hpc health professions council

Education and Training Committee – 10 March 2010

Service user involvement in the approval and monitoring processes of the Education Department

Executive summary and recommendations

Introduction
In response to the Council for Healthcare Regulatory Excellence (CHRE) performance review in 2007/8, the Education and Training Committee in March 2009 agreed a series of changes to standards and processes to enhance the involvement of service users in the approval and monitoring processes. The Committee also directed the Education Department to conduct further research into the value and effectiveness of extending the composition of the visit panel to include service users. This research was to be presented to the Committee at its meeting in March 2010.

This paper invites the Committee to consider the further research undertaken by the Education Department into the involvement of service users in the approval and monitoring processes with a view to determining if any further action is required.

Decision
The Education and Training Committee is asked to discuss the issues in the paper and reach a consensus in relation to the value and effectiveness of extending the composition of the visit panel to include service users.

Background information
1. CHRE performance review for 2007-08
2. Education and Training Committee 25 March 2009 (item 9)
3. Education and Training Committee 25 September 2009 (item 8)
4. Revised Standards of education and training guidance
5. Approval process - supplementary information for education providers
6. Annual monitoring - supplementary information for education providers
7. Major change - supplementary information for education providers

Resource implications
There are may be resource implications from this paper.

The Education Department work plan for 2010-2011 does not currently include any employee time in relation to recruitment of partners beyond the usual activity to ensure appropriate numbers of registrant partners.

Financial implications
There may be financial implications from this paper.

The Education Department work plan for 2010-2011 currently has not increased the budget to accommodate the size of each visiting panel by 1 member.

Appendices
None

Date of paper
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Introduction
The Council for Healthcare and Regulatory Excellence's (CHRE) performance review of the HPC for 2007-8 identified three areas for development for the organisation, one of which being our processes for ensuring that patients' views are taken account of in our assessment of education providers. At the Education and Training Committee meeting on 25 September 2008, it was agreed that the Executive would investigate this area further.

At the meeting held in March 2009, the Education and Training Committee received a paper for discussion which advised the Executive had sought the views of education providers and visitors and had reviewed the approach taken by other regulators regarding service user involvement. The paper proposed amendments to the guidance on the standards of education and training and the operational processes.

The revised standards of education and training came into effect in September 2009. As part of the consultation and revision of these standards, the encouragement of service user involvement in the design and delivery of pre-registration programmes was specifically included in the guidance for standards affecting programme admissions, programme resources and management, curriculum, and assessment (SETs 2.5, 3.2, 3.8, 4.4, 4.8 and 6.3).

The operational processes, namely the major change, annual monitoring and approval processes were also reviewed to ensure publications for these processes included the encouragement of service user involvement. The major change publication was updated to encourage service user involvement in any changes made to a programme which have an impact on our standards. Reviewed in 2008, the annual monitoring publication already encouraged the submission of audit documents which reference the engagement of service users in its processes.

The approval publication was last reviewed in early 2009 and therefore does not reflect the Committee's directions regarding enhancements to engage service users through the approval process. Specific changes to the publication will be implemented as part of the next review of this publication, which will encourage the submission of evidence to support the engagement of service users. This will be budgeted into the Education Department workplan for 2011-2012. This information will reflect the service user references already contained within the SETs guidance document. Additionally education providers will be encouraged to obtain student written submissions to compliment the standard documentation required from education providers.

These measures to engage service users in the operational processes were communicated to education providers using a variety of methods including:

- the May 2009 Education update;
- a covering letter with revised standards mailout in September 2009; and
- education seminars conducted through the UK from September – December 2009.

The committee also directed the Executive that further research should be conducted into the value and effectiveness of extending the composition of the

visit panel to include service users. These were to be reported back to the Committee in March 2010.

Definition of service user
Throughout the work undertaken by the Education Department, and indeed all functions of the regulator, the terminology in use is a highly contested field. It is important to note that the particular standard CHRE has made its recommendation against uses a differing terminology to that of HPC. The CHRE standard in question is as follows:

"The regulator has a transparent and proportionate system of quality assurance for education and training providers.

Minimum Requirements
ii) Students'/trainees' and patients' perspectives are taken into account as part of the evaluation."

HPC uses the term 'service users' instead of specific terminology such as "patients" or "students". Service users are usually defined as 'anyone who uses or is affected by the services of a registrant'. Using this broader definition is important when considering the pre-registration education context as students train in a variety of settings owing to the diversity of the professions that we regulate and range of education and training models in use by education providers. Individual service users will vary depending on the programme design, the profession, where students are placed and how placements are conducted.

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

- an individual with whom they are working
- the relatives or carers of an individual with whom they are working
- a particular work setting, such as a school or trust

A clinical scientist may consider a service user to be:

- colleagues working in the clinical setting
- a particular patient with whom they may or may not be directly working
- a particular employer in the private setting

A practitioner psychologist may define service users even more broadly across the domains of practice:

- occupational psychologists will work with organisations rather than individuals
- educational psychologists will work with pupils, parents and teachers
- forensic psychologists will generally work for the prison service and with both prisoners and prison staff (though other work settings and service user groups are also prevalent).

These examples are by no means exhaustive of the potential range of service users across the 14 professions. Also, as an individual registrant's practise changes over time, the definition of a service user will also change (eg working in academia or focussing on a particular client group).

At the core of the considerations for the Committee, must sit the variance in definition in the terminology in use in this area. In particular the CHRE standard only makes reference to patients and students and this falls in stark contrast to the wider definition in use at HPC. Though not necessarily prohibitive, the wider definition of service user makes involvement problematic and challenging to ensure that any action undertaken remains meaningful and is not tokenistic.

The aim of this paper is to address the recommendation from CHRE which requires the Committee to consider how "patients" are involved with the education quality assurance process. In order to achieve this aim, the broadest possible definition of service has been used to conduct the research. This is intended to give the Committee a wider view in their considerations of the specific CHRE recommendation around patients.

Definition of service user involvement
Over and above the debated terminology in relation to service users, there is also variance in the methodologies in use to engage service user involvement. These differences arise from the differing definitions of service users and also from approaches to service user involvement. From a regulatory point of view a distinction can be seen in the over-arching model of service user involvement and can be described as two overlapping models.

The first model is the one currently undertaken by HPC following adaptations to standards and processes in response to a number of factors including the CHRE recommendation. In this model, the primary responsibility for service user involvement lies with the education providers. Education providers are expected to design, develop and quality assure their programmes taking into account the views of relevant service users. The regulator uses its standards and processes then to review and quality assure the involvement of service users. Currently HPC standards and processes allow for education providers to optionally include information related to service user engagement as part of documentary submissions for our processes. The Committee may wish to consider how over time and with care that optional status may be changed to become compulsory.

The second model places greater emphasis on the regulator's processes to include service user views in the quality assurance decision making process. This greater involvement can include a number of mechanisms (such as inclusion of service users on visit panels, or meetings with service users at approval visits). The Committee may wish to consider whether this greater involvement of the regulator would be desirable how it could be effective given the contested ontologies and related challenges.

Overview
Given the broad ranging definitions of service users and service user engagements, the research conducted for inclusion in this paper looks widely across the sector and takes multiple approaches. The key consideration of the paper is determining the value and effectiveness of extending the composition of the HPC visit panel to include service users with an aim to meaningfully address the CHRE recommendation. However, the approach taken is to draw on a wide range of data and to refine it to make it meaningful to that key consideration.

Therefore, the research conducted aims to highlight and draw out information to help answer the following questions for the Committee:

- What are the relative merits of the apparent models of service user involvement?;
- Does the engagement of service users on visiting panels increase the effectiveness of the approval process as a measure employed to protect the public?; and
- Is the cost of service user engagement to the organisation balanced or outweighed by the benefit of enhanced public protection?

Sources of Evidence
The evidence base for this work was partially determined by the Committee's decision in March 2009. The Committee agreed that the research undertaken by the Education Department should include:

- An exploration of the arguments for and against the inclusion of service users on visit panels;
- A consideration of the strategic and operational perspectives;
- An analysis of the experience of other bodies who include service user perspectives in their standards or processes;
- A consideration of the implications of the Standards and Guidelines for Quality Assurance in the European Higher Education Area;
- A consideration of the Committee's position on lay visitors; and
- A clear justification of any changes to the regulatory processes balancing the costs against the benefits.

In response to these stipulations of the Committee the following activities were undertaken:

- A consultation with UK regulators, education providers and other organisations interested in the engagement of service users in education;
- A literature review of the involvement of service users in health and social care education in the UK;
- Information gathering from the HPC's Partners department on the financial implications of engaging service users; and
- A review of the implications of further service user involvement on the Education department processes.

Consultation with UK regulators, education providers and other organisations interested in the engagement of service users in education
The collated results from the consultation exercise are presented in tabular form in appendix 1. The contacts engaged for consultation were selected as they represented service user groups or are involved in the delivery, approval and/or accreditation and subsequent monitoring of education programmes. Contacts included representatives from 14 UK regulatory bodies, 20 professional bodies, 17 education providers and 2 other associations for patients and students. Education providers were selected on the basis of their response to the service user section of the revised SETs consultation. This was deemed by the Executive to be an appropriate sample of education providers given the scale of the consultation and that these providers had already expressed an interest in engaging with the HPC on service user involvement.

Representatives from 10 education providers, three professional bodies and three UK regulators responded to the consultation.

The consultation asked stakeholders five questions regarding service user involvement in their own organisation. These were:

1. Which type of service user do you use (eg students, patients etc)?
2. Are there areas within your processes which account for service user input?
3. How do you recruit and retain a pool of service users?
4. How has the inclusion of service users enhanced the function and purpose of your department and/or organisation?
5. Are there any other points of interest regarding service user involvement you wish to inform us of?

These questions were designed to illicit an open flexible response from our stakeholders to explain how they engage service users. This information could then be used to reference the Education Department's position in relation to the information provided and offer further context to address the questions posed in the overview section of this paper.

To support this consultation exercise, appendix 2 has been provided to summarise how organisations throughout the sector have engaged with service users.

Literature review of the involvement of service users in health and social care education in the UK

The literature review is provided as appendix 3 to this paper. This exercise was undertaken to attempt to understand some of the strategic influences in the service user involvement agenda.

Many of the publications consulted reviewed specific examples of service user involvement within certain education providers and professions and outlined methods used for engagement as well as problems faced. However, these reports mainly focussed on the process of engagement and often did not highlight the overall benefit of service user involvement to an organisation. Additionally, very few of the publications reviewed discussed service user involvement in regard to regulation.

Information gathering from the HPC's Partners Department on the financial implications of engaging service users

One important consideration for the Committee (though not an over-riding one) is the resource impact of the potential inclusion of service users on visit panels. In order to allow the Committee to extrapolate the potential financial impact, information was collected from the Partners Department in relation to current partner usage. Partners are the key resource for the Education and Training Committee's ability to effectively delegate the function of attending visits, reviewing programmes and making recommendations in relation to approval

status of programmes. Though not the only operational impact, it was felt that this area deserved specific attention.

A review of the implications of further service user involvement on the Education Department's processes
Following on from the financial considerations, a review was conducted of the Education Department processes to determine what further impacts there might be on operations. Additionally, consideration was also given to the more strategic influences on the operational processes. Here particularly, the Standards and Guidelines for Quality Assurance in the European Higher Education Area become useful in contextualising how service user input is viewed across Europe. Though the guidelines are not requirements, there are many areas for good practise that may be impacted upon by any future changes to the operational processes as a result of service user involvement.

Analysis

The following section of this paper will seek to use the evidence that has been gathered and draw out answers to the questions posed in the overview section of the paper. In responding to the questions, the sources of evidence will be referenced.

What are the relative merits of the apparent models of service user involvement?
This question does not seek to challenge the clear benefits of service user involvement, but instead refine the debate to determine whether education providers or regulators are better placed to utilise service user input. The benefits of service user involvement within the education environment have been well documented (as is apparent in the literature review). These benefits are often based on the increased awareness that students have of the patient experience and how this informs practice. Additional benefits include the value of gathering the consumer view on the healthcare experience. Graduates and employers benefit as the model of a health professional adapts to workforce needs and the trends of practice for each profession.

The consultation responses from education providers gave information about how they engaged stakeholders. From the evidence provided it appears that education providers are already well placed to include service users in the work of their respective institutions. Although each education provider adopted different strategies and methods to engagement, similarities can be drawn from the types of service users engaged and the aims and perceived benefits to their own institutions. An advantage of relying on an education provider's own systems of service user involvement comes from the ability of an education provider to determine their own appropriate definition of service user (as broadly and narrowly as required). This will allow the differences in definition of service users to be addressed at the professional and programme level. However, it is also true that in allowing the definition of service user to be made at a local level there will be significant variance in the uptake and methodologies for service user engagement.

The feedback data from education providers suggested reasons for engaging service users primarily concerned the development of education programmes. Service users play roles in influencing curriculum design and content, assessment, learning resources, career development and professional standards. Interestingly, no indication was given from education providers that service users engaged by education providers were used to quality assure programmes. Instead, they were specifically engaged to provide input into the development of programmes.

Another benefit emergent from education providers taking primary responsibility for service user engagement links to the Standards and Guidelines for Quality Assurance in the European Higher Education Area. In these guidelines (which are not compulsory but illustrate good practice) it is clear in parts 1, 2 and 3 that there is an expectation that external quality assurance bodies of higher education will rely on the internal processes of education providers. This is particularly prevalent in Standard 2.1 which stipulates for the use of internal quality assurance procedures. Interestingly, service user engagement is determined to be of value to external quality assurance agencies but in the development of quality assurance processes and not necessarily their implementation. From an HPC perspective, this type of service user involvement is performed through the consultative exercises in the developments of standards and processes. In standard 1.2 the expectation is set for education providers to involve external stakeholders in their quality assurance mechanisms. No particular mention is made to service users, but it is clear that education providers are expected to look widely for feedback from relevant bodies.

Across the regulators, the engagement of service users continues to expand as the role of the service user is continually redefined and its input into the regulatory process is continually assessed. Primarily, regulatory bodies engage service users to perform quality assurance functions. This comes in the form of either development in the quality assurance process or in the case of two regulators as a result of service users being involved in the implementation of the quality assurance process. Notably, many of the regulators who do not involve service users in their approval processes have not responded to the consultation exercise.

A benefit of increased regulatory control over service user involvement is increased uniformity of service user views affecting the design of education programmes. It is challenging however to state definitively though that the variance in service user involvement is not symptomatic of the variance between professions and programmes.

Does the engagement of service users on visiting panels increase the effectiveness of the approval process as a measure employed to protect the public?

The question above highlighted that there are notable benefits stemming from service user involvement in the design and quality assurance of education. However, these benefits need to be qualified against the function of a regulator. Though it cannot be argued that service user involvement is not a worthwhile activity (the published evidence indicates the opposite) there may be room within

the debate to consider what benefits service users bring specifically to mechanisms for public protection.

Currently the HPC requires applicants to the register to meet the standards of proficiency at a minimum threshold level. In doing so, the HPC can be satisfied the registrant is safe and effective to practice and that the public are protected. The approval of education programmes leading to eligibility to apply to the register provides one route to the Register. The standards of education and training are set at a threshold level and once met ensure that an individual successfully completing an approved programme meets the standards of proficiency and in turn ensure the public is protected.

Visitor judgements are based on the standards of education and training and standards of proficiency. Visitors provide professional judgements based on their clinical and education experience. The involvement of service users in this decision making process will require consideration of how new members of the visiting panel will interact with this method. Service users, owing to their diversity will bring very different backgrounds in terms of experience and understanding of regulation, the professions and the use of standards in decision making processes. Resources can be directed into ensuring uniform understanding and abilities in any service user visiting panel members and this will be discussed later in the paper. However, before undertaking any resource intensive work, it is important to consider what improvement service user involvement will have on the approval process's effectiveness to protect the public.

From the literature review, there are clear indicators that service users bring benefits to all parties. In particular, there is evidence to suggest that student's practice is enhanced by interaction with service users and that this will have a rolling benefit to future practise. However, there is no clear evidence from the literature review that service user involvement in quality assurance was required for the purposes of public protection. In much of the literature it is apparent that the purpose of service user involvement is to enhance practise rather than quality assure it.

This pattern was also present in the consultation feedback from other regulators, education providers and professional bodies. Again, returning to the debate around the definition of service users, it is clear to see that the differing types of service users offer different roles in the quality assurance processes. Although clinicians, mentors and academics often collaborated with patients/clients and students in the development and delivery of programmes, they contributed to these processes from different viewpoints.

The consultation highlighted the types of information to be obtained from service users focused on three main areas:

- service (experience of patients, clients, relatives receiving health services);

- academic (students, education providers, mentors, application of professional judgement); and

- professional (clinicians, good practice, application of professional judgement.)

Service users are relied upon for activities related to the design, delivery and development of programmes and quality assurance processes. In some case the implementation of quality assurance procedures may also utilise service users. For the former, a wide definition of service appears to be prevalent in education providers, professional bodies and regulators. However, in the latter, (and crucially the area CHRE's recommendation appears to be directed) the terminology of service user is generally more restricted to students and service colleagues. Of note is the fact that two regulators do involve lay members on their equivalent to visiting panels. But this is currently less typical across the wider sector. It is apparent that the types of contributions that the differing service users contribute have led to differing applications. For example, the academic and professional judgements highlighted above appear more relevant to the quality assurance methodology of standards being applied objectively. Whereas, the experiential contribution of some service user groups has been used mainly to enhance and develop programmes, professional standards and quality assurance processes.

It is possible to extrapolate that a pattern emerges showing that the differing viewpoints of differing service users have differing impacts on public protection. It is apparent that in the main other regulators and professional bodies rely more on professional judgements in determining if professional standards are met whilst education providers rely dually on professional judgements in quality assurance and service experience from service users in designing programmes and producing individuals who exceed the .

Is the cost of service user engagement to the organisation balanced or outweighed by the benefit of enhanced public protection?

It is important to note that this question does not seek to give the cost implications of service user involvement primacy in the debate, but rather to allow an objective view of the costs and benefits of service user involvement on visiting panels.

In order to explore this question further, evidence was gathered regarding the costs incurred and challenges currently experienced from recruiting partners to the organisation. As of February 2010 the organisation had a total of 465 partners fulfilling 658 roles across the organisation. The yearly costs incurred by the Partners Department to recruit and train one new partner are as follows:

Table 1 – Cost to recruit and train partners

Cost area	Average cost per partner (£)
Recruitment	150.00
Training – Travel and Accommodation	150.00
Training – Service Fee	180.00
Total	480.00

Partners undergo refresher training on a bi-annual basis and therefore the on-going costs to the department amount to approximately £330.00 per partner per year. The Education Department currently have 172 visitors appointed to conduct approval and monitoring work. The operational costs to the Education department to appoint visitors to perform approval process work are as follows:

Table 2 – Approval visit cost per year

Financial year	Actual cost (YTD)
2007-2008	£79,556
2008-2009	£80,138
2009-2010	£58,617

These costs are not inclusive of costs incurred to provide travel, subsistence and accommodation for visitors conducting approval work. These costs are also not inclusive of the costs incurred with appointing visitors to conduct annual monitoring and major change work. It should also be noted the YTD figure for the current financial year is current as of 31 December 2009. From the data above the average cost to the organisation to recruit, train and appoint one partner to conduct operational approval work within the Education Department is as follows:

Table 3 – Average cost to recruit, train and appoint one visitor

Cost areas	Average costs
Recruitment	150.00
Training – Travel and Accommodation	150.00
Training – Service Fee	180.00
Approvals work	465.00
Total	**945.00**

The average cost of appointing partners to the organisation of £945.00 does not account for additional costs incurred as part of the approval process within the Education Department, and additional operational costs incurred by the Partners Department to conduct its activities. If factored in, the potential average costs could potentially be over £1000.00. Any future engagement of additional service users as partners to the organisation will need to consider these costs, particularly given the wide range of service users identified earlier in this report.

In recruiting and retaining the current pool of partners to the organisation, which represent 14 health professions, the Partners Department cited a number of challenges which are regularly encountered. Firstly, to recruit partners, the department must communicate effectively with representatives from the profession. Commonly, advertisements are placed in a variety of areas including professional body publications and other associated bodies (by recommendation) and through recruitment in the national press. Additionally, the Education update is used to specifically recruit partners within education environments. Considerations need to be given to the circulation numbers and timings of advertisements. A clear strategy and plan of implementation is usually formulated and adopted. This poses a particular challenge for the engagement of service users. Currently, none of the strategies used to recruit professionals

are appropriate to the recruitment of service users. Consideration would need to be given to how the HPC could successfully engage with groups such as students and patients to inform potential candidates of available partner roles as a service user.

Another challenge faced in the recruitment of partners is the criteria used to assess applications and short-list. Currently the recruitment of health professionals requires applicants to be registered with the HPC as the main pre-requisite. Additional considerations are given to the working history of candidates on a case by case basis in short-listing candidates. Similarities between lay partners and service users could potentially be drawn. Lay partners are appointed to fitness to practice panels with the HPC. However, the criteria for appointment rely heavily upon the work history and experience and candidates are assessed on a case by case basis. Again, although service users can also be considered lay, their potential recruitment and appointment to visiting panels would be based on new and differing criteria that would need to drawn up carefully.

The training delivered to new and existing partners is based predominantly on the existing operational processes of the department. The training is designed to effectively facilitate sound professional judgements in the application of HPC standards. The training needs of service users would need to be considered differently from the current needs of Partner visitors. Specific training would need to be designed to ensure the input service users are being engaged to supply and to ensure that the existing partners interact successfully with a service user representative.

Another challenge to maintaining a pool of partners lies in effectively assessing their performance in the roles they are appointed to. The system of appraisal is based on the value added by the activities of the partner in relation to the role they are fulfilling. Current performance appraisal techniques include a peer review system which allows partners to assess each other alongside an organisational assessment. Additional development would be required to the Partner performance review mechanisms with the inclusion of service users into the pool. It is relatively common practice to engage in peer review or appraisal amongst the current partner population. However, with the potential diversity of a pool of service users it is possible to imagine that significant numbers will require additional training or amended processes to ensure appraisals are effective.

Responses from the consultation suggested service users were recruited from a variety of areas using differing methods depending on the type service user being engaged. These recruitment areas included professional and academic networks, database records and regular contact with stakeholders, NHS collaboration with education providers, national press, appointments commission, programme cohorts, clinical practice settings, publications (monthly newsletters), professional events, training involvement (GSCC), local community networks, the expert patients programme and the council for voluntary services. Again, the variety of methods reflects the dynamic nature with which service users are engaged. Reliance upon local, professional and placement networks to engage specific groups, namely patients, clients and clinicians was noted. Regulatory and professional bodies relied more on formal recruitment strategies

(advertisements within publications and national press) targeted to professional and academic networks to engage service users.

The method of recruitment varied from permanent appointment to a defined role to engagement of service users on an ad-hoc basis depending on the work to be completed and service user input needed within different institutions. Service users either volunteered their services or were employed on a contractual or permanent basis. Again, this variance is expected given the different types of service users and the differing roles and activities conducted. The activities conducted by the regulatory and professional bodies were usually associated with permanent / contractual arrangements with service users. Ad-hoc engagement was usually associated with the service users interacting with education providers.

Recruitment and retention also relied on the use of incentives for service users to engage with education stakeholders. Service users tended to engage with institutions for a variety of reasons, including extending their professional and academic networks, expand the application of clinical experience to the education setting, to share experiences with other users and to improve services within a local setting. Within all three stakeholder areas, service users were also encouraged to engage through payment for services. Again, this payment was dependant on the work conducted and could include regular contractual arrangements or ad-hoc payments for ad-hoc service user engagement. Training was also highlighted as another method of retaining a consistent pool of service users along with clear policies and strategies to govern service user involvement. In particular the importance of collaboration within different faculties of education providers was highlighted to reduce the burden of engagement to service users and to ensure continuity of users where possible.

The Committee may wish to consider these resource impacts, both predicted and gathered from the experience of other bodies, and contrast them to the information provided in response to the first and second questions related to the impact of service users on the business of public protection.

Conclusions

It is clear from the work undertaken that the definition of service user must be the first debate for the Committee to engage in. There seems to be an assumption in the CHRE standard that patients and students will be the only service users affected by education programmes and registrants. The HPC definition is broad to allow accurate representation of the range of professions and activities they undertake. This disparity requires the Committee to consider which service users any future involvement should include. The Committee may find terminology such as “end user” helpful to move the debate forward.

Though there are clear benefits emergent from service user engagement in both the literature and experience of other bodies, there does not yet to seem to be clear links between service user involvement and enhanced protection of the public. In considering future stakeholder engagement, the Committee may find it useful to consider the threshold nature of the standards that are used for the purposes of public protection and whether or not service user involvement fits well with the approach of the organisation.

The resource implications that emerge from predictions and the experiences of other bodies are significant and therefore there is much to suggest that if any further action is to be taken that it must be done along appropriate time scales and may have an impact on the financial plan over the next five years. It is important to note though that if the Committee feels service user involvement is directly linked to the Council's ability to protect the public that the financial considerations must only ever be secondary.

There are benefits and disadvantages to both of the apparent models of service user engagement. The model relying on education providers is advantaged by the fact that the specific service users can be selected to be appropriate to the programme with much more ease and also that the reliance on education providers' own systems is more in-keeping with the internal and wider agenda of reducing the regulatory burden on education providers. The disadvantages primarily stem from the risk of a lack of uniformity in uptake by education providers, but this could be mitigated by strengthening requirements in the standards of education and training and operational processes. In regards to the model that relies more greatly on regulatory involvement, it is clear that one key advantage of this approach is increased control of the use of service users in the decision making process. This would appear to lead to benefits for many stakeholders in the education quality assurance process. However there is no apparent direct link between public protection and service user involvement and that raises into question the efficacy of engaging in a resource intensive process both for the organisation and education providers.

Considerations for the Committee

The Committee may wish to use the following headings and questions to assist their deliberations:

- Which definition of service users does the Committee wish to use?
- To what extent is service user involvement linked directly to public protection?
- Which model of service user engagement does the Committee consider to be most suitable to ensure public protection?
- Which model of service user engagement does the Committee consider to be most proportionate to the impacts on the organisation and education providers?
- Are the current arrangements relating to service user requirements in the standards of education and training and approval and monitoring processes sufficient?
- Does the Committee require any further work from the executive before making a decision?

Appendix 1 - Consultation Results

Regulators

Organisation	Which type of service user you use?	Are there areas within your processes which account for service user input?	How do you recruit and retain a pool of service users?	How has the inclusion of service users enhanced the function and purpose of your department and/or organisation?	Any other points of interest?
Nursing and Midwifery Council (NMC)	• Employers/Service Providers/Educators/ Mentors in Practice • Students • Supervisors of midwives • Local Supervising Authority Midwifery Officers • Patients/Clients/Carers	• Monitoring processes encourage feedback from su – standard which is difficult to enforce and results are variable • Quality Assurance review plan includes requirement for education providers to evidence service user input to programme development and delivery.	• Recruit lay involvement for specific projects through the national press and the appointments commission • Keep records of service users for future engagement purposes	• Enables evaluation of the outcomes of NMC work and ongoing quality • Delivers commitment to working in open and transparent ways.	• At organisational level mainly engage service users through policy and consultation • Involved service users throughout the development of revised standards for pre-reg training (consultation)
General Social Care Council (GSCC)	• Users of social services • Carers	• SU (visitors) work along side Inspectors to report on the degree in social work and make recommendations about approval of ep's awarding the degree	• Recruited from people who were supporting social work training at their local universities	• No formal evaluation of the value they bring to organisational processes	
General Optical Council (GOC)	• Visitors	• Visitors to panels	• n/a	• n/a	• Conducts approval like visits but do not have service users involved in this process

Education providers

Organisation	Which type of service user you use?	Are there areas within your processes which account for service user input?	How do you recruit and retain a pool of service users?	How has the inclusion of service users enhanced the function and purpose of your department and/or organisation?	Any other points of interest?
Universty of Cumbria, Occupational Therapy Department	• Student/staff liaison committee • School quality meeting via student forum (less formal) • Stakeholders from SHA via meetings and audit returns • Clinical managers & practitioners • Consult with service users [patients] at weekly clinics • Service users contribute to programme delivery by participating with lectures & workshops	• See Q1 - service users contribute to programme delivery by participating in lectures and workshops	• Maintain list of people willing to assist with teaching or sit on committees - either regularly or ad hoc. • Have had debate ‘who is our service user?’ as could be the students, employers or funding body, as well as patients who are the ‘end users’ • Keep lists of clinicians who can contribute to programme delivery and development	• Significantly. We need to train students who are able to be responsive to both market and individual needs – and we must know what these are – and how they change over time. • They continue to contribute to delivery on a regular basis.	n/a
The Open University	• Students	• Elicit feedback by a number of surveys at various stages in the course life	• Surveys are sent to all members of identified relevant populations. • Response rates vary but are generally >50%	• Material is more student-friendly and can be better tailored to general needs	• The time scale of production of distance teaching materials allows time for input from students, but only at specified times in the life cycle.

Organisation	Which type of service user you use?	Are there areas within your processes which account for service user input?	How do you recruit and retain a pool of service users?	How has the inclusion of service users enhanced the function and purpose of your department and/or organisation?	Any other points of interest?
Teeside University	• Patients • clients of health & social care services • carers • representatives of charities • patient stories used from internet • DVDs commissioned, produced by theatre group, run by people with disabilities	• teaching. Esp at pre-reg level, people discussing their experiences • recruitment –in advising on attributes for future health professionals • assessment – some patients/SU involved in assessment. Under-development • approval events & curriculum development • narrative archive – record user/carer stories particularly from seldom heard groups	• Employ part time project worker for SU & carer engagement who seeks out appropriate people. • Maintains database of SU & carers involved with school • Some teaching staff also have contacts from previous clinical work who they involve in their teaching • Developed clear payment policy for people attending meetings and teaching.	• Response from students & staff v positive (see saved response in project folder for examples of feedback) • Developed good practice guidelines for involving SU & carers in approval events & inter-professional learning event with all pre-registration students that has a focus on SU & carer engagement in first year.	• School has SU & Carer Engagement Sub-committee with action plan included in School's Learning, Teaching & Assessment Strategy. • Academic staff member represents School externally on topic & is a Centre for Excellence in Teaching and Learning Fellow for 'People with Experience' and links with the other North-East universities to share ideas and developments re this.
Bangor University *School Health Sciences*	• Patient/public • Students	• Classroom involvement – SU talk to students • Committee involvement – SU involved in number of committees eg teaching & learning, curriculum development	• NHS Trusts work in partnership with University to recruit & allow uni access to their current volunteers • Payment dependant on classroom or committee involvement		• See more detailed notes in saved response (also discusses SU coordinator)

Organisation	Which type of service user you use?	Are there areas within your processes which account for service user input?	How do you recruit and retain a pool of service users?	How has the inclusion of service users enhanced the function and purpose of your department and/or organisation?	Any other points of interest?
ODP programmes *OT programmes*	• ODP • Recovery nurses • Surgical nurses • Anaesthetists • Students • Carers • clinicians	• Involvement programme processes – regular meetings to discuss day to day issues • The latter group deliver sessions for the programme • discuss issuing relating to programme – feedback, validation panels	• Theatre Manager nominates individuals who are then assessed by programme team • SU recruited from suggestions from students eg contacts from placements etc • recruited through charities • list of clinicians who can be contacted	• Invaluable at enhancing function of prog/dept	• Want to involve SU even more – give students feedback at end of PBL, students facilitate discussion forums with SU as part of PBL group discussion in hope of better engagement of students in this activity
Bangor University *School of Psychology*	• People Panel has remit of increasing SU involvement within programme • SU = 'clients' & some carer involvement	• Teaching – share personal experience of involvement with individuals with mental health issues • Selection – People Panel rep on Selection Committee, participate in interviews & short listing • Committee Rep – Rep from People Panel attends Comm meetings • Trainee involvement – trainees invited to join People Panel, try and increase collaboration	• Members from People Panel recruited from contact with local trust clinicians, who have nominated individuals	• People Panel make positive & valuable contribution to overall planning, monitoring and programme delivery	

Organisation	Which type of service user you use?	Are there areas within your processes which account for service user input?	How do you recruit and retain a pool of service users?	How has the inclusion of service users enhanced the function and purpose of your department and/or organisation?	Any other points of interest?
University of Bradford	• Staff (ethical problems) • Students (ethical problems) • Service users and from local community (to obtain a diverse understanding of service user and carer experience)	• Annual monitoring reports contain specific question regarding su activities. • Currently inviting su and carers to comment on content for future undergraduate programmes • Su and carers evaluated • SU and carers involved in selection process of students applying for health and nursing programmes • Advisory group of su and carers to formed to meet with School every 2 months to discuss ideas and projects. • Sustained effort to engage and develop links to seldom heard groups.	• Academic staff – links with su and carers. Recruited through contact in practice or with voluntary orgs. Module /PL responsible for briefing and support. • Sept 09 – school employs full time academic service users and carer lead who meets with staff to indentify specific individuals or organisations. Developed links with local trusts, the PCT, Social services and patient groups. • Preparation day conducted for su and carers prior to conducting admissions and selection of students to programme.	• Collaborative approach with SU in HEI provided excellent opportunity for students to develop skills and knowledge to partner in practice • Addressed mobility issues for SU which has driven consideration for disabilities within institution • Involvement of SU in meetings, conferences helping to address process, structure, aim to be inclusive. • Developing strategies for sustainability when developing paternerships in community.	• Developed SU strategy, further development conducted at strategic level • Developed SU pay policy (includes rates for reimbursement) • Mandatory involvement of SU in 3 assessments of UG prog from 2011. • SU regular contributors offered honorary contracts (access to Library and IT and Uni events) • Room with 2 PC's and printer for SU use – move of premises in 2011 with new room dedicated to SU. • Reference to difference in SU engagement – SU experiences to enhance learning.

Organisation	Which type of service user you use?	Are there areas within your processes which account for service user input?	How do you recruit and retain a pool of service users?	How has the inclusion of service users enhanced the function and purpose of your department and/or organisation?	Any other points of interest?
Sheffield Hallam University	• Individuals who have experienced using services • Engage communities to address issues of wellness and resilience, insights into different ways of being – Gypsy and Travelling communities. • Groups of SU seeking support of peers and fellow suffers – collective points of view	• Provision of placements for students • Provision of inter-professional placements • SU evaluate student performance and feedback through email • SU involved in design and preparation for new programmes • SU involved in organisation of events – 'International Day of Disabled People' • SU experiences capture in digital stories – informs students of experiences of health and illness without being burdensome on su • SU attended drama production portraying aspects of mental health and resilience.	• Role: Faculty Lead for Service user and Carer involvement. • Substantial budget allocation • SU paid for input • SU collaboration across institution – reducing attrition and enhancing retention • Support SU to attend conferences and training events	• Strong support at all levels for SU engagement with institutions • Wider engagement of SU's across all programmes • High regard for SU input indicated by students – positive impacts on student attrition and evaluation	• Complexity of pay regulations for su is problematic. EP to streamline process for remuneration and seek wider consultation across HEI to seek degree of consistency between neighbouring EP's.

Organisation	Which type of service user you use?	Are there areas within your processes which account for service user input?	How do you recruit and retain a pool of service users?	How has the inclusion of service users enhanced the function and purpose of your department and/or organisation?	Any other points of interest?
Northumbria University	• Student representation • SU sourced from local community and professional networks	• Sub-committee organises one 'key issues' workshop per year – develops a number of project proposals in the area of su involvement which are fed through to staff of programmes • School wide database of involved organisations and individuals • Living books project – su stories to tell • Students sit on Central University Committees • Student Course representatives fully involved in programme and course committees. Processes and student representation support feeding back into programme and curriculum design	• New role – Service User and Carer champion for each programme – feed information into sub-committee as quality audit • Sub-Committee has three active service user carer members who are paid with reimbursement • Students receive training from student union		• Making it happen manual • Making it Real – pre-registration health curriculum revalidation • People with Experience work stream • Better, Safer Care • CSP Project • CETL4HealthNE literature review recommendations • Further reading references

Organisation	Which type of service user you use?	Are there areas within your processes which account for service user input?	How do you recruit and retain a pool of service users?	How has the inclusion of service users enhanced the function and purpose of your department and/or organisation?	Any other points of interest?
Canterbury Christ Church University	• Patients • Clients • Carers • Relatives • Students • Clinical staff and managers involved in learning	• SLT, OT, RAD involve patients in face to face teaching • Service user forum in faculty of Health and Social Care – advisory role for IPL • SU representation on Programme Management Committee – evaluate progress and standards • Students, clinical staff, managers involved in quality audits performing differing roles – student feedback, representation on programme committees • Faculty Placement Group SU reps from local network • Informal SU involvement in operational process • ODP – su invoved in student interviews recruitment	• Student reps selected from each cohort • Clinical managers engaged on individual bases to participate in review nad monitoring, validation development, prep and event • Collaborative forums at different levels – formal and informal network but difficult to attend by service colleagues • Patients/clients recruited on individual basis from academic contacts on clinical practice (more effective than efforts to engage groups associated with NHS)	• Enriched learning experience for students • Patient/client involvement helped integration of learning within practice • Currency and validity to practice/academic interface (through clin involvement) • Student voice essential to smooth and effective programme delivery	• Student union input to students as services is new • SLT Conversation Partner Trainging – prolonged contact between students and health-su – depth of understanding for students for lived experience

Organisation	Which type of service user you use?	Are there areas within your processes which account for service user input?	How do you recruit and retain a pool of service users?	How has the inclusion of service users enhanced the function and purpose of your department and/or organisation?	Any other points of interest?
Institute of Biomedical Science (IBMS)	• Students • Academics • Trainees • Engagement with su mainly through activities of members through activities of the council, advisory panels, visiting external panels • Indirectly as registrants engaged in areas of biomedical science • Patients engaged indirectly through changes to practice	• Degree accreditation • Indirectly through development of pb standards and guidelines informed by su requirements and best practice • Academic reps on the IBMS Education and Development Committee	• Academic staff engaged across the UK that are informed of requirements for IBMS accreditation. • Liaison officer contained with IBMS accredited universities to disseminate information	• Academic input in the accreditation process ensure to ensure appropriate application of standards. • Academic rep on IBMS Education & Dev committee develops criteria and shapes policy	• Members represent the interests of their own su's through engagement with IBMS – ensure appropriateness of guidelines, policy and support are in best interests of those affected by registrants.
University of Greenwich (PG Dip SLT)	• People with communication difficulty	• SU Interviewing prospective students applying for the programme • SU teaching about the impact of disability as either parents of children with disabilities or as people who have experienced speech and language therapy	• Recruitment through local contacts within the area	• Feedback from students is positive and team feel the inclusion of service users in selection process enhances this.	•

Organisation	Which type of service user you use?	Are there areas within your processes which account for service user input?	How do you recruit and retain a pool of service users?	How has the inclusion of service users enhanced the function and purpose of your department and/or organisation?	Any other points of interest?
University of Exeter (BSc RAD)	• Students • Service Heads • Patients	• Steering group – includes service heads • Student – staff liason committee – student elect reps sit on this • Student reps at learning and teaching committee, school meetings • HEA Funding Project – one to one interviews with patients then acted by actors to make video clips • Service heads and patients also present in lectures	• Patients recruited from poster advertisements, the expert patients programme and Council for Voluntary Services • Professional partnerships with SHA, students	• Steering group ensures graduates remain fit for practice in current job market • Patients provide powerful insight for students of life perspective	• Public access to course module descriptors, student and staff handbook

Professional bodies and other organisations

Organisation	Which type of service user you use?	Are there areas within your processes which account for service user input?	How do you recruit and retain a pool of service users?	How has the inclusion of service users enhanced the function and purpose of your department and/or organisation?	Any other points of interest?
British Dietetic Association	• Members within different membership categories	• Consultation process encourages participation – members are asked for comment on BDA Publications • Members populate Council, Boards Committees, Task and Finish groups	• Recruitment conducted on personal approach through contacts • Articles within monthly publications, fortnightly newsletter to members • BDA participation promoted at profession events	• Participation of members key and drives our strategy and policy	• Recently undergone review to improve efficiency and access members have to activities – embracing new technology
NHS Education for Scotland (NES)	• NES Young People's Public Partnership Forum (PPF) • provides ongoing input into development of education for staff working with children & young people • 13 members aged 15-20 yrs	• Development of Health Board practice placement experiences with SU & carers • Supporting SU & carers to mentor/support AHPs while on placement. Will involve prep of SU & carers as mentors • SU & carers as assessors of communication & IP skills both at undergrad & postgrad levels			• See saved response in project folder for more detailed response
British Association of Arts Therapists	• Rep from each training college on elected Council	• CPD events involve service user organisations in the delivery			• No active policy on engaging with clients but starting to look at. Discuss at next Council meetings

Appendix 2 - Overview of service user involvement across sector

Name of organisation	Composition of visiting teams	Involvement of groups during the visit
General Chiropractic Council (GCC)	Visit teams do not include a lay member or a student visitor.	Visit teams talk directly to students. Visit teams do not meet with patients.
General Dental Council (GDC)	Visit teams do not include a lay member or a student visitor.	Visit teams talk directly to students. Visit teams evaluates patient feedback where it is available
General Medical Council (GMC)	All GMC visit teams include a lay member visitor and a (medical) student visitor.	Visit teams talk directly to students. Visit teams evaluates patient feedback where it is available
General Optical Council (GOC).	Visit teams do not include a lay member or a student visitor.	Visit teams talk directly to students. Visit teams do not meet with patients.
General Osteopathic Council (GOsC)	Visit teams do not include a lay member or a student visitor.	Visit teams talk directly to students and employers. Visit teams do not meet with patients.
Nursing and Midwifery Council (NMC)	Visit teams do not include a lay member or a student visitor.	Visit teams talk directly to students. Visit teams do not meet with patients.
Pharmaceutical Society of Northern Ireland (PSNI)	RPSGB takes the oversight and quality assurance of pharmacy education on a UK wide basis.	RPSGB takes the oversight and quality assurance of pharmacy education on a UK wide basis.
Royal Pharmaceutical Society of Great Britain (RPSGB)	All RPSGB visit teams include a lay member (which will be a patients' representative, a senior member of another health or social care profession or an expert educationalist).	Visit teams talk directly to students. Visit teams do not meet with patients.
General Social Care Council (GSCC)	GSSC's regional inspectors visited at least one of the service user networks in their region to discuss how they have been involved in approved programmes.	Annual monitoring reports require education providers to detail how service users have been involved in all aspects of approved programmes. GSSC sent a short questionnaire to 41

Name of organisation	Composition of visiting teams	Involvement of groups during the visit
		service user organisations across England asking about their involvement in approved programmes.
Quality Assurance Agency (QAA) Institutional audits (England and Northern Ireland)	The QAA is currently consulting on the inclusion of student members in institutional audit teams, with a view to implementing any necessary changes from the academic year 2009-10 onwards.	Students are invited to prepare a written submission to brief the audit team. This submission is voluntary. Students are invited to preliminary meeting. Visit teams talk directly to students. Visit teams do not meet with patients or employers.
Quality Assurance Agency (QAA) Institutional audits (Wales)	Visit teams do not include student members	Students are invited to prepare a written submission to brief the audit team. This submission is voluntary. Students invited to preliminary meeting. Visit teams talk directly to students. Visit teams do not meet with patients or employers.
Quality Assurance Agency Scotland (QAA Scotland) Enhancement Led Institutional Review (ELIR)	All ELIR visit teams include student reviewers as full members.	Students are invited to annual meetings. QAA Scotland anticipates that institutions' submissions are produced in collaboration with its students. Visit teams talk directly to students. Visit teams do not meet with patients or employers.
Quality Assurance Agency (QAA) Integrated quality and enhancement review (IQER) (England)	Visit teams do not include student members.	Students are invited to prepare a written submission to brief the audit team. This submission is voluntary. . Students are invited to preliminary meeting. Visit teams talk directly to students. Visit teams do not meet with patients or employers.
Postgraduate Medical Education and Training Board (PMETB)	All PMETB visit teams include two lay member visitors and a (medical) trainee.	Visit teams talk directly to students. Visit teams do not meet with patients.

Appendix 3 – Literature review

As well as consulting with various stakeholders, research on service user involvement was conducted via literature review. Many of the publications consulted reviewed specific examples of service user involvement within certain education providers and professions and outlined methods used for engagement as well as problems faced. However, these reports mainly focussed on the process of engagement and often did not highlight the overall effect of involvement and as such meant their content was not always relevant to this research. Additionally, very few of the publications reviewed discussed service user involvement in regulation which, again, impinges on their relevance to this research.

The Current Landscape for Service User Involvement

Harrison (2002) stated that the issue of service user involvement needs to be become part of everyday practice. Related to this a large amount of work has been conducted by various bodies to promote the participation of service users and carers in education and training. To support this The Department of Health (DH) published their 10 year guide that stresses service user involvement in the development of services and the education process and have also provided funding for a number of different projects (Department of Health 2005). These include money given to Skills for Care to commission training programmes and learning materials to support service user involvement in social work education.

The Scottish Government Health Department (SGHD) has stated they are committed to listen and learn with and from those who use the NHS ie service users and to therefore deliver on the agenda set out in 'Better Health, Better Care'. To ensure this is achieved the 'Better together: Scotland's Patient Experience Programme' seeks to support the NHS to ensure this is at the heart of all service delivery and design. Additionally, the NHS Education for Scotland (NES) Allied Health Professions Practice-based Education Facilitation (AHP PEF) programme ensure service users and carers are involved in the development and delivery of this three year programme.

The input of service users is also heavily relied upon within mental health education with the Health Care Commission (2005) and Sainsbury Centre for Mental Health (2006) supporting the collaboration between services and service users (Leckey *et al*., 2008).

Types of Service User

The type of service users used by different bodies and between professions varies. The GSCC refer to service users [patients] and carers and encourage their involvement in degree education. Additionally, many universities have students taking a central role in quality arrangements. It is worth noting that students are included in the HPC definition of service users however, education providers usually do not classify them as such. Nevertheless, their increased involvement in quality assurance in higher education is an aim for many organisations including Universities UK, GuildHE and the QAA (HEFCE, 2009). Related to this 'student participation in quality Scotland' (sparqs) was set up to assist and support students, associations and institutions to improve the effective engagement in quality assurance and enhancement in institutions across Scotland.

Reasons for engagement
The trend for organisations and education institutes to involve service users in their processes has greatly increased in recent times allowing patients to have an active rather than passive role in areas such as health education. There are a number of drivers for this shift in involvement and have been discussed by Ferrell *et al.* (2006). One such factor can be referred to as 'social accountability' or 'academia in the community' and signals recognition by academic institutions of the importance of partnerships with communities they serve. Good practice care of an individual patient also drives for an increase in patient involvement as it is important for learners to be provided with an opportunity to encounter an individuals' voice in situations that ease the power balance between patient and professional. Governments have promoted service user involvement in health care and identified it as an important component in patient safety. Therefore, health care reform and the themes than run through its objectives – patient autonomy, patient partnerships, user involvement etc – promote the use of service users in healthcare education. An additional, obvious, factor is curriculum changes with many bodies stating the importance of students having a good understanding of patients' experience of illness. Finally, consumer movement has led to patients being more actively involved in healthcare education. This has developed as patients, consumers, carers and families have become united by their dissatisfaction with various aspects of healthcare, forming self-help and pressure groups to influence patient care.

How service users are engaged
The General Social Care Council (GSCC) published a report on how social work degree courses involved service users and carers and reported that service users were involved in many different aspects of education. One such aspect was selection where service users were involved in developing the selection procedures, short-listing, devising interview questions and topics for group discussions among other activities. Service users were also highly involved in social work degree design and development with activities ranging from curriculum planning and attendance of validation events. In some cases service users were involved in teaching and delivery examples of which include their engagement in direct sessions with students and acting as guest lecturers. Service users also contribute to teaching material by providing case studies. The GSCC (2003) also reported service users had involvement in practice learning, assessment of both practice learning and institute based learning and of monitoring, review and evaluation. Additionally, service users were used during consultation and decision making processes. The involvement described by the GSCC is by no way exclusive to social work and these examples are typical across many professions and organisations. Indeed Ferrell *et al*. (2006) highlighted the areas that service users participate in education. These categories include patients as teachers including mentors and patient narratives, their involvement in health research, curriculum development, community-university partnerships and improving health services.

The strategies to initiate and develop participation of service users and models of involvement have also been discussed (Little *et al*., 2009). These include the appointment of a dedicated project leader/development worker, contracting out to local service-user led organisations, establishing service user forums and groups as well as using regional networks which involves universities working together across a geographical area who pool funds and other resources.

However, it has been noted that some difficulties exist when it comes to service user engagement and there can be an issue that while service users are keen to be involved, staff may be unsure about their level of involvement and how to effectively utilise this (Social Care Institute of Excellence, 2007). Different professionals can often have different understanding of the involvement of service users. Additionally, conflicts of interest also exist between service users and service providers where their agendas do not always coincide (Leckey *et al*., 2008).

Service user input into education

NES involve service users in allied health profession practice education with the view that this will develop AHPs with enhanced communication and interpersonal skills that form the basis of high quality services. This involvement includes a number of projects one of which involves the development of a health board practice placement experiences with service users who will feed back to placement educators the quality of a students' communication and interpersonal skills as well as developing a 'day in the life' experience for pre- and post-registration AHPs. Other projects include supporting service users to mentor/support AHPs while on placement experience and training service users to work as assessors of student communication and interpersonal skills.

Recruitment and retention of service users

The GSCC (2003) discussed the common methods universities use to recruit service users. They found funding was used to reach out to service user groups in a variety of ways including publicity, letters, newsletters, questionnaires, meetings, visits to service user groups and drop-in sessions. The importance of adequate preparation of service users was stressed and pointed to numerous actions including the design and availability of training, developing good practice guidelines/protocols and prioritising areas of involvement and taking a planned, stages approach (Little *et al*., 2009). These points were also highlighted by Ager *et al.* (2005) who stated each university should work with service users and carers to develop a written set of values, principles and practices and that service users should be offered support and training opportunities to promote their involvement in education. The GSCC (2003) also discussed the strategies used to maintain involvement and relationships with service users. These include good preparation, support and de-briefing and to provide on-going support such as a coordinator for regular contact and buddy systems (Repper and Breeze, 2004). The importance of service users being respected as 'key partners' alongside educators, practitioners and employers has also been highlighted (Ager *et al.,* 2005)

In the grants provided by the DH to promote service user involvement in social work education a certain proportion of this is used to pay service users for their time, expertise, travel and other expenses. Indeed this payment is seen to be essential to maintain support and involvement of service users across professions for a range of activities (Ager *et al.,* 2005).

Benefits of service user engagement

It has been widely highlighted that service user inclusion has benefits for all involved. Service users often wish to be involved in education and enjoy the process of working with students (GSCC, 2003). Additionally, it is felt that

service user involvement influences students learning and future services, provides challenging learning opportunities and raised awareness of service user real life experiences of services and barriers. Service users involved in education can contribute to their own personal and professional development such as improvements of new skills and confidence (Repper and Breeze, 2004). Networking and interests between service user and carer groups are also improved.

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