Approval process report

University of Suffolk, Diagnostic Radiography, 2021 - 22

Executive Summary

This is a report of the process to approve a Diagnostic Radiography programme at the University of Suffolk. This report captures the process we have undertaken to assess the institution and programme(s) against our standards, to ensure those who complete the proposed programme(s) 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 programmes 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(s) is approved.

Through this assessment, we have noted
- The programmes meet all the relevant HCPC education standards and therefore is approved.

Previous consideration	This is a new programme for which the education provider is seeking approval.
Decision	The Education and Training Committee (Panel) is asked to decide: • whether the programmes are approved
Next steps	Outline next steps / future case work with the provider: • The provider's next performance review will be in the 2025-26 academic year. • Subject to the Panel's decision, the programme will be approved and delivered by the education provider from January 2024.

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:

Rachel Picton	Lead visitor, radiographer / diagnostic radiographer
Shaaron Pratt	Lead visitor, radiographer / diagnostic radiographer
Temilolu Odunaike	Education Quality Officer
Tracey Samuel-Smith	Education Manager

Section 2: Institution-level assessment

The education provider context

The education provider currently delivers 8 HCPC-approved programmes across 4 professions which includes 2 post registration programmes for the annotations of supplementary prescribing; independent prescribing. It is a Higher Education Institution and has been running HCPC approved programmes since 2002.

The education provider had their new BSc (Hons) Physiotherapy FT (Full time) programme approved in May 2022. They have also recently concluded their performance review where they received a four-year review period which means their next performance review will be in 2025-26.

The education provider already delivers a BSc (Hons) Diagnostic Radiography programme. Their undergraduate Radiography programmes have undergone changes over more recent times and relate to programme design and delivery, programme management and resources, programme governance, management and leadership, and practice-based learning. The operating department practitioner and paramedic profession programmes have undergone changes to reflect a change to the level of qualification for entry to the register. Prescribing provision has also had changes to reflect legislation.

The education provider went through the performance review process in the 2021/22 academic year and received an outcome of a four-year review which means their next performance review will be in 2025-26 academic year.

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	Operating Department Practitioner	☒Undergraduate	☐Postgraduate	2002
	Paramedic	☒Undergraduate	☐Postgraduate	2015
	Physiotherapist	☒Undergraduate	☐Postgraduate	2022
	Radiographer	☒Undergraduate	☒Postgraduate	2002
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	513	528	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 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%	2%	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 the data point is still comparable to the benchmark and there

				are no impact on SETs considered.
Graduates – Aggregation of percentage in employment / further study	94%	98%	2019-20	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 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 dropped by 2% We did not explore this data point through this assessment because the data point is still higher than the benchmark and there is no impact on SETs considered.
Teaching Excellence Framework (TEF) award	N/A	Bronze	June 2017	The definition of Bronze TEF award is "Provision is of satisfactory quality." We did not explore this data point through this assessment because the education provider has only recently (March 2023) completed their performance review where any issues relating to teaching quality would have been picked up.

| National Student Survey (NSS) overall satisfaction score (Q27) | 73.3% | 67.8% | 2022 | This data was sourced at the subject level. This means the data is for HCPC-related subjects. The data point is below the benchmark, which suggests the provider is performing below sector norms. When compared to the previous year's data point, the education provider's performance has improved by 1% We did not explore this data point through this assessment because it had been explored during the performance review process. |
| HCPC performance review cycle length | | | | The outcome of the 2021-22 performance review was a four-year review period. This means the education provider's will next be reviewed in the 2025-26 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** –
  - The admissions policy covering information for applicants is set at institution level and will apply to the new programme. The education

provider ensures information is provided to applicants in a transparent and consistent manner and requirements for admission are clearly outlined.

- **Assessing English language, character, and health** –
  - o There is a university-wide policy for determining applicants' suitability as it relates to English language proficiency. This is included in the Admissions policy and applies to the new programme. Additionally, the Disclosure and Barring Service (DBS) process and the Occupational Health requirements are set at School level and apply to all Allied Health Professions (AHPs). These also apply to the new provision.
- **Prior learning and experience (AP(E)L)** –
  - o There is an institution wide Recognition of prior learning policy which determines the qualifications / experience to be awarded credits against content in programmes. This will apply to the new programme. The programme under consideration is the first AHP programme the institution delivers at postgraduate level. As such, the institution has outlined that the Framework and Regulations for Taught Postgraduate Awards will be updated with "similar variations that exist in our undergraduate programmes" already approved by HCPC.
- **Equality, diversity and inclusion** –
  - o Equality, diversity and inclusion is included in the programme's Admissions policy to ensure transparency and consistency. The Equality, Diversity and Inclusion Policy and the Applicants Appeals and Complaints Procedure will apply to the new provision, are all part of the institution-wide policies.

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 are institution-wide policies and procedures covering the delivery of the programme to expected threshold level of entry to the Register. Some of these include the Assessment Board Policy which makes the final decision on learners' progression and award and ensures integrity of the academic standard is observed. The External Examiners Policy ensures the appointment of external examiners at appropriate level. Procedures for validation and re-approval of programmes are set at institution level and will apply to the new provision.
  - o The programme under consideration is the first AHP programme the institution will deliver at postgraduate level. As such, the institution has outlined that the Framework and Regulations for Taught Postgraduate

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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

Awards will be updated with "similar variations that exist in our undergraduate programmes" already approved by HCPC.

- **Sustainability of provision**
  - o Management of academic provision as well as risk-based monitoring and enhancement processes are institution-wide processes and procedures to ensure sustainability of the programme. Procedures for validation and re-approval of programmes are also in place to ensure sustainability. We understand that these will apply to the new provision in the same way.
- **Effective programme delivery**
  - o To ensure effective delivery of the programme, there are institution wide framework and procedures in place, such as Management of Academic Provision Framework which outlines the roles and responsibilities of those involved in delivering and supporting the programme to ensure it is effectively managed. This is set at institution level and will apply to the new programme.
- **Effective staff management and development**
  - o The Support for Staff Academic Study Policy and the Continuing Professional Development Policy outline the commitment of the education provider to providing training and development opportunities. The policies also set out the framework of support offered to staff undertaking development opportunities. We understand from the information submitted by the provider that these institution-wide policies will apply to the new provision.
- **Partnerships, which are managed at the institution level**
  - o The education provider noted several policies and procedures covering partnerships, which are maintained at institution level. Some of these include the Work-based and Placement Learning Framework, Practice Education Model, Course Validation Procedure and Re-approval and Securing educational standards policy. We understand from the information provided by the education provider that these institution or school policies will apply in the same way to the new provision

Non-alignment requiring further assessment: None

Quality, monitoring, and evaluation

Findings on alignment with existing provision:
- **Academic quality**
  - o There are frameworks and processes covering academic quality which are set at institution level. These include the External Examiners Policy, Risk - Based Monitoring and Enhancement (RiME) Procedure, Securing Educational Standards and the Educational Audit Flowchart. The provider noted there will not be any changes to how these policies are applied to the new provision.

- **Practice quality, including the establishment of safe and supporting practice learning environments**
  - There are several policies and procedures in place to ensure the quality of practice and a safe and supportive learning environment. Some of these include the RiME Procedure, Work Based and Placement Learning Framework, Tutorial Policy, Raising and Escalating Concerns Procedure and the Educational Audit Flowchart. All of the policies and processes will apply to the new programme.
- **Learner involvement**
  - There is a Student Representation and Student Voice Policy that ensures learners are involved in programmes by setting out the principles for gathering feedback from learners. The Course Validation and Re-approval Procedure also in place ensures learner involvement. These policies are set at institution level and apply to the new provision.
- **Service user and carer involvement**
  - The education provider noted a Service user and carer strategy 2020-24 which provides an overview of the areas where service users are normally involved in the programme including student selection interviews; reviewing course design documentation; teaching and assessment; and School level committees. This strategy, alongside other frameworks, is school-wide and applies to all AHP programmes including the new provision.

Non-alignment requiring further assessment: None

Learners

Findings on alignment with existing provision:
- **Support**
  - There are several policies covering how learners on the new provision are supported. Some of these include Extenuating Circumstances Procedure, Financial Support Fund Policy, Tutorial policy, Student Complaints Procedure, Safeguarding Policy and Reasonable Adjustments Code of Practice for students. All of these policies are set at institutional level and will apply to the new provision.
- **Ongoing suitability**
  - There are several institution-wide policies which the provider noted are in place to ensure ongoing suitability of the new programme. All other policies such as Extenuating Circumstances Policy, Fitness to Practice Procedure, Student Discipline Procedures and DBS process for PSRB courses are set at institution level and will apply to the new provision.
  - The programme under consideration is the first AHP programme the institution will deliver at postgraduate level. As such, the institution has outlined that the Framework and Regulations for Taught Postgraduate

Awards will be updated with "similar variations that exist in our undergraduate programmes" already approved by HCPC.

- **Learning with and from other learners and professionals (IPL/E)**
  - o The education provider's Interprofessional Learning Strategy is set at School level and would also apply to the new programme. The education provider noted it as a procedure covering all AHP programmes with the aim of enhancing learners' understanding of other professions.
- **Equality, diversity and inclusion**
  - o Policies such as the Equality & Diversity Policy, Dignity at Study Policy, Student Complaints Procedure, Securing Educational Standards and Work Based and Placement Learning Framework are all institution-wide policies covering Equality, diversity and inclusion. All of these policies will apply to the new provision.

- **Non-alignment requiring further assessment:** None

Assessment

Findings on alignment with existing provision:
- **Objectivity**
  - o To ensure assessments are objective, there are institutional policies in place such as the Assessment Moderation Policy, External Examiners Policy, Reasonable Adjustments Code of Practice and Regulations for the Preparation and Conduct of Invigilated Examinations. All of these will apply to the new provision.
  - o The programme under consideration is the first AHP programme the institution will deliver at postgraduate level. As such, the institution has outlined that the Framework and Regulations for Taught Postgraduate Awards will be updated with "similar variations that exist in our undergraduate programmes" already approved by HCPC.
- **Progression and achievement**
  - o To ensure learners can progress appropriately, there are institutional policies in place such as the Assessment Board Policy and Student Attendance end Engagement Monitoring Policy. All of these will apply to the new provision.
  - o The programme under consideration is the first AHP programme the institution will deliver at postgraduate level. As such, the institution has outlined that the Framework and Regulations for Taught Postgraduate Awards will be updated with "similar variations that exist in our undergraduate programmes" already approved by HCPC.
- **Appeals**
  - o The Academic appeals procedure is an institution-wide procedure that allows learners to appeal their ratified academic results or circumstances related to them. It also provides guidance on grounds

for appeal and possible outcomes. This procedure will apply to the new 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.

The programme under consideration is the first Allied Health Professions (AHP) programme the institution will deliver at postgraduate level. As such, the institution has outlined the Framework and Regulations for Taught Postgraduate Awards (as outlined in the above section) will be updated with "similar variations that exist in our undergraduate programmes" already approved by HCPC. Therefore, the visitors considered the postgraduate specific regulations as part of their Stage 2 assessment.

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 Diagnostic Radiography	FT (Full time)	Radiographer / Diagnostic radiographer	15 learners, 1 cohort	08/01/2024

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 – Managing staff shortages in practice-based learning

Area for further exploration: A review of the practice-based learning audit and practice agreements suggested an adequate number of staff in practice-based learning. However, in the audits for the BSc programme, staffing shortages were mentioned by two of the practice education providers and another stated learners were supervised by locum radiographers. As such, the visitors requested to know how the education provider responds to the staff shortages identified by practice education providers.

Quality activities agreed to explore theme further: We sought clarification through email response and possible additional evidence. We were satisfied this approach would adequately address the visitors' concerns.

Outcomes of exploration: In their response, the education provider explained that practice educators monitor supervision capacity and adjust learner rotas where needed. There is a clear supervision policy which is displayed in all departments and both staff and learners are encouraged to bring to the attention of the practice educator any challenges which arise. The education provider maintains regular communication with, and provides support to, all practice education providers ensuring learners are experiencing 'an equitable and effective learning experience'. The education provider cited examples of how they do this, including:

- Provision of online supervision and mentor training for all radiographers.
- Direct feedback mechanism for placement staff to contact practice leads at the education provider.
- Identifying and implementing alternative supervision / learning models where appropriate, such as coaching and peer support.

The visitors were satisfied that the education provider had clearly evidenced that there is a mechanism for learners to report should a problem arise with supervision in practice-based learning. It was also clear that the programme team has also considered an alternative means of providing placement learning.

The visitors were satisfied that the quality activity had adequately addressed their concerns. Therefore, they considered the standard met.

Quality theme 2 – How standards of proficiency relating to Ultrasound MRI, radionuclide imaging and fluoroscopy are covered and assessed.

Area for further exploration: The visitors noted that the content of the Practice Placement Modules did not include Ultrasound MRI, radionuclide imaging and fluoroscopy. Therefore, there was no evidence of how the standards of proficiency related to these areas will be delivered. Guidelines only for practice hours for these areas were included in the placement handbook. Therefore, the visitors requested additional evidence to determine how learners will achieve the level of expertise required as identified in the following SOPs:

- 13.37 - assist with ultrasound imaging procedures
- 13.36 - perform standard magnetic resonance imaging procedures
- 13.38 - assist with imaging procedures involving the use of radionuclides including positron emission tomography (PET) tracers and particle emitters
- 13.34 - manage and assist with fluoroscopic diagnostic and interventional procedures, including those that are complex and involve the use of contrast agents.

Quality activities agreed to explore theme further: We approached this by requesting additional evidence to demonstrate how the missing SOPs will be covered. We were satisfied this approach would adequately address the visitors' concerns.

Outcomes of exploration: In their initial response, the education provider submitted evidence that demonstrated how SOPs 13.37,13.36 and 13. 34 are met. The visitors reviewed the updated practice assessment documents (PAD) and Continuous Feedback Documents for Years 1 and 2 and were satisfied these SOPs have been adequately covered. However, the visitors noted that the education provider had stated that they have very limited access to PET within the region and at their placement sites. As such, they did not specifically include a competency to cover this as they considered it would be unachievable for all learners. The education provider intended to cover the theoretical aspect within the Applications of Diagnostic Imaging module. However, the visitors considered theory alone will not provide the learners with the necessary skills for this standard. Therefore, they considered the education provider would have to find a way of ensuring learners can meet the standard and as such, they requested further evidence through a second quality activity.

Through the second quality activity, the education provider confirmed that simulated placement experience will be provided, followed by a one-day placement in PET Computed Tomography (CT). Updated PADs were received and demonstrated how the SOP will be taught and assessed.

The visitors were satisfied that the additional evidence submitted had adequately demonstrated how the outstanding SOP would be delivered and assessed. Therefore, they considered the standard met.

Quality theme 3 – Integration of theory and practice

Area for further exploration: We noted there was no clear evidence regarding integration of theory and practice in the programme. A block plan was provided but it was unclear how theoretical learning is integrated with practice learning. As such, it was not evident that learners will be able to apply knowledge to practice as it was unclear when specific modules are being delivered. We requested further clarification showing when in the programme the theory modules are delivered and how they are integrated with practice-based learning.

Quality activities agreed to explore theme further: We sought clarification through email response and if required, additional evidence. We were satisfied this approach would adequately address the visitors' concerns.

Outcomes of exploration: The education provider submitted a more detailed programme calendar clearly demonstrating the academic and placement components. We understood practice learning is scaffolded on the preceding academic components. For example, the first academic module (Introduction to Diagnostic Imaging) provides learners with the fundamental knowledge and skills to perform routine imaging which they then can put into practice during their first placement. Learners are required to complete a PAD which includes a range of competencies, practical assessments, and attendance hours to reflect the preceding academic components.

The visitors were satisfied that the response clearly demonstrates that theory and practice are linked and how they support each other. Therefore, the visitors concluded the quality activity had addressed their initial concerns and as such, they considered the standard met.

Quality theme 4 –Rules for progression

Area for further exploration: In terms of the assessment strategy, we noted compulsory modules and pass marks were identified. However, there was no information about the rules for progression on the programme and the number of resits learners are allowed and in what time frame. Therefore, the visitors were unable to determine whether learners would progress with the appropriate learning and in an appropriate timeframe. Therefore, we requested additional evidence to demonstrate the rules for progression on the programme and how many resits learners are allowed and in what time frame.

Quality activities agreed to explore theme further: We sought clarification through email response and additional evidence. We were satisfied this approach would adequately address the visitors' concerns.

Outcomes of exploration: Regarding rules for progression, we understood that in situations where a learner is referred in an assessment, they will be permitted one further attempt (capped at 50%). Where the re-sit assessment is failed, the assessment board may permit a third and final attempt or offer the learner a

module retake. Re-sits are usually set four weeks following an assessment board. We noted this information was also provided in the updated PAD and Framework and Regulations for Taught Postgraduate Awards.

The visitors were satisfied that the clarification provided together with the updated documents has reassured them that learners are aware of the rules for progression on the programme. Therefore, they considered the relevant standard 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** –
  - Recruitment, admissions, and induction processes are outlined within the programme documentation. We noted the entry criteria stated a BSc or BA (Hons) degree or equivalent in "an appropriate subject". We received clarification that this covers graduates achieving 2:2 or above from across a range of disciplines such as biological sciences, physics, or health sciences. It also includes non-health / science related degrees where applicants are able to demonstrate transferable skills or an appropriate level of recent practical experience in healthcare or

science. In such cases each application will be considered on its own merits.
- o The visitors were satisfied that the evidence showed the selection and entry criteria are appropriate to the level and content of the programme and are clearly set out for potential applicants.
- o They therefore determined that the relevant standard in this SET area is met.

- **SET 3: Programme governance, management and leadership** –
  - o There are regular meetings between the radiography team and practice partners. These include Education Liaison Group (ELG) meetings, student voice fora and Practice Educator meetings.
  - o The programme has been discussed with practice education providers on numerous occasions. These include the Course Design and Development Event (CDDE), direct email between head of radiography and department managers, bi-monthly Practice Educator meetings and biannual ELG meetings.
  - o There is a process in place for ensuring availability and capacity of practice-based learning, as evidenced by the audits and practice placement agreements. There are annual meetings between the practice managers and the head of Allied Health Professions (AHP) to discuss practice placement capacity.
  - o Curriculum vitae (CVs) were supplied which highlights the range of staff with their skills, experience and academic level. The CVs also show staffing expertise.
  - o There is a wide range of resources available both physical and online including skills and simulation environments. There is 24 hours access to IT facilities. The library is open 7 days a week. Resources include clinical simulation facilities, featuring two state-of-the-art hospital wards and a working radiography imaging suite.
  - o The visitors were satisfied there are processes in place to ensure the programme is properly led and manged and that effective systems and processes are in place to monitor and improve the way the programme is delivered.

- **SET 4: Programme design and delivery** –
  - o The education provider submitted a mapping of the standards of proficiency (SOPs) to the learning outcomes for each module. Though [quality theme 2](), we received further clarification and additional evidence to demonstrate how all the SOPs are covered in the programme.
  - o There is clear link to a learner code of conduct reflecting different elements of the Standards of Conduct, Performance and Ethics (SCPEs) and other professional guidance.

- o Evidence showed the programme has used the current approved BSc (Hons) as a base to demonstrate how it ensures it remains current to the philosophy, core values, knowledge and skills of the profession.
- o Clear engagement with current clinical practitioners and service managers as well as attendance at national events and engagement with Continuing Professional Development (CPD) helps to ensure relevance to current practice.
- o As outlined through quality theme 3, there is a clear link between theory and practice. There is clear evidence that the learning and teaching methods support learners in achieving the learning outcomes.
- o Included in the philosophy of the programme and learning outcomes of the module descriptors is evidence that demonstrates the delivery of the programme supports and develops autonomous and reflective thinking as well as evidence -based practice.
- o The visitors were satisfied that through the initial submission and quality activity, the education provider has demonstrated that the design and delivery of the programme would ensure that anyone who completed it is able to meet the SOPs for diagnostic radiographers.
- o Therefore, the visitors determined the standards within this SET area are met.

- **SET 5: Practice-based learning** –
  - o Clear details about practice-based learning provided in the practice placement handbook and the programme handbook demonstrated practice-based learning is integral to the programme.
  - o Evidence showed practice-based learning approach supports the achievement of the learning outcomes. There is a good range of practice-based learning opportunities available to the learners. The clinical placement handbook provides the details of the duration and structure.
  - o The audits and practice agreements showed there is an adequate number of staff in practice-based learning. Through quality theme 1, we understood the education provider's approach to managing staff shortages in practice-based learning.
  - o Practice educator training demonstrates how the education provider ensures practice educators have relevant knowledge, skills and experience to support safe and effective learning.
  - o The visitors were satisfied the education provider had adequately demonstrated their responsibility for governance and quality assurance of practice-based learning and that they have effective systems and processes in place to support it.
  - o The visitors therefore considered all standards in this SET area met.

- **SET 6: Assessment – as above**
  - o The information provided in the initial submission and through quality activity demonstrates that assessments are designed in a way that

would ensure learners can meet the SOPs before completing the programme. As outlined in [quality theme 4](#), rules for progression are clearly outlined in the programme documentation.
- o The SCPEs are clearly embedded into the learning outcomes of the modules and there are clear and appropriate assessments to all learning outcomes.
- o The visitors were satisfied that the evidence submitted as well as the quality activity clearly demonstrate that the assessments would support learners in achieving the learning outcomes and ultimately meet our standards of proficiency for diagnostic radiographers.
- o The visitors determined standards within this SET area are 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).

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 programmes 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 – list of open programmes at this institution

Name	Mode of study	Profession	Modality	Annotation	First intake date
BSc (Hons) Operating Department Practice	FT (Full time)	Operating department practitioner			01/09/2017
BSc (Hons) Paramedic Science	FT (Full time)	Paramedic			01/04/2015
BSc (Hons) Physiotherapy	FT (Full time)	Physiotherapist			19/09/2022
BSc (Hons) Diagnostic Radiography	FT (Full time)	Radiographer	Diagnostic radiographer		01/09/2006
BSc (Hons) Radiotherapy and Oncology	FT (Full time)	Radiographer	Therapeutic radiographer		01/09/2011
BSc (Hons) Therapeutic Radiography	FT (Full time)	Radiographer	Therapeutic radiographer		01/09/2020
Non-Medical Independent and/or Supplementary Prescribing	PT (Part time)			Supplementary prescribing; Independent prescribing	01/01/2014
Non-Medical Supplementary Prescribing	PT (Part time)			Supplementary prescribing	01/01/2014