

## Comments on the proposed Federation of Healthcare Education

September 2017

### 1. Introduction

- 1.1 The Professional Standards Authority for Health and Social Care promotes the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and voluntary registration of people working in health and care. We are an independent body, accountable to the UK Parliament. More information about our work and the approach we take is available at [www.professionalstandards.org.uk](http://www.professionalstandards.org.uk)
- 1.2 As part of our work we:
- Oversee the nine health and care professional regulators and report annually to Parliament on their performance
  - Set standards for and accredit registers of practitioners working in health and care occupations not regulated by law
  - Conduct research and advise the four UK governments on improvements in regulation
  - Promote right-touch regulation and publish papers on regulatory policy and practice.

### 2. General comments

- 2.1 We welcome the opportunity to respond to this consultation on the proposed creation of a Federation of Healthcare Education. Education and training is hugely important in ensuring that students develop both the skills and values they need to practise as healthcare professionals. The professional regulators that we oversee fulfil an important role in ensuring that those qualifying from education and training courses are competent, have a clear understanding of patient safety and are fit to practise and join the register for their profession.
- 2.2 We are supportive of a more collaborative approach to practice from health and care professionals and a greater focus on interprofessional learning where appropriate. There is a growing awareness of the value of shared understanding and shared values within the healthcare team on how to protect patients and ensure quality care. The many and complex challenges facing the health service today, such as an ageing population and an increase in long-term health conditions, require a collaborative approach and no one profession holds the key to addressing these alone. Furthermore, recommendations from reviews such as those from the Francis report on the Mid-Staffordshire NHS

Foundation Trust, put a great deal of emphasis on the creation of a common culture in relation to openness, transparency and candour<sup>1</sup>.

- 2.3 Regulators already assess team based practice as part of their quality assurance activity, and some have worked together to ensure consistency of approach to learning outcomes for education and training for professionals operating in multi-disciplinary teams and have worked to incorporate a focus on interprofessional learning as part of their processes, where appropriate. However, this is an area which remains in need of development and we note the work of the Centre for the Advancement of Inter-professional Education (CAIPE)<sup>2</sup> in encouraging a more coordinated approach in this area. In *Regulation rethought*<sup>3</sup> which we published in 2016, we proposed a single statement of professional practice for all health and care practitioners to ensure a shared set of core standards and to help achieve a single view of quality of care and patient safety. If pursued, this would have implications for learning outcomes for education and training across the professions.
- 2.4 We have been supportive of regulators' efforts to pursue a more 'upstream' approach to preventing harm occurring through sharing of data and intelligence gathered from the regulatory processes. This also implies a greater focus on ensuring that education and training is adequately equipping students for practice and using learning to feed back to training providers, as appropriate.
- 2.5 Whilst we are supportive of the aims of the proposed Federation and we recognise that this seeks to fill a perceived gap in ensuring a united voice for healthcare education and could be a catalyst for further collaboration on issues of shared relevance across the professions, we would urge some caution on the speed and process for creating an additional body in what may already be seen as a crowded field. We would also suggest flexibility over the way forward to ensure maximum support and engagement from potential stakeholders.
- 2.6 We have recently carried out work reviewing the role of the professional regulators in the quality assurance of education and training. There is a range of bodies that have a role in the quality assurance of education and training provision, including the Royal Colleges, professional bodies, the Skills Councils, the Quality Assurance Agency and system regulators (the Care Quality Commission, for example) as well as the education institutions themselves. There is also a number of organisations involved in other areas. These include:

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<sup>1</sup> *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry*. [Online] Available at: <http://webarchive.nationalarchives.gov.uk/20150407084231/http://www.midstaffspublicinquiry.com/report> [Accessed: 05/07/2017]

<sup>2</sup> The Centre for the Advancement of Interprofessional Education. [Online] Available at: <https://www.caipe.org/> [Accessed: 05/07/2017]

<sup>3</sup> Professional Standards Authority 2016, *Regulation rethought*. [Online] Available at: <http://www.professionalstandards.org.uk/publications/detail/regulation-rethought> [Accessed: 05/09/2017]

Funding (The Higher Education Funding Council for England, the Department for the Economy in Northern Ireland, the Scottish Funding Council, the Higher Education Funding Council for Wales)

NHS education and training (Health Education England, the Department of Health in Northern Ireland, NHS Education for Scotland, the developing Health Education and Improvement Wales)

Promoting and safeguarding access to higher education for under-represented groups (The Office for Fair Access, for example)

Complaints handling (The Office of the Independent Adjudicator (England and Wales), the Northern Ireland Public Services Ombudsman, the Scottish Public Services Ombudsman)

Education and training providers may also need to provide information to, and meet the regulatory requirements of, a range of other bodies, such as the Universities and Colleges Admissions Service, UK Visas and Immigration, the Higher Education Statistics Agency, the Student Loans Company.

- 2.7 Whilst the merits of having a united voice on common issues are clear, some of the benefits may only materialise if there is widespread engagement in the proposed model across health and care education bodies and a willingness to defer to the Federation on certain issues. The current supporters of the Federation appear to come primarily from a medical standpoint and the level of consultation already carried out with groups in other professions is not entirely clear. Consideration of social care groups is important at a time when the interaction between health and social care services has taken on growing prominence. Other organisations active within healthcare education will already have their own remits and therefore may initially be unwilling to step back from their activities or involvement in different forums to allow a single view to be represented. There may also be challenges around agreeing joint messages, objectives and activities on behalf of constituent members which are broad enough to encompass a range of professions but specific enough to be meaningful.
- 2.8 We do not seek to take away from the ambition behind the proposals, but to suggest flexibility about the way forward and encourage those behind the proposed Federation to maintain an open mind about the structure and remit of such an initiative. This should allow the opportunity to consult with and gain buy in from as wide a range of professional education bodies as possible and in time promote collaboration on areas of mutual interest in health and care education.

### **3. Detailed answers**

- 3.1 We have commented on only some of the specific consultation questions below.
- 3.2 **Question 1. Do you think it would be beneficial to develop an overarching body to which learned societies and professional**

**organisations for healthcare education in the UK could choose to belong?**

- 3.3 See general comments above. There may be merit in maintaining an open mind on the creation of a formal Federation structure. It may be beneficial to allow flexibility in the approach to enable the relevant societies and professional organisations for healthcare education in the UK to meet and share information and identify opportunities for joint working, as appropriate, and develop stronger links, if there is an appetite to do so.

**Question 2. Do you think that “The Federation of Healthcare Education” is an appropriate title for such an overarching body? If not, please suggest an alternative. [Please note that for consistency this document will refer throughout to a Federation of Healthcare Education, but this is only a provisional title.]**

- 3.4 No comment.

**Question 3. It is proposed that this should be a multi-professional organisation. Do you agree, or should it be for a single or small group of professions only?**

- 3.5 The value of such an initiative would be in being truly multi-professional and addressing some of the issues that exist around increasing inter-professional collaboration.

**Question 4. Which professional groups’ education organisations would be appropriate members of a proposed Federation of Healthcare Education? (Please check all that apply)**

- 3.6 If the Federation is created, then the value would be in having membership from as many as possible of the organisations listed in the online survey document. However, to realise the ambition of the Federation this would inevitably involve a critical mass of membership across the different professional groups and may also entail those organisations sacrificing some of their current profile and activities in favour of a broader ‘healthcare education’ voice, taking a lead on certain issues; this may be difficult to achieve straight away.

***The purpose of the proposed Federation of Healthcare Education would be to represent the common aspects of the specialty of healthcare***

*education in order to deliver the highest standards of education and training, in line with the Quadruple Aim:*

- *Improving the patient experience of care (including quality and satisfaction)*
- *Improving the health of populations*
- *Reducing the per capita cost of health care*
- *Improving the experience of health care providers, clinicians and staff.*

*The following has been suggested as a mission statement for the proposed Federation of Healthcare Educators:*

*“To encourage and support UK-wide education and training for compassionate, holistic and integrated health and social care across the healthcare professional spectrum, by enhancing their quality and efficiency and providing academic and professional support for all those involved in their research, development and delivery.”*

**Question 5. Are these appropriate purpose and mission statements for a federation of healthcare education organisations of the UK and Ireland?**

3.7 No comment.

**Question 6. A number of potential benefits of such an organisation have been suggested. The following is a list of potential benefits:**

- **Sharing good practice**
- **Sharing expertise**
- **Clarity around common standards**
- **Stronger multi-professional identities**
- **Collegiate environment**
- **Driver for innovation and research**
- **Reduced competition for resources/economy of scale**
- **Spectrum of diverse approaches**
- **An all-UK body**
- **More accurate reflection of modern UK healthcare workplace**
- **Enhancing compassionate, holistic and integrated health and social care**

**Will the proposed Federation of Healthcare Educators deliver these benefits?**

3.8 We would suggest caution over how quickly all of the potential benefits will materialise depending on how much interest there may be in membership and given that member organisations may wish to retain their own identity and remit. Unless members are willing to reduce their own activities and allow the

Federation to take on the more prominent role in certain situations, for example speaking on behalf of healthcare educators in certain settings and running an annual conference, then such an organisation may become another voice amongst many rather than a unifying one.

**Question 7. What additional services should the proposed Federation of Healthcare Education offer its member organisations? Please check all that apply:**

3.9 No comment.

**Question 8. What do you think would be the key challenge(s) to be faced in setting up a Federation of Healthcare Education?**

3.10 See general comments, but broadly there may be challenges in gaining a critical mass of membership who are willing to allow the Federation to act on their behalf in certain settings. This would mean that the proposed body would still be competing with many others involved in healthcare education for profile, conference attendance, funding etc. As highlighted there may be merit in remaining open on the structure of the proposed Federation to allow varying levels of collaboration, as appropriate, initially.

**Question 9. What do you think would be the potential disadvantage(s) to setting up a Federation of Healthcare Education?**

3.11 See general comments.

**Question 10. Should the proposed Federation of Healthcare Education adopt the establishment of a Royal College of Healthcare Education as one of its aims?**

3.12 No comment.

**Question 11. Should the proposed Federation of Healthcare Education seek a 'voice at the table' with one or more of the existing overarching healthcare bodies (e.g. the Academy of Medical Royal Colleges)?**

3.13 No comment.

**Question 12. Which healthcare regulators and other organisations should be the primary focus for a Federation of Healthcare Education's interaction and influence? Please check all that apply:**

3.14 We would suggest that all of the bodies listed in the online document are relevant stakeholders but, in line with previous comments, would query whether the Federation would have the remit in the first instance to interact and influence on behalf of members, given the likely variation of views and aims and potential caution around conceding individual involvement and influence in this area in favour of a single health and care voice.

**Question 13. Do you have any further comments about the proposed establishment of a Federation of Healthcare Education? Please share them here.**

3.15 See general comments.

**4. Further information**

4.1 Please get in touch if you would like to discuss any aspect of this response in further detail. You can contact us at:

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