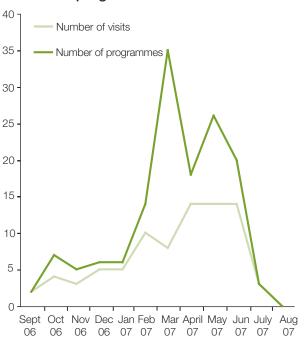
Table 3 Number of programmes considered – per month

Month	Number of programmes considered
September 2006	2
October 2006	7
November 2006	5
December 2006	6
January 2007	6
February 2007	14
March 2007	35
April 2007	18
May 2007	26
June 2007	20
July 2007	3
August 2007	0

Graph 3 Number of programmes considered – per month



Graph 4 Number of visits compared to number of programmes considered



A third of our visits considered more than one programme. Nineteen visits considered more than one qualification from the same profession (eg Postgraduate Diploma in Occupational Therapy and BSc (Hons) Occupational Therapy). Seventeen visits considered one programme offered in two different modes of study (eg BSc (Hons) Biomedical Science full-time and BSc (Hons) Biomedical Science part-time). Eleven visits considered more than one profession (eg BSc (Hons) Physiotherapy and BSc (Hons) Occupational Therapy). The size of the multiprofessional visits varied greatly and explains the reason for the large variations between number of visits and number of programmes considered in March and May 2007. At one multi-professional visit in March 2007, thirteen programmes were considered.

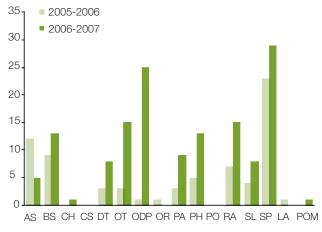
As with the previous year, the variation in the number of visits compared to the number of programmes considered is to be expected. Our standards of education and training are generic and not overly prescriptive, therefore allowing education providers to design very different programmes to suit their own

individual needs. There are programmes delivered with differing modes of study, eg on a full-time and part-time basis.

Table 4 Number of programmes considered in 2006-2007, compared to 2005-2006

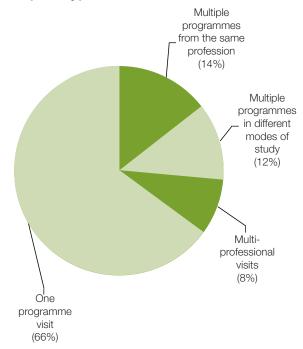
	2005-2006	2006-2007
Number of visits	59	82
Number of		
programmes		
considered	72	142

Graph 5 Number of programmes considered in 2006-2007, compared to 2005-2006



This year, 70 more programmes were considered than in the previous year. This represents a 97% increase. Whilst both the number of visits and the number of programmes considered have increased significantly from the previous year, they have increased at different rates. The difference is a result of our approval process allowing us to incorporate multi-professional, multi-award and single programmes into one approval visit. Whilst the majority of visits (66%) continued to consider one programme only, there was a large increase in the number of multi-professional and multi-award visits this year.

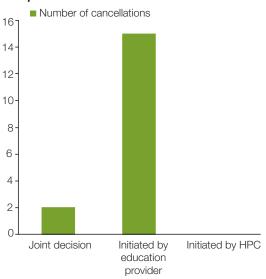
Graph 6 Types of visit



Cancelled and postponed visits

This year, 17 visits were cancelled. The majority of these cancellations (88%) were initiated by education providers. On two occasions, the education provider and the HPC took a joint decision to cancel the visit. All of the visits were cancelled at least six weeks before the date of the visit, so minimum time and effort was wasted. No cancellations were made on the day or week of a visit.

Graph 7 Who cancelled visits?



There were a number of reasons for these cancellations.

Two visits to prescription-only medicine programmes were cancelled jointly by the HPC and education providers, as a result of a decision made by the HPC's Education and Training Committee. The Committee agreed changes to the approval process for these entitlement programmes, meaning that major changes could be approved by documentation through the major/minor change process, therefore removing the need for a visit.

Education providers cancelled six visits because they decided to delay the validation of new programmes until the 2007-2008 academic year.

Education providers postponed four visits to later dates in the year. All of these visits were originally planned for the earlier part of the academic year (December – March) and were rescheduled into the later part of the academic year (April – July). The HPC was able to accommodate these postponements as the education providers gave sufficient notice and the overall visit schedule was not at capacity.

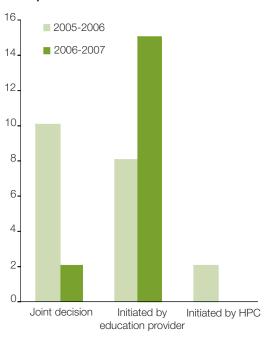
Table 5 Number of cancelled visits in 2006-2007, compared to 2005-2006

Year	Number of cancelled visits
2005-2006	20
2006-2007	17

This year, fewer visits were cancelled than in the previous year. Taking into account the increase in the number of visits, the overall cancellation rate dropped significantly from 25% last year, to 11% this year. This had a positive affect on the HPC's overall approval visit schedule. As the HPC require six months' notice of a visit, to allow time for arrangements to be made and for the visitors to read the documentation, late cancellation often means that there is insufficient time to reallocate slots in the schedule to another visit. The drop in

cancellations this year meant that the HPC was able to use resources more effectively.

Graph 8 Who cancelled visits in 2006-2007, compared to 2005-2006?



This year, more cancellations were initiated by education providers than in the previous year. The number of cancellations taken as a joint decision declined significantly this year. The HPC did not cancel any visits this year. Our six-month notification period for a visit allowed us sufficient time to find visitors (who did not have a significant connection with the programme) for the selected dates.

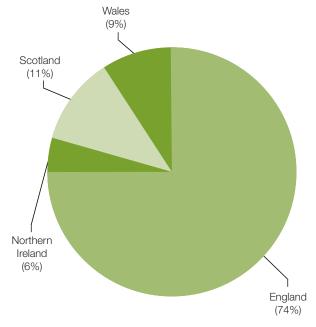
Where were the programmes we visited?

We visited more programmes in England than any other home country this year. This pattern mirrors the previous year and is to be expected as we have the highest number of approved programmes in England, with the second highest number in Scotland. This year, we visited more programmes in Scotland, Wales and Northern Ireland, than in 2005-2006.

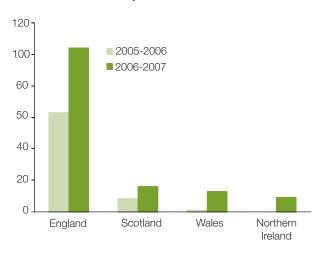
Table 6 Breakdown of visits - by location

Home country	Number of p	orogrammes visited
	2005-2006	2006-2007
England	63	104
Scotland	8	16
Wales	1	13
Northern Ireland	0	9

Graph 9 Breakdown of visits - by location



Graph 10 Breakdown of visits – by location, in 2006-2007 compared to 2005-2006



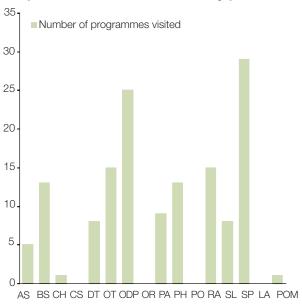
Which professions were visited?

We visited more supplementary prescribing programmes than any other programme this year. Operating department practice programmes had the second highest number of visits. We had our first visit to a standalone prescription-only medicine programme. No visits were made to three professions (clinical sciences, orthoptics and prosthetics/orthotics) as there was no reason to visit existing programmes, and no new programmes were developed in these professions.

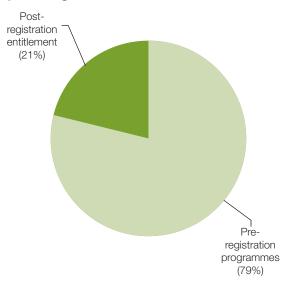
Table 7 Breakdown of visits – by profession

Profession / entitlement		nber of ammes visited
Arts therapists	5	(4%)
Biomedical scientists	13	(9%)
Chiropodists / podiatrists	1	(1%)
Clinical scientists	0	(0%)
Dietitians	8	(6%)
Occupational therapists	15	(11%)
Operating department practitioners	25	(18%)
Orthoptists	0	(0%)
Paramedics	9	(6%)
Physiotherapists	13	(9%)
Prosthetists / orthotists	0	(0%)
Radiographers	15	(11%)
Speech and language therapists	8	(6%)
Supplementary prescribing	29	(20%)
Local anaesthesia	0	(0%)
Prescription-only medicine	1	(1%)

Graph 11 Breakdown of visits – by profession



Graph 12 Breakdown of visits – by pre- and post- registration



Why did we visit these professions?

As we do not visit programmes on a routine or cyclical basis (eg every five years), it is difficult to predict which programmes and professions will be visited and draw long-term trends on visits. However, because we visit new programmes and programmes undergoing major change, we can make a broad forecast at the level of change in each profession based on universal changes in legislation and/or curriculum guidance.

This year, the high number of visits to supplementary prescribing programmes can be attributed to recent changes in UK legislation. Amendments came into effect from 14 April 2005 to enable physiotherapists, chiropodists/podiatrists and radiographers to supplementary prescribe. Education providers have responded by developing new programmes, which need HPC approval. Over the last two years, we have visited 52 supplementary prescribing programmes. It is possible that the 'market' is almost saturated now and so the number of new supplementary prescribing programmes, and therefore visits, will reduce significantly in the future. This is the last year that we expect supplementary prescribing programmes to account for the majority of our visits.

The high number of visits to operating department practice programmes is a direct result of the profession being regulated by the HPC for the first time in 2004. Operating department practitioners became the thirteenth profession to be regulated by the HPC on 18 October 2004. Consequently, we became responsible for all the programmes previously recognised by the professional body (College of Operating Department Practitioners). Whilst a few operating department practice programmes were visited in the 2004-2005 and 2005-2006 academic years, the majority were visited this year. We do not expect operating department practice programmes to account for such a high number of visits in future years, as we will only need to visit these programmes if they make major changes from now on.

The regulation of the operating department practitioners had an obvious short-term impact on the HPC's approval visit schedule.

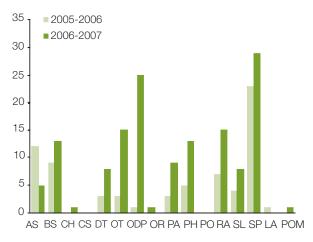
Depending on the size of new professions in the future, this reason for a visit could instigate an unprecedented number of visits for a particular profession during their initial few years on our Register. This would represent a short-term peak, rather than a long-term trend.

The relatively high number of visits to occupational therapy, physiotherapy and radiography programmes is to be expected, as these are the three professions which have the largest number of approved programmes.

Table 8 Breakdown of visits – by profession in 2006-2007, compared to 2005-2006

Profession / entitlement	Number of programmes visited	
	2005- 2006	2006- 2007
Arts therapists	12	5
Biomedical scientists	9	13
Chiropodists / podiatrists	0	1
Clinical scientists	0	0
Dietitians	3	8
Occupational therapists	3	15
Operating department practitioners	1	25
Orthoptists	1	0
Paramedics	3	9
Physiotherapists	5	13
Prosthetists / orthotists	0	0
Radiographers	7	15
Speech and language therapists	4	8
Supplementary prescribing	23	29
Local anaesthesia	1	0
Prescription-only medicine	0	1

Graph 13 Breakdown of visits – by profession in 2006-2007, compared to 2005-2006



Reasons for a visit

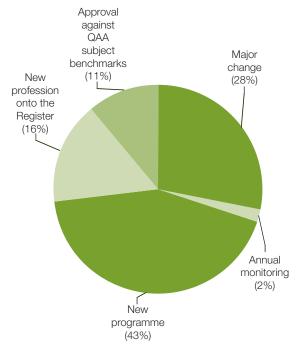
There were five reasons for all the visits this year. They are listed below.

- New programme seeking HPC approval for the first time.
- New profession on the Register.
- Major change to a currently approved programme.
- Annual monitoring process identifies significant changes to a currently approved programme.
- Currently approved programme not approved since the publication of the QAA subject benchmark statements. *

Table 9 Breakdown of visits – by reason

Reason for visit		mber of ammes visited
Major change	40	(28%)
Annual monitoring	3	(2%)
New programme	60	(42%)
New profession onto the Registe	er 23	(16%)
Approval against QAA subject benchmarks	16	(12%)

Graph 14 Breakdown of visits – by reason



The main reason for visits this year is that new programmes were seeking approval for the first time. This is the same as the previous year. For the second year in a row, supplementary prescribing and biomedical science programmes accounted for the majority of these visits to new programmes.

This year, for the first time, we visited currentlyapproved programmes as a result of our annual monitoring process.

The number of visits to consider major changes to existing programmes has remained relatively constant with the previous year. There appears to be a growing trend that approximately a quarter of visits each year are to existing programmes which are undergoing a major change.

The reasons for visits varied greatly between and within the professions. The following table shows the reasons for a visit broken down into each profession.

^{*} When the HPC adopted all the approved programmes from its predecessor, the Council for Professions Supplementary to Medicine (CPSM), a decision was made to only visit programmes which had not been visited since the publication of the QAA subject benchmark statements. This decision ensured our processes were cost effective and flexible and that our regulation was robust and rigorous, without being over-burdensome.

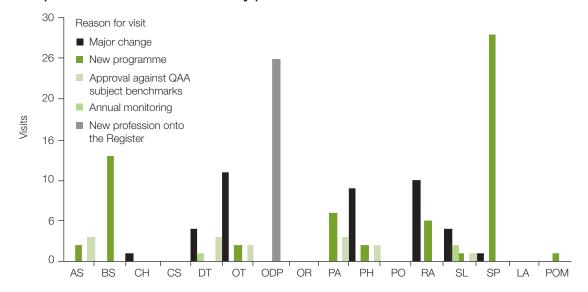
Table 10 Breakdown of reasons for visit – by profession

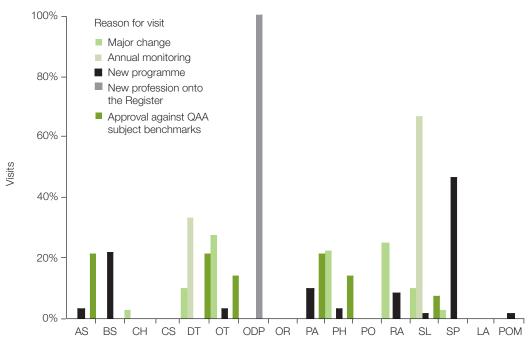
Profession / entitlement

Reason for visit

	Major change	Annual monitoring	New programme	New profession onto the Register	Approval against QAA subject benchmarks
AS	0	0	2	0	3
BS	0	0	13	0	0
CH	1	0	0	0	0
CS	0	0	0	0	0
DT	4	1	0	0	3
OT	11	0	2	0	2
ODP	0	0	0	25	0
OR	0	0	0	0	0
PA	0	0	6	0	3
PH	9	0	2	0	2
PO	0	0	0	0	0
RA	10	0	5	0	0
SL	4	2	1	0	1
SP	1	0	28	0	0
LA	0	0	0	0	0
POM	0	0	1	0	0

Graph 15 Breakdown of visits - by profession and reason





Graph 16 Breakdown of reasons for a visit - by profession

For the second year running, the majority of new programmes were post-registration supplementary prescribing programmes. Similarly, biomedical science programmes accounted for the second highest number of new programmes. Of the 13 professions on our Register, only seven developed new programmes this year. There were new programmes in arts therapies, biomedical science, occupational therapy, paramedic science, physiotherapy, radiography and speech and language therapy. Apart from radiography, all of these professions also developed new programmes in 2005-2006.

When operating department practitioners became regulated by the HPC, we consequently became responsible for the 28 programmes previously recognised by the professional body (College of Operating Department Practitioners). This year, we visited 25 of these programmes. The peak of activity this year (rather than in 2005-2006 – the year after the on-boarding of the profession) was due to the Education and Training Committee allowing all operating department practice programmes to delay their visit to the 2006-2007 year (to allow them time to incorporate

new curriculum guidance for the profession in 2005-2006).

This year, we held the first visits to programmes because of the previous year's annual monitoring. There was no clear reason why these two professions had annual monitoring visits and other professions did not.

The majority of major change visits were to occupational therapy (28%), radiography (25%) and physiotherapy (23%) programmes. This reflects the fact that these three professions are the ones with the highest number of existing approved programmes, which can have major changes made to them. Unlike the previous year when there was a concentration of major visits to a particular profession, there was concentration of visits in certain professions this year as there were no profession-wide changes.

List of visits and outcomes

All HPC reports on programme approval are published on our website at **www.hpc-uk.org**. If you would like more information regarding one of the visits listed below, please look at our website.

Table 11 Overview of visits 2006-2007

Education provider	Programme	Mode of study	Date of visit	Status (as of 1 Nov 07)
			2006	
University of Worcester	FD Pre-hospital and Unscheduled Emergency Care	Full time	6 September	Approved
Manchester Metropolitan University	MSc Physiotherapy (Pre-registration)	Full time	26 September	Approved
Canterbury Christ Church University	Pg Dip Speech and Language Therapy	Full time	3 October	Approved
University of Ulster	BSc (Hons) Dietetics	Full time	6 October	Approved
University of Ulster	Pg Dip Dietetics	Full time	6 October	Approved
University of Ulster	MSc Dietetics	Full time	6 October	Approved
Coventry University	Certificate in Non- Medical Prescribing (Level 3)	Part time	12 October	Approved
Coventry University	Certificate in Non- Medical Prescribing (M Level)	Part time	12 October	Approved
The Robert Gordon University	BSc (Hons) Nutrition & Dietetics	Full time	17 October	Approved
University of Wales Institute Cardiff	BSc (Hons) Human Nutrition & Dietetics	Full time accelerated	8 November	Approved
University of Wales Institute Cardiff	Pg Dip Dietetics	Full time	8 November	Approved
University of Wales Institute Cardiff	MSc Dietetics	Full time	8 November	Approved
University of Bedfordshire	Dip HE Operating Department Practice	Full time	20 November	Approved
University of Hull	Allied Health Professionals Supplementary Prescribing	Part time	23 November	Approved

			2006	
University of Brighton	Supplementary			
	Prescribing (Level 3)	Part time	6 December	Approved
University of Brighton	Supplementary	5		
	Prescribing (M Level)	Part time	6 December	Approved
Staffordshire University	Supplementary Prescribing for Allied			
	Health Professionals	Part time	6 December	Approved
University of Central	Dip HE Operating			
Lancashire	Department Practice	Full time	12 December	Approved
University of Bradford	Prescribing for Health Care Professionals	Part time	13 December	Approved
University of East Anglia		T all tillie	13 December	Approved
Orliversity of East Arigila	Dip HE Operating Department Practice	Full time	19 December	Approved
			2007	
University of Essex	BSc (Hons) Biomedical			
	Sciences (Integrated)	Full time	18 January	Approved
Anglia Ruskin University	Dip HE Operating	E. II dina a	00	۸ ، م ، م ، م م ا
O and a share of Ober's L	Department Practice	Full time	23 January	Approved
Canterbury Christ Church University	Dip HE Operating Department Practice	Full time	24 January	Approved
St Martins College				
(now the University				
of Cumbria)	Non-Medical Prescribing	Full time	25 January	Approved
College of St Mark and St John	BSc (Hons)			
and St John	Speech & Language Therapy	Full time	30 January	Approved
College of St Mark	BSc (Hons)			
and St John	Speech and Language			
	Therapy	Part time	30 January	Approved
University of Derby	MA Art Therapy	Full time	6 February	Approved
University of Derby	MA Dramatherapy	Full time	6 February	Approved
University of East London	BSc (Hons) Podiatric Medicine	Dort time	O Fobracos	Approved
Linivoroity of Foot London		Part time	8 February	Approved
University of East London	BSc (Hons) Physiotherapy	Full time	8 February	Approved
Nordoff-Robbins Music Therapy Centre	MA Music Therapy	Full time	13 February	Approved
			<u> </u>	· ·

			2007	
University of Paisley	BSc (Hons) Applied Biomedical Sciences	Full time	14 February	Approved
Anglia Ruskin University	BSc (Hons) Radiography (Therapeutic) incorporating FDSc Radiotherapy and Oncology Practice	Part time	20 February	Approved
Anglia Ruskin University	BSc (Hons) Radiography (Diagnostic) incorporating Dip HE Medical Imaging Practice	Part time	20 February	Approved
Anglia Ruskin University	BSc (Hons) Radiography (Diagnostic Imaging)	Full time	20 February	Request withdrawn
University of Hertfordshire	BSc (Hons) Applied Biomedical Science	Full time	21 February	Request withdrawn
University of Huddersfield	Dip HE Operating Department Practice	Full time	27 February	Approved
University of Plymouth	Dip HE Operating Department Practice	Full time	28 February	Approved
Queen Margaret University	Pharmacology for Podiatrists	Part time	28 February	Approved
University of Leicester	Dip HE Operating Department Practice	Full time	7 February	Approved
London South Bank University	Dip HE Operating Department Practice	Full time	6 March	Approved
London South Bank University	BSc (Hons) Occupational Therapy	Full time	6 March	Approved
London South Bank University	BSc (Hons) Occupational Therapy	Part time	6 March	Approved
London South Bank University	BSc (Hons) Occupational Therapy	Part time in service	6 March	Approved
London South Bank University	Pg Dip Occupational Therapy	Full time	6 March	Approved
London South Bank University	BSc (Hons) Physiotherapy	Part time	6 March	Approved

			2007	
London South Bank University	MSc Physiotherapy	Full time	6 March	Approved
London South Bank University	BSc (Hons) Therapeutic Radiography	Full time	6 March	Approved
London South Bank University	BSc (Hons) Therapeutic Radiography	Part time in service	6 March	Approved
London South Bank University	Pg Dip Therapeutic Radiography	Full time	6 March	Approved
London South Bank University	BSc (Hons) Diagnostic Radiography	Full time	6 March	Approved
London South Bank University	BSc (Hons) Diagnostic Radiography	Part time in service	6 March	Approved
London South Bank University	Pg Dip Diagnostic Radiography	Full time	6 March	Approved
University of Hertfordshire	Foundation Degree in Paramedic Science	Full time	7 March	Approved
University of Hertfordshire	BSc (Hons) Paramedic Science	Full time	7 March	Approved
University of Hertfordshire	BSc (Hons) Radiography & Oncology	Full time	7 March	Approved
University of Hertfordshire	BSc (Hons) Diagnostic Radiography & Imaging	Full time	7 March	Approved
University of Hertfordshire	BSc (Hons) Physiotherapy	Full time	7 March	Approved
Oxford Brookes University	Dip HE Operating Department Practice	Full time	7 March	Approved
Oxford Brookes University	Dip HE Operating Department Practice	Part time	7 March	Approved
University of Surrey	Dip HE Operating Department Practice	Full time	12 March	Approved
University of Ulster	BSc (Hons) Occupational Therapy	Full time	13 March	Approved
University of Ulster	BSc (Hons) Physiotherapy	Full time	13 March	Approved
University of Ulster	BSc (Hons) Radiography (Diagnostic)	Full time	13 March	Approved

			2007	
University of Ulster	BSc (Hons) Radiography (Therapeutic)	Full time	13 March	Approved
University of Ulster	BSc (Hons) Speech & Language Therapy	Full time	13 March	Approved
University of Hull	Dip HE Operating Department Practice	Full time	14 March	Approved
Cardiff University (Prifysgol Caerdydd)	Dip HE Operating Department Practice	Full time	20 March	Approved
Cardiff University (Prifysgol Caerdydd)	BSc (Hons) Occupational Therapy	Full time	20 March	Approved
Cardiff University (Prifysgol Caerdydd)	BSc (Hons) Occupational Therapy	Part time	20 March	Approved
Cardiff University (Prifysgol Caerdydd)	Pg Dip Occupational Therapy	Full time accelerated	20 March	Approved
Cardiff University (Prifysgol Caerdydd)	BSc (Hons) Physiotherapy	Full time	20 March	Approved
Cardiff University (Prifysgol Caerdydd)	BSc (Hons) Diagnostic Radiography & Imaging	Full time	20 March	Approved
Cardiff University (Prifysgol Caerdydd)	BSc (Hons) Radiotherapy & Oncology	Full time	20 March	Approved
University of Teesside	Dip HE Operating Department Practice	Full time	28 March	Approved
University of Central England in Birmingham (now Birmingham City University)	Non-medical Prescribing for Allied Health Professionals	Full time	3 April	Approved
University of Central England in Birmingham (now Birmingham City University)	Non-medical Prescribing for Allied Health Professionals	Part time	3 April	Approved
Canterbury Christ Church University	Supplementary Prescribing for Allied Health Professionals	Part time	4 April	Approved

			2007	
Glasgow Caledonian University	Non-Medical Prescribing (SCQF Level 9)	Part time	11 April	Approved
Glasgow Caledonian University	Non-Medical Prescribing (SCQF Level 10)	Part time	11 April	Approved
Glasgow Caledonian University	Non-Medical Prescribing (SCQF Level 11)	Part time	11 April	Approved
Anglia Ruskin University	Non-Medical Prescribing for Nurses and Allied Health Professionals	Part time	12 April	Approved
University of Stirling	Non-Medical Prescribing	Part time	12 April	Approved
University of Wales, Bangor	Dip HE Operating Department Practice	Full time	17 April	Approved
University of Portsmouth	Dip HE Operating Department Practice	Full time	18 April	Approved
University of Central England in Birmingham (now Birmingham City University)	FdSc Health and Social Care (Paramedic Science)	Full time	19 April	Approved
Sheffield Hallam University	Dip HE Operating Department Practice	Full time	24 April	Approved
University of East Anglia	BSc (Hons) Occupational Therapy	Full time	24 April	Approved
University of East Anglia	BSc (Hons) Physiotherapy	Full time	24 April	Approved
University of Dundee	Non-Medical Prescribing	Part time	26 April	Approved
University of Wales, Bangor	Pg Dip Occupational Therapy	Full time accelerated	26 April	Approved
North East Wales Institute of Higher Education	BSc (Hons) Occupational Therapy	Part time	27 April	Approved
Queen Margaret University	Extended Independent Prescribing and Supplementary Prescribing	Part time	27 April	Approved
Edge Hill University	Dip HE Operating Department Practice	Full time	1 May	Approved
University of Paisley	Non-Medical Prescribing	Flexible	1 May	Approved

			2007	
University of Paisley	Non-Medical Prescribing	Part time	1 May	Approved
Northumbria University at Newcastle	BSc (Hons) Applied Biomedical Sciences	Full time	3 May	Approved
Northumbria University at Newcastle	BSc (Hons) Applied Biomedical Sciences	Part time	3 May	Approved
Anglia Ruskin University	BSc (Hons) Applied Biomedical Science	Full time	8 May	Approved
Anglia Ruskin University	BSc (Hons) Applied Biomedical Science	Part time	8 May	Approved
Northumbria University at Newcastle	Dip HE Operating Department Practice	Full time	8 May	Approved
Northumbria University at Newcastle	BSc (Hons) Occupational Therapy	Full time	8 May	Approved
Northumbria University at Newcastle	BSc (Hons) Occupational Therapy	Part time	8 May	Approved
Northumbria University at Newcastle	MSc Occupational Therapy (Pre-registration)	Full time	8 May	Approved
Northumbria University at Newcastle	BSc (Hons) Physiotherapy	Full time	8 May	Approved
Northumbria University at Newcastle	BSc (Hons) Physiotherapy	Part time	8 May	Approved
Northumbria University at Newcastle	MSc Physiotherapy	Full time	8 May	Approved
Leeds Metropolitan University	Non-Medical Prescribing	Part time	9 May	Approved
Liverpool John Moores University	BSc (Hons) Applied Biomedical Sciences	Full time	9 May	Approved
Liverpool John Moores University	BSc (Hons) Applied Biomedical Sciences	Part time	9 May	Approved
University of Birmingham	BSc (Hons) Physiotherapy	Full time	15 May	Approved
University of Birmingham	BSc (Hons) Physiotherapy	Flexible	15 May	Approved
University of Teesside	Foundation Degree Paramedic Science	Full time	16 May	Approved
The Robert Gordon University	Non-Medical Prescribing	Part time	16 May	Approved

			2007	
Glasgow Caledonian University	Dip HE Operating Department Practice	Full time	17 May	Approved
Staffordshire University	Dip HE Operating Department Practice	Full time	22 May	Approved
Staffordshire University	Dip HE Operating Department Practice	Full time	22 May	Approved
University of Westminster	BSc (Hons) Applied Biomedical Sciences	Part time	30 May	Approved
Brunel University	MSc Occupational Therapy (Pre-registration)	Full time	30 May	Approved
University of Plymouth	BSc (Hons) Dietetics	Full time	1 June	Approved
Nordoff-Robbins Music Therapy Centre	MA in Music Therapy (Community Music Therapy / Nordoff-Robbins)	Part time	5 June	Pending
University of Worcester	Non-Medical Independent & Supplementary Prescribing	Part time	5 June	Approved
Thames Valley University	Dip HE Operating Department Practice	Full time	6 June	Approved
Manchester Metropolitan University	BSc (Hons) Psychology & Speech Pathology	Full time	12 June	Approved
Manchester Metropolitan University	BSc (Hons) Speech Pathology & Therapy	Full time	12 June	Approved
Suffolk College (now the University Campus Suffolk)	Dip HE Operating Department Practice	Full time	13 June	Approved
University of Salford	Graduate Certificate Non-Medical Prescribing Level 3	Flexible	15 June	Approved
University of Salford	Post Graduate Certificate Non-Medical Prescribing Level M	Flexible	15 June	Approved
Napier University	Non-Medical Prescribing	Part time	19 June	Approved
University of the West of England, Bristol	BSc (Hons) Applied Biomedical Science (Clinical)	Full time	20 June	Approved

			2007	
University of Teesside	University Certificate of Professional Development: Non-Medical Prescribing	Part time	21 June	Approved
University of Teesside	University Certificate of Postgraduate Professional Development: Non Medical Prescribing	Part time	21 June	Approved
Liverpool John Moores University	Foundation Degree Paramedic Science	Full time	26 June	Approved
Liverpool John Moores University	Foundation Degree Paramedic Science	Part time	26 June	Approved
Manchester Metropolitan	BSc (Hons) Applied Biomedical Science	Full time	27 June	Approved
Manchester Metropolitan University	BSc (Hons) Applied Biomedical Science	Part time	27 June	Approved
Sheffield Hallam University	Dip Higher Education Paramedic Practice	Full time	28 June	Approved
Queen Margaret University	BSc (Hons) Speech & Language Therapy	Full time	28 June	Approved
Queen Margaret University	Graduate Diploma Speech & Language Therapy	Flexible	28 June	Approved
Centre for Psychotherapy	MSc Art Psychotherapy	Part time	3 July	Pending
Suffolk College (now the University Campus Suffolk)	Non Medical Prescribing	Part time	5 July	Approved
Bournemouth University	FdSc Paramedic Science	Full time	11 July	Approved

Outcome of visits

After an approval visit, visitors can recommend to the Education and Training Committee, one of the following.

- 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.

This year, all programmes visited were recommended for approval, apart from two, which withdrew their request for approval. There were no recommendations for non-approval or withdrawal of approval. Only 5% of programmes were recommended for approval

without any conditions. This is less than in the previous year, when 13% of programmes visited were recommended for approval without any conditions.

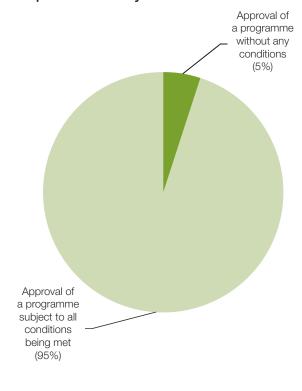
As in the previous year, the majority of programmes had conditions to meet, before the Education and Training Committee could grant open-ended approval.

Table 12 Summary of outcomes

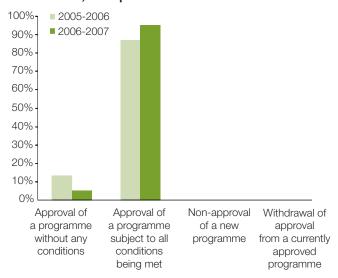
Recommendation	Number of	outo	comes
Approval of a programn without any conditions	ne	7	(5%)
Approval of a programn to all conditions being n	•	133	(95%)
Non-approval of a new p	orogramme	0	(0%)
Withdrawal of approval currently approved prog		0	(0%)

NB – Two programmes withdrew their request for approval, so no recommendation was made.

Graph 17 Summary of outcomes



Graph 18 Summary of outcomes in 2006-2007, compared to 2005-2006



Conditions

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

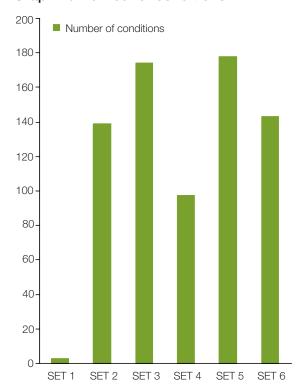
This year, there were 734 conditions set across the 142 programmes visited. This gives an average of five conditions per programme. Last year there were 372 conditions set across 62 programmes visited. Even though there is an obvious increase in the total number of conditions set this year, the average rate has fallen from eight conditions per programme last year, to five conditions per programme this year.

There are 63 specific standards. Each one can have conditions mapped against it. The table below shows the number of conditions listed against the broad standard categories.

Table 13 Number of conditions

Standards of education and training (SETs)		ber of ditions
1 - the level of qualification for entry to the Register	3	(0%)
2 - programme admissions standards	139	(19%)
3 - programme management and resources standards	174	(24%)
4 - curriculum standards	97	(13%)
5 - practice placements standards	178	(24%)
6 - assessment standards	143	(19%)

Graph 19 Number of conditions



The highest number of conditions was set against the placement standards (SET 5), as in 2005-2006, and the lowest number of conditions was set against the level of qualification for entry to the Register (SET 1).

A relatively low number of conditions continue to be set against curriculum standards which is encouraging, as it shows most education providers are continuing to design programmes which ensure that those who successfully complete them meet the standards of proficiency.

The continuing high number of conditions set against placement standards is likely to stem from a common misunderstanding amongst education providers that the HPC's approval process for placements is the same as that of professional bodies and the Quality Assurance Agency (QAA). We published our guidance on our standards of education and training midway through this year, which explains that the HPC expects education providers rather than NHS trusts, to take ultimate responsibility for placements. Whilst the timing of the publication of our guidance did not allow all education providers to take advantage of it for their visits, it is hoped that from next year onwards, education providers will have a more accurate understanding of our placement standards.

Unlike last year, conditions were set against standard one - the level of qualification for entry to the Register. Conditions set against this standard are very unusual, as the standard is broad and flexible, which allows education providers to meet it in a variety of ways. All three conditions set this year were set at the same visit and required the education provider to clarify the difference between postgraduate diploma and masters programmes in the same profession (so it was clear which was the qualification for entry to the Register and which qualification was a 'top-up' award).

This year saw a relative increase in the number of conditions set against programme admissions standards, programme management and resources standards and assessment standards. There seems to be no underlying reason for the increase in conditions against these standards. Possible explanations could be the reason for the visit or the professions visited and these will be discussed in the forthcoming sections.

Table 14 Number of conditions in 2006-2007, compared to 2005-2006

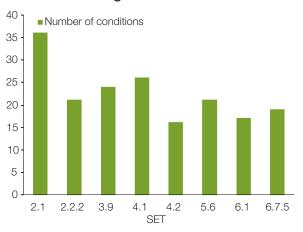
Standards of education and training (SETs)		lumber of onditions
	2006 2005-	2007 2006-
1 - the level of qualification for entry to the Register	0	3
2 - programme admissions standards	53	139
3 - programme management and resources standards	63	174
4 - curriculum standards	26	97
5 - practice placements standards	164	178
6 - assessment standards	66	143

Graph 20 Number of conditions in 2006-2007, compared to 2005-2006



Within each group of standards, there are a number of individual standards. The diagram below shows the eight specific standards which had the highest number of conditions set against them this year.

Graph 21 The eight standards of education and training with the highest number of conditions set against them



For two years, there has been a relatively high number of conditions set against standards 2.1, 2.2.2, 3.9, 5.6 and 6.7.5.

Standard 2.1 seeks to ensure that the admissions procedure of an approved programme gives both the education provider and the applicant the information they require to make an informed choice about whether to make or take up the offer of a place on the programme. Conditions against this standard were repeatedly set for two reasons. Firstly education providers did not make it clear in their information that completing a programme means students are 'eligible to apply' for registration with the HPC. Instead they used phrases like 'completing this programme entitles you to be registered with the HPC' or 'once you have completed this programme, you will be registered'. Secondly, education providers used outdated phases such as 'state registered' or confused the role of the HPC with the role of professional bodies in statutory registration. We published an advertising protocol midway through this year, which gives education providers advice on how best to advertise their programme and refer to the HPC. Although the timing of the advertising protocol did not allow all education providers to take advantage of it before their visits this year, it is hoped that from next year, education providers will use the protocol to change their

advertising and promotional materials ahead of visits.

Standard 3.9 seeks to ensure that education providers have a protocol in place to obtain the consent of students when they are participating as patients or clients in practical and clinical teaching (eg role plays, practising profession-specific techniques). Conditions against this standard can be easily avoided by the production of a simple consent form, which is discussed and completed by students. We hope that the publication of our standards of education and training guidance will allow education providers to better understand the requirements of this standard and avoid conditions in the future.

Standard 5.6 seeks to ensure that education providers maintain a thorough and effective system for approving and monitoring placements. The high number of conditions set against this standard relate to the point discussed earlier about education providers often misunderstanding our placement standards and the level of responsibility.

Standard 6.7.5 relates to the assessment regulations and the appointment of at least one external examiner on an approved programme. The majority of conditions against this standard were set on programmes visited in the earlier part of the academic year (December - March). This was because the wording of the standard changed midway through the year, making it more flexible to meet and therefore reducing the need for conditions. Due to the high number of conditions set against this standard last year and feedback from education providers, we held a mini consultation during the earlier part of this year to change the wording of the standard. The standard originally required the appointment of at least one external examiner from the relevant part of the HPC Register; which had caused difficulties for some education providers and professions. The new wording of the standard allows education

providers to make a case for appointing an external examiner who is not from the relevant part of the HPC Register but appropriately qualified and experienced. This has made it easier for education providers to meet this standard, therefore reducing the number of conditions. We envisage that the number of conditions against this standard will reduce dramatically in the future.

This year, there was a relatively high number of conditions set against standards 4.1, 4.2 and 6.1. This was not a feature of the previous year and therefore it should not be assumed to be a common, long-term trend. The possible reason for the increase in conditions against these standards is linked to the professions visited this year and will be discussed in more detail in forthcoming sections.

The number and concentration of conditions varied greatly between and within the professions. The following tables show the conditions broken down by profession.

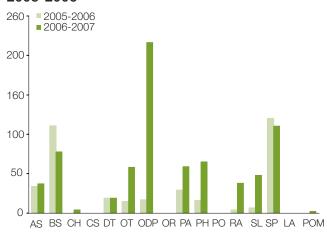
Table 15 Breakdown of conditions – by profession

Profession / entitlement	Number of conditions	
AS	37	(5%)
BS	78	(11%)
CH	4	(1%)
CS	0	(0%)
DT	19	(3%)
OT	58	(8%)
ODP	216	(29%)
OR	0	(0%)
PA	59	(8%)
PH	65	(9%)
PO	0	(0%)
RA	38	(5%)
SL	48	(7%)
SP	110	(15%)
LA	0	(0%)
POM	2	(0%)

Table 16 Breakdown of conditions – by profession in 2006-2007, compared to 2005-2006

Profession / entitlement	Number of conditions		
	2005- 2006	2006- 2007	
AS	34	37	
BS	111	78	
CH	0	4	
CS	0	0	
DT	19	19	
OT	15	58	
ODP	17	216	
OR	0	0	
PA	29	59	
PH	16	65	
PO	0	0	
RA	4	38	
SL	7	48	
SP	120	110	
LA	0	0	
POM	0	2	

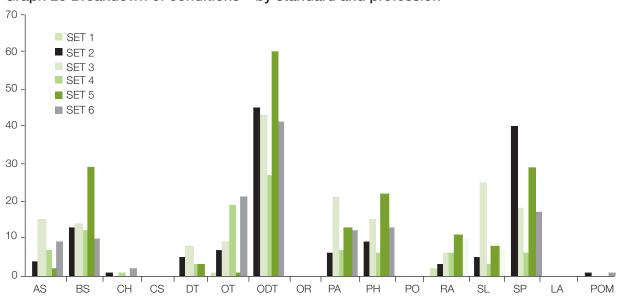
Graph 22 Breakdown of conditions – by profession in 2006-2007, compared to 2005-2006



The majority of conditions (29%) were set against operating department practice programmes, with supplementary prescribing and biomedical science programmes having the second (15%) and third (11%) highest numbers of conditions set against them. These concentrations of conditions reflect the higher number of programmes visited in these three professions. There were no conditions against clinical science, orthoptics and prosthetics/orthotics programmes because we did not visit any programmes in these professions.

Table 17 Breakdown of conditions against standards – by profession

Profession / entitlement			SET	•		
	1	2	3	4	5	6
AS	0	4	15	7	2	9
BS	0	13	14	12	29	10
CH	0	1	0	1	0	2
CS	0	0	0	0	0	0
DT	0	5	8	3	3	0
OT	1	7	9	19	1	21
ODP	0	45	43	27	60	41
OR	0	0	0	0	0	0
PA	0	6	21	7	13	12
PH	0	9	15	6	22	13
PO	0	0	0	0	0	0
RA	2	3	6	6	11	10
SL	0	5	25	3	8	7
SP	0	40	18	6	29	17
LA	0	0	0	0	0	0
POM	0	1	0	0	0	1



Graph 23 Breakdown of conditions - by standard and profession

In the previous year, all professions, apart from operating department practice and radiography, had the most conditions set against SET 5 – practice placement standards. This year there is much more variation between the professions with no one standard has the majority of conditions set against it.

Four professions (arts therapies, dietetics, paramedic science and speech and language therapy) had the most conditions set against SET 3 – programme management and resource standards. There appears to be no common reason as to why these four professions had more conditions against SET 3 than the other professions.

A different four professions (biomedical science, operating department practice, physiotherapy and radiography) had the most conditions set against SET 5 – practice placement standards. The high number of conditions set against placement standards for operating department practice (34%) programmes reflects a shared misunderstanding in this new profession about our placement standards. Biomedical science programmes continue to have a high number of conditions set against placement standards and it is likely that this is due to the fact that the profession has traditionally offered a biomedical sciences programme without a

placement component (which was not approved by the HPC) and education providers have misunderstood our placement requirements when redesigning their programme to include a placement component.

For two years, supplementary prescribing programmes have had the majority of their conditions against SET 2 – programme admissions standards. Most of these conditions continue to relate to information available to applicants (SET 2.1) and the selection and entry criteria (SET 2.2).

The number of conditions also varied greatly depending on the reason for the visit. The following tables show the conditions broken down by reason for visit.

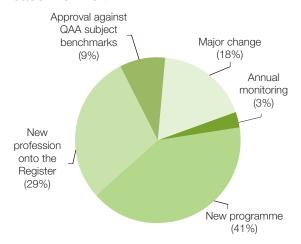
Table 18 Breakdown of conditions – by reason for visit

Reason for visit	Number of	cond	ditions
Major change		129	(18%)
Annual monitoring		23	(3%)
New programme		303	(41%)
New profession onto the	ne Register	216	(29%)
Approval against QAA sbenchmarks	subject	63	(9%)

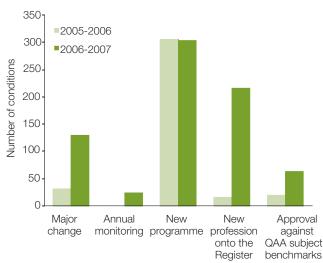
Table 19 Breakdown of conditions – by reason for visit in 2006-2007, compared to 2005-2006

Reason for visit	Number of conditions		
	2005- 2006	2006- 2007	
Major change	31	129	
Annual monitoring	0	23	
New programme	306	303	
New profession onto the Register	16	216	
Approval against QAA subject benchmarks	19	63	

Graph 24 Breakdown of conditions – by reason for visit



Graph 25 Breakdown of conditions – by reason for visit in 2006-2007, compared to 2005-2006

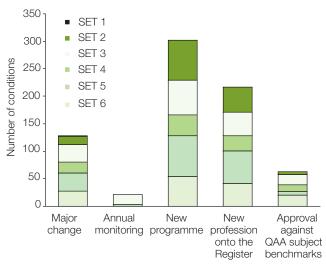


For the second year running, the majority of conditions have been set against new programmes. However, the overall majority has reduced considerably from 82% to 41%. Consequently, the number of conditions against programmes from major change visits, visits to programmes new to the Register and QAA subject benchmark visits has increased this year. Unlike last year, there is much more variation between the reason for the visit and the number of conditions.

Table 20 Breakdown of conditions against standards – by reason for visit

Reason for visit					5	SET
	1	2	3	4	5	6
Major change	2	15	32	20	32	28
Annual monitoring	0	0	18	0	4	0
New programme	1	73	63	37	75	54
New profession onto the Register	0	45	43	27	60	41
Approval against QAA subject benchmarks	0	5	18	13	7	20

Graph 26 Breakdown of conditions – by reason for visit and SET



Graph 27 Breakdown of conditions – by SET and reason for visit



This year, visits to new programmes produced the highest number of conditions. Although this is to be expected, as we visited more new programmes than approved programmes, it is likely that a proportion of the conditions may be an unavoidable result of approval visits 'piggybacking' education providers' internal validations. The validation of a new programme is often a pre-requisite for the financial and resource commitment it receives from an education provider. And without this financial and resource commitment it is difficult not to justify conditions on a programme's approval.

Visits to programmes new to the Register produced the second highest number of conditions this year. Although this is not necessarily expected, if new professions do not understand our processes or standards, it is more likely that they will be given conditions of approval following a visit. For operating department practice programmes (which account for all new profession programmes this year), there was limited guidance available to them before their visits. Now that we have published guidance and supplementary information documents, it is likely that any new professions regulated by the HPC will be in a

better position to prepare for their visits – and therefore reduce the possibility of receiving conditions of approval.

Annual monitoring and QAA subject benchmarks visits produced a very low number of conditions. This is reassuring as all of these programmes already have HPC approval and substantiate our risk-based approach to regulation.

This year, all visits, apart from annual monitoring visits, resulted in conditions being set against all the standards. For two years, there has been no clear link between the reason for a visit and particular standards having conditions set against them.

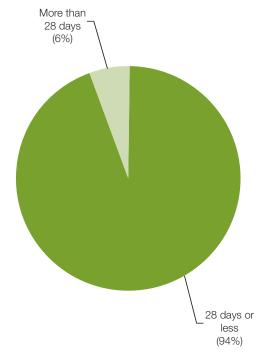
Visitor reports

Following a visit, our visitors write a report which is sent to education providers. Our process gives us up to 28 days to write this report. After a report is sent to the education provider, they have 28 days to make any observations on it. After these 28 days, the report is considered by the Education and Training Committee and the final outcome and conditions agreed.

Table 21 Number of days taken to produce visitor reports

Number of days		Number of reports		
7 days or less	37	(26%)		
8 - 14 days	51	(36%)		
15 - 21 days	26	(19%)		
22 - 28 days	18	(13%)		
29 - 40 days	1	(1%)		
41 - 60 days	6	(4%)		
61 - 100 days	1	(1%)		

Graph 28 Breakdown of days taken to produce visitor reports



Of our visitor reports, 94% were sent to education providers within 28 days of the visit. Over 60% of visitor reports were sent to education providers within two weeks of the visit. We work to publish the visitor report as quickly as possible, as we are aware that a timely receipt of the formal outcome will allow education providers to begin working on their response to conditions (if appropriate) at the earliest opportunity. This hopefully minimises the chance of conditions not being met before a programme is due to enrol students, therefore potentially delaying the start of the programme.

Who makes representations on visitor reports?

This year, we published visitor reports for 140 programmes. We received representations from education providers on 32 of these programmes. This represents 23% of all programmes. Some of these representations were issues of factual inaccuracy, whilst others raised objections to particular conditions recommended by the visitors.

The Education and Training Committee considered the visitor reports for all 140 programmes. They made variations to the reports for nine programmes. This represents 6% of all programmes. Of the nine variations, three were made in response to representations received from education providers. The other six were made as part of the Education and Training Committee's remit to receive and assure that the recommended outcomes (including the specific conditions) from the visitors are appropriate to our role as a regulator and within the scope of our standards of education and training.

How long does it take to meet conditions?

If we have placed conditions on programme approval, we will negotiate a due date by which the education provider should meet the conditions. When deciding on a due date, we will consider issues such as how long education providers need to address the conditions, the start date of the programmes and the schedule of our Education and Training Committee meetings. Once the response from education providers is received, our visitors assess the documentation and make a final recommendation to our Education and Training Committee on whether the conditions have been met, or not.

Table 22 Number of weeks between visit and received response to meet conditions

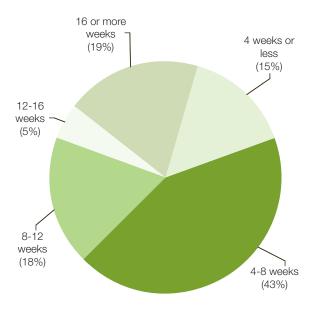
Number of weeks Number of programmes

4 weeks or less	20	(15%)
4 - 8 weeks	57	(43%)
8 - 12 weeks	24	(18%)
12 - 16 weeks	7	(5%)
16 or more weeks	25	(19%)

NB: Seven programmes did not have any conditions of approval to meet and as of 1 November 2007, two programmes were still

due to submit their response to meet their conditions.

Graph 29 Breakdown of weeks between visit and received response to meet conditions

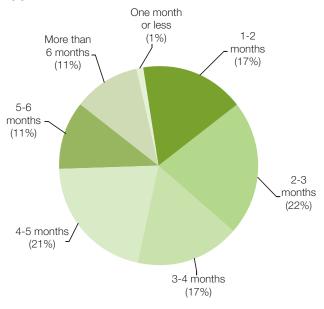


The majority of responses to conditions (58%) were received from education providers within eight weeks of the visit. This allowed our visitors to consider these responses at an early opportunity and make a recommendation on final programme approval to our Education and Training Committee within three months of the visit. In the cases where education providers' responses to conditions were received over 16 weeks after the visit (19%), this was either due to the amount of time needed to address the conditions, or because the visit was held sufficiently ahead of the start of the next enrolment of students.

Table 23 Number of months between visit and final decision on programme approval

Months	Programmes
One month or less	2 (1%)
1 - 2	24 (17%)
2 - 3	30 (22%)
3 - 4	23 (17%)
4 - 5	29 (21%)
5 - 6	15 (11%)
More than 6 months	15 (11%)

Graph 30 Breakdown of months between visit and final decision on programme approval



The majority of programmes (57%) were approved within four months of their visit. The 'post visit' process normally takes between eight to ten weeks to complete, which is why our process requires that a visit takes place no more than three months before the start of a programme. Although only 40% of programmes were approved within the three-month period this year, there were no programmes which had to delay the start of a programme. The longer time taken to complete the 'post visit' process could be explained by the fact that nearly 80% of visits were held

before June 2007, therefore creating a fourmonth period (or longer), before the start of the next academic year in September 2007. For more information on the visit process, please see 'Approvals process – Supplementary information for education providers'.

We worked extremely hard this year with education providers and visitors to ensure that the 'post visit' process was completed ahead of the start of the 2007-2008 academic year. 98% of programmes were approved by the Education and Training Committee before and during September 2007. Of the three programmes considered after September 2007, two were due to start in February 2008 (so therefore still ahead of students enrolling) and one was for an October 2007 start. This led to minimal confusion amongst education providers, students and prospective students about the status of a programme in terms of HPC approval.

Annual monitoring

Number of annual monitoring submissions

This year we received 194 annual monitoring submissions.

Table 24 Number of annual monitoring submissions – by type

Type	Number of submissions		
	2005- 200 2006 20		
Declarations	147 (45%)	81 (42%)	
Audits	179 (55%)	113 (58%)	

The academic year of 2005-2006 was the first year of annual monitoring and all programmes were subject to this process. However, the Education and Training Committee decided to implement a 'light touch' annual monitoring process. Therefore, from 2006-2007, if an education provider had an agreed approvals visit in the present academic year, or were visited last academic year, they did not need to complete annual monitoring.

Our processes ensure our regulation is robust, rigorous and effective, without being over-burdensome for education providers.

Each academic year, programmes that have been approved by us the prior academic year, or are currently going through the approvals process, will not normally be subject to annual monitoring.

When did the monitoring take place?

Last year, there was one standard deadline for all submissions from all education providers. This was 28 March 2006.

This year, there were varied submission dates. We intend to use and build upon the education provider's own processes for monitoring.

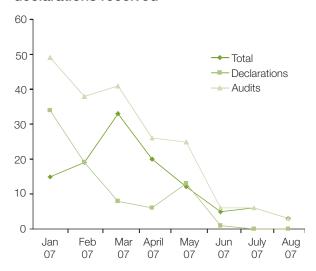
Education providers were required to complete their forms and submit them within 28 days of their own internal annual monitoring process. For example, if they were required to submit their annual monitoring report to their quality assurance office on 2 March, they needed to ensure they had submitted their forms to us by 30 March.

This system of varied submission dates means that while the exact number and split between audit and declaration submissions will vary from year to year, the overall trend of peaks and troughs will remain constant over time.

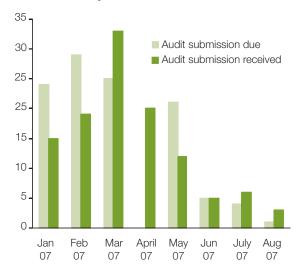
Table 25 Number of audits and declarations received

Month	Audits	Declarations	Total
September 2006	0	0	0
October 2006	0	0	0
November 2006	0	0	0
December 2006	0	0	0
January 2007	15	34	49
February 2007	19	19	38
March 2007	33	8	41
April 2007	20	6	26
May 2007	12	13	25
June 2007	5	1	6
July 2007	6	0	6
August 2007	3	0	3

Graph 31 Number of audits and declarations received



Graph 32 Number of audits due and received – by month



Graph 32 shows the dates when audit submissions were due to be submitted, and the dates when they were actually received.

Although education providers were required to complete the forms and submit them within 28 days of their own internal annual monitoring process, this would not always happen. The actual internal annual monitoring submission dates were sometimes earlier or later than those we had on our database.

The months when we received more submissions than expected were as follows.

- March 2007
- April 2007
- July 2007
- August 2007

The months when we received less than expected were as follows.

- January 2007
- February 2007
- May 2007

This variation meant that we could not effectively organise annual monitoring assessment days, as we could not confidently predict how many submissions we would receive. However, we now ensure we have the correct internal annual monitoring submission dates to avoid such differences.

Which professions were monitored?

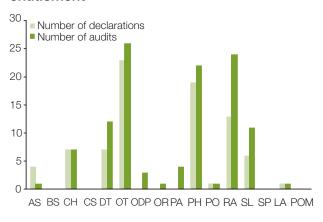
We considered more submissions from occupational therapy, physiotherapy and radiography programmes than any other programme this year. This is to be expected as we have the largest number of approved programmes in these three professions. This was also the case last year.

There was a low number of supplementary prescribing, biomedical science and operating department practice programmes subject to annual monitoring in 2006-2007. This was because they were mainly new programmes and not yet subject to annual monitoring. The number of operating department practice programmes subject to annual monitoring was low as most were visited this year.

Table 26 Breakdown of annual monitoring submissions – by profession and entitlement

Profession / entitlement	Number of declarations	Number of audits
AS	4	1
BS	0	0
CH	7	7
CS	0	0
DT	7	12
OT	23	26
ODP	0	3
OR	0	1
PA	0	4
PH	19	22
PO	1	1
RA	13	24
SLT	6	11
SP	0	0
LA	1	1
POM	0	0

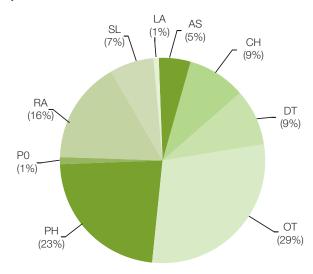
Graph 33 Breakdown of annual monitoring submissions – by profession and entitlement



Who submitted a declaration and who submitted an audit?

In an attempt to have an identical number of declaration and audit submissions each year, we divided our education providers into two groups. This year group A submitted an audit and group B submitted a declaration. Programmes were divided by education provider, rather than by profession.

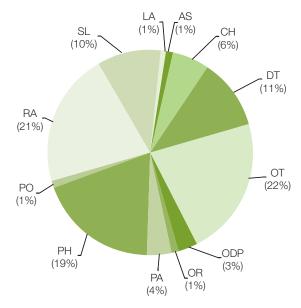
Graph 34 Breakdown of declarations – by profession



We considered more declarations from occupational therapy, physiotherapy and radiography programmes than from any other programme this year. As explained before, this is to be expected as we have the largest number of approved programmes in these professions. This is the same trend as last year.

This year there were less operating department practice and biomedical science programmes submitting declarations due to the higher number of visits undertaken for programmes in these professions.

Graph 35 Breakdown of audits – by profession



Again, we considered more audits from occupational therapy, physiotherapy and radiography programmes than from any other programme this year. This is to be expected as we have the largest number of approved programmes in these professions.

The percentage of paramedic programmes decreased from 15% in 2005-2006 to 4% this year. There were a high number of audit submissions from paramedic science programmes last year as the IHCD paramedic award was included in group B. This award is delivered at a number of ambulance trusts, all of which are recorded as separate approved programmes.

Arts therapies, biomedical science and operating department practice programmes all saw a marked decrease in the number of audits submitted compared with last year. This was due to the high number of visits undertaken for programmes in these professions.

Method of assessment

Annual monitoring audit submissions are considered by at least two visitors, at assessor days or by postal correspondence.

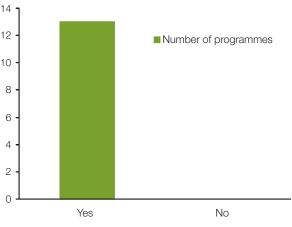
Table 27 Method of assessment

Method of assessment	Number of audits
Assessment day	100
Postal	13

Visitors may need to ask for further documentation to help in their decision-making.

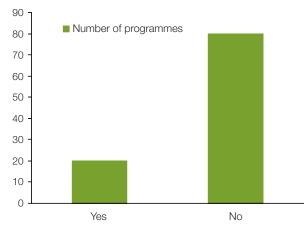
Requests for further information

Graph 36 Number of programmes considered by postal correspondence where further information was requested



Further information requested

Graph 37 Number of programmes considered by assessment day where further information was requested



Further information requested

All annual monitoring audit submissions considered by postal correspondence required further information. In contrast, 80% of submissions that went to an assessor day supplied full information for the visitors. It is unclear why this was the case.

Summary of outcomes

A declaration form asks education providers to confirm the programme continues to meet our standards of education and training and upon qualification the students will meet the standards of proficiency. Our visitors do not assess declaration forms. They are forwarded to the Education and Training Committee for consideration.

Each audit submission is looked at by at least one visitor and a recommendation is made to the Education and Training Committee. Visitors can recommend to the Education and Training Committee that the programme:

- continues to meet the standards of education and training and the standards of proficiency; or
- has undergone a major change and the HPC should visit the programme in the next academic year.

Table 28 Summary of outcomes

Outcome	Number of programmes 2005-2006	Number of programmes 2006-2007
Continues to meet the SETs and SOPs	172 (96%)	111 (98%)
Requires an approval visit	7 (4%)	1 (1%)
Pending	0 (0%)	1 (1%)

As a result of the second year of annual monitoring, one programme was considered in need of an approval visit. All other programmes continued to meet the standards of education and training and standards of proficiency.

Major/minor change

Number of major/minor change submissions

This year we received 46 major/minor change submissions.

Table 29 Number of major/minor change submissions received – per month

Month	Number of submissions
September 2006	7
October 2006	4
November 2006	4
December 2006	1
January 2007	3
February 2007	2
March 2007	4
April 2007	2
May 2007	5
June 2007	4
July 2007	5
August 2007	5

When were the major/minor change submissions received?

There were two peaks when major/minor change submissions were received. The first peak was between September and November 2006 and the second between May and August 2007. The first peak reflects the months just after the start of the academic year. Changes can be made retrospectively and there is no time limit to the process. The second peak reflects prospective changes made in the months before the start of the upcoming academic year.

Number of programmes considered

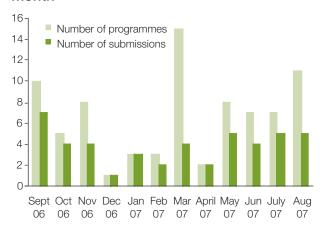
This year, the 46 major/minor change submissions considered 80 programmes. This represents 18% of approved programmes.

An education provider's submission can affect more than one programme. Our major/minor change process allows us to consider multi-professional changes and multi-programme changes in one major/minor change submission.

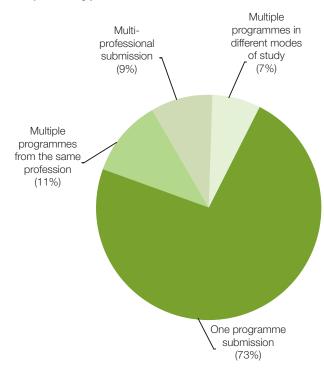
Table 30 Number of programmes considered – per month

Month	Number of
	programmes considered
September 2006	10
October 2006	5
November 2006	8
December 2006	1
January 2007	3
February 2007	3
March 2007	15
April 2007	2
May 2007	8
June 2007	7
July 2007	7
August 2007	11

Graph 38 Number of major/minor change submissions received compared to the number of programmes considered – by month



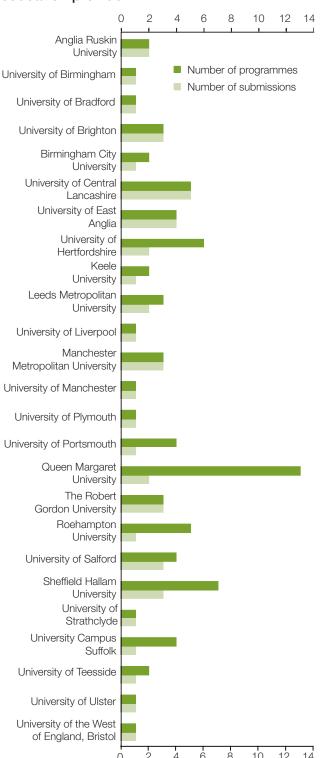
Graph 39 Types of submission



The majority of submissions considered one programme. However, one submission received in March 2007 considered twelve programmes. Twenty-five education providers made submissions. This represents 27% of education providers.

Which education providers submitted major/minor change submissions?

Graph 40 Breakdown of submissions – by education provider



Which education providers made a major/minor change submission?

Seven education providers made at least three major/minor change submissions. Perhaps this reflects education providers undergoing many changes or an increasing number of education providers who know about the major/minor change process.

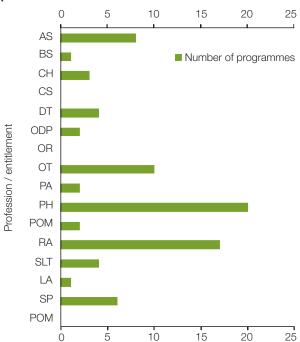
There is no clear explanation why some education providers submitted more than three submissions and the other education providers did not. It is a possibility that some education providers have misunderstood the process and submitted all changes, whereas the process only requires them to submit major changes. There is also no expectation for an education provider to make major changes to their programme every year, so the submission rates will vary from year to year, depending on local circumstances.

Breakdown of submissions – by profession and entitlement

We considered more major changes from occupational therapy, physiotherapy and radiography programmes than any other this year. This is to be expected as we have the largest number of approved programmes in these three professions.

We considered an unusually high number of arts therapies and supplementary prescribing programmes. There is no known reason for this. However, the number of major changes to supplementary prescribing programmes was quite high due to the Nursing and Midwifery Council's (NMC) curriculum change. Most supplementary prescribing programmes are also approved by the NMC. They updated their standards of proficiency this year. A knock-on effect of this was education providers updated their programmes and informed us by the major/minor change process of these changes.

Graph 41 Breakdown of major/minor change submissions received – by profession and entitlement



This year there were no major/minor change submissions for clinical science, orthoptic/prosthetic and orthotic programmes.

We have no expectation that programmes should make major/minor change submissions.

Summary of outcomes

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

Each submission is looked at by at least one visitor and a recommendation is made to the Education and Training Committee. Visitors can recommend to the Education and Training Committee that the programme:

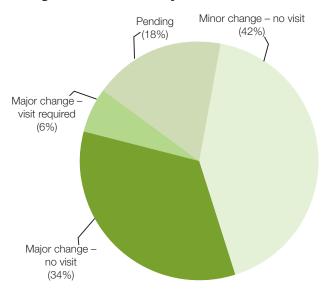
 has undergone a minor change and continues to meet the standards of education and training (and upon successful completion, students continue to meet the standards of proficiency);

- has undergone a major change, but continues to meet the standards of education and training, so no approval visit is required (and upon successful completion, students continue to meet the standards of proficiency); or
- has undergone a major change and an approval visit is required.

Table 31 Breakdown of major/minor change submissions – by outcome

Outcome	Total programmes
Minor change – no visit	34 (42%)
Major change – no visit	27 (34%)
Major change – visit require	ed 5 (6%)
Pending	14 (18%)

Graph 42 Breakdown of major/minor change submissions – by outcome



This year, the majority of changes to programmes were considered minor. Only 6% of changes to a programme resulted in a visit.

There was one submission which required a visit.

The major/minor change process is designed to be documentary and consequently less burdensome for education providers. The fact most submissions do not result in a visit indicates the process is effectively meeting this goal.

List of outcomes

Graph 43 Breakdown of education providers making major/minor change submissions – by outcome

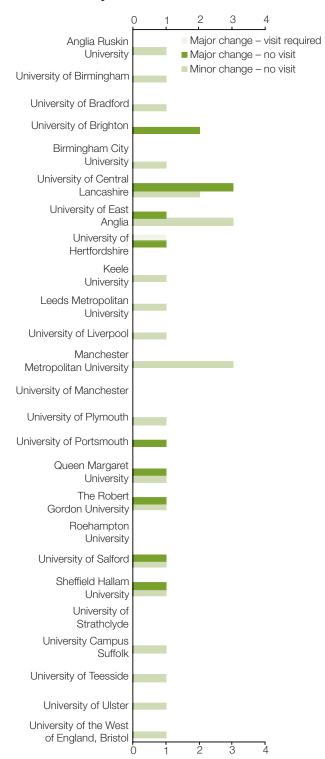


Table 32 Breakdown of major/minor change submissions received

Date received	Education provider	Programme	Mode	Outcome as of 1 October 2007
2006				
1 September	University of Liverpool	BSc (Hons) Occupational Therapy	Full time	Minor change - continues to meet SETs - no visit
4 September	University of Brighton	BSc (Hons) Physiotherapy	Full time	Major change - continues to meet SETs - no visit
7 September	Queen Margaret University	MSc Music Therapy (Nordoff Robbins)	Full time	Minor change - continues to meet SETs - no visit
7 September	University of Bradford	BSc (Hons) Diagnostic Radiography	Full time	Minor change - continues to meet SETs - no visit
14 September	University of East Anglia	BSc (Hons) Diagnostic Radiography	Full time	Minor change - continues to meet SETs - no visit
22 September	University of Central Lancashire	BSc (Hons) Physiotherapy	Full time	Minor change - continues to meet SETs - no visit
29 September	University of Portsmouth	FdSc Paramedic Science	Part time	Major change - continues to meet SETs - no visit
29 September	University of Portsmouth	BSc (Hons) Diagnostic Radiography	Full time	Major change - continues to meet SETs - no visit
29 September	University of Portsmouth	Dip HE Operating Department Practice	Full time	Major change - continues to meet SETs - no visit
29 September	University of Portsmouth	BSc (Hons) Therapeutic Radiography	Full time	Major change - continues to meet SETs - no visit
6 October	University of Brighton	BSc (Hons) Podiatry	Full time	Major change - continues to meet SETs - no visit
18 October	University of Brighton	MSc Rehabilitation Science	Full time	Pending

2006				
19 October	Leeds Metropolitan University	BSc (Hons) Dietetics	Full time	Minor change - continues to meet SETs - no visit
19 October	Leeds Metropolitan University	Pg Dip Dietetics	Full time	Minor change - continues to meet SETs - no visit
27 October	University of East Anglia	BSc (Hons) Physiotherapy	Full time	Major change - continues to meet SETs - no visit
6 November	University of East Anglia	MSc Occupational Therapy	Full time	Minor change - continues to meet SETs - no visit
7 November	University of Hertfordshire	BSc (Hons) Diagnostic Radiography & Imaging	Full time	Major change - no longer meets SETs- visit required
7 November	University of Hertfordshire	BSc (Hons) Diagnostic Radiography & Imaging	Part time	Major change - no longer meets SETs - visit required
7 November	University of Hertfordshire	BSc (Hons) Physiotherapy	Full time	Major change - no longer meets SETs - visit required
7 November	University of Hertfordshire	BSc (Hons) Radiography & Oncology	Full time	Major change - no longer meets SETs - visit required
7 November	University of Hertfordshire	BSc (Hons) Radiography & Oncology	Part time	Major change - no longer meets SETs - visit required
9 November	Anglia Ruskin University	Dip HE Operating Department Practice	Full time	Minor change - continues to meet SETs - no visit
4 December	University of Hertfordshire	Practice Certificate in Non Medical Prescribing for Allied Health Professionals	Part time	Major change - continues to meet SETs - no visit

2007				
17 January	The Robert Gordon University	BSc (Hons) Occupational Therapy	Full time	Minor change - continues to meet SETs - no visit
17 January	University of Salford	BSc (Hons) Prosthetics & Orthotics	Full time	Minor change - continues to meet SETs - no visit
19 January	University of East Anglia	MSc Physiotherapy	Full time	Minor change - continues to meet SETs - no visit
7 February	Manchester Metropolitan University	Non-Medical Prescribing	Part time	Minor change - continues to meet SETs - no visit
21 February	Keele University	BSc (Hons) Physiotherapy	Full time	Minor change - continues to meet SETs - no visit
21 February	Keele University	BSc (Hons) Physiotherapy	Part time	Minor change - continues to meet SETs - no visit
5 March	Manchester Metropolitan University	BSc (Hons) Physiotherapy	Full time	Minor change - continues to meet SETs - no visit
15 March	University of Ulster	BSc (Hons) Podiatry	Full time	Minor change - continues to meet SETs - no visit
19 March	Queen Margaret University	BSc (Hons) Therapeutic Radiography	Full time	Major change - continues to meet SETs - no visit
19 March	Queen Margaret University	BSc (Hons) Dietetics	Full time	Major change - continues to meet SETs - no visit
19 March	Queen Margaret University	BSc (Hons) Diagnostic Radiography	Full time	Major change - continues to meet SETs - no visit
19 March	Queen Margaret University	BSc (Hons) Occupational Therapy	Full time	Major change - continues to meet SETs - no visit

2007				
19 March	Queen Margaret University	BSc (Hons) Podiatry	Full time	Major change - continues to meet SETs - no visit
19 March	Queen Margaret University	BSc (Hons) Physiotherapy	Full time	Major change - continues to meet SETs - no visit
19 March	Queen Margaret University	MSc Occupational Therapy	Full time	Major change - continues to meet SETs - no visit
19 March	Queen Margaret University	MSc Art Therapy	Flexible	Major change - continues to meet SETs - no visit
19 March	Queen Margaret University	MSc Dietetics	Full time	Major change - continues to meet SETs - no visit
19 March	Queen Margaret University	MSc Physiotherapy (Pre-registration)	Full time	Major change - continues to meet SETs - no visit
19 March	Queen Margaret University	Pg Dip Occupational Therapy	Full time	Major change - continues to meet SETs - no visit
19 March	Queen Margaret University	MSc Music Therapy (Nordoff Robbins)	Full time	Major change - continues to meet SETs - no visit
23 March	University of the West of England, Bristol	BSc (Hons) Physiotherapy	Full time	Minor change - continues to meet SETs - no visit
18 April	University of Plymouth	Extended/ Supplementary Prescribing	Part time	Minor change - continues to meet SETs - no visit
27 April	University of Central Lancashire	BSc (Hons) Physiotherapy	Full time	Major change - continues to meet SETs - no visit
2 May	Sheffield Hallam University	BSc (Hons) Occupational Therapy	Part time	Minor change - continues to meet SETs - no visit

2007				
2 May	Sheffield Hallam University	BSc (Hons) Occupational Therapy	Full time	Minor change - continues to meet SETs - no visit
2 May	Sheffield Hallam University	BSc (Hons) Physiotherapy	Full time	Minor change - continues to meet SETs - no visit
2 May	Sheffield Hallam University	BSc (Hons) Physiotherapy	Part time	Minor change - continues to meet SETs - no visit
3 May	The Robert Gordon University	BSc (Hons) Applied Biomedical Sciences	Full time	Major change - continues to meet SETs - no visit
16 May	Anglia Ruskin University	Diploma of Credit Pain Management & Local Anaesthesia for Podiatry Practice	Full time	Pending
22 May	University of Central Lancashire	BSc (Hons) Paramedic Practice	Full time	Major change - continues to meet SETs - no visit
29 May	University of Strathclyde	BSc (Hons) Prosthetics & Orthotics	Full time	Pending
19 June	Sheffield Hallam University	BSc (Hons) Radiotherapy & Oncology	Full time	Major change - continues to meet SETs - no visit
21 June	University Campus Suffolk	BSc (Hons) Diagnostic Radiography	Full time	Minor change - continues to meet SETs - no visit
21 June	University Campus Suffolk	BSc (Hons) Diagnostic Radiography	Part time	Minor change - continues to meet SETs - no visit
21 June	University Campus Suffolk	BSc (Hons) Oncology & Radiotherapy Technology	Full time	Minor change - continues to meet SETs - no visit

2007				
21 June	University Campus Suffolk	BSc (Hons) Oncology & Radiotherapy Technology	Part time	Minor change - continues to meet SETs - no visit
22 June	University of Birmingham	MSc Physiotherapy (Pre-registration)	Full time	Minor change - continues to meet SETs - no visit
28 June	Manchester Metropolitan University	BSc (Hons) Physiotherapy	Full time	Minor change - continues to meet SETs - no visit
9 July	Birmingham City University	BSc (Hons) Speech & Language Therapy	Full time	Minor change continues to meet SETs - no visit
9 July	Birmingham City University	BSc (Hons) Speech & Language	Part time	Minor change - continues to meet SETs - no visit
9 July	University of Manchester	BSc (Hons) Speech & Language Therapy	Full time	Pending
10 July	University of Teesside	BSc (Hons) Occupational Therapy	Full time	Minor change - continues to meet SETs - no visit
10 July	University of Teesside	BSc (Hons) Occupational Therapy	Part time	Minor change - continues to meet SETs - no visit
19 July	University of Salford	BSc (Hons) Diagnostic Radiography	Full time	Pending
24 July	University of Central Lancashire	BSc (Hons) Physiotherapy	Full time	Major change - continues to meet SETs - no visit
1 August	Roehampton University	MA Art Therapy	Part time	Pending
1 August	Roehampton University	MA Dramatherapy	Part time	Pending
1 August	Roehampton University	MA Music Therapy	Part time	Pending

2007				
1 August	Roehampton University	MA Music Therapy	Full time	Pending
1 August	Roehampton University	MA Art Therapy	Full time	Pending
9 August	Leeds Metropolitan University	BSc (Hons) Physiotherapy	Full time	Pending
10 August	University of Salford	Graduate Certificate Non- Medical Prescribing Level 3	Flexible	Major change - continues to meet SETs - no visit
10 August	University of Salford	Post Graduate Certificate Non- Medical Prescribing Level M	Flexible	Major change - continues to meet SETs - no visit
13 August	Sheffield Hallam University	BSc (Hons) Radiotherapy & Oncology	Full time	Pending
13 August	Sheffield Hallam University	Pg Dip Radiotherapy & Oncology in Practice	Full time	Pending
23 August	The Robert Gordon University	Non-Medical Prescribing	Part time	Pending

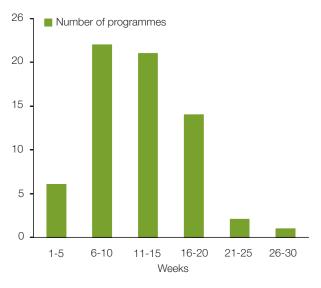
How long does it take for us to consider a submission?

Table 33 Number of weeks taken to consider a submission

Time taken from date	Number of
of receipt to date of	programmes
Education and	
Training panel	

1 – 5 weeks	6
6 – 10 weeks	22
11 – 15 weeks	21
16 – 20 weeks	14
21 – 25 weeks	2
26 – 30 weeks	1

Graph 44 Number of weeks taken to consider a submission



The majority of submissions took between six and fifteen weeks to process. We aim to process major/minor change submissions in seven weeks.

When an application is received, we invite visitors to consider the submission. Once we have selected the two visitors to consider it, we need to see if they have a conflict of interest with the programmes under consideration. All this takes a minimum of two weeks.

The submission is sent to the visitors, who assess it and provide a joint report. Again, this takes a minimum of two weeks. The visitors may ask for extra documents. This would add another two to four weeks to process.

Once we have a satisfactory visitor report, their recommendation must go to the Education and Training Committee for approval. The Committee meet on average once a month. Once received, it can take from one to four weeks for the completed report to reach Committee.

Three programmes took over twenty weeks. They were as follows.

- Leeds Metropolitan University, Pg Dip Dietetics, full time
- University of Brighton, BSc (Hons)
 Podiatry, full time
- Queen Margaret University, MSc Music
 Therapy (Nordoff Robbins), full time

Conclusion from the Education Manager

This year has seen a large amount of work in the area of approvals and monitoring, all of which has helped to ensure new registrants meet the required standards and are therefore fit to practise. This fundamentally contributes to our primary function of protecting the public.

The work we carry out is paid for by fees from registrants. There is no fee charged to education providers for an approval visit or for annual monitoring and major/minor change submissions. We have developed publications and protocols, held presentations, and always try to make our processes as open and transparent as possible.

Our employees, 'partner' visitors and committees have worked extremely hard this year to get through the biggest annual workload of visits and submissions since the HPC's inception. As can be seen, the number of visits and submissions that we receive is growing and as we regulate more professions this will continue.

Thank you for reading this document and I hope you have found it interesting. If you need any further information on our approval and monitoring processes, please see our website at **www.hpc-uk.org**

Abigail Creighton

Education Manager

Contact us

If you have any questions or comments about our approval and monitoring processes, you can contact the Education – Approvals and Monitoring Department direct.

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Protected titles

The titles below are protected by law. Anyone using one of these titles must be registered with the HPC, or they may be subject to prosecution and a fine of up to £5,000.

Profession	Protected title
Arts therapists	Art psychotherapist Art therapist Dramatherapist Music therapist
Biomedical scientists	Biomedical scientist
Chiropodists / podiatrists	Chiropodist Podiatrist
Clinical scientists	Clinical scientist
Dietitians	Dietitian Dietician
Occupational therapists	Occupational therapist
Operating department practitioners	Operating department practitioner
Orthoptists	Orthoptist
Prosthetists / orthotists	Prosthetist Orthotist
Paramedics	Paramedic
Physiotherapists	Physiotherapist Physical therapist
Radiographers	Radiographer Diagnostic radiographer Therapeutic radiographer
Speech and language therapists	Speech and language therapist Speech therapist





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