

Approval process report

Canterbury Christ Church University, Speech and Language Therapy,
2022-23

Executive Summary

This is a report of the process to approve the Speech and Language Therapy programme at Canterbury Christ Church University. 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.
- Decided all standards are met, and that the programme is approved.

Through this assessment, we have noted:

- The programme meets all the relevant HCPC education standards and therefore should be approved.

Previous consideration	Not applicable. This is a new programme the education provider is seeking approval for.
Decision	The Education and Training Committee (Panel) is asked to decide: <ul style="list-style-type: none">• The programme is approved.
Next steps	Outline next steps / future case work with the provider: <ul style="list-style-type: none">• The provider's next performance review will be in the 2024-25 academic year.• The programme has been approved and will be delivered by the education provider from September 2023.

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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.

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:

Lucy Myers	Lead visitor, Speech and Language Therapist
Jennifer Caldwell	Lead visitor, Occupational Therapist
Saranjit Binning	Education Quality Officer

Section 2: Institution-level assessment

The education provider context

The education provider has been delivering HCPC approved programmes since 1998. The education provider's current structure is that it has three faculties and within those faculties there are schools. The HCPC approved programmes are currently based in the School of Allied and Public Health Professions, which is one of the three schools that sits within the Faculty of Medicine, Health and Social Care. The proposed programme will be based in this School.

They are currently delivering eleven HCPC approved programmes at undergraduate and postgraduate levels and one Independent Prescribing / Supplementary prescribing programme which was approved in 2019. Speech and language therapy were previously delivered at undergraduate and postgraduate level in partnership with the University of Greenwich, however this partnership was dissolved in 2022.

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	Occupational therapy	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2000
	Operating Department Practitioner	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2009
	Paramedic	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2011
	Physiotherapist	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2018
	Practitioner psychologist	<input type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Postgraduate	1998
	Radiographer	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2004
	Speech and language therapist	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2011
Post-registration	Independent Prescribing / Supplementary prescribing			2019

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.

Data Point	Benchmark	Value	Date	Commentary
Total intended learner numbers compared to total enrolment numbers	366	341	2022	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

				<p>value figure was presented by the education provider through this submission.</p> <p>The education provider is recruiting learners broadly at the benchmark.</p>
Learners – Aggregation of percentage not continuing	3%	3%	2019-2020	<p>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.</p> <p>The data point is equal to the benchmark, which suggests the provider’s performance in this area is in line with sector norms</p> <p>When compared to the previous year’s data point, the education provider’s performance has been maintained.</p>
Graduates – Aggregation of percentage in employment / further study	94%	93%	2019-2020	<p>This HESA data was sourced from a data delivery. This means the data is a bespoke HESA data return, filtered bases on HCPC-related subjects.</p> <p>The data point is below the benchmark, which suggests the provider is performing below sector norms.</p> <p>When compared to the previous year’s data point, the education provider’s performance has dropped by 1%.</p>
Teaching Excellence Framework (TEF) award	N/A	Silver	June 2017	<p>The definition of a Silver TEF award is “Provision is of high quality, and significantly and consistently exceeds the baseline quality threshold expected of UK Higher Education.”</p>

National Student Survey (NSS) overall satisfaction score (Q27)	75.3%	69.6%	2022	<p>This NSS data was sourced at the subject level. This means the data is for HCPC-related subjects.</p> <p>The data point is below the benchmark, which suggests the provider is performing below sector norms.</p> <p>When compared to the previous year's data point, the education provider's performance has dropped by 5.7%.</p> <p>We explored this data point through the performance review process in 2022-23, and it will be reviewed again during the next monitoring period, which will be in 2024-25.</p>
HCPC performance review cycle length	N/A	N/A	2019-20	Through the performance review process the education provider was given a three year monitoring period. This timeframe was reduced due to there being concerns about the NSS scores, which the education provider is in the process of responding to.

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 –**
 - Information related to admissions is available on the providers website on the Study Here webpages, which includes entry requirements and process.
 - There is also an online portal where information relating to start dates, timetables and induction can be found. This information is sent as a link to applicants when they are accepted on the programme.
 - These processes and requirements will apply to applicants for the proposed programme, which aligns with institution wide policies and procedures.
- **Assessing English language, character, and health –**
 - The Admissions policy and procedure relating to this area is institution wide and applies to all programmes.
 - For the professional statutory regulatory body (PSRB) programmes the policy is adjusted to accommodate the profession specific requirements, such as health and Disclosure and Barring Service (DBS) check requirements, which is applicable to the proposed programme.
 - These policies will apply to the proposed programme.
- **Prior learning and experience (AP(E)L) –**
 - The education provider has processes in place to assess applicants' prior learning and experience and details of this are outlined in the Regulations for Taught Awards document.
 - All applications for recognition of prior learning are reviewed and approved by the Faculty Quality Sub-Committee.
 - These processes will apply to all applicants on the proposed programme.
- **Equality, diversity and inclusion –**
 - The education provider has several policies to cover this area, such as the Equality, Diversity and Inclusion policy, University Strategic Framework and the Access and Participation Plan.
 - These policies are institution-wide and will apply to the proposed programme.

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 Register¹ –**
 - The processes and procedures outlined in the Regulation for Taught Awards document ensure the delivery of the provision to the expected threshold level of entry to the Register. This includes the involvement of External Examiners with all assessment processes.

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

- These policies are institution-wide and will apply to the proposed programme.
- **Sustainability of provision –**
 - All proposals to expand provision are considered by the Faculties' Programme Planning Executive (FPPE).
 - Programmes are developed in line with the requirements of the Learning and Teaching Strategy 2015-2022 and to support this the University Learning and Teaching Enhancement Unit have developed a tool kit.
 - These policies are institution-wide and will apply to the proposed programme.
- **Effective programme delivery –**
 - The Quality Manual outlines the process for course proposals and approval to ensure programmes are effectively supported and managed by appropriately qualified and experienced individuals, including the Course Director.
 - It is a requirement for all staff to be registered and the Faculty and School Directors are responsible for monitoring the currency of staff registration. Human Resources and Organisational Development produce a monthly report for this purpose.
 - Both formative and summative assessments are used and offer a range of opportunities, which allow learners to demonstrate their knowledge and skills. Some of the opportunities provided include peer feedback, small group discussions and presentations. The variety of assessment methods also supports learners who have varying capabilities.
 - This policy is institution-wide and will apply to the proposed programme.
- **Effective staff management and development –**
 - There are staff management and development processes in place, which are outlined in the University Staff Development Policy. All teaching staff are required to have a teaching qualification or are required to complete the PGCert in Academic Practice.
 - Policies and procedures for professional development and annual appraisal are outlined in the University Staff Development Policy.
 - These policies and procedures apply at institution level and will apply to the proposed programme.
- **Partnerships, which are managed at the institution level –**
 - The education provider has collaborative partnerships in place, which are managed by the Senior Management Team. These partnerships are governed by the procedures outlined in the University Quality Manual.
 - Partnerships relating to practice learning and work-based learning are managed by the faculties department.
 - To ensure the education provider and organisations work collaboratively there are various contracts and agreements in place, such as Service Level Agreements, NHS England National NHS Contract and Placement Agreements.
 - These policies and procedures apply at institution level and will apply to the proposed programme.

Non-alignment requiring further assessment: None.

Quality, monitoring, and evaluation

Findings on alignment with existing provision:

- **Academic quality –**
 - The policies and procedures for quality, monitoring and enhancement are outlined in the Quality Manual, which includes Boards of Study and Continuous Improvement. In addition to this it also provides information about course planning, approval and modifications. These policies ensure the continuous improvement of programmes.
 - All programme approvals are reviewed by the Faculty approval panel before being submitted to the University for approval. This process ensures independent scrutiny of the documentation and involves the senior management team within the Faculty.
 - External Examiners are involved with all programmes and provide input into all aspects of the assessments including the practice elements.
 - These policies and procedures apply at institution level and will apply to the proposed programme.
- **Practice quality, including the establishment of safe and supporting practice learning environments –**
 - The education provider uses the Pan London Practice Learning Environment audit tool to evaluate practice areas and encourages all learners and staff to engage with this system.
 - There are several policies and procedures to ensure practice quality and a safe and supportive practice learning environment. Some of these include the Education Audit, Faculty Practice Learning Risk Register, Placement Capacity Mapping process and the Faculty of Medicine, Health and Social Care Placement Strategy. In addition to this the Practice Learning Unit oversees all processes relating to practice learning, including quality assurance and communication with learners.
 - These policies and procedures apply at institution level and will apply to the proposed programme.
- **Learner involvement –**
 - The education provider expects learners to be involved, and have input into the learning experience, which is outlined in the Quality Manual and the student partnership agreement. They work closely with the Student Union and have produced a Course Rep Guide for learners, to encourage them to get involved with committees and meetings.
 - There are various policies to support this area, such as the Student Engagement in Learning Policy, module evaluations, student placement evaluations and the Peer observation and review guide for staff.
 - These policies and procedures apply at institution level and will apply to the proposed programme.
- **Service user and carer involvement –**

- There is a Service User and Carer Sub-Committee who oversee service user and carer involvement within the Faculty of Medicine, Health and Social Care.
- The Faculty Service User and Carer Involvement Strategy outlines how service users and carers should be involved with programmes, e.g., curriculum design, development, recruitment and teaching.
- This level of service user involvement will apply to the proposed programme.

Non-alignment requiring further assessment: None.

Learners

Findings on alignment with existing provision:

- **Support –**
 - Learners are offered a range of services to support their wellbeing and learning needs. Some of this support is accessible via the online student portal, such as timetables, teaching materials and the Virtual Learning Environment (VLE).
 - All learners are allocated a Personal Academic Tutor to provide them with pastoral and academic support, which includes referral to specific support services, such as the Student Support, Health and Wellbeing Department.
 - These policies are institution wide and will apply to the proposed programme.
- **Ongoing suitability –**
 - The Faculty of Medicine, Health and Social Care PSRB Course policy applies to all learners and requires them to complete criminal conviction and health clearance checks. These checks take place at the admissions stage and thereafter learners are required to complete ongoing declaration of suitability at the start of each year.
 - Suitability concerns are considered through the Student Fitness to Practise Policy.
 - These policies are institution wide and will apply to the proposed programme.
- **Learning with and from other learners and professionals (IPL/E) –**
 - All programmes must offer inter professional learning opportunities to learners in accordance with the Faculty of Medicine, Health and Social Care PSRB Course policy. To ensure these opportunities are available to all learners, interprofessional education is embedded into the design of the programmes.
 - Learners are also provided with opportunities to complete short placements in multidisciplinary teams. In addition to this the simulation facilities are also multidisciplinary and encourage learners to work with each other across different disciplines.
 - This policy will apply to the proposed programme.
- **Equality, diversity and inclusion –**
 - The Equality, diversity and inclusion policy, Student Retention and Success Framework, Extenuating Circumstances policy and the University Equality Objectives 2019-22 are all institution wide policies.

- These policies will apply to the proposed programme.

Non-alignment requiring further assessment: None.

Assessment

Findings on alignment with existing provision:

- **Objectivity –**
 - The education providers assessment procedures, such as the marking procedure, feedback of assessed work process and the second marking and moderation process are applied to all assessments. This ensures consistency and transparency across all programmes.
 - External Examiners are involved with all elements of assessments and provide independent input into the assessments to ensure quality and academic standards are maintained.
 - These policies are institution wide and will apply to the proposed programme.
- **Progression and achievement –**
 - The Module Award Boards and The Institutional Progression and Award Boards confirm progression and awards. Both Boards comply with the education provider's academic regulations but operate at different levels. The Module Award Boards confirm learner achievement in the individual modules and the Institutional Progression and Awards Boards are responsible for making progression and award decisions for learners. Both Boards have two separate external examiners who they consult with continuously to ensure academic standards are maintained.
 - These policies are institution wide and will apply to the proposed programme.
- **Appeals –**
 - The Student Appeals procedure allows learners to submit an appeal against the assessment process. This process is a three stage process, which starts from the early resolution stage and goes on to formal investigation stage and review stage. To ensure fairness and consistency, all these stages have a 20 working day time limit, however exceptions can be made depending on the complexity of the case.
 - This policy is institution wide and will apply to the proposed programme.

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.

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
MSc Speech and Language Therapy	FT (Full time)	Speech and Language Therapy	35 per cohort, one cohort per year	18/09/2023

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.

Quality theme 1 – Collaboration between the education provider and practice placement providers

Area for further exploration: In the submission there were references made to the Faculty Placement Learning Sub Committee (FPLSC), however it was not clear to visitors how the FPLSC functions and how the committee collaborates with placement providers effectively. The role descriptors outlined the requirement to liaise with placements, however it was not clear to the visitors how it was applied in practice. Visitors therefore requested further information on how regularly the FPLSC met, who the members are and the terms of reference.

Quality activities agreed to explore theme further: We agreed to explore this area further by requesting both email clarification and documentary evidence from the education provider. The visitors thought this was the most effective method, to gain a better understanding of how the education provider collaborates with placement providers.

Outcomes of exploration: The education provider confirmed the FPLSC meet every 6-8 weeks. The committee is made up of Placement Leads, the Head of Practice Learning, the School Director of Engagement, Enterprise and Employment and Senior Lecturers in practice learning. Visitors acknowledged the information provided and confirmed it provided background information. However, they also noted it was an internal committee and did not include placement providers.

They therefore requested further information from the education provider on what mechanisms there were for more strategic collaboration with placement providers. In response to this request, the education provider confirmed the committee included representatives from the placement providers. They also explained how the Faculty's Strategic Quality Contract Review meetings enabled strategic engagement with all placement providers and was a forum to discuss organisational updates and review programme data.

In addition, the Boards of Study are responsible for programme improvements and development and provide programme teams and learners with a platform to discuss the changes, however due to the structure of these Boards engagement with placement providers is limited. The education provider is aware of this and have therefore decided to introduce additional Course Committee Meetings from 2023-24, which will increase engagement with placement providers.

Visitors were satisfied with the additional information provided in this section. The education provider demonstrated how they engage with placement providers and how this engagement will increase in future with the introduction of the additional Course Committee Meetings.

Quality theme 2 – Effective process to ensure the availability and capacity of practice-based learning

Area for further exploration: In the documentation, the visitors noted the Practice Learning Unit had indicated there were no concerns with regards to placement capacity. However, there was no evidence of a process to ensure the availability and capacity of practice-based learning. Visitors therefore sought further information in relation to this and specifically requested to see a process in relation to this area.

There was also no evidence of the education provider considering other programmes in the geographical area and the impact of these on placement availability and capacity. Further clarification was therefore requested about whether this had been considered.

Quality activities agreed to explore theme further: We agreed to explore this area further by requesting both email clarification and documentary evidence from the education provider. The visitors thought this was the most effective method, to gain an understanding of the process the education provider has in place to support placement capacity. Having sight of this process would also assure visitors there is an effective process in place alongside the email clarification.

Outcomes of exploration: In their response, the education provider confirmed the Faculty has a Placement Capacity Mapping Process. This process facilitates discussions with stakeholders regarding learner numbers at the start of the academic year and ensures adequate practice-based learning for them. The NHS Kent and Medway Integrated Care Board are one of the main providers of practice-based learning.

There is an established relationship with the Integrated Care Board, as they have previously worked with them when they delivered the undergraduate Speech and

Language Therapy programme in partnership with the University of Greenwich. This partnership has recently dissolved, however there is agreement that the education provider will continue to use this placement capacity. To ensure there is no shortfall with placements the Practice Learning Unit (PLU) also contact placement providers throughout the year regarding placement capacity and monitor placement agreements, particularly with the larger providers.

The education providers position in this area is strengthened by the location of the campus, as they are able to utilise the existing relationships, they have with placement providers both within the Trusts and the private, voluntary and independent (PVI) sector. There are a range of Trusts they have agreements with, such as Bromley Healthcare, Surrey and Sussex Healthcare NHS Trust and Maidstone and Tunbridge Wells NHS Trust. The range of placement agreements allows them to consider learners from different catchment areas and ensures they have adequate placement capacity.

Visitors were satisfied with the information provided about the placement providers the education provider has agreements with. The process clearly demonstrated how they work collaboratively with their stakeholders and how this informs learner numbers.

Quality theme 3 – Staff and resources to deliver the proposed programme

Area for further exploration: Visitors acknowledged the CVs the education provider had submitted for the current staff team, however it was not clear on some of the CVs what the clinical or subject specialisms were. Also, in the documentation submitted by the education provider there were suggestions there would be a need to recruit additional staff to deliver the proposed programme. Visitors therefore sought further clarification on the current team's specialisms and assurances that they were adequately experienced to deliver the proposed programme. In addition to this they also requested further information on any plans to recruit additional staff and what the timelines would be for this.

It was noted the speech and language therapy curriculum was broad. In the standards mapping document, references were made to using specialist staff from communities / practicing professionals to deliver some areas of the curriculum. However, it was not clear which areas these would be required in. Visitors therefore also requested further information on the areas where additional input would be required from practicing professionals to ensure how some of the demands of the curriculum would be met, which otherwise could not be met by the current staff team.

Quality activities agreed to explore theme further: We agreed to explore this area further by requesting email clarification from the education provider. We considered the email clarification would be the most effective method to understand the timeline to recruit additional staff and seek assurances that the current staff team were adequately experienced to deliver the proposed programme with some involvement from practicing professionals.

Outcomes of exploration: The education provider confirmed the specialisms of the individual members of staff and provided further details with regards to how many

members of staff were full time and part time. Information was also provided on the additional roles who had been agreed for the proposed programme, which were two 0.4 full time equivalent (FTE) posts. These posts were being progressed through the education providers business planning process.

In their response, they also provided clarification on what areas of the curriculum would require additional input from practicing professionals. These areas included fluency disorders, hearing impairment (including deafness), voice disorders and modifications, cleft lip and other craniofacial conditions and psychiatry mental health conditions. Practicing professionals would therefore be identified to deliver these specific areas and the expectation would be for them to be specialised in clinical roles and have specialist knowledge and experience of their areas. Support for these individuals would be provided via workshops and peer mentoring. The education provider also confirmed there is funding available to support the teaching in the specialist areas where it cannot be covered by the current teaching team.

Visitors were satisfied with the information provided in relation to staff specialisms and the plans to recruit additional staff for the proposed programme. There were clear mechanisms in place to identify the areas where practicing professionals would be required to teach and how they would be trained and supported to deliver the teaching.

Quality theme 4 – Profession specific learning resources available to learners

Area for further exploration: Visitors noted learners have access to the library and the Sim suites, however it was not clear what collection of books learners could access online. In addition to this, visitors were not clear if learners had access to professional resources and material such as computer software and journals. Further clarification was therefore requested on what essential texts and journals were available to learners online and if there was a strategy to develop the collection further to provide learners with access to e books whilst in the practice environment. Visitors also sought further information on whether any specific resources relating to speech and language therapy were made available to learners and how they ensured the currency of these resources.

Quality activities agreed to explore theme further: We agreed to explore this area further by requesting email clarification from the education provider. We considered the email clarification would be the most effective method to understand what resources were available to learners and how they could be accessed.

Outcomes of exploration: The education provider confirmed learners have access to all resources including e books and journals via the BlackBoard (Virtual Learning Environment). BlackBoard is updated on an ongoing basis, which ensures the currency and relevance of the resources. Module leaders also meet with the Faculty Librarian annually to discuss reading lists and other learning materials to ensure the currency of them. Reading list texts are purchased both physically and electronically where possible, to ensure there are adequate learning materials for learners. In addition to this the library subscribes to a variety of journals, including Clinical Linguistics and Phonetics, Topics in Language Disorders and Journal of Communication Disorders. All these resources are accessible to learners online.

Visitors were satisfied with the clarification provided in relation to the learning materials and resources and how these were kept current.

Quality theme 5 – Appropriate number of suitably qualified and experienced practice educators to support learners

Area for further exploration: Visitors noted the education provider required a commitment from all placement providers to ensure they had sufficient staff with appropriate experience to support learners. However, it was not clear to visitors what was considered a suitable number of staff for the number of learners in a practice setting and therefore further information was requested. As part of this, they sought to explore how these numbers were monitored by the education provider.

In addition to this, it was noted all practice educators had to be registered with the HCPC. However, it was not clear what knowledge, skills and experience practice educators were required to have to supervise learners on placement and if they had to achieve a particular level of expertise or length of service as a therapist. Therefore, the visitors sought further information.

Quality activities agreed to explore theme further: We agreed to explore this area further by requesting email clarification from the education provider. We considered the email clarification would be the most effective method to understand the staff: student ratio in a practice setting and what is considered suitable by the education provider. It would also allow us to gain an understanding of the experience practice educators are required to have to supervise learners in placement.

Outcomes of exploration: In their response the education provider confirmed practice educators can support a maximum of two learners. However, to do this they must have completed the Speech and Language Therapy Newly Qualified Professional (NQP) competencies and have attended the education providers Practice Educator training. The Royal College of Speech and Language Therapists (RCSLT) require all practice educators to update their training every three years, however the education provider requires practice educators to refresh their training every two years. The Placement Lead oversees this and ensures all practice educators are suitably qualified to supervise learners on placement.

Visitors were satisfied with the information provided in this section and were assured the education provider had processes in place to ensure appropriate numbers of practice educators were suitably experienced to supervise learners.

Quality theme 6 – Further evidence required on the mapping of the SOPs

Area for further exploration: Visitors were unable to identify how the following SOPs were mapped in the modules:

- SOP 2.13: Understand the centrality of home language(s) to a service user's identity, family life and community (culture and/or religion), by working to maintain, develop or enhance a client's home language.

- SOP 5: Recognise the impact of culture, equality and diversity on practise in a non-discriminatory and inclusive manner.
- SOP 12.5: Understand the theoretical basis of, and the variety of approaches to, assessment and intervention taking account of the need to modify approaches in line with cultural, religious and linguistic needs.

There was also no information provided in relation to consent and capacity in the module descriptors, which were:

- SOP 2.7: Understand the importance of and be able to obtain valid consent, which is voluntary and informed, has due regard to capacity, is proportionate to the circumstances and is appropriately documented.
- SOP 2.8: Understand the importance of capacity in the context of delivering care and treatment.
- SOP 6.5: Recognise that the concepts of confidentiality and informed consent extend to all mediums, including illustrative clinical records such as photography, video and audio recordings and digital platforms.

Further clarification was therefore requested on how the learning outcomes were demonstrated for SOP 2.13, SOP 5 and SOP 12.5 and how these were captured in the assessments. Alongside this further information was sought in relation to consent and capacity.

In addition to the above, the assessment for the placement also appeared to assess more than one skill in each outcome. This led visitors to seek further clarity on if all learners were required to meet all the skills and how the education provider ensured learners were able to meet the SOPs.

Quality activities agreed to explore theme further: We agreed to explore this area further by requesting email clarification from the education provider. We considered the email clarification would be the most effective method to understand how the SOPs are mapped against the learning outcomes and captured in the assessments.

Outcomes of exploration: In their response, the education provider outlined how the learning outcomes were met for the above SOPs and provided details on the assessment.

SOP 2.13 was met through the Development of Communications and Eating Drinking and Swallowing across the Lifespan module. This module allowed learners to explore the development of multilingualism in the context of development of speech, language and communication across the lifespan. This SOP was also mapped against the Clinical Theory and Professional Skills Modules 1,2 and 3. These three modules encourage learners to develop various approaches to assessment and intervention and how to modify their practice in line with the cultural, religious and linguistic needs of the client.

SOP 5 was met through the Academic and Professional Orientation module, which provides learners with the opportunity to engage with Professional Statutory or Regulatory Body (PSRB), Standards of Proficiency (SOPs) and professional guidance on conduct and ethics for learners. This SOP is also mapped against the

Development of Communication and Eating Drinking and Swallowing across the Lifespan module and the Clinical Theory Modules 1,2 and 3.

SOP 12.5 was also met through Clinical Theory and Professional Skills Modules 1,2 and 3.

Further information was also provided in relation to consent and capacity (SOPs 2.7 2.8 and 6.5). The education provider confirmed capacity, consent and confidentiality were central themes in the Academic and Professional Orientation module. In this module learners were required to engage with the HCPC Standards of Proficiency (SOPs) and understand the framework. In addition to this, the Clinical Theory and Professional Skills Modules 1,2 and 3 also addressed this area and required learners to understand the correct procedure for ensuring consent, capacity and confidentiality across all client groups.

In relation to the SOPs being met within the placement assessment, the education provider confirmed all learners are given access to appropriate learning opportunities during their placements to achieve these. The Assessment of Practice Tools are based on HCPC requirements and are used to ensure learners have collected enough evidence. All learners are required to collect a wide range of evidence, which must be signed off by their practice educator.

Visitors were satisfied with the information provided which demonstrated the SOPs were appropriately mapped against the relevant learning outcomes and achieved through the assessments.

Quality theme 7 – Ensure learners meet the expectations of professional behaviour

Area for further exploration: Visitors were unable to identify evidence of how learners completing the programme will meet the expectations of professional behaviour, other than in the assessment for the foundation placement. They wanted to explore this further and understand if this was addressed elsewhere and what processes there were to capture issues regarding professionalism in placement. Further evidence from the education provider was therefore requested outlining the processes that would apply in this area, such as the fitness to practice process.

Quality activities agreed to explore theme further: We agreed to explore this area further by requesting email clarification from the education provider. We considered the email clarification would be the most effective method for the education provider to explain how the programme will meet the expectations of professional behaviour.

Outcomes of exploration: In their response, the education provider confirmed all learners were required to adhere to the HCPC Standards of Conduct, Performance and Ethics. Before commencing placement, learners must also read the HCPC's Guidance on conduct and ethics for students and sign a 'Code of Professional behaviour' declaration.

If there were any concerns relating to learner misconduct or unsuitability these would be addressed immediately by the Placement Coordinator and Head of Department. Unprofessional conduct, such as crossing professional boundaries, unsafe practice

and violent or aggressive behaviour is addressed by the education providers Fitness to Practice guidelines. Where there are concerns about a learner's behaviour the Low level concerns and Fitness to Practice Policy will apply and the concerns will be dealt with through this route.

They also confirmed learners were expected to meet the HCPC requirements for professional behaviour and provided a table, which outlined the HCPC requirements, that were met in each placement.

Visitors were satisfied with the information provided which demonstrated there were appropriate processes in place to address professional behaviour.

Quality theme 8 – Ensuring the programme remains relevant to current practice

Area for further exploration: There was evidence of the programme being mapped against current standards. It was not clear to visitors what mechanisms or processes the education provider had in place to ensure the programme remained relevant to current practice. Visitors requested further information in relation to this area and how the programme would remain current.

Quality activities agreed to explore theme further: We agreed to explore this area further by requesting email clarification from the education provider. We considered the email clarification would be the most effective method for the education provider to provide assurances on how the programme would remain relevant to current practice.

Outcomes of exploration: The education provider explained how there were various strategic processes and initiatives the teaching team were required to engage with, to ensure the currency of the curriculum. Some of these processes included continuing professional development (CPD), contributing to research and involvement with professional statutory regulatory body (PSRB) activities. These processes ensured staff continued to maintain and develop their knowledge, skills and expertise in line with current practice. Visitors were satisfied with the information provided and were assured there were several mechanisms to ensure the programme curriculum and staff knowledge remained relevant to current practice.

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.

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 entry criteria is available on the education providers website. For postgraduate programmes more specific information about entry criteria is included in the individual programme specific information.
 - The information available is clear and set at an appropriate level for a postgraduate programme. The criteria include the requirement for an enhanced disclosure and barring service (DBS) check, occupational health clearance and at least a level 2, which is the equivalent of a GCSE grade C or above in English and Maths. In addition to this, international students are required to provide an International English Language Testing System (IELTS) certificate.
 - Visitors were satisfied with the information available on the education providers website, which clearly stated applicants for this programme must have a 2:1 degree in a related area.
 - The visitors therefore considered the relevant standard within this SET area met.
- **SET 3: Programme governance, management and leadership –**
 - Visitors acknowledged the CVs for the staff who would be delivering the programme but sought further clarification through [Quality theme 3](#) on the clinical or subject specialisms for the individual staff members as this was unclear. In response to this the education provider submitted details of the specialisms, which the visitors were satisfied with.
 - Clarification was also requested on if there were any plans to recruit additional staff. The education provider confirmed additional hours for 2 0.4 FTE posts had been agreed. The existing processes for practice-based learning will be used to allocate, audit and assess practice placements for the proposed programme. The assessment for practice-based learning is clear and includes formative and summative assessments. All placements are assessed individually and are awarded a pass or fail.
 - The education provider demonstrated they work in partnership with practice education providers and collaborate with them regularly regarding placement opportunities. For example, the Practice Learning Sub Committee meet every two months to discuss practice-based learning at a strategic level and consider how this area could be developed and enhanced further. Also, the Operational Contract and Quality Meetings take place biannually and all practice education providers are invited to attend. There was clear evidence of there being a range of platforms where the education provider worked collaboratively with the practice education providers.
 - Through [Quality theme 1](#), the visitors clarified the role of the Faculty Placement Learning Sub Committee (FPLSC).
 - The visitors therefore considered the relevant standard within this SET area met.
- **SET 4: Programme design and delivery –**
 - Visitors noted the programme was designed around reflective practice, which was integrated into the clinical theory and professional skills modules.

- The development of evidence-based practice is included in all modules and is highlighted in more detail in the Evidence based and Sustainable Practice module, which also considers research methodologies.
- It was evident theory and practice had been integrated into the taught element of the programme and there were a range of learning and teaching methods.
- Through [Quality theme 6](#), visitors explored how some of the SOPs were mapped against the learning outcomes.
- Meeting the expectations of professional behaviour were included in the assessment for the foundation placement, however there was no evidence of this being demonstrated elsewhere. Through [Quality theme 7](#), visitors explored how issues regarding professionalism would be addressed.
- There was clear evidence of the curriculum being relevant to current practice. However, visitors noted mental health in adults was mapped against Clinical Theory and Professional Skills module 1, which was a paediatric focused module and further clarification was requested. The education provider confirmed mental health in adults was covered in the Clinical Theory and Professional Skills module 2 and the Development of Communication and Eating Drinking and Swallowing across the Lifespan.
- There was evidence provided, which demonstrated learners were required to meet the HCPC expectations of professional behaviour, including the standards of conduct, performance and ethics in each placement.
- The visitors therefore considered the relevant standard within this SET area met.
- **SET 5: Practice-based learning –**
 - The structure and duration of practice-based learning demonstrates learners can achieve the learning outcomes and are supported with a variety of practice-based learning opportunities across the area. The opportunities offered are a range of traditional and non-traditional settings, such as hospitals, education, statutory community services and third sector organisations.
 - Learners commence placements in the last term of their first year and continue into the second year with the teaching being delivered alongside this which demonstrated an integrated approach.
 - Visitors noted placements were regularly audited to ensure there were adequate staff to supervise learners with the appropriate skills and experience. However, through [Quality theme 5](#), visitors explored what was considered an adequate number of staff by the education provider and what skills and experience were required, as this was not clear to them.
 - The visitors therefore considered the relevant standard within this SET area met.
- **SET 6: Assessment –**
 - There was a variation of assessment methods used that linked theory to practice, which allowed learners to develop and demonstrate a range of knowledge and skills.

- Assessments are designed to be fair to learners. Learning outcomes are assessed for each module and aim to equip students with the relevant skills and knowledge to be eligible to apply onto the Register.
- Visitors noted the placement assessment was broad and assessed more than one skill in each outcome. Through [Quality theme 6](#) further clarity was sought on if learners were required to meet all the skills.
- The visitors therefore considered the relevant standard within this SET area met.

Risks identified which may impact on performance: 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).

Referral to next scheduled performance review

[Quality theme 1](#) explored the education providers engagement with placement providers. Through this activity the education provider has explained the purpose of the Board of Study and how due to the structure of the engagement with placement providers is limited. As a result of this, the education provider will be introducing additional Course Committee meetings from 2023-24 to increase engagement with placement providers. It is recommended the development in this area is reflected upon during the providers next performance review.

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. The education provider has clearly demonstrated how they meet our education standards.

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
- The education provider's next engagement with the performance review process should be in the 2024-25 academic year

Reason for this decision: The education and Training Committee Panel agreed with the findings of the visitors and were satisfied with the recommendation to approve this programme.

Appendix 1 – list of open programmes at this institution

Name	Mode of study	Profession	Modality	Annotation	First intake date
BSc (Hons) Diagnostic Radiography	FT (Full time)	Radiographer	Diagnostic radiographer		01/07/2004
BSc (Hons) Occupational Therapy	FT (Full time)	Occupational therapist			01/09/2000
BSc (Hons) Operating Department Practice	FT (Full time)	Operating department practitioner			01/09/2009
BSc (Hons) Paramedic Practice	FT (Full time)	Paramedic			01/09/2016
BSc (Hons) Paramedic Science	FT (Full time)	Paramedic			01/04/2011
BSc (Hons) Physiotherapy	FT (Full time)	Physiotherapist			01/09/2018
BSc (Hons) Speech and Language Therapy	FT (Full time)	Speech and language therapist			01/09/2018
Doctorate in Clinical Psychology (DClinPsychol)	FT (Full time)	Practitioner psychologist	Clinical psychologist		01/01/1998
Non-Medical Prescribing	PT (Part time)			Supplementary prescribing	01/03/2019
Non-Medical Prescribing	PT (Part time)			Supplementary prescribing; Independent prescribing	01/03/2019
Pg Dip Speech and Language Therapy	FT (Full time)	Speech and language therapist			01/02/2007