



Verifier update information- IMPORTANT please read.

## Changes to the HCPC Standards of Education and Training (SETs)

### Introduction

This document highlights the standards that have been revised or re-written by the HCPC. It details the background, how the standards were written and met previously, ways in which you as a verifier, might see them being met and how we can embed them going forward. Please do take the time to read it and become familiar with these changes. We have been carrying out a review of the Registration Portfolio and guidance during the year and intend to run the new approaches out in a revised version of the Registration Portfolio in September of 2019.

### HCPC SET 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.*

### Background & current situation

Previously, standards around raising concerns have been met by evidence generated in numerous ways including:

- through the formal trust inductions that are mandatory for anyone undertaking a laboratory placement. This is a formal session and would include making new staff aware of all policies in place to protect them, other staff and service users.
- as part of the regular trainee-trainer meetings which are carried out as a requirement of our laboratory approval process. This is a good opportunity for raising concerns as the meetings are 1:1 and documented. The trainer should be supporting the learner through the process.
- via the university liaison point of contact for giving access to all resources provided by the university. This route can be important if the learner (in this case a placement student) feels it necessary to raise concerns about the laboratory or their treatment during their placement. Additionally, this route is important for the pastoral care of the student therefore the university may be involved even though the issue may not lie directly with them or their placement provider. Details of responsibilities for this should be included in the Placement Handbook for students and employers.
- with the help of a mentor. This is an informal route to raising a concern but in cases where the learner is sensitive to the power imbalances in the workplace, a mentor may offer a 'sounding board' and some guidance.

- as part of the mandatory questions asked at point of verification. Every verifier asks whether the learner believes they have been discriminated against or whether there have been issues during the training.
- Learners are also able to use the various feedback mechanisms such as the student staff liaison committees (SET 3.8) to raise concerns.

In some cases the emphasis might have been on safeguarding the trainee (i.e. that they would know what to do if they feel they have been discriminated against) but the revision of the SET has meant that strong consideration must also be given to safeguarding the service user by helping the trainee to recognise the risk and raise any concerns with the most appropriate person.

The following are additional examples of evidence that would demonstrate that the new SET is also being met:

- Evidence produced which included using a DATIX change request following, or in anticipation of, an incident.
- a case scenario detailing how an issue might or has been challenged and the response that was generated.
- an adjunct to an organisational structure where the skill mix and risk associated with that skill mix might be considered in a reflective commentary.

#### Verifier action required

The Service User, Patient & Carer Engagement Group agreed that there were elements of best practice in the examples available and that the IBMS should consider implementing some across the board. It was agreed that those assessed after September 2019 would, instead of being asked potentially closed questions regarding a candidate's understanding of the route of reporting ( if they have been discriminated against ), they would instead be asked open questions requesting them to briefly describe the reporting route. The verifier report form has been updated to reflect this requirement therefore please ensure you are using the current version of the form.

Examples of questions to be asked:

*How might the skill mix compromise service? What are the risks/options? And where would advice be sought?*

#### Changes following the Registration Portfolio review (2019)

We have reviewed our Registration Portfolio to ensure currency and appropriateness. The Service User, Patient & Carer Engagement Group suggested a Points of Contact page which the candidate must fill out as part of the requirement for completing the portfolio, thereby ensuring that all candidates know exactly who they can approach during their training period should they have concerns.

#### **HCPC SET 4.2**

*The learning outcomes must ensure that learners understand and are able to meet the expectations of professional behaviour, including the standards of conduct, performance and ethics.*

## **HCPC SET 6.2**

*Assessment throughout the programme must ensure that learners demonstrate they are able to meet the expectations of professional behaviour, including the standards of conduct, performance and ethics.*

### **Background & current situation**

Knowledge and understanding of the expectations of professional behaviour and the HCPC standards of conduct, performance and ethics have always been fundamental and we feel that it was being met in a number of ways for example:

- being embedded within a memorandum of understanding (MOU), ensuring that learners were aware what was expected of them.
- question and answer sessions.
- raised at the regular training sessions (1:1's).
- through appraisal.

Following scrutiny of the change of emphasis of the 'revised' SET by various stakeholder engagement groups there has been widespread agreement that, in some cases, meeting this SET could currently be by implication rather than positive evidence. For example, a candidate may be aware of the expectations both of themselves and of the placement providers through an MOU. However, this does not demonstrate how they are meeting the requirements other than that their professionalism, their conduct or the ethical way they practice had not caused concern or been raised as part of the regular reviews or at appraisal.

An example of excellent practice is that some employers have developed a comprehensive MOU for learners undertaking training in their laboratories. The expectations laid out in the MOU are very clear and so, crucially, are the implications of not observing them. Fundamentally though, this alone does not evidence how a learner practices. To overcome this, they then supplement the knowledge and understanding with a demonstration of meeting the SET by mandatory questions which ask for examples with description, of how the learner demonstrates a professional attitude to their work.

There are some very good alternative approaches to demonstrating that this standard has been met occurring in the laboratories. One example of excellent practice, seen at verification, was the use of a 360 questionnaire which explored colleagues' perception of the candidate's behaviour.

### **Verifier action required**

Our new and updated verifiers are trained, when reviewing a portfolio and undertaking a laboratory tour, to ask for examples in order to verbally confirm candidates meet this standard even if the evidence they are presented with does not overtly demonstrate this standard has been met.

Examples of approaches to meet this:

Ask the candidate to describe to you how their practice demonstrates they meet the requirements. For example, *'give examples of the ways in which you practice in a professional manner.'*

## **HCPC SET 4.9**

*The programme must ensure that learners are able to learn with, and from, professionals and learners in other relevant professions.*

### Background & current situation

Inter-professional interaction has been fundamental to our programmes for some time. Learners have met this standard in a number of ways, depending on their discipline within biomedical science and service profile of the laboratory in which they work.

These approaches may include but not be limited to:

- Visits to multi-disciplinary team meetings
- Interviewing other professionals for example infection control nurses & POCT nurses
- Case study microscopy sessions with consultant histopathologists
- Working alongside clinical scientists and other specialist staff groups within pathology
- Attendance at careers fairs
- Attendance at Congress

However, the emphasis in the revised standards has changed from the expectation of inter-professional interaction to the expectation of a shared learning experience. Therefore, despite the fact that the examples above still meet the criteria of inter-professional learning, the interaction needs to be further expanded to make it a shared experience.

Discussions with trainers, employers and universities have identified ways in which this standard is currently being met and these include but are not limited to:

- Learners undertaking group work in university mixed cohorts, for example where cohorts of biomedical and forensic science students work together on case studies.
- Learners being involved in visits by company members where they learn about equipment and the company members learn about how the laboratory works from them.
- Learners working in specialist laboratories can share their knowledge with biomedical scientists from other specialisms (for example geneticists and microbiologists- both biomedical scientists but their work is very different).
- Learners can have secondments to other areas such as clinics or theatre and whilst there can raise awareness of the work carried out in their own laboratory.

Some illustrations of best practice are where learners have been asked to give examples of direct interaction with other professionals. Learners have been asked to give an example where there has been an issue and what the impact was, therefore producing evidence that may describe that a specimen has been handled incorrectly and the learner has contacted the theatre, for example, to explain how it should have been handled. A learner might visit a dermatology clinic and learn from the nurse how the clinic is run and complete the shared learning experience by describing the laboratory process for the specimens taken at the clinic.

### Verifier action required

If you feel that this standard has not been met please explore their inter-professional learning by asking the candidate to *'describe how learning with and from service users, patients & carers, and other relevant professionals have benefitted your practice.'*

### Changes following the Registration Portfolio review in 2019

The Service User, Patient & Carer Engagement Group offered several suggestions as to how this standard might be assessed which included embedding the revised requirements into the mandatory reflective statement so that all learners must directly demonstrate how they have learnt *with and from* learners and professionals in other relevant professions. This has now been embedded into the revised version of the Registration Portfolio and can be seen in Section 1 Module 5.