

Approval process report

University of Suffolk, Physiotherapy, 2021-22

Executive summary

This report covers our review of the BSc (Hons) Physiotherapy programme at the University of Suffolk. Through our review, we did not set any conditions on approving the programme, as the education provider demonstrated it met our standards through documentary evidence and further review. This report will now be considered by our Education and Training Panel who will make a final decision on programme approval.

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Section 1: About this assessment

About us

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

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

Our standards

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

Our regulatory approach

We are flexible, intelligent and data-led in our quality assurance of programme clusters and programmes. Through our processes, we:

- enable bespoke, proportionate and effective regulatory engagement with education providers;
- use data and intelligence to enable effective risk-based decision making; and
- engage at the organisation, profession and programme levels to enhance our ability to assess the impact of risks and issues on HCPC standards.

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

The approval process

Institutions and programmes must be approved by us before they can run. The approval process is formed of two stages:

- Stage 1 – we take assurance that institution level standards are met by the institution delivering the proposed programme(s)
- Stage 2 – we assess to be assured that programme level standards are met by each proposed programme

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

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

How we make our decisions

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

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

The assessment panel for this review

We appointed the following panel members to support this review:

Janet Lawrence	Lead visitor, Physiotherapist
Karen Harrison	Lead visitor, Physiotherapist
Temilolu Odunaike	Education Quality Officer

Section 2: Institution-level assessment

The education provider context

The education provider currently delivers seven HCPC-approved programmes across three professions. They also deliver an independent and supplementary annotation to registered professionals. They have been running HCPC approved programmes since 2002.

The education provider proposed the addition of a Physiotherapy programme as part of their suite of allied health professions (AHPs). The decision to offer the programme was influenced both nationally by Health Education England and locally by local Trust providers to support an effective supply of AHPs in the region.

Practice areas delivered by the education provider

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

	Practice area	Delivery level		Approved since
Pre-registration	Operating Department Practitioner	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2002
	Paramedic	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2015
	Radiographer	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2005
Post-registration	Independent Prescribing / Supplementary prescribing			2007

Institution performance data

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

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

Data Point	Benchmark	Value	Date	Commentary
Total intended learner numbers compared to total enrolment numbers	237	467	2022	The enrolled number of learners across all HCPC approved provision is significantly higher than the approved intended numbers we have on our record. This was explored by visitors during the review to determine effective delivery of all programmes at the institution. There was sufficient evidence to demonstrate that both staffing and physical resources as well as practice-based learning capacity continue to be adequate.

Learners – Aggregation of percentage not continuing	3%	1%	2019-20	According to the data from HESA, the percentage of learners not continuing is lower than the benchmark at this education provider which is positive. We also see an improvement from the previous academic year where the percentage not continuing was 2.
Graduates – Aggregation of percentage in employment / further study	93%	100%	2018-19	The percentage in employment / further study is 100% which would imply all learners who successfully complete their learning at this institution make significant progress after their studies.
Teaching Excellence Framework (TEF) award	N/A	Bronze	2017	This is the lowest award given by the TEF. This may imply that there is room for improvement in the quality of teaching at this institution. TEF has however advised that this award was made under their initial scheme and may not provide up-to-date reflection of teaching quality.
National Student Survey (NSS) overall satisfaction score (Q27)	74.2%	66.7%	2021	This score indicates that the percentage of learners who are satisfied with their learning at this institution is relatively lower than the benchmark. This is another indicator which led to a close review of the learning and teaching as well as the support that is provided to learners at this institution. We are satisfied that these continue to be up to HCPC standards.
HCPC performance review cycle length	N/A	N/A	N/A	The education provider is currently going through their performance review and the cycle length will be determined upon completion of the review.

The route through stage 1

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

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

Admissions

Findings on alignment with existing provision:

- **Information for applicants –**
 - The admissions policy covering information for applicants is set at institution level and will apply to the new programme. The education provider ensures information is provided to applicants in a transparent and consistent manner and requirements for admission are clearly outlined.
- **Assessing English language, character, and health –**
 - There is a university-wide policy for determining applicants' suitability as it relates to English language proficiency. This is included in the admissions policy and applies to the new programme. Additionally, the Disclosure and Barring Service (DBS) process and the Occupational Health requirements are set at School level and apply to all Allied Health Professions (AHPs). These also apply to the new provision.
- **Prior learning and experience (AP(E)L) –**
 - The recognition of prior learning and experience for the new programme recognises additional qualifications to permit entry onto the programme at level 4. It also recognises up to a maximum of 120 credits from another HCPC approved Physiotherapy programme where the programme can be mapped successfully to that provided by the education provider. This is in line with the education provider's APEL policy which is set at institution level and applies to the new programme.
- **Equality, diversity and inclusion –**
 - Equality, diversity and inclusion is included in the programme's admission process to ensure transparency and consistency. Code of practice on reasonable adjustment as well as safeguarding policies which will apply to the new provision are all part of the institution-wide policies.

Non-alignment requiring further assessment: None

Management and governance

Findings on alignment with existing provision:

- **Ability to deliver provision to expected threshold level of entry to the Register¹ –**
 - There are institution-wide policies and procedures covering the delivery of the programme to expected threshold level of entry to the Register. Some of these include the Assessment Board Policy which makes final decision on learners' progression and award and ensures integrity of the academic standard is observed. The External Examiners Policy ensures the appointment of external examiners at appropriate level. Procedures for validation and re-approval of programmes are set at institution level and will apply to the new provision.
- **Sustainability of provision –**
 - Management of academic provision as well as risk-based monitoring and enhancement processes are institution-wide processes and procedures to ensure sustainability of the programme. Procedures for validation and re-approval of programmes are also in place to ensure sustainability. We understand that these will apply to the new provision in the same way.
- **Effective programme delivery –**
 - To ensure effective delivery of the programme, there are institution-wide framework and procedures in place, such as Management of Academic Provision Framework which outlines the roles and responsibilities of those involved in delivering and supporting the programme to ensure it is effectively managed. This is set at institution level. The Learning, teaching and assessment framework is also set at institution level and will apply to the new provision.
- **Effective staff management and development –**
 - In addition to Management of academic provision framework and Learning teaching & assessment framework, there are institution wide policies which will apply to the new provision. The Support for Staff Academic Study Policy and the Continuing Professional Development Policy outline the commitment of the education provider to providing training and development opportunities. The policies also set out the framework of support offered to staff undertaking development opportunities. We understand from the information submitted by the provider that these institution-wide policies will apply to the new provision.
- **Partnerships, which are managed at the institution level –**
 - The education provider noted several policies and procedures covering partnerships, which are maintained at institution level. Some of these include Work-based & placement learning framework, Equality & diversity policy, Code of practice on reasonable adjustments for students, Fitness to practise procedure and Safeguarding policy. We understand from the information provided by the education provider that all of these institution-wide policies will apply in the same way to the new provision.

Non-alignment requiring further assessment: None

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

Quality, monitoring, and evaluation

Findings on alignment with existing provision:

- **Academic quality –**
 - There are frameworks and processes covering academic quality which are set at institution level. These include Management of academic provision framework, Procedures for validation and re-approval of courses, Risk-based monitoring & enhancement processes and Learning, teaching and assessment framework. The provider noted that there won't be any changes to how these policies are applied to the new provision.
- **Practice quality, including the establishment of safe and supporting practice learning environments –**
 - There are several policies and procedures in place to ensure the quality of practice and a safe and supportive learning environment. Some of these include University's data protection & data security policy, Guidance on health & safety of placements for higher education students, Occupational health risk assessment post COVID-19 and Occupational health & DBS confirmation process. All of the policies and processes will apply to the new programme.
- **Learner involvement –**
 - There is a Student representation and student voice policy that ensures learners are involved in programmes by setting out the principles for gathering feedback from learners. The Student representative code of practice as well as Learning, teaching & assessment framework are also in place to ensure learner involvement. These policies are set at institution level and apply to the new provision.
- **Service user and carer involvement –**
 - The education provider noted a Service user and carer strategy 2020-24 which provides an overview of the areas where service users are normally involved in the programme including student selection interviews; reviewing course design documentation; teaching and assessment; and School level committees. This strategy alongside other frameworks is institution-wide but will also apply to the new provision.

Non-alignment requiring further assessment: None

Learners

Findings on alignment with existing provision:

- **Support –**
 - There are several policies covering how learners on the new provision are supported. Some of these include University of Suffolk Student Charter, Tutorial policy, Student complaints procedure, General regulations for students and Code of practice on reasonable adjustments for students. All of these policies are set at institutional level and will apply to the new provision.
- **Ongoing suitability –**

- There are several institution-wide policies which the provider noted are in place to ensure ongoing suitability of the new programme. The Framework and regulations for undergraduate awards is set at institution level but already contains variations for existing HCPC approved programmes. These variations will also apply to the proposed programme. All other policies such as Extenuating circumstances policy, Student attendance & engagement monitoring policy and Academic misconduct policy are set at institution level and will apply to the new provision.
- **Learning with and from other learners and professionals (IPL/E) –**
 - The education provider's Interprofessional learning strategy is set at School level and would also apply to the new programme. The education provider noted it as a procedure covering all AHP programmes with the aim of enhancing learners' understanding of other professions.
- **Equality, diversity and inclusion –**
 - Policies such as the Equality & diversity policy, Dignity at study policy, Admissions policy, Safeguarding policy as well the Disability statement and the Code of practice on reasonable adjustments for students are all institution-wide policies covering Equality, diversity and inclusion. All of these policies will apply to the new provision.

Non-alignment requiring further assessment: None

Assessment

Findings on alignment with existing provision:

- **Objectivity –**
 - To ensure assessments are objective, there are institutional policies in place such as the Learning, teaching and assessment framework. A summary of the approach of the provider for the new provision, Learning, teaching and assessment strategy and the Group work assessment policy. All of these will apply to the new provision. In addition, Framework and regulations for undergraduate awards already has variations which apply to existing HCPC programmes at this provider. These variations will also apply to the new provision.
- **Progression and achievement –**
 - As above, the same institution-wide policies cover learners' progression and achievement and would apply to the new provision.
- **Appeals –**
 - Academic appeals procedure is an institution-wide procedure that allows learners to appeal their ratified academic results or circumstances related to them. It also provides guidance on grounds for appeal and possible outcomes. This procedure will apply to the new programme.

Non-alignment requiring further assessment: None

Outcomes from stage 1

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

Section 3: Programme-level assessment

Programmes considered through this assessment

Programme name	Mode of study	Profession (including modality) / entitlement	Proposed learner number, and frequency	Proposed start date
BSc (Hons) Physiotherapy	FT (Full time)	Physiotherapist	30 learners, 1 cohort	19/09/2022

Stage 2 assessment – provider submission

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

Quality themes identified for further exploration

We reviewed the information provided and worked with the education provider on our understanding of their submission. Based on our understanding, we defined and undertook the following quality assurance activities linked to the quality themes referenced below. This allowed us to consider whether the education provider met our standards.

Quality theme 1 – Collaboration between provider and practice-education providers.

Area for further exploration: There was extensive stakeholder engagement with a range of clinicians as part of the development of the new programme, including a wide range of NHS Trust Partners from across the East of England, demonstrating initial and effective and regular communication between these stakeholders.

The visitors noted that there will be a nominated academic member of staff who will act as Physiotherapy Lead with responsibility for clinical placements, and the academic staff will act as link lecturers between placements and the education provider for individual learners.

There is a School Academic Lead for Practice Education role in place, with strategic responsibility for practice learning and education across the School of Health and Sports Sciences. Provision has been made within the programme design for the training of Clinical Educators, and for the audit of placements.

Although there was extensive and effective collaboration as part of the process of design and development of the new programme, it is less clear what the strategy will be going forward to ensure an effective working collaboration once the programme is in operation. The visitors noted that the general placement agreement supplied was not specific to physiotherapy.

The visitors saw evidence of collaboration at a higher level of governance but no evidence specific to the programme.

Quality activities agreed to explore theme further: We decided to explore this area by requesting an email response and further documentary evidence from the education provider. We thought the email response would be most effective way to get a better understanding of the collaboration that is specific to the physiotherapy programme. We asked the provider to describe the precise nature of the planned operational management systems for collaboration between the education provider and physiotherapy practice education providers once the programme is in operation. In addition, we considered that further documentary evidence of collaboration was needed so we requested to see evidence of meetings between placement educators and education provider for example, minutes of meetings.

Outcomes of exploration: In their response, the education provider explained that all School of Health and Sports Science governance meetings will have a representative from the BSc (Hons) Physiotherapy team on its membership. They explained that this will ensure that the programme, along with all health and sports science programmes are represented at all the school wide meetings. Evidence of the School of Health and Sports Science governance structure with the University level meetings was also provided.

In addition to several agreements provided, the education provider also submitted a summary of the various meetings that held between them and their placement providers, including outcomes and actions from those meetings, among several other documents. The visitors were satisfied that the detailed and comprehensive evidence which included the planned operational management systems, the school structure, the placement meetings as well as email correspondence with practice providers demonstrate effective collaboration between the provider and their partners. Therefore, they considered that the quality activities adequately addressed the issues raised.

Quality theme 2 – Availability and capacity of practice-based learning

Area for further exploration: The visitors saw that agreements are in place but no evidence of availability and capacity of placements. For example, there was no evidence of the setting, or the staff who will be involved in practice-based learning. The visitors noted that the initial requirement for placements will be relatively small, with 30 learners requiring a three-week placement in year one of the programme, then increasing in the second and third years of the programme, with three placements of approximately five weeks each in both the second and the third year. Thus, by the third year there will be a requirement to find 31 weeks of placement experience for 30 learners.

The visitors noted there is a School wide Placement Expansion Officer role, which facilitates the development of new placement opportunities within The School of Health and Sports.

Although we do not specify the number of placement places for programmes, we expect to see an effective process in place that would ensure availability and capacity of practice-based learning. There was no evidence of such process in the documentation supplied.

Quality activities agreed to explore theme further: We decided to explore this area by requesting further documentary evidence from the provider. We requested that the provider describe the process which will ensure the availability and capacity of practice-based learning for all learners as the new programme rolls in over the first three years. In addition, we considered that a mapping document of placements to demonstrate type, where and by who for example, whether private, leisure etc would be useful. We also considered that evidence of agreed capacity by practice educators with numbers (not in principle) could also be useful.

Outcomes of exploration: The education provider submitted further evidence detailing how they are sustainably building the capacity of practice-based learning placements across the physiotherapy programme to ensure that all learners receive an appropriate placement profile across the three years of the programme. The placement mapping submitted showed the number of placements, types and action plan to source for the placements. Through the Placement agreements and meetings between practice education providers and the education provider, the visitors saw further evidence of the commitments from each Trust/provider to provide practice-based learning to all learners.

The visitors understood that placements will take place across the East of England and will be undertaken in a range of healthcare settings, NHS, Social Care, Private, Charity or Independent Sectors providing learners with the opportunity to develop their understanding of physiotherapy provision within a broad range of physiotherapy practice environments, specialities, and emerging areas/roles a qualified physiotherapist may work. Placement allocation will take place through the Placement Administration team, who are supported by the Physiotherapy Lead for Placements.

The proposed indicative physiotherapy allocation pattern and placement profiles per pattern reassured the visitors that placements will include new and emerging placement areas as well as a range of more standard clinical placements.

The visitors considered that through the quality activity, the education provider has successfully demonstrated how they will ensure all learners on the programme have access to practice-based learning which meets their learning needs.

Quality theme 3 – Design and delivery of practice-based learning

Area for further exploration: The visitors noted that the programme includes 31 weeks of practice-based learning, with one block of 3 weeks in year one, two blocks

of 5 weeks plus an elective placement of 3 weeks in year 2, and three 5 week placements in year 3. There are 34 contact hours on each placement, giving a total above 1,000 hours of clinical practice. The visitors were therefore satisfied that the duration and structure meet the requirements. However, given the lack of detail in the types of practice-based learning there are, the visitors could not determine that the range of practice-based learning would support the achievement of the learning outcomes and the SOPs for physiotherapists.

Quality activities agreed to explore theme further: The visitors requested further documentary evidence of mapping for practice-based learning that demonstrates that learners would have access to an appropriate range of practice-based learning experiences to support the achievement of the SOPs.

Outcomes of exploration: An indicative placement allocation model was presented, together with an explanation of the potential placements which may be utilised. The Student Placement Patterns/Profile and The Indicative Block Timing model clearly and sufficiently addressed the visitors' concerns around this area. Therefore, they considered that the range of practice-based learning available to learners will support the achievement of the SOPs .

Quality theme 4 – Programme staffing

Area for further exploration: The visitors noted that a total of 1.4 full time equivalent (FTE) lecturers would be available to support the new programme with an intake of 30 learners in the first year. However, it was unclear how this will be adequate given the likely developmental requirements for years two and three of the programme, and the requirement to act as link tutor for learners on placement in the first year of the programme.

The visitors also viewed three curricula vitae (CVs) of the Physiotherapy staff but were unable to ascertain within the documentation their hours (FTE) related to the programme. The visitors noted the risk to availability and sustainability of delivering those modules by appropriately qualified physiotherapists and in general, the staffing inadequacy appeared to be a high risk. The visitors considered that that if there are insufficient physiotherapy staff, who are also going to be required to take on significant administrative roles such as Course Leader, Placement Lead, Admissions Tutor etc, then there will be insufficient time left for them to be able to deliver physiotherapy specific module leadership and development, teaching and associated assessment. The visitors were also unclear how subject specialist teaching will be available to learners, when there appears to be insufficient physiotherapy staffing available to cover this aspect of programme delivery, in addition to the ongoing design, operational development and management of a new programme. For example, the visitors could not determine how the education provider determines the appropriateness of nursing staff to teach respiratory physiotherapy.

Quality activities agreed to explore theme further: We requested a clear explanation of how 1.4 FTE new staff can cover the range and quantity of work in delivering the teaching, assessment, learner support and forward planning necessary to deliver a new professional physiotherapy programme in the first year.

We also requested an explanation and analysis of how sufficient dedicated physiotherapy subject specialist teaching will be available to learners.

Outcomes of exploration: From the education provider's email and documentary response, we saw the agreement to increase the academic staffing on the programme by a further 1.0 FTE in the first year. This addressed the concern raised about a potential understaffing, particularly at the beginning of the programme. There was also clear evidence of use of visiting lecturers and mapping of staffing levels as the programme progresses.

The additional evidence provided also demonstrated that the programme team have actively mapped subject areas and key academic administrative roles against the team of FTE physiotherapy lecturers plus occasional lecturers identified against given clinical specialisms which shows the process is systematic and well thought through.

Quality theme 4 –Resources

Area for further exploration: The visitors noted that the physiotherapy provision is due to be housed in a new Health and Wellbeing Building, described as state of the art, and due to be opening in Spring 2022. It was not clear how many practical rooms will be dedicated physiotherapy teaching facilities, and what equipment will be available within those rooms. It was also unclear from the documentation submitted what facilities will be available as shared access, for instance simulation laboratories or strengthening and conditioning suites or physiology laboratories.

Quality activities agreed to explore theme further: We requested a full and detailed statement of exactly which practical teaching rooms will be available to physiotherapy learners as dedicated rooms, a full inventory of physiotherapy equipment purchased in relation to specific physiotherapy teaching delivery, and details of access to shared provision which includes level of access or use of those facilities within the programme.

Outcomes of exploration: From the virtual Health & Well-being building tour submitted, the visitors saw that the building has been carefully planned, of high quality and expected to be completed to schedule. They considered the physiotherapy equipment list comprehensive as it clearly showed a clear split into years one and two. Therefore, the visitors were satisfied that programme resources are readily available to learners and educators and would be effective at supporting the required learning and teaching activities of the programme.

Quality theme 5 – Staffing in practice-based learning

Area for further exploration: Although there have been ongoing meetings with staff who will potentially be involved in practice-based learning, as the programme has not yet started, we noted that these staff are not yet involved in delivering this element of the programme. The visitors saw no capacity mapping document or agreement to demonstrate how adequate staffing will be ensured in practice-based learning. There was audit documentation, training for practice educators and updates provided,

however, the visitors noted that all evidence is what the education provider is going to do not what they have.

Quality activities agreed to explore theme further: The visitors requested an indicative list of the types of placements which the provider intends to offer, particularly the 30 three-week placements which will need to be delivered during the first year of the programme. We also asked the provider to justify how they considered the numbers of staff in practice-based learning suitable to support the number of learners on the programme.

Outcomes of exploration: From the provider's response and additional evidence provided, we saw clear evidence that shows there has been extensive liaison with resulting agreements where practice placements are already identified for the first year of the programme. We noted that most of the placements involve staff who are already involved in the clinical education of other learners and will be familiar with the skills required to both teach and assess learners in a clinical environment. Detailed evidence of practice placement agreement in established NHS or established clinical placement settings with plans for clinical educator training reassured the visitors that there is enough support for learners to take part in safe and effective practice-based learning.

Quality theme 6 – Standards of proficiency (SOPs)

Area for further exploration: The visitors reviewed the SOPs mapping document and other evidence submitted. From their review, they noted that there was no mention of consent in the module descriptors. Therefore, they were unable to determine how HCPC SOP 2.6 – “understand the importance of and be able to obtain informed consent” will be delivered. Similarly for SOP 14.8 “be able to form a diagnosis on the basis of physiotherapy assessment”, it was unclear how this will be delivered. The visitors were unable to determine how electrotherapy, manual therapy will be taught on the programme. The visitors also noted that MSK module only covers upper limb cervical & thoracic. No learning module around lower limb and lumbar.

Quality activities agreed to explore theme further: The visitors requested further documentary evidence of the module descriptors covering all of these areas highlighted to ascertain that all SOPs will be delivered.

Outcomes of exploration: The visitors saw evidence of informed consent, electrotherapy, manual therapy, lumbar spine and lower limb content in the programme team's response and the programme documentation. Additionally, the visitors saw appropriate items of kit on the physiotherapy equipment list. A video presentation submitted gave comprehensive overview of the curriculum structure and how it interlinks throughout the modules and programme. The visitors were therefore satisfied that all of the SOPs are covered by the learning outcomes.

Section 4: Findings

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

Conditions

Conditions are requirements that must be met before providers or programmes can be approved. We set conditions when there is an issue with the education provider's approach to meeting a standard. This may mean that we have evidence that standards are not met at this time, or the education provider's planned approach is not suitable.

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

Overall findings on how standards are met

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

Findings of the assessment panel:

- **SET 1: Level of qualification for entry to the Register** – this standard is covered through institution-level assessment.

- **SET 2: Programme admissions** –
 - Selection criteria are set at appropriate levels for a degree level programme, and include occupational health clearance plus a vaccination requirement, specific enhanced Disclosure and Barring (DBS) checks and an interview. These requirements are made clear to potential applicants via relevant handbooks and the education provider's website.
 - The visitors saw sufficient evidence to determine that selection and entry criteria would allow learners to be able to meet our standards for registration upon successful completion of the programme.
 - The visitors therefore considered the relevant standard within this SET area met.

- **SET 3: Programme governance, management and leadership** –
 - There was evidence of collaboration at a higher level of governance. Through quality activity which included evidence of agreements and meetings between the education provider and their practice education providers as well as a detailed structure of the school we saw evidence of collaboration at programme level.
 - Additionally, the visitors saw information about how practice-based learning will be sourced and maintained. The role of a School-wide Placement Expansion Officer further demonstrated how the education provider will ensure availability of practice-based learning for all learners.

- Evidence of appropriate teaching staff as well as visiting lecturers demonstrated that the programme will be adequately staffed and that the staff have the right knowledge and expertise to deliver the programme effectively.
 - In addition to other resources, there was clear evidence of a high-quality building with the required physiotherapy equipment that would be available to learners and educators on the programme.
 - The visitors saw sufficient evidence that demonstrated that the programme, including the practice-based element will be properly managed, and that both staffing and physical resources will be adequate to ensure effective delivery.
 - The visitors therefore considered standards within this SET area met.
- **SET 4: Programme design and delivery –**
 - The programme ensures that graduates can meet our standards of proficiency and understand the expectations and responsibilities associated with being a regulated professional.
 - The structure and delivery of the programme reflects the core philosophy and associated core values, skills and knowledge base.
 - The programme is based upon an innovative ‘block and blend’ system of delivery, which aims to integrate theory and practice over the three years of the programme, through a process of active learning with progressive levels of intellectual challenge.
 - Interprofessional education is embedded in the curriculum in a progressive way, from ‘focus on self’ in year one, to ‘working with others’ in year two, and finally ‘improving healthcare’ in year three.
 - Teaching and learning techniques are a mixture of theoretical content, interactive tasks, seminars and practical classes, offered through blended learning.
 - The programme ascends in levels of intellectual challenge across the three years of the course, with guided and structured learning at Level 4, through to independent learning with students taking more responsibility for their learning at Level 6.
 - Evidence based enquiry skills are embedded through the whole curriculum.
 - The visitors saw sufficient evidence that demonstrated the design and delivery of the programme is such that would allow learners who complete the programme, meet our standards for their professional knowledge and skills and fit for practise.
 - The visitors therefore considered standards within this SET area met.
 - **SET 5: Practice-based learning –**
 - The structure and duration of practice-based learning as well as the types of placements demonstrate that learners are able to achieve the learning outcomes and the standards of proficiency for physiotherapists.
 - Through quality activities, there was clear evidence that practice-based learning is adequately staffed and that the staff have the relevant skills and knowledge to support safe and effective learning.

- The visitors were satisfied that practice-based learning is a central part of the programme and there are effective systems and processes in place to support its delivery.
- The visitors therefore considered standards within this SET area met.
- **SET 6: Assessment –**
 - The assessment strategy is designed to help learners to be able to demonstrate that they have gained the necessary competencies and essential skills to be eligible on completion of the programme to apply onto the Register as a physiotherapist.
 - The expectations and assessment of professional behaviours, including the standards of conduct and performance and ethics, is embedded throughout the curriculum, including consideration of patient safety.
 - A range of assessment tools are utilised across the programme, which reflect the development of the different nature and levels of professional knowledge and skills required for practice as a physiotherapist, which are delivered across the curriculum.
 - The visitors saw sufficient evidence that demonstrated that standards within the SET area are met.

Risks identified which may impact on performance: None

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

Section 5: Referrals

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

There were no outstanding issues to be referred to another process

Recommendations

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

The visitors did not set any recommendations.

Section 6: Decision on approval process outcomes

Assessment panel recommendation

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

Appendix 1 – list of open programmes at this institution

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