Approval process report

University of the West of Scotland, Operating Department Practice, 2023-24

Executive Summary

This is a report of the approval process to approve the BSc Operating Department Practice programme at the University of the West of Scotland. This report captures the process we have undertaken to assess the institution and programme against our standards, to ensure those who complete the proposed programme are fit to practice.

We have:
- Reviewed the institution against our institution level standards and found our standards are met in this area.
- Reviewed the programme against our programme level standards and found our standards are met in this area following exploration of key themes through quality activities.
- Recommended all standards are met, and that the programme should be approved.
- Decided that all standards are met, and that the programme is approved.

In the quality activity we explored how the education provider will collaborate effectively with providers of practice-based learning. They supplied some additional evidence setting out the detailed expectations and requirements in place to maintain their relationships with relevant stakeholders.

Through this assessment, we have noted the programme meets all the relevant HCPC education standards and therefore should be approved.

Previous consideration	N / A as this case did not emerge from a previous process
Decision	The Education and Training Committee (the Panel) is asked to decide whether the programme is approved.
Next steps	If the Education and Training Committee (the Panel) approves the visitors' recommendation, the programme will be approved and added to the Register. The education provider will next go through performance review in 2027-28.

Included within this report

Section 1: About this assessment

About us

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

This is a report on the approval process undertaken by the HCPC to ensure that the programme(s) detailed in this report meet our education standards. The report details the process itself, evidence considered, outcomes and recommendations made regarding the programme(s) approval / ongoing approval.

Our standards

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

Our regulatory approach

We are flexible, intelligent and data-led in our quality assurance of programme clusters and programmes. Through our processes, we:
- enable bespoke, proportionate and effective regulatory engagement with education providers;
- use data and intelligence to enable effective risk-based decision making; and
- engage at the organisation, profession and programme levels to enhance our ability to assess the impact of risks and issues on HCPC standards.

Providers and programmes are approved on an open-ended basis, subject to ongoing monitoring. Programmes we have approved are listed on our website.

The approval process

Institutions and programmes must be approved by us before they can run. The approval process is formed of two stages:
- Stage 1 – we take assurance that institution level standards are met by the institution delivering the proposed programme(s)

- Stage 2 – we assess to be assured that programme level standards are met by each proposed programme

Through the approval process, we take assurance in a bespoke and flexible way, meaning that we will assess whether providers and programmes meet standards based on what we see, rather than by a one size fits all approach. Our standards are split along institution and programme level lines, and we take assurance at the provider level wherever possible.

This report focuses on the assessment of the self-reflective portfolio and evidence.

How we make our decisions

We make independent evidence based decisions about programme approval. For all assessments, we ensure that we have profession specific input in our decision making. In order to do this, we appoint partner visitors to design quality assurance assessments, and assess evidence and information relevant to the assessment. Visitors make recommendations to the Education and Training Committee (ETC). Education providers have the right of reply to the recommendation. If an education provider wishes to, they can supply 'observations' as part of the process.

The ETC make the decisions about the approval and ongoing approval of programmes. In order to do this, they consider recommendations detailed in process reports, and any observations from education providers (if submitted). The Committee takes decisions through different levels depending on the routines and impact of the decision, and where appropriate meets in public. Their decisions are available to view on our website.

The assessment panel for this review

We appointed the following panel members to support this review:

Joana Finney	Lead visitor, Operating department practitioner
Julie Weir	Lead visitor, Operating department practitioner
Niall Gooch	Education Quality Officer

Section 2: Institution-level assessment

The education provider context

The education provider currently delivers 5 HCPC-approved programmes across 3 professions. It is a Higher Education Institution and has been running HCPC

approved programmes since 2007. This includes 2 post-registration programmes for independent prescribing and supplementary prescribing annotations.

The education provider engaged with the performance review process in the current model of quality assurance in 2022. We were satisfied that there was sufficient evidence that the standards continued to be met, and the Education and Training Committee agreed the programme remains approved. The education provider's next engagement with the performance review process will be in the 2027-28 academic year.

Most of the HCPC-approved provision at the provider is recent, with only the biomedical science programme dating from before 2019. The education provider has been developing its offer over the period covered by this review. Three new programmes have been approved during the review period – undergraduate programmes in paramedicine and operating department practice, and the post-registration prescribing programme. The annual monitoring audit process in the old quality assurance model had already been withdrawn when those programmes were approved so they did not go through it. The biomedical science programme went through annual monitoring audit without significant issues arising. During the review period there have been considerable additions to the HCPC provision as noted above. This is the main area of change identified in the portfolio. As with other institutions the education provider has also had to manage its response to the COVID-19 pandemic and to make decisions about how far to return to the pre-COVID status quo in terms of teaching, assessment, practice-based learning etc.

Practice areas delivered by the education provider

The provider is approved to deliver training in the following professional areas. A detailed list of approved programme awards can be found in Appendix 1 of this report.

	Practice area	Delivery level		Approved since
Pre-registration	Biomedical scientist	☒Undergraduate	☐Postgraduate	2007
	Operating Department Practitioner	☒Undergraduate	☐Postgraduate	2019
	Paramedic	☒Undergraduate	☐Postgraduate	2020
Post-registration	Independent Prescribing / Supplementary prescribing			2007

Institution performance data

Data is embedded into how we understand performance and risk. We capture data points in relation to provider performance, from a range of sources. We compare provider data points to benchmarks, and use this information to inform our risk based decisions about the approval and ongoing approval of institutions and programmes.

This data is for existing provision at the institution, and does not include the proposed programme(s).

Data Point	Bench-mark	Value	Date	Commentary
Total intended learner numbers compared to total enrolment numbers	290	360	24 April 2024	The benchmark figure is data we have captured from previous interactions with the education provider, such as through initial programme approval, and / or through previous performance review assessments. Resources available for the benchmark number of learners was assessed and accepted through these processes. The value figure is the benchmark figure, plus the number of learners the provider is proposing through the new provision.
Learners – Aggregation of percentage not continuing	3%	1%	2020-21	This data was sourced from a data delivery. This means the data is a bespoke Higher Education Statistics Agency (HESA) data return, filtered bases on HCPC-related subjects.

The data point is below the benchmark, which suggests the provider is performing above sector norms.

When compared to the previous year's data point, the education provider's |

				performance has dropped by 1%. We did not explore this data point through this assessment because there appeared to be no impact on the SETs.
Graduates – Aggregation of percentage in employment / further study	93%	94%	2020-21	This data was sourced from the provider-level public data. The data point is above the benchmark, which suggests the provider is performing above sector norms. When compared to the previous year's data point, the education provider's performance has been maintained. We did not explore this data point through this assessment because we considered there was likely no impact on the SETs.
Learner positivity score	79.5%	84.7%	2024	This National Student Survey (NSS) positivity score data was sourced at the summary level. This means the data is the provider-level public data The data point is above the benchmark, which suggests the provider is performing above sector norms. We did not explore this data point through this assessment because we considered there was no ikely impact on the SETs.

HCPC performance review cycle length				The education provider went through this process in 2022-23 and were given a five year review period, until the 2027-28 academic year.

The route through stage 1

Institutions which run HCPC-approved provision have previously demonstrated that they meet institution-level standards. When an existing institution proposes a new programme, we undertake an internal review of whether we need to undertake a full partner-led review against our institution level standards, or whether we can take assurance that the proposed programme(s) aligns with existing provision.

As part of the request to approve the proposed programme(s), the education provider supplied information to show alignment in the following areas.

Admissions

Findings on alignment with existing provision:
- **Information for applicants** –
  - o The education provider state in their approval request form that "Information will be available to applicants in line with UWS Admissions Procedure". They noted that all relevant information will be available on their website. They have a specific organisational policy around transparency, which requires all relevant details, including module descriptors, to be available at the application stage.
  - o The education provider's materials for applicants explain the nature of each programme in detail and set out expectations for learners. There are individual webpages which set out the details and expectations of each programme they offer.. Successful applicants are required to sign a practice learning agreement.
  - o The education provider completed performance review during the 2022-23 academic year. They provided detailed reflection on their admissions processes and the visitors considered that their performance was good.
  - o In light of the above, we can be confident that the education provider is able to provide complete and accurate information for applicants, aiding prospective learners clear understanding of the programme and their role within it.
- **Assessing English language, character, and health** –
  - o The education provider state that their IELTS (International English Language Testing System) requirements for HCPC-approved programmes are aligned with the requirements of the standards of proficiency (SOPs). Offers of a place on a programme are conditional on completion of a character and health declaration and a Protecting Vulnerable Groups (PVG) check.

- o Learners must also sign a declaration that they understand the requirements of the programme and the profession around fitness to practice. Occupational health checks and criminal conviction checks are assessed by applicants' NHS employers.
  - o In light of the above policies and procedures, we consider that the relevant standards are met. This is because the education provider has clear mechanisms for ensuring that learners have appropriate language skills, good character and meet health requirements.
- **Prior learning and experience (AP(E)L)** –
  - o There is an established mechanism at the education provider for assessing AP(E)L, which is guided and controlled by an institutional policy on prior learning. The policies set out the general principles and procedures for how the education provider will approach recognising learners' prior experience and learning. They explain how the credit allowances made in various circumstances, including the maximum number of credits that can be brought in via AP(E)L.
  - o We consider that the relevant standards are met, because there is a clearly defined and detailed approach to incorporating learners' prior learning and experience. The education provider completed performance review in 2022-23 and their performance was considered good.
- **Equality, diversity and inclusion (EDI)**–
  - o The education provider state that they have an institutional approach to EDI, which are set out in their policies. There is a Complaints Handling Procedure if any individual has concerns about their treatment in the admissions process, and policies and procedures are subject to equality impact assessments (EIAs). The admissions process makes allowances for applicants to demonstrate aptitude for the programme in ways other than conventional qualifications.
  - o Based on this evidence, we can be confident that the relevant standard is met, because the education provider has a flexible and well-defined process for ensuring that their programme is as open as possible to a wide range of qualified individuals. The education provider completed performance review in 2022-23 and their performance was considered good.

Non-alignment requiring further assessment: None.

Management and governance

Findings on alignment with existing provision:
- **Ability to deliver provision to expected threshold level of entry to the Register[1]** –
  - o There is an existing approved DipHE Operating Department Practice (ODP) at this education provider, which the proposed new programme will

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[1] This is focused on ensuring providers are able to deliver qualifications at or equivalent to the level(s) in SET 1, as required for the profession(s) proposed

replace. This programme has been running for five years. This suggests that the education provider is able to deliver ODP education appropriately. They have six existing HCPC programmes, which means that they have a lot of institutional expertise with HCPC requirements.

- The education provider also note that they have effective governance processes to ensure that programmes are effectively delivered. These processes are based on policies which set out in detail the expectations and requirements for all programmes.
- We consider that the relevant standards are met because the education provider has clearly demonstrated the institutional capacity to deliver HCPC-approved programmes at the appropriate threshold.

- **Sustainability of provision** –
  - The education provider note that they have completed a mapping exercise for module learning outcomes and the HCPC standards of proficiency (SOPs). QAA benchmarking has been used to appropriately calibrate the curriculum and learning outcomes for modules have been mapped.
  - The programme has been extensively scrutinised through internal approval processes, at Division and School level. There is a New Programme Proposal (NPP) process for this purpose. The strategic direction and justification for the programme has been agreed by senior leadership, including a detailed operational plan and estimates for equipment requirements. Annual monitoring of recruitment levels and learner progression takes place at the divisional level, and any issues are discussed with the programme leaders by senior people in their division.
  - We consider that the relevant standard is met, because the education provider has well-defined and effective processes in place for ensuring programme sustainability. Performance in this area was considered good during the 2022-23 performance review.

- **Effective programme delivery** –
  - The education provider state that they have an institutional strategic plan, UWS Strategy 2030. This strategy is focused on strengthening the education provider's financial position and expanding their range of programmes by 2030. All programme leads are required to consider this plan when planning the delivery and structure of new programme. Programmes are expected to be learner-centred, engaging and active, simple & coherent, authentic, inclusive and sustainable. Routine annual monitoring of programmes is an integral part of institutional processes, and must undergo Institutional led review (ILR) as part of the Scottish Enhancement Framework (SEF) every six years.
  - The education provider has a defined governance structure, with clear lines of responsibility for individual programme leads to report on their own programmes and deliver improvements as necessary. Programme management must report to senior leadership on a regular basis and there is an internal quality process for driving improvements where necessary.
  - Based on the evidence presented, we considered that the relevant standards are met, because the education provider has defined processes

for ensuring that programmes are effective and sustainable. Our 2022-23 performance review found that performance in this area was good.

- **Effective staff management and development** –
  - o The education provider's approach in this area is governed by the People and Organisational Development (P&OD) Policy. This policy sets out the principles governing their management and requires staff to maintain and develop their skills. Managers are responsible for individual staff development plans. Recruitment is governed and monitored by a specific policy at the institutional level, which sets out how posts are advertised and how new recruits should be selected. All staff have a line manager and where necessary a mentor.
  - o New staff who don't have the required academic practice qualification are encouraged to acquire the education provider's postgraduate certificate in Academic Practice. Completion of this qualification allows for registration as a fellow of the higher education academy. Staff members working towards a PhD are supported in this endeavour on a part-time basis. Maintenance of staff research interests and professional knowledge is also strongly encouraged. Internally the education provider offers a range of development and training workshops.
  - o We consider that the relevant standards in this area are met, because the education provider has demonstrated the capacity to recruit, manage and develop their staff effectively. Our 2022-23 performance review found good performance in this area.
- **Partnerships, which are managed at the institution level** –
  - o The education provider note that "within the School of Health and Life Sciences there is a dedicated placement team led by the external operations manager." This team is responsible for operational oversight of practice-based learning used by the education provider.
  - o In addition, there are regular meetings of the Practice Education Partnership Forum and the Operational Practice Learning Forum. Between them, these groups ensure frequent and structured discussions between the education provider and their practice partners. The education provider uses formal agreements to define and manage its relationships with clinical placement partners.Regional education co-ordinators are also used to ensure the optimal use of available placement opportunities within operating department practice.
  - o In light of the above we consider that the relevant standards are met, because the education provider has demonstrated the ability to manage partnerships in the most appropriate way for effective practice-based learning and clinical skill development. The 2022-23 performance review found that performance was good in these areas.

Non-alignment requiring further assessment: None.

Quality, monitoring, and evaluation

Findings on alignment with existing provision:

- **Academic quality** –
  - o The education provider state that their Quality Enhancement & Standards Team (QuEST) is the most important means for supporting academic quality. The School of Health and Life Sciences, in which the new programme sits, has a dedicated member of staff who is responsible for quality monitoring. Module co-ordinators have responsibility for quality of specific modules and annual reports by external examiners are used to ensure outside scrutiny.
  - o As noted previously, all subject areas must undergo institutional led review (ILR) every 6 years. This involves both internal and external panel members. Additionally, the Quality Assurance Agency for Higher Education (Scotland) (QAAS) undertakes regular Quality Enhancement and Standards Review (QESR).
  - o Internally, there is annual Enhancement & Annual Monitoring (EAM), which is a holistic review of all forms of quality feedback, including learner feedback, module reviews, and NSS data. All programme approvals must be signed off by the University Leadership Team (VCE), who will be guided by the education provider's Quality Code.
  - o We consider that the relevant standards are met, because the education provider has demonstrated that they have appropriate process to monitor academic quality on the new programme, and take steps to improve quality where necessary. Performance in this area was considered good in the 2022-23 performance review.
- **Practice quality, including the establishment of safe and supporting practice learning environments** –
  - o The education provider is responsible for the initial and ongoing training of practice educators. This means they can equip practice educators with the necessary skills for supervision of learners and identify gaps in knowledge or skills among practice educators.
  - o All the learners on the programme will be employed trainees of the NHS Board for the duration of the programme. This means that all work-based learning can be co-ordinated with that board and with relevant staff. It also means that partnership working for quality between the education provider and the Board will be relatively straightforward with clear and well-known lines of responsibility.
  - o In addition, regional leads will be used by the NHS Board for Scotland to ensure that support for all learners in different areas are appropriate and that all practice settings are meeting programme requirements. A virtual learning environment (VLE) will be used to equip learners for their clinical placements and the practice assessment document (PAD) will be a key resource for equipping learners for placement.
  - o We consider that the relevant standards are met, because the education provider have demonstrated the ability to monitor practice quality, through various pathways, and to use relationships with practice partners to

maintain quality. Performance in this area was considered good in the 2022-23 performance review.

- **Learner involvement** –
  - o The approval request form notes that learners are actively involved in programme development and monitoring at all levels. There is learner representation on key committees at all levels, including the divisional programme board which manages quality across the academic department, and the School board.
  - o There are also Student Staff Liaison Groups where learners can raise concerns or have input into governance and decision-making, and module questionnaires are issued to all learners at the end of term. Any significant programme changes or reviews involve learners, and there are many opportunities for informal feedback from learners to programme staff. Learners and the education provider have a Student Partnership Agreement which defines the responsibilities and entitlements of each.
  - o We consider the standards are met in this area because learners will be fully involved in the programme and its governance. The 2022-23 performance review found that performance in this area was good.
- **Service user and carer involvement** –
  - o The approval request form notes that service users and carers are likely to be involved in programme development and direction. Their approach in this area was being review at the time of this approval request, with the existing policy due to be updated. There is separate guidance for the work of operating department practice learners with service users.
  - o In the 2022-23 performance review, service user involvement was one of the areas which we explored further through quality activity. The education provider's delivery had been significantly disrupted by the COVID-19 pandemic and was still being re-established. The visitors also asked the education provider to clarify their understanding of the service user role. However, when we completed the review, we were satisfied that progress was being made towards restoring an appropriate level and type of service user involvement.
  - o In light of this, we consider that the relevant standard in this area is met at threshold. However, we will consider through the stage 2 assessment how the programmes will maintain appropriate service user involvement.

Non-alignment requiring further assessment: Through stage 2 we will assess in more detailthe education provider's plans for service user involvement on the new programme.

Learners

Findings on alignment with existing provision:
- **Support** –
  - o The education provider's commitments in this area are governed by the Student Experience Policy Statement 2023/24. This statement lays out

how they will work to maintain and improve the quality of the learner experience and "enhance opportunities" for all learners. It incorporates multiple procedures governing different components of learner experience, including specific policies on appeals, admissions, fitness to practice, academic integrity, reasonable adjustments, and discipline.

  o The objective is for learner support to be integrated into the new programme through the use of personal tutors and module leaders, and the programme handbook directory of services. Learners whose work is affected by personal circumstances can apply to have those taken into account. Career and development advisers will also be available.

  o The practice assessment document (PAD) explainshowlearners can raise concerns about professionalism or service user safety in clinical placement, where appropriate.
  We are confident that the relevant standards are met, because the education provider has demonstrated their ability support learners on the programme. The 2022-23 performance review considered that performance in this area was good.

- **Ongoing suitability** –
  o Learners will be required to abide by a Code of Discipline, which sets out the education provider's expectations and requirements of good behaviour and engagement with the programme. This is governed by the Senate Regulatory Framework and the Student Experience Policy. Concerns arising about learners ongoing suitability are managed with reference to this code. They will be considered in light of the Conduct, Competence and Fitness to Practise Procedure, the Criminal Convictions & Charges Procedure, and the Student Suspension Procedure.

  o Learners' interpersonal and professional skills are monitored and assessed through their practice-based learning. Prior to entering clinical placement learners are be required to sign the fitness to practice policy and code of conduct. Learners who are found not to meet requirements for ongoing suitability would be subject to disciplinary procedures.

  o We consider that standards are met in this area the education provider has clear policies for monitoring ongoing suitability of learners. Our 2022-23 performance review found good performance in this area.

- **Learning with and from other learners and professionals (IPL/E)** –
  o The education provider reported that interprofessional education (IPE) will be incorporated in individual workplans for practice-based learning. They also noted in their submission the policies and procedures which will govern this area but they do not provide significant detail about how IPE will work in practice.

  o The 2022-23 performance review found that performance in this area was good overall at the education provider so there is not a serious concern here. However, through stage 2 of this approval process we will ensure that the education provider has an appropriately detailed plan for how to ensure access to IPE for all learners.

- **Equality, diversity and inclusion** –

o Through the approval request form, the education provider state that they are working to expand access to their programmes and ensure that they recruit from as wide a range of people as possible. They describe the support available to learners to enable them to achieve this. The policies in this area include a confidential counselling service, a mental health agreement, neurodiversity policies, and a multifaith chaplaincy. All modules have an attached statement explaining how it aligns with the education provider's Equality, Diversity and Human Rights policy. They note too that they aim to be flexible and to make reasonable accommodations where possible. We consider that the relevant standards are met, because the education provider has clearly considered how best to create a supportive and welcoming environment for all learners. We considered that performance in this area was good through the 2022-23 performance review.

Non-alignment requiring further assessment: Through stage 2 of this process we will consider the details of the programme's use of interprofessional education.

Assessment

Findings on alignment with existing provision:
- **Objectivity** –
  o The approval request form refers to the assessment handbook, which lays out the overall framework which programmes are expected to follow in designing their assessments. In the programme design stage, the best assessment approaches for each module must be discussed and considered, and must be approved by a panel of internal and external experts.
  o Any proposed changes to assessment are made annually and must be approved at both School and Division level. The external examiner is required to approve major changes to programmes. Learners are provided with detailed information about assessment requirements and rationale, and module moderators will review assessment approaches on a regular basis.
  o The use of TurnItIn will ensure that assessment is objective, fair and reliable, because it will not be clear to any particular assessor which work they are marking.
  o We consider that the relevant standards are met, because the education provider will be able to ensure objectivity in assessment. We considered that performance in this area was good during the 2022-23 performance review.
- **Progression and achievement** –
  o The approval request form sets out the academic policies and procedures governing progression and achievement of awards at the education provider. This includes criteria for marking levels, threshold for passes, the credit arrangements and the clinical requirements. Learners are given

module-specific information at the start of modules and on the virtual learning environment (VLE) software used for programme delivery. Clinical placements will begin with information about what learners must do pass that placement. Learners are able to retake modules up to three times, or four with extenuating circumstances.

- o Assessment and moderation is managed by School Assessment Boards (SABs), which is held at the end of each term. The School Board of Examiners meet twice a year to ensure an extra layer of scrutiny in assessment.
- o The requirements for HCPC registration are set out inthe programme specification and programme handbook. The education provider also has a specific definition of what they regard as appropriate learner engagement with the programme, and have established a Retention Task Force to minimise the number of learners leaving the programme before completion.
- o We consider the standards met in this area because the education provider has a well-developed and defined approach to ensuring that learners can progress and achieve through the programme in a consistent way. Our 2022-23 performance review considered that the education provider was performing well in this area.

- **Appeals** –
  - o The education provider has an Appeals Procedure governing this area. Learners who wish to appeal a decision of an academic body are be referred to this process in the first instance. Detailed information about the process will be easily available to learners on the education provider website and from student unions.
  - o There is a defined timeframe in which appeals must be considered by the university Senate Appeals Committee and results communicated to learners. Unsuccessful learners will be advised of their right to appeal to the Scottish Public Services Ombudsman.
  - o We consider standards met in this area because the education provider has clear mechanisms for allowing appeals and for communicating to learners the details of the processes. We found that performance was good in this area in the 2022-23 performance review.

Non-alignment requiring further assessment: None.

Outcomes from stage 1

We decided to progress to stage 2 of the process without further review through stage 1, due to the clear alignment of the new provision within existing institutional structures, as noted through the previous section.

Education and training delivered by this institution is underpinned by the provision of the following key facilities:

- Central library – there are several hundred study spaces available at this location and it is open for most of the day during term-time. Specialists are available to guide learners in finding the resources they need.
- Clinical skills suite – the education provider uses this to give learners a place where clinical skills can be developed and improved outside the pressure of normal clinical settings.
- Teaching and learning rooms – the education provider has a wide range of spaces suitable for seminars, discussions, lectures etc.
- Virtual learning environment (VLE) – this is used for the submission and assessment of work, but can also be used for discussions among learners and staff and informal feedback.

Risks identified which may impact on performance: None.

Outstanding issues for follow up: None.

Areas of good and best practice identified through this review: None.

Section 3: Programme-level assessment

Programmes considered through this assessment

Programme name	Mode of study	Profession (including modality) / entitlement	Proposed learner number, and frequency	Proposed start date
BSc Operating Department Practice	WBL (Work based learning)	Operating department practitioner	70 learners, 1 cohort	02/09/2024

Stage 2 assessment – provider submission

The education provider was asked to demonstrate how they meet programme level standards for each programme. They supplied information about how each standard was met, including a rationale and links to supporting information via a mapping document.

Quality themes identified for further exploration

We reviewed the information provided, and worked with the education provider on our understanding of their submission. Based on our understanding, we defined and undertook the following quality assurance activities linked to the quality themes

referenced below. This allowed us to consider whether the education provider met our standards.

We have reported on how the provider meets standards, including the areas below, through the [Findings section](#).

Quality theme 1 – Collaboration with practice partners

Area for further exploration: The education provider submitted a programme document setting out which partners they would be working with for the programme. They also indicated that they had designated Regional Leads who would be the key liaison person for discussions and negotiations with practice education partners.

The visitors considered that this was useful information. However, they were unable to determine whether the relevant standard was met because there was limited information about how the relationships with practice partners would be maintained. The visitors did not see, for example, a role description for the Regional Lead position, or evidence relating to the lines of communication between the education provider and the practice partners. We considered there was a risk that these relationships would not work effectively. We therefore explored with the education provider how collaboration would be managed and organised.

Quality activities agreed to explore theme further: To further explore this area, we undertook an email exchange with the education provider to gain additional information about how they would meet the standard. We considered this the most effective way for us to clarify our understanding.

Outcomes of exploration: The education provider submitted a job description for the Regional Education Lead position, and a service level agreement (SLA) which sets out the details of how they would collaborate with their practice partners. Both of these documents laid out specific expectations and requirements of the various parties, and detailed how often meetings would take place. The visitors considered that this was sufficient to enable them to understand how the education provider would ensure effective collaboration. They therefore considered that the relevant standard was now met.

Section 4: Findings

This section details the visitors' findings from their review through stage 2, including any requirements set, and a summary of their overall findings.

Conditions

Conditions are requirements that must be met before providers or programmes can be approved. We set conditions when there is an issue with the education provider's

approach to meeting a standard. This may mean that we have evidence that standards are not met at this time, or the education provider's planned approach is not suitable.

The visitors were satisfied that no conditions were required to satisfy them that all standards are met. The visitors' findings, including why no conditions were required, are presented below.

Overall findings on how standards are met

This section provides information summarising the visitors' findings against the programme-level standards. The section also includes a summary of risks, further areas to be followed up, and areas of good practice.

Findings of the assessment panel:
- **SET 1: Level of qualification for entry to the Register** – this standard is covered through institution-level assessment.
- **SET 2: Programme admissions** –
  - The education provider submitted a programme document which contained a section on admissions requirements. This document sets out the expectations and requirements for applicants, including academic achievement, interpersonal skills, and occupational health and Disclosure and Barring Service (DBS) checks.
  - The visitors considered that this evidence demonstrated the education provider had an effective way of ensuring that learners on the programme would have appropriate professional and academic qualifications. They did ask for some clarification around how the education provider undertook outreach to under-represented groups. The education provider noted in their response that they had several initiatives to support applicants from under-represented groups, including academic skills workshops, individual coaching and special-targeted open days.
  - In light of the above, we considered the standards were met. This was because the education provider had a clear method for ensuring that learners were suitable for the programme. They had also shown how they were seeking to make that the programme accessible to as many qualified people as possible, regardless of background.
- **SET 3: Programme governance, management and leadership** –
  - The education provider's evidence for SET 3 referred to the programme document. This included curriculum vitaes for the programme staff, evidence showing the education provider intends to collaborate with practice partners, and evidence of what resources would be available.
  - The visitors considered that this evidence was generally good. It showed that the education provider had an appropriate number of well-qualified staff, and that they had plans for collaborating with practice

partners. There was also information about what resources were available and how these would be made available.

- o However, the visitors also asked for clarification of the evidence. They asked the education provider to expand on how they can decided on the number of staff needed for the planned number of learners, and how they would ensure regular appropriate access to learning and teaching spaces for the learners on the programme. The education provider submitted additional evidence in the form of workload mapping and a scheduling document. The visitors considered this addressed their outstanding questions.
- o We [explored through quality activity](#) the education provider's approach to ensuring that collaboration with practice partners was regular and effective. The visitors considered the relevant standards met following this quality activity.

- **SET 4: Programme design and delivery** –
  - o The education provider submitted a standards of proficiency (SOPs) mapping document, an ODP Occupational Profile and a detailed programme specification including module descriptors. This evidence demonstrated how the programme would have appropriate learning outcomes to meet both the SOPs and the standards of conduct, performance and ethics (SCPEs). It also laid out how the education provider would ensure that the programme was able to reflect the expectations of the profession, and to develop learners' ability to work in an autonomous and evidence-based way. The evidence also included information about the learning and teaching approaches on the programme.
  - o The visitors considered that all the standards in SET 4 were met. We did ask for some clarification around two issues. These were how the various learning and teaching methods on the programme would be applied, and how the education provider had determined which were most appropriate for different parts of the programme. The visitors were satisfied with the response to this clarification.

- **SET 5: Practice-based learning** –
  - o The education provider submitted a programme document which set out the place of practice-based learning within the overall programme structure. They also provided a narrative of how they would use their Regional Leads to liaise with partner Trusts, and explained that the programme team had weekly meetings with the body co-ordinating ODP clinical learning across Scotland. Additionally they set out how the Regional Leads were required to monitor the training status of practice educators, and they described the training that practice educators would undergo.
  - o The visitors asked for clarification of this evidence. They wanted the education provider to expand on how Regional Leads would be selected and monitored, and more specifics of how the Regional Lead

role would be used in liaison with practice partners. They also asked for more detail of the training that practice educators will undertake.

- o The education provider supplied a clarification, containing the specifics of the practice educator training and a job description for the Regional Lead role (this was also relevant to quality activity 1). The visitors considered that the relevant standards were now met.

- **SET 6: Assessment** –
    - o The education provider's evidence consisted of the programme document's section on assessment, the SOPs / learning outcomes mapping exercise, and the ODP Occupational Profile. Between them these documents set out how the programme would ensure that all learning outcomes would be aligned with the SOPs and SCPEs, and that those learning outcomes would be appropriately assessed. The description of the variety of assessment methods indicated that the programme would be able to assess learners effectively and appropriately.
    - o The visitors did seek clarification from the education provider on how the End Point Assessment (EPA) element of the apprenticeship would be integrated into the overall assessment approach. The education provider explained how this would be manged and the visitors considered that all the standards were now met.

Risks identified which may impact on performance: None.

Areas of good and best practice identified through this review: None.

Section 5: Referrals

This section summarises any areas which require further follow-up through a separate quality assurance process (the approval, focused review, or performance review process).

There were no outstanding issues to be referred to another process.

Recommendations

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

The visitors did not set any recommendations.

Section 6: Decision on approval process outcomes

Assessment panel recommendation

Based on the findings detailed in section 4, the visitors recommend to the Education and Training Committee that all standards are met, and therefore the programme should be approved.

Education and Training Committee decision

Education and Training Committee considered the assessment panel's recommendations and the findings which support these. The education provider was also provided with the opportunity to submit any observation they had on the conclusions reached.

Based on all information presented to them, the Committee decided that the programme is approved

Reason for this decision: The Panel accepted the visitor's recommendation that the programme should receive approval.

Appendix 1 – summary report

If the education provider does not provide observations, only this summary report (rather than the whole report) will be provided to the Education and Training Committee (Panel) to enable their decision on approval. The lead visitors confirm this is an accurate summary of their recommendation, and the nature, quality and facilities of the provision.

Education provider	Case reference	Lead visitors	Quality of provision	Facilities provided
University of the West of Scotland	CAS-01500-W7Z9H2	Joanne Finney Julie Weir	Through this assessment, we have noted the programme meets all the relevant HCPC education standards and therefore should be approved.	• Central library – there are several hundred study spaces available at this location and it is open for most of the day during term-time. Specialists are available to guide learners in finding the resources they need. • Clinical skills suite – the education provider uses this to give learners a place where clinical skills can be developed and improved outside the pressure of normal clinical settings. • Teaching and learning rooms – the education provider has a wide range of spaces suitable for seminars, discussions, lectures etc. • Virtual learning environment (VLE) – this is used for the

				submission and assessment of work, but can also be used for discussions among learners and staff and informal feedback.

Programmes				
Programme name			**Mode of study**	**Nature of provision**
BSC Operating Department Practice			Work-based learning	• Apprenticeship

Appendix 2 – list of open programmes at this institution

Name	Mode of study	Profession	Modality	Annotation	First intake date
BSc (Hons) Applied Biomedical Science	FT (Full time)	Biomedical scientist			01/09/2007
DipHE Operating Department Practice	DL (Distance learning)	Operating department practitioner			01/09/2019
BSc Paramedic Science	FT (Full time)	Paramedic			01/09/2020
Independent and Supplementary Prescribing Level 11	PT (Part time)			Supplementary prescribing; Independent prescribing	01/09/2020
Independent and Supplementary Prescribing Level 9	PT (Part time)			Supplementary prescribing; Independent prescribing	01/09/2020