Education and Training Committee, 23 April 2020

Non-approval recommendation – University of Central Lancashire – MSc Speech and Language Therapy, FTA (Full time accelerated)

Executive summary and recommendations

The report in appendix 1 sets out the visitors' recommendation to not approve the above programme.

This programme was visited on 24-25 September 2019. It was visited because it was a new programme, seeking to meet our standards for the first time. Conditions were placed on the approval of the programmes, which are documented in section 4 of the visitors' report. The visitors' report, including the conditions, were taken to the Committee on 29 January 2020. At this meeting, the Committee agreed that conditions must be met in order for the programme to be approved. The decision notice from this meeting can be found as appendix 2.

If required, education providers are provided with two attempts to meet conditions placed on the approval of programme. Following the education provider's first conditions response, the visitors required a second response, reasons for which are detailed in section 5 of the visitors' report.

After reviewing the additional evidence provided by the education provider through both conditions responses, the visitors consider that two conditions are not met by the programme. At this stage of the process, the visitors are only able to recommend that the programme is approved or not approved. As they are not satisfied that a number of conditions are met, they have chosen the second of these two options.

The conditions that visitors consider are not met, along with reasoning as to why these conditions are not met, are noted through section 6 of the report provided as appendix 1.

The education provider has provided observations on the report, including the visitors' recommendations, which are included as appendix 3.

If the Committee is minded to not approve the programme, the education provider will have a 28 day period to provide observations on this decision, which will then be taken to a future Committee meeting alongside the visitors' report. At that future meeting, the Committee will be asked to make a decision about whether to not approve the programme.

Decision

The Committee is asked to determine whether proceedings for the consideration of non-approval of the programme should be commenced in accordance with Article 18(4) of the Health and Social Work Professions Order 2001.

The Committee may decide to:

- approve the programme;
- commence non-approval proceedings; or
- direct the executive to undertake any other course of action it deems necessary to inform its decision regarding the approval of the programme.

In reaching this decision, the Executive asks that the Committee:

- provides reasons for their decision; and
- provides the Executive with any necessary instructions to give effect to the decision.

Background information

- None

Resource implications

- None

Financial implications

- None

Appendices

- Appendix 1 – visitors' report for the process
- Appendix 2 – ETC decision notice (29 January 2020)
- Appendix 3 – observations from the education provider

Date of paper

16 April 2020

HCPC approval process report

Education provider	University of Central Lancashire
Name of programme(s)	MSc Speech and Language Therapy, Full time accelerated
Approval visit date	24-25 September 2019
Case reference	CAS-14366-K2K2G4

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Executive Summary

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.

The following is a report on the approval process undertaken by the HCPC to ensure that programme(s) detailed in this report meet our standards of education and training (referred to through this report as 'our standards'). The report details the process itself, the evidence considered, and recommendations made regarding programme approval.

Section 1: Our regulatory approach

Our standards
We approve programmes that meet our education standards, which ensure individuals that complete the programmes meet proficiency standards. The proficiency standards 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.

Programmes are normally approved on an open-ended basis, subject to satisfactory engagement with our monitoring processes. Programmes we have approved are listed on our website.

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 undertake assessment of evidence presented through our processes. The visitors make recommendations to the Education and Training Committee (ETC). Education providers have the right of reply to the recommendation of the visitors, inclusive of conditions and recommendations. If an education provider wishes to, they can supply 'observations' as part of the process.

The ETC make 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 meets in public on a regular basis and their decisions are available to view on our website.

HCPC panel
We always appoint at least one partner visitor from the profession (inclusive of modality and / or entitlement, where applicable) with which the assessment is concerned. We also ensure that visitors are supported in their assessment by a member of the HCPC executive team. Details of the HCPC panel for this assessment are as follows:

Louise Towse	Lay
Calum Delaney	Speech and language therapist
Lucy Myers	Speech and language therapist
Rabie Sultan	HCPC executive

Other groups involved in the approval visit
There were other groups in attendance at the approval visit as follows. Although we engage in collaborative scrutiny of programmes, we come to our decisions independently.

Jane Anthony	Independent chair (supplied by the education provider)	University of Central Lancashire
Cath Weetman	Secretary (supplied by the education provider)	University of Central Lancashire
Mick Cottam	Internal panel member	University of Central Lancashire

Gillian Rudd	Education Representative	Royal College of Speech and Language Therapists
Lorna Gamberini	External advisor	Macmillan Principal and Language Therapist

Section 2: Programme details

Programme name	MSc Speech and Language Therapy
Mode of study	FTA (Full time accelerated)
Profession	Speech and language therapist
First intake	01 September 2020
Maximum learner cohort	Up to 20
Intakes per year	1
Assessment reference	APP02062

We undertook this assessment of a new programme proposed by the education provider via the approval process. This involves consideration of documentary evidence and an onsite approval visit, to consider whether the programme meet our standards for the first time.

Section 3: Requirements to commence assessment

In order for us to progress with approval and monitoring assessments, we ask for certain evidence and information from education providers. The following is a list of evidence that we asked for through this process, and whether that evidence was provided. Education providers are also given the opportunity to include any further supporting evidence as part of their submission. Without a sufficient level of evidence, we need to consider whether we can proceed with the assessment. In this case, we decided that we were able to undertake our assessment with the evidence provided.

Type of evidence	**Submitted**
Completed education standards mapping document	Yes
Information about the programme, including relevant policies and procedures, and contractual agreements	Yes
Descriptions of how the programme delivers and assesses learning	Yes
Proficiency standards mapping	Yes
Information provided to applicants and learners	Yes
Information for those involved with practice-based learning	Yes
Information that shows how staff resources are sufficient for the delivery of the programme	Yes

We also usually ask to meet the following groups at approval visits, although there may be some circumstances where meeting certain groups is not needed. In the table below, we have noted which groups we met, along with reasons for not meeting certain groups (where applicable):

Group	Met	Comments
Learners	Yes	Met learners from the Occupational Therapy and Physiotherapy undergraduate programmes
Service users and carers (and / or their representatives)	Yes	
Facilities and resources	Yes	
Senior staff	Yes	
Practice educators	Yes	
Programme team	Yes	

Section 4: Outcome from first review

Recommendation of the visitors
In considering the evidence provided by the education provider as part of the initial submission and at the approval visit, the visitors' recommend that there was insufficient evidence to demonstrate that our standards are met at this time, but that the programme(s) should be approved subject to the conditions noted below being met.

Conditions
Conditions are requirements that must be met before programmes can be approved. We set conditions when there is insufficient evidence that standards are met. The visitors were satisfied that a number of the standards are met at this stage. However, the visitors were not satisfied that there is evidence that demonstrates that the following standards are met, for the reasons detailed below.

We expect education providers to review the issues identified in this report, decide on any changes that they wish to make to programmes, and then provide any further evidence to demonstrate how they meet the conditions. We set a deadline for responding to the conditions of 09 December 2019.

3.1 The programme must be sustainable and fit for purpose.

3.12 The resources to support learning in all settings must be effective and appropriate to the delivery of the programme, and must be accessible to all learners and educators.

Condition: The education provider must demonstrate there will be sufficient physical resources in place to ensure the programme will be sustainable and fit for purpose.

Reason: As per the standards mapping document, the visitors reviewed ‘appendix 2 planning consent form’ which discussed the development of some physical resources (such as specialist teaching rooms), and the need to acquire some equipment resources (such as specialist equipment and instrumentation). In correspondence before the visit, the programme team had informed the visitors about an existing annual teaching and learning procurement fund and they highlighted that the costs were reasonable. From this, the visitors were unclear about how the funding of the programme worked and could not confirm whether the specialist equipment and instrumentation, including IT software, would be purchased and available for the start of this programme.

It was mentioned at the senior team meeting that there was a commitment and verbal assurance from the Head of School to spend and purchase these resources, but nothing had been actioned or finalised as to how much equipment will be purchased. From further discussion with the programme team, the visitors understood that it was possible no IT software would be available in year one of the programme, meaning it might only be available from the year 2021. The visitors were unable to determine if not having the IT resources will in anyway affect learners from learning or progressing, in or from, year one of the programme. As the visitors were unable to determine how the funding arrangements work and the processes associated with it, they were unclear whether there would be sufficient resources available by the time this programme is proposed to start. Due to this, the visitors were unable to determine whether the programme will be sustainable and fit for purpose. Therefore, the education provider must provide information on the funding arrangement process, highlighting when and what equipment will be available in time for the proposed start date of the programme.

3.9 There must be an adequate number of appropriately qualified and experienced staff in place to deliver an effective programme.
3.10 Subject areas must be delivered by educators with relevant specialist knowledge and expertise.

Condition: The education provider must demonstrate the number of adequately qualitied and experienced staff in place for the start of the programme, including the subject areas they will be responsible for.

Reason: Prior to the visit, the visitors were directed to the course handbook which highlighted two individuals as current full time staff assigned to deliver lectures for this programme. The visitors were also provided with curriculum vitaes (CVs) of these staff members and it was clear that these two staff members are registered with the HCPC as a Speech and Language Therapist (SLT). Amongst these two named individuals, it was noted that ‘one will be the programme leader as well for this programme’. From reviewing ‘appendix 1’, the visitors noted that the CVs of other staff members are current lecturers from other disciplines, who may provide support to the MSc Speech and Language Therapy programme. However, from the information provided, it was not clear to the visitors which staff members will be part of the programme team and who would be responsible for which aspects of programme.

At the visit, the programme team mentioned a third full time staff member had been recruited recently, who is also registered with the HCPC as a SLT. The programme team confirmed at the meeting that by the time this programme is into the second year, they aim to have a fourth full time HCPC registered SLT lecturer recruited. As there was no information provided regarding the recently recruited lecturer, and regarding the person specification for the fourth lecturer, the visitors could not make a judgement on whether the staff team overall would have the required relevant specialist knowledge and expertise. The visitors could also not determine if three staff members with SLT qualifications, including uncertainty on the roles of other staff, would be sufficient for a cohort of 20 learners in year one and in future years.

Additionally, the programme team also mentioned at the visit that they were open to using either a NHS seconded practitioner as a speech and language therapist lecturer, or existing staff on the physiotherapy and occupational therapy programmes. From this information, the visitors were unable to determine how and in what capacity these

individuals would be contributing to the programme. As it was not certain which option the education provider will select, it was not possible to determine what duties the proposed members of staff to be recruited will be carrying out. As such, the visitors were unclear how many staff will be involved in programme and could not determine if there will be enough staff with the relevant expertise and knowledge for this programme.

Therefore, the visitors require further information regarding how many adequately qualified and experienced staff will be in place for the start of the programme, including information about the subject areas they will be delivering.

3.5 There must be regular and effective collaboration between the education provider and practice education providers.

Condition: The education provider must demonstrate how they ensure regular and effective collaboration between the education provider and practice education providers.

Reason: In their review of the documentation, the visitors learnt about the 'steering group' which comprises of local stakeholders and representatives from the education provider. Stakeholders comprise of practice managers and clinicians. The education provider also stated that this group had met twice this year with email updates and the purpose of the group was to consider the development of the course. Prior to the visit, the visitors had requested additional information regarding this as they could not see any information regarding the meetings between the practice education providers and the education providers, or plans to have meetings in the future. The education provider responded prior to the visit stating that the programme leader attends the regional 'ProfNet' quarterly meetings. 'PRofNet' is a leadership forum comprised of all the clinical managers of SLT services across the region. However, no further information was provided regarding the 'steering group'.

From discussions with the practice education providers at the visit, the visitors noted there had been communication between the education provider and practice education providers in the development of the programme, but they could not determine what plans were in place to have regular and effective collaboration going forward. As per the requirement for this standard, regular arrangements must be demonstrated where the partnership is reflected on an ongoing relationship, not joint work and co-operation that only happens around the time the programme is approved or being monitored. As such, the visitors require further evidence that demonstrates the plan in place to address how they ensure regular and effective collaboration with practice education providers.

3.6 There must be an effective process in place to ensure the availability and capacity of practice-based learning for all learners.

Condition: The education provider must demonstrate that there is an effective process to ensure the availability and capacity of practice-based learning for all learners.

Reason: From the review of the initial submission, the visitors noted there have been a few meetings and discussions between the education provider, the University of Manchester and Manchester Metropolitan University. Further information demonstrated that these discussions were around supporting the development of placement agreements, ongoing concerns regarding the issue of placements, learners' travel

issues and sharing information on the practices adopted by the mentioned education providers in Manchester.

One of the emails provided by the education provider as evidence showed that the current allocation system which determines capacity and demand across the North West region needs to be looked at. This is because more flexibility is required to deal with issues around local learners not having placements within their geographical area. From this information, the visitors were unclear about how the allocation system works. This also raised uncertainty about whether there is availability for the proposed cohort of up to 20 learners and how capacity will be determined for these learners.

During the visit, the practice education providers discussed how they accommodate learners from both education providers in Manchester via a quota allocation system. They stated they expected a similar quota system might be implemented for the proposed programme. The programme team confirmed they expect to do this but they had not finalised the process for doing so.

Therefore the visitors were unclear the education provider had an effective process in place which ensured the availability and capacity of practice-based learning for all learners. In particular, the visitors are unclear how the education provider had secured the required amount of practice-based learning for the programme, and how they had considered the regional context. As per the requirement of this standard, the education provider should be able to demonstrate the process of how capacity will be determined for learners across the cohort years. The visitors therefore require the education provider to demonstrate that the effective process in place to ensure the availability and capacity of practice-based learning for all learners.

3.17 There must be an effective process in place to support and enable learners to raise concerns about the safety and wellbeing of service users.

Condition: The education provider must demonstrate how learners are made aware of the process to raise concerns about the safety and wellbeing of service users.

Reason: From reviewing the documentation provided prior to the visit, the visitors noted there were clear safeguarding policies and processes in place. Additionally, the evidence also demonstrated general regulations for learners' conduct, such as disciplinary regulations and procedure. However, the visitors could not see how information highlighting the formal process in place to support and enable learners to raise concerns about the safety and wellbeing of service users in all settings was made available to learners.

From querying this with the programme team, the visitors heard that learners will be briefed in a session at the start of the programme. As the visitors had not seen any documentary evidence regarding this, they were unable to determine if there was a clear, definitive and formal process of how learners were made aware of this. As per the requirement for this standard, the process must cover all parts of the programme including practice-based learning. The visitors considered that the lack of awareness of a formal policy would make it harder for all learners to understand what constituted acceptable behaviour across different contexts and in different practice-based learning settings. Therefore, the visitors require further evidence demonstrating how learners are made aware of the process to raise concerns about the safety and wellbeing of service users.

4.1 The learning outcomes must ensure that learners meet the standards of proficiency for the relevant part of the Register.
4.3 The programme must reflect the philosophy, core values, skills and knowledge base as articulated in any relevant curriculum guidance.
4.5 Integration of theory and practice must be central to the programme.

Condition: The education provider must demonstrate how the programme:

- will ensure learners understand the learning outcomes to be able to meet the standards of proficiency;
- will reflect the knowledge base relevant to speech and language therapists; and
- will integrate theory and practice centrally to the programme.

Reason: The education provider directed visitors to review the programme specification, module descriptors and standards of proficiency (SOPs) mapping document as evidence for these standards. From reviewing the evidence, the visitors noted there was insufficient detail regarding the clinical areas presented in the module descriptors. They also noted the SOPs mapping of the module content to the clinical areas was not sufficiently detailed, as it did not demonstrate how the teaching contact time and personal learning hours were allocated across the module content and clinical areas. An example of these is module 'HQ4XX2 Foundational Concepts in Speech and Language Therapy', which was provided as evidence for acquired language disorders and acquired motor speech disorders, which are both major areas of work for speech and language therapists (SLTs). From reviewing module 'HQ4XX2', the visitors noted these major areas were not specifically mentioned in the module content and none of the references in the bibliography related to these areas. The visitors noted similar concerns with other modules where core knowledge was missing. The link to the online reading list provided also did not provide much information regarding the core knowledge and learning outcomes. From this information, the visitors were unclear how the learning outcomes will ensure learners meet the SOPs; reflect the knowledge base relevant to SLTs; and how theory and practice were integrated across the programme. From querying if a more detailed mapping document could be provided prior to the visit, the education provider stated that this will be discussed in more detail at the main event.

From discussions at the visit, the programme team confirmed that as per the university wide policy, they do not develop detailed module descriptors. From further discussions with the programme team, the visitors made it clear that without being able to see details of the core knowledge and learning outcomes, it was not possible to determine how it will be ensured that learners will be able to meet the SOPs. Based on this, it was stated by the programme team and agreed that module descriptors and other relevant documentation needed to be revised, to clearly define the link between the learning outcomes associated with all aspects of this programme.

In light of these conversations, the visitors could not determine whether learners will be able to meet the SOPs for SLTs. As the visitors were unable to identify the learning outcomes, they were unable to establish how the programme reflected the philosophy, core values, skills and knowledge base of relevant curriculum guidance to ensure the content was relevant to SLTs. Without being able to identify the learning outcomes, it was also not possible for the visitors to determine how learners will be able to apply knowledge to practice as a basic part of being prepared and competent to practise their profession.

Therefore, the education provider must provide further evidence:

- showing how the learning outcomes ensure learners meet all of the SOPs for the relevant part of the Register;
- showing how the programme reflects the knowledge base of any relevant curriculum guidance; and
- to demonstrate how theory and practice is central to the programme.

4.6 The learning and teaching methods used must be appropriate to the effective delivery of the learning outcomes.
4.7 The delivery of the programme must support and develop autonomous and reflective thinking.
4.8 The delivery of the programme must support and develop evidence-based practice.

Condition: The education provider must demonstrate the teaching methods used to deliver the programme, and demonstrate how these are appropriate to the effective delivery of the learning outcomes. The evidence must also demonstrate how evidence-based practice and autonomous and reflective thinking will be supported by the programme

Reason: The education provider had provided the module descriptors, programme specification and course handbook as evidence for these standards. From reviewing the evidence, the visitors noted that all module descriptors stated 'learning and teaching will be offered using a blended learning model, with integrated online, classroom and clinical learning opportunities'. As this was generically mentioned across all module descriptors, the visitors were unclear about what specific learning and teaching methods would be applied for each module, how these will be accessible to all learners on the programme and how these will be appropriate to the effective delivery of the learning outcomes.

As stated in the condition above for standards 4.1, 4.3 and 4.5, the education provider will be providing further evidence which demonstrates how the programme ensures the learning outcomes are met. Due to this and with no further information around the learning and teaching methods used to deliver the programme and support learner needs, the visitors were unable to make a judgement. Therefore, they were unclear about the teaching methods used to support and develop autonomous and reflective thinking. In addition, they were unclear how the learning, teaching and assessment methods helped to support and develop evidence-based practise.

The education provider must provide further information about the learning and teaching methods specific to each module, including referencing these to the relevant learning outcomes. The evidence must also demonstrate how this will help learners to become autonomous and reflective practitioners, and how will it help learners to inform and systematically evaluate their practice as part of evidence-based practice. This way, the visitors will be able to determine if these standards have been met.

4.9 The programme must ensure that learners are able to learn with, and from, professionals and learners in other relevant professions.

Condition: The education provider must demonstrate how learners will be able to learn with, and from, professionals and learners in other relevant professions.

Reason: In their review of the course handbook on page 20 under section 3.1 'inter-professional' paragraph, the visitors noted that inter-professional learning (IPL) will involve sessions for learners to work in several learning workshops. This will involve a range of topics to explore such as teamwork and communication. The visitors were not clear what IPL learning and teaching opportunities will be involved, and what professions will be involved in this. From querying this prior to the visit, the education provider responded that the first semester will involve learners undertaking joint team building events along with physiotherapists and occupational therapists. The education provider also mentioned the plans in place to combine research training across the three disciplines and lectures are being planned which will involve these three disciplines. The reason visitors were still not clear about IPL is because the information provided gave the impression that these are still in the planning stages, and therefore the visitors were unsure how exactly these joint team building events and combining research sessions would be delivered.

Additionally at the visit, the education provider also mentioned about currently having discussions with the School of Nursing to design IPL experiences for learners, which will involve particular case based workshops with nurses and health visitors. The visitors noted the education provider's intention of providing IPL opportunities to learners, but could not see any finalised formal plans demonstrating how and what learning will take place.

The visitors were particularly not clear how IPL will take place in the above mentioned joint building events along with what proposals will be finalised with the School of Nursing. Therefore, the visitors could not judge how learners could learn with and from other professionals and learners from relevant professions. Therefore the education provider must demonstrate how they will ensure learners are able to learn with, and from, professionals and learners in other relevant professions on these programmes.

4.10 The programme must include effective processes for obtaining appropriate consent from service users and learners.

Condition: The education provider must provide evidence of the formal processes to obtain consent from learners when they participate as service users in practical and clinical teaching and for managing situations when learners decline from participating.

Reason: The visitors were directed to view the 'conduct and professional behaviour' section in the course handbook, as evidence for this standard. From reviewing the evidence, the visitors noted learners are required to engage in practical demonstrations and it is expected they understand the implications of this requirement. On the commencement of the programme, learners are expected to sign a document which highlights they have understood the requirements and implications of the course. The visitors could not see any information elaborating on the possible implications of the learners' giving consent, and for the learners who did not give consent. The web link also provided as evidence outlined generic information regarding the 'life on campus student support.'

The education provider also referenced pages 26-30 of 'appendix 10 SLT Work based Learning Assessment Handbook' as evidence for this standard. From reviewing this, the visitors noted this constitutes a form addressing the performance and assessment criteria of the practical demonstrations. The visitors were unable to see any information

in this document about how consent is obtained from learners acting as service users and carers. It was also not clear to the visitors how explicit consent was obtained from learners who do not wish to participate, what the consequences were for them if they withdrew, how this was communicated to them and what form was used. Therefore, the education provider must demonstrate the effective processes in place for obtaining appropriate consent from learners in order for the visitors to make a judgement as to whether this standard is met.

5.3 The education provider must maintain a thorough and effective system for approving and ensuring the quality of practice-based learning.

5.4 Practice-based learning must take place in an environment that is safe and supportive for learners and service users.

Condition: The education provider must demonstrate that there is a thorough and effective system for approving and monitoring learner identified practice-based learning to ensure it is safe and supportive for learners and service users. .

Reason: As per the standards mapping document, the education provider stated that all practice-based learning is audited by 'North West Learning Audit Documents', whilst reviews take place on a 2 yearly basis using the same documents. North West Learning Audit Documents is a joint partnership agreement method between the education provider and practice education providers, to monitor the quality of practice-based learning. Additionally, the 'work based learning website link' provided as evidence provided information regarding quality assurance procedures. The visitors were clear about the processes in place to ensure the quality of practice-based learning, including how they are safe and supportive, for those practice education provider within the North West Learning Audit Documents.

However, from reviewing the course handbook, the visitors noted that in the second year, in semester 2, learners are required to identify a total of ten days of practice-based learning equivalent to a total of 70 hours, in areas associated with SLT. The visitors learnt that this practice-based learning may not be at a practice education provider already audited by the education provider through the North West Learning Audit Documents process. It was also mentioned that visiting tutors carry out visits to learners on placement to allow informal evaluation of placement quality, but it was not explicitly clear if this involved the learner identified practice-based learning settings. Therefore the visitors were unable to see evidence of a clear, thorough and effective system used by the education provider, to ensure the quality of learner identified practice-based learning environments.

In addition, the visitors were unsure how the education provider will ensure beforehand whether such learner identified practice-based learning is safe and supportive for learners and service users. As such the visitors require further clarity around the system used to approve and ensure the quality of all learner identified practice-based learning, and how it is ensured that it is safe and supportive for learners and service users.

5.5 There must be an adequate number of appropriately qualified and experienced staff involved in practice-based learning.

5.6 Practice educators must have relevant knowledge, skills and experience to support safe and effective learning and, unless other arrangements are appropriate, must be on the relevant part of the Register.

Condition: The education provider must demonstrate that there is an adequate number of appropriately qualified and experienced staff with the relevant knowledge, skills and experience to support safe and effective learning.

Reason: The evidence mapped for these standards mentioned Practice Education Facilitators (PEFs) being responsible for updating the programme team with information about the number of appropriately qualified and experienced staff at their practice education provider. However, the visitors could not see any information in the documentation regarding what experience and qualifications the practice educators must possess, for their role. The evidence spoke about how placement auditing takes place, but the visitors were unable to see information on how the education provider used the information provided by the PEFs to ensure that there was an adequate number of appropriately qualified and experienced staff involved in practice-based learning for the proposed programme. From querying this prior to the visit, the education provider responded that the practice educators will depend on the number of learners and the type of placements.

At the visit, the visitors met practice education providers who will possibly take learners from the proposed programme and who already have a pool of practice educators who facilitate various HCPC approved programmes currently offered by the education provider. However, it remained unclear to the visitors how many practice educators will be involved and be a part of this proposed programme. At the visit, the visitors also queried with the programme team how they ensured there were enough practice educators, with relevant knowledge and skills, for the proposed programme. The programme team stated that they carry out an audit every 18 months with their practice-based learning partners to ensure this. However, without more information regarding this audit, the visitors were unclear whether there will be sufficient practice educator's at all practice-based learning settings, and how their knowledge, skills and experience was determined by the education provider. Due to this, the visitors could not determine what the staffing numbers and their relevant experience in SLT supervised placements for the programme will be, including the learner identified placements in the second semester in year two.

Therefore, the visitors require further evidence which clearly outlines the process used by the education provider to ensure that there is an adequate number of qualified and experienced staff involved in practice-based learning for this programme. In addition, the visitors require further information about how the education provider ensures practice educators have the relevant knowledge, skills and experience to support safe and effective learning. The evidence must also demonstrate information about what the expectations will be in terms of staff numbers and their relevant experience in SLT supervised placements and the learner identified placements.

6.1 The assessment strategy and design must ensure that those who successfully complete the programme meet the standards of proficiency for the relevant part of the Register.

Condition: The education provider must demonstrate that the assessment strategy and design ensures those who successfully complete the programme meet the standards of proficiency for the relevant part of the Register.

Reason: The visitors noted the module descriptors and programme specification provided as evidence for this standard. From reviewing the programme specification, the visitors noted the different assessment methods that will be used for this programme. In their review of the module descriptors, the visitors were unable to determine the module specific aims and learning outcomes as most of the module descriptors stated 'learning and teaching will be offered using a blended learning model, with integrated online, classroom and clinical learning opportunities'. Additionally, the visitors also noted there was profession related core knowledge such as acquired language disorders and motor speech disorders missing from some of the modules. As such, the visitors were unable to determine how the assessment strategy and design ensured that learners were able to meet all the standards of proficiency. Due to this, they were unclear how learners, who complete the programme, will be able to demonstrate the level of knowledge, skills and understanding to practise their profession safely and effectively.

As noted in the condition for standard 4.1, the visitors discussed the issues of core knowledge and learning outcomes being unclear in the module descriptors. It was discussed at the programme team meeting that the education provider will be updating and revising the module descriptors with detailed reference to the learning outcomes and assessments. As such, the visitors require further evidence to demonstrate how the assessment strategy and design ensures that learners meet all the SOPs before completing the programme.

6.4 Assessment policies must clearly specify requirements for progression and achievement within the programme.

Condition: The education provider must provide further evidence to show that the assessments polices clearly specify the requirements for progression and achievement within the programme.

Reason: From reviewing section 5.1 of the course handbook as evidence for this standard, the visitors noted that it was clear that learners should pass all modules in the first year to be able to progress onto year two. However, the evidence also stated that if a learner fails at their second attempt, they are required to step off the programme. The next step in the process involves the course leader discussing with learners the option of retaking the module the following year, or the possibility of leaving the programme with an exit award. In addition, the visitors were unable to locate information which outlined the resit policies for this programme and the maximum amount of attempts a learner can take even if they retaking modules after two failed attempts.

From reviewing these statements in the evidence provided, the visitors were unclear if learners can definitely progress if they fail modules at the end of the first year and whether the option of retaking modules in the second year is something the learners can choose. Additionally, the visitors could also not determine what happens to learners' progression should they fail modules in year two of the programme and how many attempts are they allowed. Therefore the visitors require further information which demonstrates the clear requirements for progression and achievement within the programme.

6.5 The assessment methods used must be appropriate to, and effective at, measuring the learning outcomes.

Condition: The education provider must demonstrate how the assessment methods are appropriate and effective in measuring the learning outcomes.

Reason: The visitors were directed to view the module descriptors, programme specification and SOPs mapping document for this standard. From reviewing the module descriptors, the visitors were unable to determine what module specific learning and teaching methods were used to measure the specific learning outcomes. This is because all the module descriptors mentioned the same statement 'learning and teaching will be offered using a blended learning model, with integrated online, classroom and clinical learning opportunities'. Due to this, the visitors were unclear how the assessment methods mentioned in each module descriptor will help in measuring the learning outcomes and meeting the relevant SOPs.

As mentioned under conditions 4.1 and 6.1, it was discussed at the programme team meeting that the education provider will be revising the module descriptors to include more specific and detailed learning outcomes explicitly linked to the relevant SOPs and assessment methods. As such, the visitors were unable to determine how the assessment methods used will confirm that learners who complete the programme can practise safely and effectively in their profession. Therefore, the visitors require further evidence to show the assessment methods used to measure the learning outcomes and how they are appropriate and effective at measuring the learning outcomes to ensure that the SOPs can be met. In this way, the visitors can determine whether this standard is met.

Section 5: Outcome from second review

Second response to conditions required
The education provider responded to the conditions set out in section 4. Following their consideration of this response, the visitors were satisfied that the conditions for several of the standards were met. However, they were not satisfied that the following conditions were met, for the reasons detailed below. Therefore, in order for the visitors to be satisfied that the following conditions are met, they require further evidence.

3.1 The programme must be sustainable and fit for purpose.
3.12 The resources to support learning in all settings must be effective and appropriate to the delivery of the programme, and must be accessible to all learners and educators.

Condition: The education provider must demonstrate there will be sufficient physical resources in place to ensure the programme will be sustainable and fit for purpose.

Reason condition not met at this time: The education provider provided a 'MSc (Pre-reg) SLT Starter Clinic' document, which was a resource list of equipment that will be used for the proposed MSc Speech and Language Therapy programme. The list showed the type and amount of specialist equipment, instrumentations and IT softwares to be purchased, including their relevant prices. However, the visitors could not identify any information confirming if there was an agreement in place to purchase these items

and when these will be available. Additionally, the visitors did not see any information regarding the development of physical resources such as specialist teaching rooms as noted under the previous section of the initial conditions. Due to this, the visitors could not determine whether there would be sufficient resources available and accessible for learners and educators, by the time the programme commences. In this way, the visitors remained unable to determine whether the programme will be sustainable and fit for purpose. Without further evidence to demonstrate how the education provider will ensure the resources will be in place, the visitors could not say the condition was met at this time.

Suggested documentation: To demonstrate how the resources will be sustainable and fit for purpose, the education provider must provide evidence which shows:

- when and what specialist equipment, instruments and IT software will be in place by the time the programme is due to start; and
- information on what specialist teaching rooms will be developed, and whether they will be ready by the time this programme commences.

4.1 The learning outcomes must ensure that learners meet the standards of proficiency for the relevant part of the Register.
4.3 The programme must reflect the philosophy, core values, skills and knowledge base as articulated in any relevant curriculum guidance.
4.5 Integration of theory and practice must be central to the programme.

Condition: The education provider must demonstrate how the programme:

- will ensure learners understand the learning outcomes to be able to meet the standards of proficiency;
- will reflect the knowledge base relevant to speech and language therapists; and
- will integrate theory and practice centrally to the programme.

Reason condition not met at this time: The education provider submitted updated module descriptors and a document showing how the HCPC standards of proficiency (SOPs) and learning outcomes have been mapped to the relevant modules. The education provider also mentioned in the conditions response document about adhering to the curriculum guidance developed by the professional body, as their approach to developing the curriculum for this programme. From reviewing the updated module descriptors, the visitors noted that they still could not identify where some of the SOPs within the curriculum for speech and language therapists (SLTs) were covered. The SOPs which the visitors were unable to identify in sufficient detail were:

- SOP 13.1 understand the structure and function of the human body, together with knowledge of health, disease, impairment and dysfunction relevant to their profession.
- SOP 13.4 understand the structure and function of education, health and social care services in the UK.
- SOP 13.6 understand the theoretical basis of, and the variety of approaches to, assessment and intervention.
- SOP13.7 understand educational theory and practice and the relationship between language and literacy in relation to speech and language therapy.
- SOP 13.9 understand biomedical and medical sciences as relevant to the development and maintenance of communication and swallowing.

- SOP 13.10 understand psychology as relevant to lifespan development and change, normal and impaired communication, and psychological and social wellbeing.
- SOP 13.13 understand developmental and acquired impairments of speech, language, communication and swallowing.
- SOP 14.2 be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and effectively.
- SOP 14.3 be able to formulate specific and appropriate management plans including the setting of timescales.
- SOP 14.4 be able to gather appropriate information.
- SOP 14.5 be able to select and use appropriate assessment techniques.
- SOP 14.7 be able to administer, record, score and interpret a range of published and self-generated assessment tools to describe and analyse service users' abilities and needs using, where appropriate, phonetic transcription, linguistic analysis, instrumental analysis and psycholinguistic assessment.
- SOP 14.9 be able to analyse and critically evaluate the information collected.
- SOP 14.16 be able to apply knowledge of communication impairment, linguistics, phonetics, psychology and biomedical sciences to the identification, assessment and differential diagnosis of a range of communication and swallowing impairments.

For example, the visitors noted in module HI4112 references to 'speech sound difficulties', 'language breakdown' and 'neuroanatomy and neurology' in the module content. From reviewing this, and the indicative reference list for this module, the visitors were unable to identify whether learners would be sufficiently prepared around acquired language disorders, acquired motor speech disorders, and acquired neuro disorders and conditions in order to demonstrate how they meet the relevant SOPs. In particular, the visitors felt this affected SOP 13.13 and as the visitors could not see full evidence of how this SOP was met, they noted the impact on the following SOPs 14.2, 14.3, 14.4, 14.9 and 14.16. In addition, the visitors noted the emphasis within the learning outcomes was on general professional knowledge, understanding and capabilities. This meant there was less emphasis on the specific knowledge and understanding of the impairments of speech, language, communication and swallowing necessary for learners to demonstrate they can practice safely and effectively at a threshold level. The education provider must therefore ensure that the documentation shows how all the above SOPs, which includes core knowledge for SLTs, are covered. In this way, the visitors will be able to determine if the learning outcomes ensure that learners who successfully complete the programme, meet the SOPs for the relevant part of the Register.

Suggested documentation: Further documentation which demonstrates where each of the outlined SOPs, which includes core knowledge for SLTs, will be taught to learners.

5.3 The education provider must maintain a thorough and effective system for approving and ensuring the quality of practice-based learning.

5.4 Practice-based learning must take place in an environment that is safe and supportive for learners and service users.

Condition: The education provider must demonstrate that there is a thorough and effective system for approving and monitoring learner-identified practice-based learning to ensure it is safe and supportive for learners and service users.

Reason condition not met at this time: In their conditions response, the education provider stated that there is a separate monitoring and audit process in place for learner-identified practice-based learning in the second year during semester 2. This process is detailed in the submitted document titled 'speech and language therapy learner identified placement'. The visitors recognised that learners identify their placement and that the learner should communicate with the programme team prior to making any initial commitments with the practice-education provider. Learners then ask the programme team to complete the audit documentation and health and safety expectation letters. If the learner-identified practice-based learning has been quality assured by another higher education provider, the education provider seeks their audit documentation to review. Once the practice-based learning placements are confirmed, learners then send approval audit forms to the practice educators to ensure the suitability of placements. The education provider ensures that practice educators are 'HCPC registered professionals' who have completed a "Practice Educator programme" to provide supervision and support to ensure health and safety standards are achieved.

The visitors did not see a formal process outlining how the education provider ensures the quality of the learner identified practice-based learning to ensure it is a safe and supportive environment for learners and service users. Without seeing a formal documented policy, the visitors could not see what processes are in place to respond to learners should any difficulties or incidents arise. In addition, as the education provider would seek copies of previously audited placements by different education providers, the visitors were concerned that these might not supply the information required for the education provider to make a sufficiently informed decision about the appropriateness of the placement for their programme. It was therefore unclear whether the education provider will have overall responsibility for overseeing the learner-identified practice-based learning in terms of monitoring.

Therefore, the education provider must provide information demonstrating there is an effective system in place for approving and monitoring learner-identified practice-based learning to ensure it is safe and supportive for learners and service users.

Suggested documentation: The education provider must provide further information on the process or system in place to approve learner-identified practice-based learning. The process must demonstrate:

- the role of the education provider, for example, if difficulties arise;
- the role other education provider audits play in determining whether a placement is appropriate; and
- how the process ensures learner identified practice-based learning takes place in a safe and supportive environment.

5.5 There must be an adequate number of appropriately qualified and experienced staff involved in practice-based learning.

5.6 Practice educators must have relevant knowledge, skills and experience to support safe and effective learning and, unless other arrangements are appropriate, must be on the relevant part of the Register.

Condition: The education provider must demonstrate that there is an adequate number of appropriately qualified and experienced staff with the relevant knowledge, skills and experience to support safe and effective learning.

Reason condition not met at this time: From reviewing the conditions response statement and evidence provided by the education provider, the visitors noted there is a structure for the identification and training of practice educators which is carried out via an appraisal process. It was also noted that the training for practice educators is provided jointly by regional education providers, whilst clinical areas allocate practice educator staff with whole time equivalents (WTE) staff numbers using a formula, which equates to each WTE staff member providing 25 days of practice education per year. This is how the regional allocation of practice educators is done, which is the same approach adopted by two education providers in Manchester. However, no information was provided regarding how many practice educators are available in the region, and it was unclear to the visitors of the process to determine how many will be available to provide supervision to learners for this programme. There was no further information available provided regarding details of the appraisal process and joint training. As such, the visitors could not assess how the programme ensured sufficient numbers of appropriately qualified and experienced practice educators, to support learners on this programme.

Additionally, the visitors could not see any information regarding how the education provider ensures the learner-identified practice-based learning in the second year of semester two had sufficient practice educators with the relevant skills and knowledge to support safe and effective learning. Therefore, the education provider must demonstrate how it ensures there is an adequate number of appropriately qualified practice educators, including details of how their knowledge, skills and experience is determined to be appropriate for this programme.

Suggested documentation: The education provider must:

- demonstrate how they ensure there are sufficient appropriately qualified and experienced practice educators, at all stages of the programme, to provide support to learners. This may be through the appraisal process; and
- demonstrate how they ensure practice educators have the relevant knowledge, skills and experience to support safe and effective learning.

6.4 Assessment policies must clearly specify requirements for progression and achievement within the programme.

Condition: The education provider must provide further evidence to show that the assessments polices clearly specify the requirements for progression and achievement within the programme.

Reason condition not met at this time: The education provider referenced section 2.3 and 5.1 of the updated ‘Appendix 8 Course Handbook’ document, as the conditions response for this standard. The visitors noted the progression requirements were clear where learners were allowed one resit per module, except for practice-based learning module for which two resit attempts were allowed. This meant should learners fail their last resit attempt, they will then not be offered another attempt and they will eventually be withdrawn from the programme. The visitors also noted it was clear in terms of how learners can be eligible for the relevant exit awards.

However, on page 31 under section 5.1 of 'Appendix 8 Course Handbook', the visitors noted that those learners who are unsuccessful at completing an assessment at the second attempt will be required to step off the current programme. They will subsequently have a discussion with the course leader regarding the 'potential option of re-purchasing this module the following academic year or leaving the course with an exit award if enough credits have been accrued'. From this, the visitors were not clear if and how the 'repurchase' of modules worked and whether this was mandatory or optional. If learners were allowed to re-purchase modules after failing their last attempt, the visitors were unclear whether this meant, progression rules would have allowed the learners to start again. Additionally, it was also not clear if the option of re-purchasing the modules applies to practice-based learning and if so, whether learners would get this option after failing the third and last attempt. Therefore, the education provider must provide clarity about 're-purchasing modules' to ensure it is clear to learners what is expected of them at each stage of the programme. From this, the visitors will be able to determine if the assessment policies clearly specify the requirements for progression and achievement within the programme.

Suggested documentation: The education provider must provide clarify about the option to 'repurchasing' the module, including whether:

- it is a mandatory or optional aspect offered by the course leader to all learners; and
- this allows learners more attempts to resit after they have exhausted the maximum number of resits available to them irrespective of whether they in academic or practice-based learning.

6.5 The assessment methods used must be appropriate to, and effective at, measuring the learning outcomes.

Condition: The education provider must demonstrate how the assessment methods are appropriate and effective in measuring the learning outcomes.

Reason condition not met at this time: The education provider submitted updated module descriptors and a document showing how the HCPC standards of proficiency (SOPs) and learning outcomes have been mapped to the relevant modules. From reviewing the updated module descriptors, the visitors noted that they still could not identify where some of the SOPs within the curriculum for speech and language therapists (SLTs) were covered. The SOPs which the visitors were unable to identify in sufficient detail were:

- SOP 13.1 understand the structure and function of the human body, together with knowledge of health, disease, impairment and dysfunction relevant to their profession.
- SOP 13.4 understand the structure and function of education, health and social care services in the UK.
- SOP 13.6 understand the theoretical basis of, and the variety of approaches to, assessment and intervention.
- SOP13.7 understand educational theory and practice and the relationship between language and literacy in relation to speech and language therapy.
- SOP 13.9 understand biomedical and medical sciences as relevant to the development and maintenance of communication and swallowing.
- SOP 13.10 understand psychology as relevant to lifespan development and change, normal and impaired communication, and psychological and social wellbeing.

- SOP 13.13 understand developmental and acquired impairments of speech, language, communication and swallowing.
- SOP 14.2 be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and effectively.
- SOP 14.3 be able to formulate specific and appropriate management plans including the setting of timescales.
- SOP 14.4 be able to gather appropriate information.
- SOP 14.5 be able to select and use appropriate assessment techniques.
- SOP 14.7 be able to administer, record, score and interpret a range of published and self-generated assessment tools to describe and analyse service users' abilities and needs using, where appropriate, phonetic transcription, linguistic analysis, instrumental analysis and psycholinguistic assessment.
- SOP 14.9 be able to analyse and critically evaluate the information collected.
- SOP 14.16 be able to apply knowledge of communication impairment, linguistics, phonetics, psychology and biomedical sciences to the identification, assessment and differential diagnosis of a range of communication and swallowing impairments.

For example, the visitors noted in module HI4112 references to 'speech sound difficulties', 'language breakdown' and 'neuroanatomy and neurology' in the module content. From reviewing this, and the indicative reference list for this module, the visitors were unable to identify whether learners would be sufficiently prepared and assessed around acquired language disorders, acquired motor speech disorders, and acquired neuro disorders and conditions in order to demonstrate how they meet the relevant SOPs. In particular, the visitors felt this affected SOP 13.13 and as the visitors could not see full evidence of how this SOP was met, they noted the impact on the following SOPs 14.2, 14.3, 14.4, 14.9 and 14.16. In addition, the visitors noted that the emphasis within the learning outcomes and assessment was on general professional knowledge, understanding and capabilities. This meant there was less emphasis on the specific knowledge and understanding of the impairments of speech, language, communication and swallowing necessary for learners to demonstrate they can practice safely and effectively at a threshold level.

As the visitors were unable to identify where the above SOPs were outlined within the learning outcomes, they were unable to identify the assessment methods associated with the learning outcomes. The visitors therefore require additional evidence to demonstrate how each of the above SOPs will be assessed within the programme. This evidence must demonstrate how the assessment methods used are appropriate and effective at measuring the learning outcomes to ensure that the SOPs are met.

Suggested documentation: Documentation which demonstrates appropriate and effective assessment methods for the above mentioned SOPs

Section 6: Visitors' recommendation

Considering the education provider's response to the conditions set out in section 4, and the request for further evidence set out in section 5, the visitors are not satisfied that the conditions are met for the reason(s) noted below, and recommend that the programme(s) are not approved.

This report, including the recommendation of the visitors, will be considered at the 23 April 2020 meeting of the ETC. Following this meeting, this report should be read alongside the ETC's decision notice, which are available on our website.

4.1 The learning outcomes must ensure that learners meet the standards of proficiency for the relevant part of the Register.
4.3 The programme must reflect the philosophy, core values, skills and knowledge base as articulated in any relevant curriculum guidance.

Condition: The education provider must demonstrate how the programme:

- will ensure learners understand the learning outcomes to be able to meet the standards of proficiency;
- will reflect the knowledge base relevant to speech and language therapists.

Reason condition not met: The documentation submitted before the visit included the programme specification, module descriptors and standards of proficiency (SOPs) mapping document. The visitors were unable to determine how the teaching contact time and personal learning hours were allocated across the modules and clinical areas. In addition, the visitors were unable to locate core knowledge within the module descriptors, such as acquired language disorders and acquired motor speech disorders. Further information was sought before the visit and the education provider stated this could be discussed in more detail at the visit. At the visit, the visitors understood that, as per the university wide policy, the programme team had not developed detailed module descriptors. During discussions, the visitors outlined that without detailed module descriptors they were unable to determine how the programme would ensure learners met the standards of proficiency for speech and language therapists (SLTs). We therefore set a condition requiring the education provider to submit evidence showing how the learning outcomes could be met; how they would reflect the relevant knowledge base; and how learners would be able to apply their knowledge to practice.

In the first conditions response, the education provider submitted updated module descriptors and a document mapping the SOPs and learning outcomes to modules. The visitors recognised the greater detail provided within these documents, however, they remained unclear about where a range of SOPs were taught within the programme. For example, around acquired language disorders, acquired motor speech disorders and acquired neuro disorders and conditions. In addition, the visitors noted the emphasis within the learning outcomes on general professional knowledge, understanding and capabilities. This meant there was less emphasis on the specific knowledge and understanding of the impairments of speech, language, communication and swallowing necessary for learners to demonstrate they can practise safely and effectively at a threshold level. As a result, the visitors requested further evidence for this standard. Specifically this was about where the identified SOPs, which included core knowledge for speech and language therapy, would be taught.

In their second conditions response, the education provider submitted enhanced module descriptors for the six modules, revised draft schemes of work and a document mapping the SOPs and learning outcomes to the modules.

Following their review of this evidence, the visitors considered there were outstanding issues about how the programme ensured learners developed the knowledge, skills and experience necessary to practise safely and effectively at a threshold level. Although some progress had been made by the education provider towards meeting standard

4.1, the visitors noted that they were unable to identify where learners would gain appropriate levels of knowledge about key areas of speech and language therapy.

The visitors could not determine where the following areas were delivered within the programme to ensure appropriate learning at a threshold level:

- Hearing impairment and audiology (including anatomical, physiological and psychological aspects of the ear and hearing, the effects of hearing impairment on speech and language and their development, and on a child's learning development, measurement of hearing, pathologies of the ear and hearing and their consequences, and medical, surgical and audiological interventions). This would impact the following SOPs - 13.1, 13.6, 13.13, 14.2, 14.3, 14.4, 14.5 and 14.16.

- An understanding of Psychology is considered to be one of the three basic areas of knowledge upon which SLT understanding and practice are based. It is specifically listed under SOPs 13.10 and 14.16. This would include some understanding of development and learning, behaviour and behaviour change, perception, cognition, personality, abnormal psychology and counselling, and social and neuropsychology. An absence of these in the curriculum would have an effect on SOPs 13.1, 13.6, 13.10, 13.13, 14.3, 14.4, 14.7 and 14.16.

The visitors also identified issues in relation to specific modules:

- Head and neck cancer was identified as being delivered for two taught hours within module HI4115. The module descriptor included this as 'Developing knowledge of the theory and practice with specialist populations in the SLT scope of practice: Head & neck cancer'. The scheme of work, appeared to describe this as 'Specialist Populations – Beyond head & neck cancer'. The visitors noted the difference in the focus of this teaching and within two hours, were unable to determine how basic anatomy, basic alterations following head and neck surgery, management of the client during the process including their mental health and the various surgical interventions, could be covered to an appropriate level. Therefore the visitors could not determine how a learner would gain the relevant knowledge and experience to be able practice safely and effectively at a threshold level in this area. This would impact the following SOPs – 13.1, 13.9, 13.10, 13.13, 14.2, 14.3, 14.4 and 14.5.

- The visitors identified that module HI4113 was entitled Complexities of communication and swallowing in speech and language therapy. Within this module, there are four hours devoted to interactions of mental health on communication and swallowing, the impact of communication and swallowing and the interaction of mental health and swallowing conditions. The visitors could not identify any coverage of psychiatry in terms of psychiatric conditions, assessment or treatment methods. In addition, the visitors were unable to determine how the time allocated to interactions between mental health and communication disorders addressed appropriate assessment and intervention approaches within these population. Therefore the visitors could not determine how a learner would gain the relevant knowledge and experience to be able to practice safely and effectively at a threshold level in this area. This would impact the following SOPs - 13.1, 13.6, 13.9,13.10, 13.13, 14.2, 14.3,14.4, 14.5,14.9

and 14.16.

With this lack of evidence, the visitors note that there is no indication learners would be able to gain appropriate knowledge and experience of the SOPs identified within this section of the report, nor that the programme reflects the philosophy, core value, skills and knowledge of the relevant curriculum guidance. The visitors note that this would mean learners would not be able to practise safely and effectively at a threshold level upon completion of the programme.

The visitors' conclusion, therefore, is that as standards 4.1 and 4.3 are not met at the conclusion of this process, they now recommend that the programme is not approved.

6.5 The assessment methods used must be appropriate to, and effective at, measuring the learning outcomes.

Condition: The education provider must demonstrate how the assessment methods are appropriate and effective in measuring the learning outcomes.

Reason condition not met: The documentation submitted before the visit included the module descriptors, programme specification and SOPs mapping document. Within the six module descriptors, the assessment method was described as 'learning and teaching will be offered using a blended learning model, with integrated online, classroom and clinical teaching opportunities'. From discussions at the visit, the visitors understood that the programme team would be revising the module descriptors to include more specific and detailed learning outcomes explicitly linked to the relevant SOPs and assessment methods. We set a condition requiring the education provider to submit evidence showing how the assessment methods used were appropriate and effectively measured the learning outcomes.

In the first conditions response, the education provider submitted updated module descriptors and a document mapping the SOPs and learning outcomes to modules. The visitors recognised the greater detail provided within these documents, however, they remained unclear about where a range of SOPs were taught within the programme. For example, around acquired language disorders, motor speech disorders and neuro disorders and conditions. In addition, the visitors noted the emphasis within the learning outcomes on general professional knowledge, understanding and capabilities. This meant there was less emphasis on the specific knowledge and understanding of the impairments of speech, language, communication and swallowing necessary for learners to demonstrate they can practise safely and effectively at a threshold level. As the visitors were unable to identify where the SOPs were clearly linked to particular learning outcomes, they were therefore unable to determine if the assessment methods associated with the learning outcomes were suitable. As a result, the visitors requested further evidence for this standard. Specifically this was about demonstrating the appropriate and effective assessment methods for the identified SOPs.

In their second conditions response, the education provider submitted revised assessment briefs for all six modules, enhanced module descriptors and a document mapping the SOPs and learning outcomes to modules.

Following their review of this evidence, the visitors considered there were outstanding issues about how the assessment methods used were appropriate to, and effective at, measuring the learning outcomes. This was for the reasons below:

Inability to identify learning outcomes (as outlined in conditions for 4.1 & 4.3)

As outlined earlier in Section 6 of this report, the visitors note that there is no indication learners would be able to gain appropriate knowledge and experience of the identified SOPs. The visitors considered therefore there is no indication of how the assessment methods outlined would be able to appropriately and effective assess the identified SOPs also.

Types of assessment

The visitors note that across the six modules, four assessment methods were outlined. The visitors recognise that the standards of education and training do not specify the methods of assessment used or the extent of the range of assessments. However, they noted that each module included a portfolio which contributed 50 per cent of the weighting towards the final mark for that module (30 per cent for module HI4116). The learner is required to reflect on their learning and include 500 words on three or four learning outcomes for the module and include consideration of topics, such as key concepts and clinical applicability.

The visitors note that as each module included a portfolio, just under 50 per cent of the programme is assessed via a reflective exercise. The visitors recognise that an element of reflection within assessment methods is a valuable tool. However, they considered that the amount of reflection within the programme meant there were insufficient summative or formative assessments to effectively and directly test a learner's knowledge and understanding to demonstrate the learning outcomes were met.

As the four assessment methods show similarities, the visitors note there is no indication of how these will be adapted to demonstrate a learner's progression and development through the programme and across the range of knowledge and understanding indicated by the SOPs.

Role play

The visitors note that in module HI4111 learners are required to undertake a 30 minute practical skills assessment consisting of a role play. This will take the form of an interview between a client and a "speech and language therapist". The client will be a fellow learner and the learner acting as the SLT, chooses their '…own clinical issue of interest'. The visitors considered that as this was the first module, learners would be unlikely to have the necessary knowledge, skills and experience of the ramifications in relation to a communication impaired client, particularly as regards psychology, to be able to act realistically as a parent, spouse or client. The visitors therefore considered there was a risk that the assessment would not measure the learning outcomes associated with this module.

In addition, the visitors note that the practical skills assessment constitutes 25 per cent of the weighting towards the module mark. Learners have up to 15 minutes to conduct the interview and then a further 15 minutes to reflect on this. Prior to the interview, the learner was required to submit a '…formative written piece to outline the case for your fellow learner partner…'. The visitors noted the lack of information within the assessment brief about when the actual assessment of the learner's '…skill set required to support the client takes place…'. For instance, it could be during the written piece,

interview or self-reflection and depending on when it occurs, it is unclear who undertakes the assessment. The visitors were therefore unable to determine which elements of this practical assessment would be graded and by whom. The visitors therefore considered there was a lack of clarity about how role play would be used effectively within this module.

All of the above means that the visitors were not satisfied, that over the six modules and four assessment types that the education provider would be able to effectively measure the learning outcomes of the programme. In light of this, the visitors considered that this standard is not met.

Given these findings, the visitors recommend the programme should not be approved.

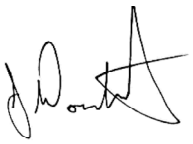
Education and Training Committee Panel

Programmes in respect of which approval is recommended subject to conditions

Programme name	MSc Speech and Language Therapy
Education provider	University of Central Lancashire
Mode of delivery	FTA (Full time accelerated)
Assessment ref	APP02062
Date of decision	29 January 2020

Panel: Stephen Wordsworth (Chair), Penny Joyce, Luke Jenkinson, Kathryn Thirlaway, Maureen Drake, Sonya Lam

Decision
That the Visitors' report (including the conditions and recommendations in the report) should be accepted.
Reasons
The Panel is satisfied that the conditions in the Visitors' report must be met before the programme can be approved or before the ongoing approval of the programme can be confirmed.



Signed:…….. Panel Chair

University of Central Lancashire

School of Sport and Health Sciences
University of Central Lancashire
Preston
PR1 2HE

Observations in response to HCPC Conditions for MSc Speech and Language Therapy University of Central Lancashire.

Education provider	University of Central Lancashire
Name of programme(s)	MSc Speech and Language Therapy, Full time accelerated
Approval visit date	24-25 September 2019
Case reference	CAS-14366-K2K2G4

Introduction

Thank you for the opportunity to give our observations in relation to this report. The School of Sport and Health Sciences is a large School within the University of Central Lancashire (UCLan). We have a long history in developing and delivering Health and Care Professions Council (HCPC) approved programmes across the Allied Health Professions and to date the record shows that we have had few issues in relation to quality and ongoing approval

To set this development in context our decision to develop a Speech and Language Pre-Registration MSc programme arose from a significant push from our practice partners wanting to address local health care needs, develop a local supply chain and to support the local workforce planning needs in the region. Throughout this development we have worked closely with our practice partners and with the Royal College of Speech and Language Therapists (RCSLT). The programme has been accredited by the RCSLT and has passed through our University Quality Assurance Approval processes. We have developed a robust business case (approved by the University) and have made a significant commitment of public money to the resources required to continue to develop and deliver this programme including the appointment of two full time Speech and Language Therapy lecturers, both employed on substantive contracts, who have been in post for 11months and 3 months respectively.

Broad Observations regarding the Process

We would like to take this opportunity to provide some comment on our observations regarding the process of seeking approval for this programme from the HCPC. As mentioned above we have a great deal of experience in seeking and gaining approval for programmes from the HCPC. Our observations are therefore made in consideration of this process against our previous experience.

The structure of our University documentation is concise, and this has been communicated to the panel/visitors throughout the process. This has been recognised previously by other panels prompting discussions that facilitate us to articulate our pedagogical approach and provide further detail or explanation of the programme which may be required for Regulatory and Professional bodies. In this case, however, it has appeared problematic, which is not our usual experience. During this experience we have been required to produce significantly more detail compared to our previous experiences in approval processes. Whilst we accept the need for increased scrutiny in a post NHS healthcare commissioning environment, we have, on occasion, perceived the dialogue to be confrontational as opposed to our previous experiences of constructive discussions we had anticipated on the topic of meeting the Standards of Education and Training and Standards of Proficiency (SOPs). This, we feel was evident on numerous occasions. We offer the following as examples. Being continually asked about physical resources for the course. This was addressed by the course team on multiple occasions and the visitors declined a tour that was offered. We were also asked repeatedly who would be delivering specific topics at a time when we were recruiting to our staff team and could not be expected to give that level of detail within our staffing strategy. A further example was the request for 'financial' documentation to support the evidence we had produced about the university's approved business case and allocation of funding to support the programme. Additionally, we received feedback from our students who had offered to meet the panel that they felt that they had been 'interrogated' and they specifically reported that the panel had inferred that they had 'been cherry picked' and asked why they should be believed, which they felt questioned their integrity.

We have throughout the process sought to develop our University paperwork in relation to module descriptors where possible (recognising that module descriptors for the university are required to be very concise documents) and we have also provided additional working documentation, including draft schemes of work and draft assessment briefs; working documents that the course team are developing in order to plan the actual content of the modules. We have sought to work with the HCPC and have, on multiple occasions, taken up opportunities for discussions with the HCPC Education Officer as offered. Prior to our last submission of documentation, we discussed with the Education Officer what the suggested documentation might be to demonstrate our response to conditions (particularly about 4.1, 4.3, 4.5 and 6.5) as it was not clear for this element what was being requested. This was done in order to try to reassure the visitors that we were looking in detail how we would ensure coverage of the SOPs within the academic/taught elements of the programme.

Observations on the report.

For this section we have responded to the visitors remarks directly please see the table below;

4.1 The learning outcomes must ensure that learners meet the standards of proficiency for the relevant part of the Register. **4.3 The programme must reflect the philosophy, core values, skills and knowledge base as articulated in any relevant curriculum guidance.**	
Condition: The education provider must demonstrate how the programme: • will ensure learners understand the learning outcomes to be able to meet the standards of proficiency; • will reflect the knowledge base relevant to speech and language therapists	
Reason: Reason condition not met at this time: **Suggested documentation:** Further documentation which demonstrates where each of the outlined SOPs, which includes core knowledge for SLTs, will be taught to learners. **Reason condition not met**: The documentation submitted before the visit included the programme specification, module descriptors and standards of proficiency (SOPs) mapping document. The visitors were unable to determine how the teaching contact time and personal learning hours were allocated across the modules and clinical areas. In addition, the visitors were unable to locate core knowledge within the module descriptors, such as acquired language disorders and acquired motor speech disorders. Further information was sought before the visit and the education provider stated this could be discussed in more detail at the visit. At the visit, the visitors understood that, as per the university wide policy, the programme team had not developed detailed module descriptors. During discussions, the visitors outlined that without detailed module descriptors they were unable to determine how the programme would ensure learners met the standards of proficiency for speech and language therapists (SLTs). We therefore set a condition requiring the education provider to submit evidence showing how the learning outcomes could be met; how they would reflect the relevant knowledge base; and how learners would be able to apply their knowledge to practice.	**UCLan Observations:** As noted above, the documentation we included with our previous response was developed following discussion with the HCPC Education Officer in order for us to fully understand what was meant when the HCPC report requested *"Further documentation which demonstrates where each of the outlined SOPs, which includes core knowledge for Speech and Language Therapists (SLTs), will be taught to learners"*. In line with guidance offered by the HCPC officer the changes made to core university documents and the working documents that we provided were all mapped to the outstanding SOPs in order to show how these are addressed – we remain unclear what other information/documentation was envisaged by the visitors. The report uses the term 'revised' schemes of work, we would like it made clear these are not revised (in that they had not been provided to visitors before). The fact that these were draft 'working' documents was clearly articulated in our previous response. As a normal practice when translating a paper-based curriculum into the actual delivery pattern the course team are currently refining these working documents and the content of each module. They were included in order to give the visitors a sense of how the modules were being developed. We would like to

In the first conditions response, the education provider submitted updated module descriptors and a document mapping the SOPs and learning outcomes to modules. The visitors recognised the greater detail provided within these documents, however, they remained unclear about where a range of SOPs were taught within the programme. For example, around acquired language disorders, acquired motor speech disorders and acquired neuro disorders and conditions. In addition, the visitors noted the emphasis within the learning outcomes on general professional knowledge, understanding and capabilities. This meant there was less emphasis on the specific knowledge and understanding of the impairments of speech, language, communication and swallowing necessary for learners to demonstrate they can practise safely and effectively at a threshold level. As a result, the visitors requested further evidence for this standard. Specifically this was about where the identified SOPs, which included core knowledge for speech and language therapy, would be taught. In their second conditions response, the education provider submitted enhanced module descriptors for the six modules, revised draft schemes of work and a document mapping the SOPs and learning outcomes to the modules. Following their review of this evidence, the visitors considered there were outstanding issues about how the programme ensured learners developed the knowledge, skills and experience necessary to practise safely and effectively at a threshold level. Although some progress had been made by the education provider towards meeting standard 4.1, the visitors noted that they were unable to identify where learners would gain appropriate levels of knowledge about key areas of speech and language therapy. The visitors could not determine where the following areas were delivered within the programme to ensure appropriate learning at a threshold level:	take this opportunity to highlight that the proposed hours on them relate to face to face teaching and do not include guided/student directed study. As we have outlined in our documentation, we take an approach to scaffold teaching and learning for our students – using a variety of delivery methods alongside both directed independent study and the self- directed learning expected of students. The direct teaching hours and expected self-directed study hours are detailed in the module descriptors. Additionally, we note in this report these documents appear to be viewed as final static documentation. This has led the visitors to question how we will deliver module content. This is not, we would assert in the spirit of how we provided them to the visitors. Please see comments below in relation to the specific examples included in the report. The submitted curriculum is based on a pedagogy where the students' development of knowledge and skills progresses as they pass through the course. It was designed to link closely to the RCSLTs five core competencies for speech and language therapists (RCSLT 2018) which provide a framework throughout the modules. The emphasis on these themes alters across the modules in order that students can develop their knowledge and skills, gaining the necessary experience to practise safely and effectively. We observe that the report concentrates very much on the academic teaching and learning content. We would like to highlight that, in addition to this academic content, the programmes practice placement blocks are integral to the course and the student's development to meet the standards of proficiency. The assessment of

	this practice element is also an assessment component of the modules. Having had access to the practice assessment form visitors would be aware that these assessment forms map directly to the SOPs. The experience students have on placements will obviously be developmental, as they progress, as does the complexity of the clients they work with and the expectations on their demonstration of clinical skills. Therefore, placement-based learning also demonstrates and ensures that students can practice safely and effectively at the threshold standard. As the assessment form is mapped to the SOPs this provides additional evidence of how the course supports the students to meet them.
• Hearing impairment and audiology (including anatomical, physiological and psychological aspects of the ear and hearing, the effects of hearing impairment on speech and language and their development, and on a child's learning development, measurement of hearing, pathologies of the ear and hearing and their consequences, and medical, surgical and audiological interventions). This would impact the following SOPs - 13.1, 13.6, 13.13, 14.2, 14.3, 14.4, 14.5 and 14.16.	Within the module HI4112 Students will cover relevant anatomy and physiology and this was indicated in the scheme of work. This will include anatomical structures of the ear. The content relating to Hearing Impairment will be included in the module HI4114 which considers 'individuals with complex needs.' As this module is in the second year of the course the content is still being refined. This module will consider this important topic and include, how the ear works, classifications of hearing loss, diagnosis of hearing loss, approaches to communication and early family intervention. This is all in addition to the learning that takes place in HI4112 relating to deaf culture that is currently detailed in the respective scheme of work.
• An understanding of Psychology is considered to be one of the three basic areas of knowledge upon which SLT understanding and practice are based. It is specifically listed under SOPs 13.10 and 14.16. This would include some understanding of development and learning, behaviour and behaviour change, perception, cognition, personality, abnormal psychology and counselling, and social and neuropsychology. An absence of these in the curriculum would have an effect on SOPs 13.1, 13.6, 13.10, 13.13, 14.3, 14.4, 14.7 and 14.16.	We agree with the visitors that an understanding of Psychology is a basic area of knowledge upon which SLT understanding and practice is based. This broad subject area runs throughout the programme incorporating lifespan development, social and cognitive development. Dr Reyhan Furman, senior lecturer in developmental cognition is working with us to provide the teaching in HI4111 relating to language and cognitive development. Our intention to utilise the expertise across the university to support this course has been outlined to the HCPC panel on numerous occasions. The intention is that psychology content is

	embedded periodically in the course related to the content being considered (for example, Developmental Language Disorder (HI4113), Individuals with lifelong and complex needs and ageing and complex needs of older people (HI4114)), we understand that this could be made more explicit and therefore this content will be highlighted and given greater priority in the content as we develop the scheme of work for HI4111. Since submitting the schemes of work, within their development meetings, the course team have enhanced the structure of the content of this module. Four main themes are embedded in this module, a) Psychology & Life span development (20 hours), b) Linguistics, Phonetics and Language acquisition (20 hours), c) Introduction to research (10 hours) and d) Professional studies (10 hours). We refer the reader to scheme of work HI4111 for detailed information on the content, but for reader ease this will include, but is not limited to, cognitive psychology, types of memory, properties of language, models of language development, lifespan development. We have not detailed information here on the other three themes as they are not related to this visitors' point. Please note the reference to hours here is an indication of direct teaching activity and does not include directed/self-directed study the student is expected to undertake.
The visitors also identified issues in relation to specific modules: • Head and neck cancer was identified as being delivered for two taught hours within module HI4115. The module descriptor included this as 'Developing knowledge of the theory and practice with specialist populations in the SLT scope of practice: Head & neck cancer'. The scheme of work, appeared to describe this as 'Specialist Populations – Beyond head & neck cancer'. The visitors noted the difference in the focus of this teaching and within two hours, were unable to determine how basic anatomy, basic alterations following head and neck	We agree with the visitors that two hours is not sufficient to cover the breadth of teaching needed to address this issue and again observe that the hours indicated were indicative of a draft developing scheme of work and note previous comments with regard to directed and self-directed learning activities that would be in addition to direct teaching hours. We would observe that there appears to be no recognition in this report of the direct teaching hours considering this topic that are embedded within earlier modules to allow for progression of learning.

surgery, management of the client during the process including their mental health and the various surgical interventions, could be covered to an appropriate level. Therefore the visitors could not determine how a learner would gain the relevant knowledge and experience to be able practice safely and effectively at a threshold level in this area. This would impact the following SOPs – 13.1, 13.9, 13.10, 13.13, 14.2, 14.3, 14.4 and 14.5.	This is detailed in the schemes of work that were submitted but for reader ease we detail these below: Scheme of work for HI4112 details 10 hours devoted to anatomy and physiology as well as 6 hours devoted to neuroanatomical and neurology. Scheme of work for HI4113 details 4 hours for a review of anatomy and physiology. Scheme of work for HI4113 details at least 2 hours for head and neck cancer in addition to the content noted above by the visitors. Students we suggest will, therefore, receive substantial face-to-face teaching to support their self-directed learning on this topic and not the two detailed by the visitors above.
• The visitors identified that module HI4113 was entitled Complexities of communication and swallowing in speech and language therapy. Within this module, there are four hours devoted to interactions of mental health on communication and swallowing, the impact of communication and swallowing and the interaction of mental health and swallowing conditions. The visitors could not identify any coverage of psychiatry in terms of psychiatric conditions, assessment or treatment methods. In addition, the visitors were unable to determine how the time allocated to interactions between mental health and communication disorders addressed appropriate assessment and intervention approaches within these population. Therefore the visitors could not determine how a learner would gain the relevant knowledge and experience to be able to practice safely and effectively at a threshold level in this area. This would impact the following SOPs - 13.1, 13.6, 13.9,13.10, 13.13, 14.2, 14.3,14.4, 14.5,14.9 and 14.16.	We agree with the visitors that speech and language therapy students require an overview of some psychiatric disorders and an awareness of mental health difficulties and the effects on communication. We have, therefore, embedded topics within the modules to address such issues (please see below). However, as this is not routinely covered in other SLT degree programmes in the UK and the term 'psychiatric conditions' or 'psychiatry' is not referenced in the SOPs, we welcome clarification from the visitors as to their definition of psychiatric conditions. In addition to the content in HI4113 noted by the visitors, this specialist topic is considered in other modules content areas which include, but is not limited too – HI4113 Complexities of communication and swallowing in speech and language therapy, developmental language disorder in school aged populations is covered. This topic will include long-term outcomes for young people with Developmental Language Disorder and consider the literature detailing increased risk of experiencing social, emotional and mental health difficulties for these young people. HI4114 considers complex needs and partnerships in speech and language therapy. We recognise that the profession of speech and

	language therapy works across a range of patient groups and this will consider working with clinical psychologists and psychiatrists focussing on the contribution speech and language therapists can contribute to the overall management of psychiatric patient groups within an interdisciplinary context. UCLan runs two Clinical Psychology courses which will allow for joint teaching and/or a bespoke package for our learners led by colleagues from this department. Our intention to utilise the expertise across the university to support this course has been outlined to the HCPC panel on a number of occasions throughout this process. As this teaching will occur in the second year the details of this have still to be finalised and included on the scheme of work (As you would expect the course team have been concentrating their efforts in planning the first year of the programme). HI4116 details Multi professional health provision across communities and populations. This builds on the knowledge from HI4114, detailed above. So there is no confusion over terminology we also would like to highlight for the visitors that we will be addressing neurological disorders (neuropsychiatric disorders). HI4114 considers ageing and complex needs of older people, within this module topics will include dementias including Alzheimer's type.
With this lack of evidence, the visitors note that there is no indication learners would be able to gain appropriate knowledge and experience of the SOPs identified within this section of the report, nor that the programme reflects the philosophy, core value, skills and knowledge of the relevant curriculum guidance. The visitors note that this would mean learners would not be able to practise safely and effectively at a threshold level upon completion of the programme.	We note that we have now met the condition 4.5 'Integration of theory and practice must be central to the programme'. We find this an anomaly when considered alongside the other detailed points raised by the visitors. We would suggest a prerequisite of meeting SOP 4.5 is that students must have gained the necessary understanding of the theoretical underpinning of their practice. Therefore in order for the student to demonstrate this, we (the course) must be reflecting the philosophy and core values of the profession.

The visitors' conclusion, therefore, is that as standards 4.1 and 4.3 are not met at the conclusion of this process, they now recommend that the programme is not approved.	We assume the 'curriculum guidance' referred to here by the visitors is that provided by the Professional Body (i.e. RSCLT 2018) as the HCPC do not provide such a document. Our observation is that this curriculum is predicated on the guidance provided by the professional body in relation to the themes of the core capabilities (as outlined above) running throughout our documentation and the RCSLT have not raised any concerns with us regarding our interpretation of this. If there is other specific curriculum guidance for speech and language education that we have should have considered in this development, we would welcome guidance in this area.
6.5 The assessment methods used must be appropriate to, and effective at, measuring the learning outcomes.	
Condition: The education provider must demonstrate how the assessment methods are appropriate and effective in measuring the learning outcomes.	
Reason condition not met at this time: **Reason condition not met:** The documentation submitted before the visit included the module descriptors, programme specification and SOPs mapping document. Within the six module descriptors, the assessment method was described as 'learning and teaching will be offered using a blended learning model, with integrated online, classroom and clinical teaching opportunities'. From discussions at the visit, the visitors understood that the programme team would be revising the module descriptors to include more specific and detailed learning outcomes explicitly linked to the relevant SOPs and assessment methods. We set a condition requiring the education provider to submit evidence showing how the assessment methods used were appropriate and effectively measured the learning outcomes. In the first conditions response, the education provider submitted updated module descriptors and a document mapping the SOPs and learning outcomes to modules. The visitors recognised the greater detail provided within these documents, however, they remained unclear about where a range of SOPs were taught within the programme. For example, around acquired language disorders, motor speech disorders and neuro disorders and	Once again, the report uses the term 'revised' assessment briefs. We would like it made clear these are not revised (in that they had not been provided to visitors before) they were clearly articulated in our previous response as draft 'working' documents. The course team are currently using these working documents to develop the detail of the assessment components for students. They were included in our response merely to offer a flavour as to the actual assessment tasks to be undertaken by students as the assessment components of the module descriptors are described very briefly. As it is not standard practice in our experience to submit assessment briefs to the HCPC in the approval process, these were still being developed at the date of submission of our further evidence. There is now a SLT team working on the programme, so we have begun to develop these assessment briefs more fully. We would also like noted the assessment components on the module descriptors indicate which module learning outcomes they address and the mapping document we provided then maps those module learning outcomes to the SOPs identified by the visitors. The module descriptors

conditions. In addition, the visitors noted the emphasis within the learning outcomes on general professional knowledge, understanding and capabilities. This meant there was less emphasis on the specific knowledge and understanding of the impairments of speech, language, communication and swallowing necessary for learners to demonstrate they can practise safely and effectively at a threshold level. As the visitors were unable to identify where the SOPs were clearly linked to particular learning outcomes, they were therefore unable to determine if the assessment methods associated with the learning outcomes were suitable. As a result, the visitors requested further evidence for this standard. Specifically this was about demonstrating the appropriate and effective assessment methods for the identified SOPs. In their second conditions response, the education provider submitted revised assessment briefs for all six modules, enhanced module descriptors and a document mapping the SOPs and learning outcomes to modules. Following their review of this evidence, the visitors considered there were outstanding issues about how the assessment methods used were appropriate to, and effective at, measuring the learning outcomes. This was for the reasons below: <u>Inability to identify learning outcomes (as outlined in conditions for 4.1 & 4.3)</u> As outlined earlier in Section 6 of this report, the visitors note that there is no indication learners would be able to gain appropriate knowledge and experience of the identified SOPs. The visitors considered therefore there is no indication of how the assessment methods outlined would be able to appropriately and effective assess the identified SOPs also. <u>Types of assessment</u> The visitors note that across the six modules, four assessment methods were outlined. The visitors recognise that the standards of education and training	and mapping document supplied should therefore indicate where students are assessed against the SOPs. We would also direct the reader to our observation above (Page 5) regarding the role assessed practice placements has in assessing the students meeting the SOPs. As the visitors will be aware, we also have quality processes within the School which require final assessment briefs to pass through both an internal and external moderation process (involving the external examiner) before being circulated to the students, to ensure that the assignments set enable students to meet the learning outcomes. We acknowledge that the standards of education and training do not specify the methods of assessment used and we have read the visitors'

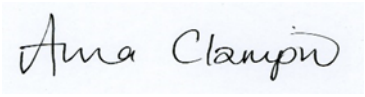
do not specify the methods of assessment used or the extent of the range of assessments. However, they noted that each module included a portfolio which contributed 50 per cent of the weighting towards the final mark for that module (30 per cent for module HI4116). The learner is required to reflect on their learning and include 500 words on three or four learning outcomes for the module and include consideration of topics, such as key concepts and clinical applicability. The visitors note that as each module included a portfolio, just under 50 per cent of the programme is assessed via a reflective exercise. The visitors recognise that an element of reflection within assessment methods is a valuable tool. However, they considered that the amount of reflection within the programme meant there were insufficient summative or formative assessments to effectively and directly test a learner's knowledge and understanding to demonstrate the learning outcomes were met. As the four assessment methods show similarities, the visitors note there is no indication of how these will be adapted to demonstrate a learner's progression and development through the programme and across the range of knowledge and understanding indicated by the SOPs.	comments. In our observations we would like to add some clarity regarding the use of the portfolio in our assessment components. The portfolio is seen as an ongoing document that students develop and add to throughout the duration of the course. It will contain the completed summative assignment components in relation to the clinical applicability of the content in each module, such assessments will include (but are not limited to) tasks such as speech data interpretation, intervention planning, session plans and case studies. In addition to this, during each module, students will also complete formative assessment work and may add this to their portfolio. The Portfolio can also be a depository for other continuing professional development activities (for example hold reflections from practice placements) that students may complete over the duration of the course. Portfolio guidance will be provided to guide the students to map these tasks/reflections against the HCPC SOPs, this will then be the basis for discussions about their progression with their Academic Advisor. This approach is used successfully on other programmes within the School and is seen as good practice. Engaging our students with concepts of lifelong learning and continuing professional development practices for when they join the profession. To clarify the reflective element – a reflection of the self-development completed by undertaking the module will only be one element and usually will be around 300 words of the total 2500 words detailed in the module descriptor. We acknowledge that further work is needed on the assessment briefs. As there is now a SLT team working on the programme we have begun to develop these assessment briefs more fully. With regard to the point the visitors make in relation to progression. In the context that all our academic module assessments are targeted at Level 7, in order to ensure students and staff can see progression we have a number of structures and process that the Visitors will be aware of, for example the academic advisor system and practices related to

	giving feedback and feedforward (with a marking rubric which indicates to students the progression they make across module assessments). We would also refer back to our earlier observation regarding how the course has been structure to support student's progression through the course and develop the demands made on them. For example the assessment method relating to the research strand of the course has been designed to demonstrate a student's progression from designing a research question (HI4113), to orally presenting preliminary data (HI4115) concluding in a written piece in the form of a journal article (HI4116).
<u>Role play</u> The visitors note that in module HI4111 learners are required to undertake a 30 minute practical skills assessment consisting of a role play. This will take the form of an interview between a client and a "speech and language therapist". The client will be a fellow learner and the learner acting as the SLT, chooses their '…own clinical issue of interest'. The visitors considered that as this was the first module, learners would be unlikely to have the necessary knowledge, skills and experience of the ramifications in relation to a communication impaired client, particularly as regards psychology, to be able to act realistically as a parent, spouse or client. The visitors therefore considered there was a risk that the assessment would not measure the learning outcomes associated with this module. In addition, the visitors note that the practical skills assessment constitutes 25 per cent of the weighting towards the module mark. Learners have up to 15 minutes to conduct the interview and then a further 15 minutes to reflect on this. Prior to the interview, the learner was required to submit a '…formative written piece to outline the case for your fellow learner partner…'. The visitors noted the lack of information within the assessment brief about when the actual assessment of the learner's '…skill set required to support the client	In relation to the visitor's comments about the practical skills assessment components, we acknowledge the comments but must reiterate that these assessment briefs are working documents. As detailed, the written piece is formative, and the assessment takes place, and is marked, during the interview and self-reflection. The concern regarding the student's current knowledge to act as a parent, spouse, client is well received, and we concur with this. This particular assessment is designed to assess the student's ability to display the relevant skills to communicate and support individuals, and their carers, with communication impairments. This will equip students with the skills needed for their first SLT supervised placement. As this assessment is still in development it has already been discussed that a facilitator or a member of our COMENSUS service may be used as opposed to a peer and clinical vignettes will be utilised to account for the student's stage of development.

takes place…'. For instance, it could be during the written piece, interview or self-reflection and depending on when it occurs, it is unclear who undertakes the assessment. The visitors were therefore unable to determine which elements of this practical assessment would be graded and by whom. The visitors therefore considered there was a lack of clarity about how role play would be used effectively within this module. All of the above means that the visitors were not satisfied, that over the six modules and four assessment types that the education provider would be able to effectively measure the learning outcomes of the programme. In light of this, the visitors considered that this standard is not met. Given these findings, the visitors recommend the programme should not be approved.	

Conclusion

Thank you for this opportunity to give our observations on both the process and the content of the final report on our application for approval for this programme. In conclusion we would like to make clear that we continue to want to achieve approval of an MSc (Pre-Registration) Speech and Language Therapy programme here at UCLan. We would welcome the continued opportunity to address any concerns the visitors may have and would be able to provide agreed further documentation in a timely fashion to meet the HCPC timetable. We recognise the tight time frame now for the course to commence in September 2020 and would now be considering a January 2021 start date.



Robin Richardson
Interim Executive Dean
Faculty of Health and Wellbeing

Anna Clampin
Principal Lecturer (Academic Development)
School of Sport and Health Science.

Reference

RCSLT (2018) Curriculum guidance for the pre-registration education of speech and language therapists