

HCPC approval process report

Education provider	British Psychological Society
Name of programme(s)	Qualification in Educational Psychology (Scotland (Stage 2)), Flexible Qualification in Counselling Psychology, Flexible Qualification in Health Psychology (Stage 2), Flexible Qualification in Occupational Psychology (Stage 2), Flexible Qualification in Sport and Exercise Psychology (Stage 2), Flexible Qualification in Forensic Psychology (Stage 2), Flexible Qualification in Occupational Psychology (Stage 2) (2019), Flexible
Approval visit date	26 November 2020
Case reference	CAS-16610-V3Z4Q3

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Executive Summary

We are the Health and Care Professions Council (HCPC), a regulator set up to protect the public. We set standards for education and training, professional knowledge and skills, conduct, performance and ethics; keep a register of professionals who meet those standards; approve programmes which professionals must complete before they can register with us; and take action when professionals on our Register do not meet our standards.

The following is a report on the approval process undertaken by the HCPC to ensure that programme(s) detailed in this report meet our standards of education and training (referred to through this report as 'our standards'). The report details the process itself, the evidence considered, and recommendations made regarding programme approval.

Section 1: Our regulatory approach

Our standards

We approve programmes that meet our education standards, which ensure individuals that complete the programmes meet proficiency standards. The proficiency standards set out what a registrant should know, understand and be able to do when they complete their education and training. The education standards are outcome focused, enabling education providers to deliver programmes in different ways, as long as individuals who complete the programme meet the relevant proficiency standards.

Programmes are normally [approved on an open-ended basis](#), subject to satisfactory engagement with our monitoring processes. Programmes we have approved are listed [on our website](#).

How we make our decisions

We make independent evidence based decisions about programme approval. For all assessments, we ensure that we have profession specific input in our decision making. In order to do this, we appoint [partner visitors](#) to undertake assessment of evidence presented through our processes. The visitors make recommendations to the Education and Training Committee (ETC). Education providers have the right of reply to the recommendation of the visitors, inclusive of conditions and recommendations. If an education provider wishes to, they can supply 'observations' as part of the process.

The ETC make decisions about the approval and ongoing approval of programmes. In order to do this, they consider recommendations detailed in process reports, and any observations from education providers (if submitted). The Committee meets in public on a regular basis and their decisions are available to view [on our website](#).

HCPC panel

We always appoint at least one partner visitor from the profession (inclusive of modality and / or entitlement, where applicable) with which the assessment is concerned. We also ensure that visitors are supported in their assessment by a member of the HCPC executive team. Details of the HCPC panel for this assessment are as follows:

Garrett Kennedy	Practitioner psychologist - Counselling psychologist
Lisa Marks Woolfson	Practitioner psychologist - Educational psychologist
Rabie Sultan	HCPC executive
Tracey Samuel-Smith	HCPC executive (observer)

Other groups involved in the virtual approval visit

There were other groups involved with the approval process as follows. Although we engage in collaborative scrutiny of programmes, we come to our decisions independently.

Roger Paxton	Independent chair (supplied by the education provider)	British Psychological Society
Christine Richards	Secretary (supplied by the education provider)	British Psychological Society

Section 2: Programme details

Programme name	Qualification in Educational Psychology (Scotland (Stage 2))
Mode of study	FLX (Flexible)
Profession	Practitioner psychologist
Modality	Educational psychologist
First intake	01 September 2011
Maximum learner cohort	Up to 30
Intakes per year	1
Assessment reference	APP02297

Programme name	Qualification in Counselling Psychology
Mode of study	FLX (Flexible)
Profession	Practitioner psychologist
Modality	Counselling psychologist
First intake	01 January 2004
Maximum learner cohort	Up to 100
Intakes per year	1
Assessment reference	APP02298

Programme name	Qualification in Health Psychology (Stage 2)
Mode of study	FLX (Flexible)
Profession	Practitioner psychologist
Modality	Health psychologist
First intake	01 January 2001
Maximum learner cohort	Up to 50
Intakes per year	1
Assessment reference	APP02299

Programme name	Qualification in Occupational Psychology (Stage 2)
Mode of study	FLX (Flexible)
Profession	Practitioner psychologist
Modality	Occupational psychologist
First intake	01 January 2007
Maximum learner cohort	Up to 350
Intakes per year	1
Assessment reference	APP02300

Programme name	Qualification in Sport and Exercise Psychology (Stage 2)
Mode of study	FLX (Flexible)
Profession	Practitioner psychologist
Modality	Sport and exercise psychologist
First intake	01 January 2008
Maximum learner cohort	Up to 75
Intakes per year	1
Assessment reference	APP02301

Programme name	Qualification in Forensic Psychology (Stage 2)
Mode of study	FLX (Flexible)
Profession	Practitioner psychologist
Modality	Forensic psychologist
First intake	01 January 2010
Maximum learner cohort	Up to 475
Intakes per year	1
Assessment reference	APP02302

Programme name	Qualification in Occupational Psychology (Stage 2) (2019)
Mode of study	FLX (Flexible)
Profession	Practitioner psychologist
Modality	Occupational psychologist
First intake	01 February 2019
Maximum learner cohort	Up to 75
Intakes per year	1
Assessment reference	APP02303

We undertook this assessment via the approval process, which involved consideration of documentary evidence and virtual approval visit, to consider whether the programmes continue to meet our standards. We decided to assess the programme via the approval process due to the outcome of a previous assessment.

The above mentioned programmes were looked at as part of our annual monitoring audit process in the last academic year. The visitors determined that there was insufficient evidence to demonstrate that these programmes continued to meet four standards. The Education and Training Committee (ETC) agreed with the recommendation of the visitors that a targeted approval visit was required, to appropriately assess how the programme continued to meet these standards.

Section 3: Requirements to commence assessment

In order for us to progress with approval and monitoring assessments, we ask for certain evidence and information from education providers. The following is a list of evidence that we asked for through this process, and whether that evidence was provided. Education providers are also given the opportunity to include any further supporting evidence as part of their submission. Without a sufficient level of evidence, we need to consider whether we can proceed with the assessment. In this case, we decided that we were able to undertake our assessment with the evidence provided.

Type of evidence	Submitted	Comments
Completed education standards mapping document	Yes	
Information about the programme, including relevant policies and procedures, and contractual agreements	Yes	As this was a targeted visit revolving around 4 standards only, not all relevant policies were required
Descriptions of how the programme delivers and assesses learning	Not Required	As this was a targeted visit revolving around 4 standards not

		related to learning outcomes, this was not required
Proficiency standards mapping	Not Required	As this was a targeted visit revolving around 4 standards not related to learning outcomes, this was not required
Information provided to applicants and learners	Yes	As this was a targeted visit revolving around 4 standards only, we only considered the information provided to learners
Information for those involved with practice-based learning	Not Required	As this was a targeted visit revolving around 4 standards not related to practice-based learning, this was not required
Information that shows how staff resources are sufficient for the delivery of the programme	Not Required	As this was a targeted visit revolving around 4 standards not related to resources, this was not required
Internal quality monitoring documentation	Yes	Only requested if the programme (or a previous version) is currently running

Due to the COVID-19 pandemic, the education provider decided to move this event to a virtual (or remote) approval visit. In the table below, we have noted the meeting held, along with reasons for not meeting certain groups (where applicable):

Group	Met	Comments
Learners	Yes	
Service users and carers (and / or their representatives)	Not Required	As this was a virtual visit and, given the current situation around the Covid-19 pandemic, we decided that it was unnecessary to meet with this group
Facilities and resources	Not Required	As this area was not being considered as part of the targeted visit, it was unnecessary to have a virtual tour of the facilities and resources
Senior staff	Yes	
Practice educators	Not Required	Considering the targeted nature of this visit, it was decided not to have meeting with this stakeholder
Programme team	Yes	

Section 4: Outcome from first review

Recommendation of the visitors

In considering the evidence provided by the education provider as part of the initial submission and at the virtual approval visit, the visitors recommend that there was

insufficient evidence to demonstrate that our standards are met at this time, but that the programme(s) should be approved subject to the conditions noted below being met.

Conditions

Conditions are requirements that must be met before programmes can be approved. We set conditions when there is insufficient evidence that standards are met. The visitors were satisfied that a number of the standards are met at this stage. However, the visitors were not satisfied that there is evidence that demonstrates that the following standards are met, for the reasons detailed below.

The visitors recommend that a further visit is required to make an appropriate assessment of the response to the conditions. Any further visit would focus on the education provider's response to the conditions, and would include meetings with the senior and programme teams. We would also require a documentary submission from the education provider in support of the further visit. We expect the post-visit process to take roughly three months so a further visit should take place in two months' time.

3.4 The programme must have regular and effective monitoring and evaluation systems in place.

Condition: The education provider must provide further evidence of how they will ensure regular and effective monitoring and evaluation systems are in place for all the programmes.

Reason: For this standard, the education provider evidenced two 'Internal Quality Assurance' documents which mentioned stakeholder engagement, and the monitoring and evaluation of programmes. These documents made reference to 'stakeholders' as including learners, employers and practice supervisors. From reviewing the evidence, the visitors noted that the information appeared to contain generic information. It was not made explicitly clear whether these documents applied to any specific programme or are applied across all the programmes being visited.

Additionally, the education provider evidenced the terms of reference of the Qualifications Committee (QC). From reviewing this, the visitors noted the QC will include the Chair from each of the programmes. It was stated that the QC will meet three times a year and will have overall responsibility for overseeing and maintaining HCPC approval of existing programmes. This will be undertaken via engagement with stakeholders, developing guidance and providing annual reports. As an example of stakeholder engagement, learner and service user survey sample forms were provided along with a 'Qualifications Board Agenda template' document. The visitors learnt that the survey had not been undertaken recently and were unclear when the Qualifications Board had last met and what was discussed.

The senior team outlined there are plans to develop their internal quality assurance framework, including a Quality Assurance Committee (QAC), which will be responsible for managing the quality assurance of all programmes. Once implemented, the individual programmes would develop policies and procedures to meet the framework. To help develop the new quality assurance framework, the senior team outlined the Stakeholder Representative Groups have started to hold discussions with the programme teams and how the remaining meetings would take place before the end of the year. The senior team clarified that feedback in the past was recorded manually which was not formalised across all the programmes. However, going forward,

feedback mechanisms will include digital means to ensure it will be more robust, recorded and monitored. As such, plans include gathering feedback from stakeholders digitally using Instagram and a Virtual Learning Environment (VLE) as possible platforms. This will include collecting learners' feedback given to their relevant programme team member and supervisor at practice-based learning.

During the programme team meeting, the visitors learnt about the different ways feedback was gathered from learners from different programmes and how that feedback was utilised by the individual programme. As an example, one programme gathers feedback via their training committee. Another programme gathers feedback via multiple sources, such as annual conferences and Continuing Professional Development events. The feedback gathered from these events was noted and actioned on if required. There was recognition that the new quality assurance framework was aiming to ensure more consistency across the programmes and share best practice.

The visitors noted that there were a number of aspects in development. For example, the visitors noted the term 'stakeholder feedback' being used commonly across the documentation and at the visit. From this they could not determine if there was clarity in recognising that each stakeholder group is different and that each required different engagement levels, support and involvement. Additionally it was unclear if the stakeholders for each programme would be the same. It was also not clear who will be in charge of collecting, gathering and passing relevant programme specific information to the QAC for consideration. Similarly, it was unclear how any changes made as a result of stakeholder feedback could be communicated back to the relevant stakeholder to close the feedback loop. As such, the visitors could not determine how the proposed plans will be developed and implemented to ensure the quality assurance of all the programmes. Based on this the visitors considered there is a considerable gap between how the education provider and the individual programmes work together to continuously gather information on quality and effectiveness. This meant it was not possible to determine how information or feedback gathered will be used to analyse and respond to any risks or challenges.

It is expected the education provider has overall responsibility of ensuring all programmes have robust systems in place for continuously gathering information on the quality and effectiveness. However, without seeing evidence of the revised quality assurance framework, it was not possible to determine how the processes and procedures will be implemented and their effectiveness. Based on this, the visitors could not be assured how the education provider will make sure all programmes deliver overall quality and effectiveness on an ongoing basis.

The education provider must therefore provide further evidence and demonstrate clearly:

- the timelines by which they intend to implement the proposed new quality assurance framework;
- demonstrate how the new quality assurance framework will be harmonised across all the programmes; and
- the responsibilities of the Quality Assurance Committee and how the committee and individual programmes work together to ensure effective monitoring and evaluation processes.

3.7 Service users and carers must be involved in the programme.

Condition: The education provider must clearly articulate who their service users are, how they will be involved, and how their contribution will add to the overall quality and effectiveness of the programmes.

Reason: For this standard, the education provider evidenced two 'Internal Quality Assurance' documents, terms of reference of the Qualifications Committee (QC), service user survey question forms and relevant pages of the 'Exemplar candidate handbook' document. From reviewing these documents, the visitors noted the reference to service users as one of the stakeholders, but it was not clear how they were involved in the programmes. The documents outlined generic statements on the importance of involving stakeholders in the development of programmes and collecting feedback. From this, the visitors were not clear who the actual service users for any specific programme or across the programmes were.

During the senior team meeting, it was stated that the Stakeholder Reference Group did not include a definition of a service user. However there has been some consideration of how to define a service user in the context of these programmes. As such, it was stated that candidates on the programmes were also service users. When asked about how candidates could provide feedback from a service user and learner perspective, the visitors heard about the support which would be provided if difficult conversations arose. For example, separate meetings would be convened and that the QAC could provide advice and guidance about escalation routes. The senior team recognised that the definition of a service user will vary by context and developing this was a work in progress.

The programme leads referred to service users to as clients, supervisors or anyone in general who is part of the programme. The programme leads explained that it can be difficult to identify who exactly their service users are, due to the varying nature of each programme. For example, occupational psychology candidates work with organisations rather than individuals. However, they outlined that members of the Board of Directors could possibly be their service users. Alternatively, sport and exercise psychology candidates work with coaches and athletes who could possibly be classed as their service users. The programme leads went on to discuss how the VLE in development could possibly be used to gather feedback from this group. They also stated that, as programme chairs, they best know who their service users could be and support the opportunity to help define this stakeholder group.

The visitors recognised that service users might vary from programme to programme, however they could not determine how exactly service users were involved in the programmes. In addition the visitors require clarity on the exact definition of service users and whether this is applied across the programmes or is programme specific. Additionally, the visitors could also not determine the mechanisms in place to support the service users involvement. This also meant it was not clear how their involvement for each programme will be managed, monitored or evaluated to continuously improve the programmes.

The education provider must therefore provide evidence clearly articulating:

- the exact terminology of service users within the context of the programmes, including confirmation if this differs for each programme;

- how service users are involved in the programmes, including clarity on how their feedback will be gathered, and considered by the QAC and relevant programme team; and
- what support mechanisms will be in place for service users to ensure their involvement.

This further evidence is required to demonstrate how service user engagement will be managed and monitored on an ongoing basis, to effectively contribute to the overall quality and effectiveness of the programmes.

Recommendations

We include recommendations when standards are met at or just above threshold level, and where there is a risk to that standard being met in the future. Recommendations do not need to be met before programmes can be approved, but they should be considered by education providers when developing their programmes.

3.17 There must be an effective process in place to support and enable learners to raise concerns about the safety and wellbeing of service users.

Recommendation: The education provider should consider reviewing how they make information about the process to support and enable learners to raise concerns about the safety and wellbeing of service users, more easily available to learners.

Reason: From a review of the programme documentation, specifically the 'Enrolment form' submitted as evidence for this standard, the visitors noted that the co-ordinating supervisor was responsible for ensuring learners understood the process for raising concerns during practice-based learning. From their meeting with the programme team and learners, the visitors understood that there is not a uniform policy across the programmes as this varies at each of the different practice education providers. This meant that the relevant co-ordinating supervisor at each placement setting had responsibility for ensuring learners are enabled to undertake this. The learners outlined how they are given relevant training and made aware of the process to raise concerns about the safety and wellbeing of service users. This is done via referring learners to the relevant organisational policies, which is then followed up by learners signing the relevant sections of the 'Enrolment form'. As this information was clearly articulated at the visit, and required a signature on the Enrolment form from the learner, the visitors were satisfied that this standard was met at threshold. However, the visitors considered that currently the education provider relies on each placement setting providing this information and as such general information about these processes was not contained within the documentation. The visitors recognise that it might not be possible to have a uniform policy across the programmes or placement settings, however they recommend the education provider considers how generic information can be provided to learners about their responsibilities regarding raising concerns about the safety and wellbeing of service users. The visitors therefore recommend that some aspect of information and guidance is included in the relevant programme documentation, so that learners will have clear and accessible information regarding their responsibility to raise concerns about the safety and wellbeing of service users.

HCPC report response

Observations in relation to 3.4:

HCPC report

- 1) *For this standard, the education provider evidenced two 'Internal Quality Assurance' documents which mentioned stakeholder engagement, and the monitoring and evaluation of programmes. These documents made reference to 'stakeholders' as including learners, employers and practice supervisors. From reviewing the evidence, the visitors noted that the information appeared to contain generic information. It was not made explicitly clear whether these documents applied to any specific programme or are applied across all the programmes being visited.*

BPS response:

BPS submitted four IQA documents:

- two were the BPS' generic framework for IQA which is relevant to all the Society's educational provision (including the Qualifications, but also CPD and Psychological Testing Centre activity which are not subject to HCPC accreditation)
- two were specific to Society Qualifications.

It appears as though the similarity between the documents could have caused some confusion. It is clear in the BPS Quals stakeholder engagement policy, which programmes it refers to. The monitoring and evaluation policy will be made more explicit. The further evidence to be submitted will only include the BPS Qualifications policy documentation.

Observations in relation to 3.7:

HCPC report

- 1) *For this standard, the education provider evidenced two 'Internal Quality Assurance' documents, terms of reference of the Qualifications Committee (QC), service user survey question forms and relevant pages of the 'Exemplar candidate handbook' document. From reviewing these documents, the visitors noted the reference to service users as one of the stakeholders, but it was not clear how they were involved in the programmes.*

BPS response:

One of the documents was a Stakeholder Representative Engagement Group (SREG) policy, which is generic to all Society qualifications, please see *Scope*. The SREG terms of reference was also included in the evidence.

HCPC report

- 2) *The documents outlined generic statements on the importance of involving stakeholders in the development of programmes and collecting feedback. From this, the visitors were not clear who the actual service users for any specific programme or across the programmes were.*

And,

It was stated that the Stakeholder Reference Group did not include a definition of a service user. However there has been some consideration of how to define a service user in the context of these programmes. As such, it was stated that candidates on the programmes were also service users.

BPS response:

The BPS Qualifications Stakeholder Engagement Policy states the following under the *Definition of stakeholders* section: *The Society works in collaboration with its stakeholders to deliver qualifications, and associated services, to the psychological profession. Our stakeholders may be BPS members and can also be defined as service users of the work that candidates (learners) are undertaking. They include, but are not limited to, supervisors, employers, candidates (who often work with other candidates). The term 'service user' has been used in all external material such as candidate handbooks.*

HPCPC report

- 3) *When asked about how candidates could provide feedback from a service user and learner perspective, the visitors heard about the support which would be provided if difficult conversations arose. For example, separate meetings would be convened and that the QAC could provide advice and guidance about escalation routes. The senior team recognised that the definition of a service user will vary by context and developing this was a work in progress.*

BPS response:

Appendix 1 of the stakeholder policy includes a flow chart which describes the feedback process. It is the Qualifications Committee (QC), and not the Quality Assurance and Standards Committee (QASC), which is not in place yet but is part of our future plans.