

35. The high proportion of students obtaining First and Upper Second class degrees is noteworthy and all the DipHE Pre-Registration students in the 1998 cohort achieved registration to Part 10 of the UKCC Professional Register. All graduates over the last three years have obtained employment as midwives in local NHS Trusts, while midwives met during clinical practice visits stated that students were 'fit to practice' upon the successful completion of their programmes. This was confirmed by the employers.

Summary of academic and practitioner standards in midwifery in relation to the emerging health professions framework

With respect to academic and practitioner standards, the reviewers conclude that in midwifery:

- the intended learning outcomes ensure appropriate engagement with underpinning theory used to inform practice and are appropriate to meet expectations in relation to knowledge, understanding and skills for entry onto part 10 of the NMC Professional Register and other professional requirements;
- although module handbooks contain clear details of them, reviewers noted that there are too many learning outcomes;
- the curriculum fosters reflective practice to produce graduates who meet the needs of employers and are able to work effectively in a changing NHS environment with a commitment to research;
- curriculum content and design are informed by recent developments in teaching and learning and by current scholarship and research focused on both clinical and educational practice;
- although there is not always good linkage between assessment design and learning outcomes of modules, and marking criteria are not a standard feature, marking is nevertheless rigorous, consistent and moderation follows the School's strategy;
- the overall standard of the achievement of learning outcomes is fully satisfactory and students are fit for practice;
- all the DipHE pre-registration students in the 1998 cohort achieved registration to Part 10 of the UKCC Professional Register, and all graduates over the last three years have obtained employment as midwives in local NHS Trusts.

Overall, the reviewers have confidence in the academic and practitioner standards achieved by the programmes in midwifery at the University of Beeston.

B3. Health Visiting

Intended learning outcomes

36. Learning outcomes for the **BSc (Hons) Community Health Care Nursing** and **MSc Health Care Practice** reflect the School's aims and are appropriate to the level of the awards. Outcomes are clearly identified in the programme specifications, programme handbook and modular records. The BSc is also designed to ensure that NMC standards are met and that there is appropriate reference to the National Service Frameworks (NSF). The MSc outcomes are set appropriately to meet the needs of advanced practitioners.

37. The BSc programme incorporates nurse prescribing, and learning outcomes relate to modern practice requirements. Learning outcomes demand synthesis of theory with practice and, at level 3, the development of research skills. Of special note is the facilitation of outcomes related to specialist knowledge through the use of community practice teachers. Outcomes support the development of good levels of knowledge and skill in both programmes. They are appropriately communicated to students, academic and clinical staff through programme and module handbooks.

Curricula

38. Programme specifications, student and module handbooks, external examiner and PSRB reports confirm that the design and content of the BSc curriculum foster the achievement of the intended learning outcomes in terms of knowledge and understanding, cognitive skills and practical and professional skills. Programme specifications are explicit in identifying the personal and professional development opportunities within the curriculum. The structure is flexible to meet NHS and student needs. The programme can be taken through full and part-time routes. The final 10 weeks are successfully designed to consolidate learning in practice and professional competence. The reviewers share the external examiners' view that the curriculum imposes intellectual and professional challenge appropriate to degree Level 3. The MSc curriculum relates closely to its declared learning outcomes and is set at an appropriate level.
39. Curricula content and design are informed by recent developments in teaching and learning and by current research and scholarship focused on both clinical and education practice. There is also strong evidence of a partnership approach demonstrated by the involvement of practitioners and service users in curriculum planning and delivery, the latter through the community practice teacher.
40. Practice-based learning constitutes 50 per cent of the students' curriculum hours and is integral to the BSc programme. During part-time placements the structure of the programme is designed to provide opportunities for reflection. The students' work associated with the development of a portfolio assists in integrating their theoretical knowledge with practice. It is an invaluable means of developing reflective practice, lifelong learning and a commitment to continuing professional development. Students are well prepared for practice in health visiting. The MSc is balanced differently in view of the students being largely part-time and in professional practice. Reflective practice and a research module are compulsory while, in addition, students select from a menu of taught units, independent study and work-based learning to design their programmes to best meet their professional, academic and personal needs.
41. Effective relationships have been developed between the School, link tutors and community practice teachers. Local networking takes place between community practice teachers and they are well supported in their education and training by the School. Service users are members of the Community Practice Course Committee and community practice teachers are involved in providing feedback to the School to ensure that the curricula are current and address NHS needs.

Assessment

42. Assessment processes used within both Health Visiting programmes reflect the *Code of Practice*. Assessment strategies for the subject are designed appropriately to measure achievement of the intended learning outcomes. A diverse range is used, including projects, essays and learning contracts, and guidelines for individual assignments are clear. Strategies are selected to match course learning outcomes. Assessment of practice is achieved through the use of a comprehensive community practice portfolio and all theoretical assignments require that students examine practice in detail. Community practice teachers or specialist practice mentors assess students in practice and support achievement of practice outcomes using learning contracts for which there is very clear guidance. Assessment is also clearly identified for learning opportunities within specialist practice settings that contribute to student development. Assessment processes enable demonstration of differing levels of academic achievement.
43. The reviewers agree with the view of external examiners that the marking process demonstrates integrity and security. There is a high level of agreement between external examiners and internal markers. Comprehensive written and oral feedback is given to students following submission. Feedback clearly indicates how students may improve their performance and is cross-referenced to explicit marking criteria.
44. The use of both subject and award boards provides external examiners with the opportunity to review student work relating to individual modules and to obtain an overview of individual student progress.

Student achievement

45. Samples of student work from the health visiting programmes indicate that the experience, aptitude and attitude of the individual student determine individual learning opportunity and outcome. In particular, student portfolios from the level 3 Practice Assessment Schedule provide clear evidence of analytical and subject-specific skills, while level 2 essays reviewing research-based evidence provide evidence of critical awareness. The Evidence-Based Practice and Clinical Effectiveness modules particularly illustrate students' capacity to critically appraise evidence and to make informed decisions regarding its relevance to their own practice.
46. External examiners make many positive commendations of the work produced by students. The profile of BSc degree results is commensurate with a good level of achievement and comparable with that of other institutions. Almost all graduates proceed directly into employment with local NHS Trusts. MSc graduates have benefited from promotion to senior posts on completion of their degree. These are indicators of the fulfilment of the expectations of the emerging health professions framework. There is evidence suggesting that employers actively seek to appoint health visiting graduates from the University of Beeston.

Summary of academic and practitioner standards in health visiting in relation to the emerging health professions framework

With respect to academic and practitioner standards, the reviewers conclude that in health visiting:

- learning outcomes for the **BSc Community Health Care Nursing** and **MSc Health Care Practice** reflect the School's aims and are appropriate to the level of the awards. The MSc outcomes meet the needs of advanced practitioners;
- the curricula enable students to achieve the intended learning outcomes of both programmes; their content and design are informed by recent developments in teaching and learning and by current research and scholarship focused on both clinical and education practice;
- community practice teachers are involved in providing feedback to the School to ensure that the curricula are current and address NHS needs;
- assessment of practice is achieved through the use of a comprehensive community practice portfolio and all theoretical assignments require that students examine practice in detail;
- external examiners make many positive commendations of the work produced by students. Almost all BSc graduates proceed directly into employment with local NHS Trusts, while MSc graduates have benefited from promotion to senior posts.

Overall, the reviewers have confidence in the academic and practitioner standards achieved by the programmes in health visiting at the University of Beeston.

B4. Occupational Therapy

Intended learning outcomes

47. The intended learning outcomes include knowledge and understanding, as well as stressing the acquisition of cognitive, practical and professional skills, reflecting the aims outlined both for the programme and the overall aims of the provision. They are clearly stated in the award specifications and communicated well to students through their module guides. Occupational therapy handbooks clearly link intended learning outcomes with individual modules and their contents ensuring that the curriculum maps against outcomes.
48. The learning outcomes are appropriate to the level specified by the FHEQ and they clearly meet the professional body (College of Occupational Therapists (COT)) and Health Professions Council (HPC)

requirements. A closer correlation with the benchmark statement than was previously the case has been achieved with the specifications for the new pre-registration programme, commencing in September 2002.

Curricula

49. The BSc degree is a full-time, three-year pre-registration programme that aims to prepare students to become qualified and registered occupational therapists. It was developed with the active participation of partners, including Ashburton WDC and clinicians from local NHS Trusts. The programme specifications, handbooks, external examiners' reports and PSRB reports confirm that the design and content of the occupational therapy curriculum encourages the achievement of intended learning outcomes. The partnership between the University and Ashburton WDC, together with positive feedback received from clinicians during placement visits, suggest that the curriculum meets the needs of employers.
50. The School has used the opportunities provided by the flexibility of the University's modular scheme well in achieving professional and academic coherence in relation to the specific award, while providing opportunities for some interprofessional learning. Knowledge and understanding, and profession-specific skills are developed progressively through themes that span two or three years. These include, for example, activity and occupational performance, interdisciplinary working, and personal and professional development. Programme specifications also indicate that the curriculum ensures the integration of theory and practice. Practice education also builds progressively throughout the three years, moving from observational learning in the first fieldwork placement to supervised independence in the final year.
51. The curriculum provides opportunities to address relevant external influences. Staff are able to identify how NSFs are addressed in a number of modules, for example, the Research into Mental Health shared-learning scenario at level 2 and the written case study required to support evidence-based practice at level 3. Staff have also mapped the programme against the recently published academic and practitioner benchmarks. However, there has been some criticism by external examiners that wider contemporary issues are not sufficiently addressed. This has led the programme team to develop these more specifically in the planned programme due to commence in September 2002.
52. The programme is regularly reviewed and validated by COT. The recent review was brought forward three years so that the new curriculum could be developed concurrently with those for physiotherapy and diagnostic radiography in order to maximise interprofessional learning. Systems are in place to ensure that processes monitoring the achievement of learning outcomes inform the design and modification of the curriculum. Occupational health's joint validation with physiotherapy is encouraging evidence of progress towards multidisciplinary learning but, if transferable skills are to be more fully achieved, joint learning with nursing professions needs to be more actively pursued.

Assessment

53. The assessment process relates to learning outcomes and is made clear to both staff and students in programme documentation and, particularly so, within fieldwork placement documents. The School is in the process of developing standard marking criteria. At present, occupational therapy has its own and applies them effectively. The subject staff adhere to the University's central academic policies and regulations for assessment. A wide range of assessment methods is used, enabling students to demonstrate their ability. A broad range of skills are tested, both in academic and clinical settings. External examiners are appropriately engaged and express satisfaction with the effectiveness of the systems involved. They confirm the breadth and appropriateness of the tools of assessment.
54. Assessment processes are well administered and there is clear security and integrity within the system. The positive involvement of practice partners in the assessment of students is evident. Fieldwork is one of the four fields of study that must be passed in order to progress on the programme and be awarded a degree, but it does not contribute quantitatively to the final degree award. Assessment of fieldwork is considered to be the most subjective form of assessment on the programme, because of the nature of the supervisory relationship. Fieldwork profiles are associated with developmental performance indicators and practice assessments take place towards the end of each placement. Fieldwork awards are graded qualitatively, as Distinction, Merit, Pass or Fail, and the criteria for the achievement of these

grades are clearly articulated. Students and their practice supervisors report confidence in the assessment process.

55. Course teams have been responsive to feedback from external examiners. There is good use of the full range of marks for assignments. Criteria for the marking of assessments are used consistently in the grading of student work. A minimum of 10 per cent of scripts is double-marked across the range of performance and all dissertations are double-marked. There is ample evidence in the reports of external examiners and from the responses of staff and students to reviewers' questions that the assessment process is being managed fairly and effectively.
56. The feedback provided for students on their assignments is detailed and provides students with good formative information for the further development of their generic writing skills, specialist professional knowledge and skills, and their level of performance.

Student achievement

57. The reviewers scrutinised a range of student work, covering coursework assignments, portfolios, examinations and dissertations, from all levels within the provision. They confirm the external examiner's view that student work is of a high standard and generally commensurate with similar programmes in other HEIs. Where applicable, it shows the link between theory and practice. It demonstrates appropriate levels of achievement in meeting the learning outcomes, good subject knowledge, and progressive development of transferable skills.
58. The proportion of students obtaining First and Upper Second class degrees is noteworthy. Of those who commenced between 1996 and 1998, 25 each year, about half the cohort, obtained First or Upper Second class honours. Only one student during this period achieved a Pass degree. First destination figures confirm that 87.7 per cent of students gained employment in occupational therapy within six months of graduation.
59. Discussions with practice supervisors during clinical placement visits confirmed that students are well prepared for placements and are credible postgraduate clinicians. One clinician reported actively pursuing former students for vacant posts. The partner WDC and positive feedback received from clinicians in NHS Trusts during placement visits suggest that students are fit for practice. Employers reported that students beginning their first post in occupational therapy are well prepared and able to integrate into the workforce very rapidly.

Summary of academic and practitioner standards in occupational therapy in relation to the emerging health professions framework

With respect to academic and practitioner standards, the reviewers conclude that in occupational therapy:

- the intended learning outcomes relate well to the School's aims, are clearly stated in the award specifications and communicated well to students through their module guides;
- the curriculum encourages student achievement of the intended learning outcomes. The flexibility of the University's modular scheme has been well used in achieving professional and academic coherence in relation to the specific award and encouraging interprofessional learning;
- while the curriculum provides opportunities for students to explore relevant external influences, there has been some criticism by external examiners that wider contemporary issues are not sufficiently addressed;
- the subject's joint validation with physiotherapy is encouraging evidence of progress towards multidisciplinary learning but, if transferable skills are to be more fully achieved, interprofessional learning with nursing professions needs to be more actively pursued;
- there is ample evidence that the assessment process is being managed fairly and effectively;

- student work is of a high standard, a high proportion of students gain good degrees, and employers reported that students beginning their first post in occupational therapy are well prepared and fit for practice.

Overall, the reviewers have confidence in the academic and practitioner standards achieved by the programmes in occupational therapy at the University of Beeston.

B5. Physiotherapy

Intended learning outcomes

60. The BSc (Hons) Pre-registration Physiotherapy and MSc Physiotherapy lead to a professional qualification and eligibility for state registration. The intended learning outcomes are stated clearly in the individual programme specifications. They reflect subject expectations and are appropriate to the levels of award. They are also appropriate to the achievement of specific programme aims and the overall aims of the subject provision. Students are made aware of the learning outcomes in their student handbook and module guides which are available in paper form and accessible on the School's intranet.
61. Intended learning outcomes fit the qualifications framework in relation to the level of the award but are not fully congruent with the *Subject benchmark statements* for physiotherapy. However, a closer relationship with the benchmark statement has been achieved with the specifications for the new, recently validated BSc and MSc programmes due to commence in September 2002. The learning outcomes of both degrees meet the standards of key stakeholders including the Joint Validation Committee of the Chartered Society of Physiotherapy (CSP) and the Council for Professions Supplementary to Medicine (CPSM, now the Health Professions Council (HPC)).

Curricula

62. The BSc curriculum is up to date and meets the demands of practice. Programme specifications are explicit in identifying the personal and professional development opportunities within the curriculum. Development work is currently being undertaken with the University's partner WDC and local NHS Trusts to introduce flexible modes of learning in physiotherapy to widen access and address the local needs in recruitment and retention.
63. The pre-registration three-year undergraduate programme is offered full-time but with the opportunity for a limited number of students to complete it in part-time mode over five or six years. Generally, the programme conforms to the University's modular scheme, although there is some departure from this with a single module at each level of six credits only. The rationale for this is not evident and the value of a six-credit module is questionable.
64. The programme places a strong emphasis on the acquisition of scientific knowledge and subject-specific clinical skills, reflecting the principal aims of the provision and those stated in the SED. Additionally, there is an emphasis on the promotion of lifelong learning. External examiners' reports are positive about the content and coherence of the curriculum. The rising level of academic challenge is clear in the curriculum of both programmes. The programme seeks to transfer responsibility progressively towards students with a shift in emphasis from factual knowledge through deeper understanding, toward critical appraisal and synthesis. In broad terms, the years of study are characterised as follows: subject definition and foundation at level 1; fundamental building blocks and wider subject definition, including the beginning of application of clinical reasoning through fieldwork, at level 2. Synthesis and the application of research methods occurs through the project at level 3.
65. Practice-based learning is an integral feature of the BSc curriculum and practice educators are well supported by the School with its commitment to education and continuing development. The use of portfolios as a curriculum tool throughout the programme assists in both the students' personal and professional development. It is an invaluable means of developing reflective practice, lifelong learning and a commitment to continuing professional development. These are all key features of the expectations in practice of the emerging health professions framework. The subject has successfully integrated clinical work into the curriculum. Fieldwork in placement allows the students to show intellectual progression and provides a vehicle for the integration of theory and practice as well as the

development of subject-specific, transferable and personal skills. There is a discernible progression of aims and outcomes over the two clinical years. The final placement focuses on basic caseload and managerial skills in preparation for the students' first post.

66. The currency of the curricula is maintained principally by the scholarly activity of the staff and through the effective partnership with the Ashburton WDC. The development of a research strategy to underpin the teaching has not been a priority during a period of staff recruitment and course revision, although the team has identified areas of research within the School of Medicine that it will jointly develop. Courses are regularly reviewed and validated by the CSP. Review and validation of the above programmes, in March 2002, was carried out jointly with occupational therapy and radiography. The new curricula were developed concurrently for the three professions in order to maximise opportunities for interprofessional learning. Systems are in place to ensure that design and modification of curricula are informed by processes that monitor achievement of learning outcomes. Overall, the BSc curriculum design is sound. This is recognised by both students and employers, as well as by external examiners who consistently praise the achievements of the programmes. There is an effective relationship between pre and post-registration programmes in physiotherapy.
67. The MSc route to registration is one of only a very small number available in the UK and is innovative and demanding in its design, although conventional in its content. Care has been taken to ensure that it accords with guidance on the qualifications framework emerging at the time of its validation and it is broadly in line with the FHEQ. A notable feature of this programme is its problem-based learning philosophy which is thoroughly embedded. Students told the reviewers how much they enjoyed learning in this way and were able to both articulate the philosophy and explain how it was put into practice.
68. The reviewers consider the curricula are designed successfully to achieve the intended learning outcomes for fitness for purpose, fitness for practice and fitness for award. The subject is successful in preparing graduates for professional practice.

Assessment

69. A range of formative and summative assessment methods is employed to measure the extent to which the learning outcomes are achieved by students. These include OSCEs, written examinations, interactive practical vivas, assessed coursework, essays, reviews, laboratory reports, oral presentations and written case-based reports. External examiners' reports confirm that the assessment methods are robust. The variety used is suitable for assessing the range of intended learning outcomes. Curricular documents articulate the nature and purpose of assessment and the integrated nature of professional courses. Assessments reflect the learning outcomes and make links with practice.
70. The University applies minimum standards for practice in assessment and these are implemented by physiotherapy staff. The processes are well administered and the system provides security and integrity. External examiners are appropriately engaged and express satisfaction with the effectiveness of the systems involved. The School is developing standard marking criteria. Meanwhile, the subject uses its own, and there is good use of the full range of marks for assignments. Criteria for the marking of assessments were used consistently in the grading of student work. A minimum of 10 per cent of scripts and all dissertations are double-marked across the range of performance.
71. There is good evidence of linkage between theory and practice, particularly at levels 2 and 3 of the BSc programme where assignments and portfolios relate to real clinical experiences. A reduction in the number of assignments for placement assessment has been achieved. It is clear that students, academic staff and clinical supervisors welcome this reduction in assessment. The feedback provided for students on their assignments is detailed and provides students with good formative information for development of both generic writing skills, specialist professional knowledge and skills, and their level of performance.
72. An example of students using PowerPoint in presentations demonstrated good integration of assessing core skills and subject-specific knowledge. However, the School may wish to consider developing a standard form to assist with providing consistent critical analysis and formative feedback to students. In response to the external examiner comments regarding assessment loads at levels 2 and 3, the School has reduced the assessments within some modules. These alterations were agreed formally through both the University and CSP through the joint validation process.

73. Assessment criteria and guidelines are clear and set out in programme handbooks. The criteria and guidelines demonstrate increasing levels of challenge and expectation in assessment as students move through the BSc programme and onto the MSc. However, students and some staff who met with the reviewers were not always clear as to how their final mark for the clinical placement assessment was arrived at. Overall, the reviewers have confidence that the assessment processes are adequate to measure the achievement of the intended programme outcomes.

Student achievement

74. A wide range of student work was scrutinised. Students demonstrated the acquisition of relevant scientific knowledge and the ability to apply this in the clinical environment. The use of the portfolio-based assessment is successful and helps students to integrate theory and practice. This achievement is particularly evident in the interprofessional PIP modules. Additionally, student work revealed the acquisition of good levels of both subject-specific and key transferable skills. Overall, students achieve their specified learning outcomes on both the BSc and MSc and this achievement is in line with the expectations of the wider physiotherapy community. Systems are in place to ensure that design and modification of curricula are informed by processes that monitor student achievement of learning outcomes.

75. BSc students are well prepared for future employment throughout their courses. In their final year, students are encouraged to use a variety of situations that they find very useful, such as mock interviews, presentations, portfolios and CVs. Nearly 100 per cent are successful in gaining employment after graduation. Employers gave positive feedback about the students they employed. Similarly, MSc students and employers expressed a high degree of satisfaction with the quality of students emerging from this programme.

Summary of academic and practitioner standards in physiotherapy in relation to the emerging health professions framework

With respect to academic and practitioner standards, the reviewers conclude that in physiotherapy:

- the intended learning outcomes are stated clearly in the individual programme specifications; they reflect subject expectations and are appropriate to the levels of award and the PSRB requirements;
- intended learning outcomes fit the FHEQ in relation to the level of the award but are not fully congruent with the *Subject benchmark statement* for physiotherapy;
- the use of portfolios as a curriculum tool throughout the BSc programme is an invaluable means of developing reflective practice, lifelong learning and a commitment to continuing professional development;
- the rationale for the six-credit modules within the University's modular scheme is not evident and their value to the BSc programme is questionable;
- the MSc route to registration is one of only a very small number available in the UK and is innovative and demanding in its design, although conventional in its content;
- external examiners confirm that the assessment methods are robust and that the variety used is suitable for assessing the range of intended learning outcomes;
- the School may wish to consider developing a standard form to assist with providing consistent critical analysis and formative feedback to students;
- students demonstrated the acquisition of relevant scientific knowledge and the ability to apply this in the clinical environment. They are successful in integrating theory and practice, and in obtaining employment.

Overall, the reviewers have confidence in the academic and practitioner standards achieved by the programmes in physiotherapy at the University of Beeston.

Radiography

Intended learning outcomes

76. The learning outcomes are clearly specified and documented in module descriptors, course handbooks and the programme specification. They appropriately reflect specific programme aims and satisfy the overall aims of the subject provision. They also underpin the achievement of good levels of knowledge and skill and ensure that theory and practice are integrated. They are designed to produce graduates educated and trained for employment in the modern NHS. This is supported by evidence from the assessment of 'first-post competencies'. The learning outcomes are appropriate to the awards of Pre-Registration BSc and postgraduate Post-Registration Certificates/Diplomas/MScs respectively. Statements from the external examiners support this assessment.
77. The programme specifications make explicit reference to the *Subject benchmark statements* and FHEQ and show clear and appropriate relationships with it. A mapping exercise demonstrates accord with the recently published benchmark. Programmes in radiography are accredited, regularly reviewed and validated by the College of Radiographers (CoR) and meet requirements for professional membership and professional awards. They also meet the standards of the HPC. Programmes due for revalidation by the professional body and the University in 2001-02 were reviewed jointly with those for occupational therapy and physiotherapy in order that new curricula could be developed to maximise opportunities for interprofessional learning.

Curricula

78. The BSc programmes are full-time, three-year ones leading to a professional qualification and state registration in radiography. The postgraduate and Post-Registration Certificates, Diplomas and MSc are part-time. All are under the umbrella of the University's credit accumulation and modular scheme.
79. The undergraduate programmes were validated in 1996 and are in their final year of delivery. They are, therefore, somewhat dated in terms of curriculum content and this has been recognised by the programme team and the University such that existing students will be assimilated onto the new programme to be offered from September 2002. Nevertheless, curriculum content is flexible and enables current professional issues and practice to be included, especially at level 3 where there are modules addressing Imaging and New Technology, Current Professional Issues, Cross Sectional Imaging, and Vascular Imaging and Intervention.
80. In the new undergraduate programmes, there is a strong emphasis on the acquisition of scientific knowledge and subject-specific clinical skills reflecting the principal aims of the provision. The syllabus content reflects state-of-the-art imaging modalities and techniques. External examiners' reports are, with few exceptions, positive about the content and coherence of the new curricula. Clinical education and practice is structured with negotiation of the clinical learning objectives between student and supervisor as a key feature of the progressive attainment of skills and knowledge. Evidence shows that the clinical skills developed are appropriate to the learning outcomes and the level of the award.
81. Practice education is a strong component of the curriculum in all three undergraduate years. Partnerships have been developed with local practitioners with common interests in this area of practice, an example being the current partnership work for joint student placements in diagnostic radiography. At present, the curriculum does not expressly engage with transferable skills, although there was evidence from assessed work and discussion with students that these are reasonably well embedded in the curriculum. Similarly, the curriculum does not explicitly include personal and professional development skills throughout. However, there is evidence of this from module content, particularly at level 3. Both areas are explicitly provided in the new curricula.
82. The MSc Medical Ultrasound is a much more recent programme and was revalidated with accreditation from the relevant bodies through the Consortium for the Accreditation of Sonographic Education (CASE)

in 2000. There is strong support for the programme from Ashburton WDC and the currency of its curriculum is enhanced by the contributions made by a broad range of clinical experts. The curriculum is designed to be flexible and to accommodate the professional development needs of sonographers, as well as the range of health care professionals who use medical ultrasound in their practice, for example midwives. Its modular structure also enables practising sonographers to access individual modules in order to develop new skills. A strong feature is the opportunity to step off the programme with a postgraduate certificate or a postgraduate diploma which form coherent, discreet awards but which also build one on the other and support progression to a masters award.

83. The CASE specifies core and optional content in its guidance documents and the curriculum demonstrates explicitly how these are addressed. Learning outcomes are mapped against the modules to show that they are achieved. Clinical education and the development of clinical competence is a core requirement of the CASE and this, too, is thoroughly demonstrated in the curriculum.
84. The curricula at both undergraduate and postgraduate levels are informed by changes in health care policy and advancements in professional knowledge, practice and equipment technology. Practitioners, managers and students are involved in curriculum design and ongoing development activities. Practitioners also engage in specialist lectures to complement the main programmes of study and strengthen the integration of theory and practice. Profession-specific elective units have addressed the changing role of radiographers and their extended scope of practice.
85. There is an effective relationship between pre and post-registration programmes. At postgraduate level cross-boundary working and interprofessional cooperation is encouraged by the recently validated module in Image Interpretation, which is open to radiographers, physiotherapists and nurse practitioners.
86. Changes in curricula are informed by a process of annual review that includes feedback from external examiners, students and service providers, as well as consultation with the WDC. Annual review leads to the formulation of an Action Plan for the forthcoming year, although students and external examiners report that timely action is often taken as problems arise.

Assessment

87. The assessment processes are well administered and there is clear security and integrity within the system. External examiners are appropriately engaged and express satisfaction with the effectiveness of the current subject-based systems. They are conveyed to staff and students in a variety of ways and formats, for example in module guides and on the 'Blackboard' system. Undergraduate clinical assessment procedures for both disciplines are also detailed in the appropriate clinical handbooks. The School is developing standard marking criteria, and cross-subject procedures for assessment at all levels.
88. Course teams have been responsive to feedback from external examiners' reports and previous subject reviews in which over-assessment of students was noted to be a problem. A reduction in assessment of practice has been achieved, as well as a reduction in clinical hours. It is clear that students, academic staff and clinical supervisors welcome this. External examiners' reports are positive, and noted a good variety of appropriate assessment methods. A wide range is used, reflecting the diversity of each branch of the profession, the tasks undertaken, the level, and specific learning outcomes. The reviewers sampled many of these, including unseen examinations, poster presentations, essays, dissertations, OSCEs, and clinical assessments. Students engage in portfolio work throughout the programmes to assist in the integration of theory and practice. It is an invaluable means of developing lifelong learning and a commitment to continuing professional development.
89. The clinical placement assessment procedure is clear, well understood by staff and students, and works well in practice. The University trains and updates all clinical supervisors and assessors for their role. Clear guidance and descriptors are provided to support the objective assessment of students. Strategic progression for development of clinical skills and competencies is evident and the sequence of placements is appropriate to specified learning objectives. These are achieved through the negotiation of clinical learning objectives for each student. These are then assessed against performance indicators. There is a secure and rigorously applied system for submitting work, with penalties for late submission. Students make declarations regarding the integrity and word count of each assessment. External examiners, with a minimum of 10 students sampled, see 10 per cent of all work.