
Approval process report

University of Chichester, Speech and Language Therapy, 2025-26

Executive Summary

This is a report of the process to approve a speech and language therapy programme at the University of Chichester. This report captures the process we have undertaken to assess the institution and programme against our standards, to ensure those who complete the proposed programme are fit to practice.

We have

- Reviewed the institution against our institution level standards and found our standards are met in this area.
- Reviewed the programme against our programme level standards and found our standards are met in this area.
- Decided all standards are met, and that the programme should be approved.

Through this assessment, we have noted:

- The areas we explored focused on:
 - Quality activity 1 - we considered the level of collaboration that had taken place with a range of different practice partners through the design of the programme. In particular we focused on the education provider's plans for any programme level strategic collaboration and how this would be maintained and would influence the overall design and delivery of the programme. We noted they would be involved with the Speech and Language Therapy (SALT) stakeholder group, Placement Learning Group (PLG), which would be overseen and coordinated by the Placement Learning Unit (PLU) and the Regular Strategic Engagement meetings.
 - Quality activity 2 - we considered the education provider's approach to placement capacity and examined the processes in place to ensure sufficient availability of placements for learners. The education provider outlined how placement capacity was planned, monitored, and maintained over time to support the delivery of practice-based learning and meet programme requirements. This included using alternative models such as, role-emerging placements, simulated and blended placements, flexible allocation approaches and staggering or adjusting placement timings to maximise placement opportunities.
- The programme meets all the relevant HCPC education standards and therefore should be approved.

[Previous
consideration](#)

Not applicable. This approval was not referred from another process.

Decision The Education and Training Committee (Panel) is asked to decide:

- whether the programme is approved

Next steps Outline next steps / future case work with the provider:

- The provider's next performance review will be in the 2028-29 academic year.
- The programme has been approved and will be delivered by the education provider from September 2026.

Included within this report

Section 1: About this assessment	4
About us	4
Our standards	4
Our regulatory approach	4
The approval process	4
How we make our decisions	5
The assessment panel for this review	5
Section 2: Institution-level assessment	5
The education provider context	5
Practice areas delivered by the education provider	6
Institution performance data	6
The route through stage 1	9
Admissions	9
Management and governance	11
Quality, monitoring, and evaluation	14
Learners	18
Outcomes from stage 1	21
Section 3: Programme-level assessment	22
Programmes considered through this assessment	22
Stage 2 assessment – provider submission	23
Data / intelligence considered	23
Quality themes identified for further exploration	23
Quality theme 1 – Collaborating effectively with practice partners	23
Quality theme 2 – ensuring an effective process to ensure sufficient practice-based learning	25
Section 4: Findings	27
Overall findings on how standards are met	27
Section 5: Referrals	32
Recommendations	32
Section 6: Decision on approval process outcomes	33
Assessment panel recommendation	33
Appendix 1 – summary report	34
Appendix 2 – list of open programmes at this institution	36

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 detailed in this report meet our education standards. The report details the process itself, evidence considered, outcomes and recommendations made regarding the programme 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:

Jane Day	Lead visitor, Radiographer
Lucy Myers	Lead visitor, Speech and Language Therapist
Saranjit Binning	Education Quality Officer

Section 2: Institution-level assessment

The education provider context

The education provider currently delivers three HCPC-approved programmes in physiotherapy and occupational therapy. It is a Higher Education provider and has been running HCPC approved programmes since 2020.

In September 2020, the education provider launched their BSc (Hons) Physiotherapy and MSc Physiotherapy (pre-registration) programmes and the MSc Occupational Therapy (pre-registration) programme commenced in February 2026. The physiotherapy programmes originally sat within the Institute of Sport, however a year after they were launched, the Institute evolved into the Institute of Sport, Nursing and Allied Health. This marked the start of their BSc Adult Nursing programme and the formation of the School of Nursing and Allied Health (SNAH). The HCPC programmes are currently based within the school alongside the nursing programmes and the proposed programme will also be based in this school.

The education provider engaged with the performance review process in the current model of quality assurance in 2023-24. The education provider's next engagement with the performance review process will be in the 2028-29 academic year. The recommendation of a five year monitoring period was because the visitors were satisfied with the ongoing performance of the education provider.

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 2](#) of this report.

	Practice area	Delivery level		Approved since
Pre-registration	Occupational therapy	☐ Undergraduate	☒ Postgraduate	2026
	Physiotherapist	☒ Undergraduate	☒ Postgraduate	2020

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
Learner number capacity	80	110	2025	The benchmark figure is data we have captured from previous interactions with the education provider, such as through initial programme

				approval, and / or through previous performance review assessments. Resources available for the benchmark number of learners was assessed and accepted through these processes. The value figure is the benchmark figure, plus the number of learners the provider is proposing through the new provision.
Learner non-continuation	7%	3%	2021-22	This data was sourced from summary data. This means the data is the provider-level public data. The data point is below the benchmark, which suggests the provider is performing above sector norms. When compared to the previous year's data point, the education provider's performance has improved by 3%. We did not explore this data point through this assessment because there was no impact on SETs considered.
Outcomes for those who complete programmes	92%	95%	2021-22	This data was sourced from summary data. This means the data is the provider-level public data. The data point is above the benchmark, which suggests the provider is performing above sector norms. When compared to the previous year's data point, the education provider's

				performance has improved by 2%. We did not explore this data point through this assessment because there was no impact on SETs considered.
Teaching Excellence Framework (TEF) award	N/A	Gold	2023	The definition of a Gold TEF award is “Provision is consistently outstanding and of the highest quality found in the UK Higher Education sector.” We did not explore this data point through this assessment because there was no impact on SETs considered.
Learner satisfaction	84.3%	73.3%	2025	This data was sourced at the subject level. This means the data is the provider-level public data. The data point is below the benchmark, which suggests the provider is performing below sector norms. When compared to the previous year’s data point, the education provider’s performance has dropped by 9%. This drop in learner satisfaction is currently being explored with the education provider through the focused review process.
HCPC performance review cycle length		5 years	2028-29	The education provider engaged with the HCPC through the performance review process in 2023-24 and a five year monitoring

				period was agreed. Their next review will take place in 2028-29.
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We considered intelligence from others (e.g. prof bodies, sector bodies that provided support) as follows:

- NHS England and the Royal College of Speech and Language Therapists, both informed us there are several other expanding education providers in the area, which is increasing demand and pressure on speech and language therapy placements. They did not raise specific concerns regarding the programme's approval.

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 aligns with existing provision.

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

Admissions

Findings on alignment with existing provision:

- **Information for applicants –**
 - The education provider referred to their existing admissions policy that is in place and this shall apply to the proposed programme. They explained how this policy sets out the institutional-level requirements for admissions. They also stated that, where appropriate, it relates to professional requirements, as well as needs for admission onto the relevant programme.
 - Specific applicant communications will be created from templates for similar professional programmes to ensure applicants are aware of recruitment processes and subsequent course conditions.
 - They stated that information for applicants is primarily issued through the specific programme pages on their website. Additionally, at open days and applicant interview days, programme talks are led by the Programme teams. These offer a further opportunity for information gathering / sharing.
 - These policies are institution wide and apply to the proposed programme.
- **Assessing English language, character, and health –**

- The education provider stated that their existing admissions policy outlines the minimum English language requirements for entry onto their programmes. Furthermore, all applicants who meet these criteria are interviewed to assess their command of English as part of the application process.
- They also explained how programmes governed by Professional, Statutory and Regulatory Bodies (PSRB's) have specific admission conditions. These ensure that applicants meet the standards required for professional practice and regulatory compliance. Applicants applying for the proposed programme will also be required to undertake a Scalable Automated Multiple Mini Interview (SAMMI). The interview is another mechanism by which the applicant's level of English proficiency is assessed. The questions for this interview are designed in collaboration with service users and speech and language therapy clinicians and apply specifically to the proposed programme. Due to this process being programme specific we will assess this further through stage 2 of this process.
- The education provider detailed how their occupational health requirements are detailed in their admissions policy. They collaborate with the 'OHWorks', an occupational health company, to ensure that applicants with firm offers are informed about and are actively working towards meeting these health standards before enrolment.
- They detailed how their Professional Suitability and Fitness to Practise Policy defines their stance on assessing applicants' readiness for professional practice. This evaluation includes reviewing academic qualifications, personal statements, and references. Additionally, the policy states that applicants must undergo Disclosure and Barring Service (DBS) checks. Furthermore, they must declare any medical, mental health, behavioural, or substance-related issues to ensure they are fit to practise within their chosen field.
- These policies are institution wide and apply to the proposed programme.
- **Prior learning and experience (AP(E)L) –**
 - The education provider referred to their existing taught programme regulations. These regulations set out their Recognition of Prior Learning procedures. These state that applicants to a programme who present evidence of prior learning shall have this mapped against the programme's modules. This is to ensure the prior learning meets the programme requirements.
 - This is also set out in the education provider's admissions policy. Here, there is a dedicated section titled "Entry with Credit." This explains the process for learners to apply and utilise any prior learning, qualification or experience.
 - This policy is institution wide and apply to the proposed programme.
- **Equality, diversity and inclusion –**

- The education provider referred to their admissions policy, their Equality and Diversity Policy (2023 / 26) and their Policy for Supporting Transgender and Gender Non-conforming Individuals (2022 / 25). These policies ensure that applicants are treated fairly, support individuals, and uphold professional standards. They also help to create an environment in which everyone can participate without prejudice.
- The education provider aims to create an environment in which learners, apprentices, staff and stakeholders feel part of an inclusive community. Their approach focuses on creating a culture where individuals take pride in their identity and engage with others in an atmosphere of respect.
- These policies are institution wide and apply to the proposed programme.

Non-alignment requiring further assessment: The following will be assessed further through stage 2 of the process.

- SET 2.3 - Applicants applying for the proposed programme are required to undertake a Scalable Automated Multiple Mini Interview (SAMMI). The interview is another mechanism by which the applicants level of English proficiency will be assessed. The questions for this interview are designed in collaboration with service users and speech and language therapy clinicians and apply specifically to the proposed programme. Due to this process being programme specific we will assess this further through stage 2 of this process.

Management and governance

Findings on alignment with existing provision:

- **Sustainability of provision –**
 - The education provider referred to several of their policies and procedures that are in place and ensure sustainability of their approved provision. These policies are outlined in:
 - their academic regulations 2023-24
 - their institutional learner handbook
 - the specific programme learners' handbooks
 - and their practice-based education placement handbooks
 - The close collaboration between the Physiotherapy and Nursing teams enabled integrated oversight and shared placement coordination. This collaboration provides access to wider NHS and external placement networks, supporting the development of a sustainable and diverse portfolio of placement providers, including private, independent and voluntary organisations (PIVO) and charities.
 - The education provider detailed how they have secured significant external funding and how this has supported the development of new facilities under the 'HealthOne' initiative. This includes simulation

suites, teaching spaces, and an immersion room, directly benefiting AHP provision. In August 2023, the education provider established the Institute of Applied Sciences to unify science and health disciplines, formally placing AHP provision within SNAH.

- To determine demand the School of Nursing and Allied Health work with local hospital trusts, integrated care boards, schools and third sector organisations. Alongside this they also liaise with education providers within the region to discuss practice-based learning and identify where they can work together.
- The education provider detailed how they are focused on enhancing their provision of local health care professional programmes. They are also building up the resources they have available that can be allocated to the development of new programmes. Additionally, they stated that further staff recruitment is underway to allow for continued programme expansion.
- These policies are institution wide and apply to the proposed programme.
- **Effective programme delivery –**
 - The education provider detailed how they utilise relevant regional, sectoral and professional body guidance and mapping documents when developing new programmes. This includes using the revised HCPC Standards of Proficiency (SOPs) mapping documents when approaching new programme development.
 - The School of Nursing and Allied Health is led by the Head of School, with programme leadership delegated to two appropriately qualified and HCPC registered Senior Lecturers who act as Programme Coordinators. Oversight and quality assurance are maintained through the Programme Boards and supported by cross Institute undergraduate and postgraduate coordinator groups that promote consistency. Placement provision is overseen by the School of Nursing and Allied Health (SNAH) Placement Learning Unit, led by an experienced Senior Lecturer and Nursing Practice Educator, ensuring effective coordination and support for practice-based learning.
 - Operational planning for the programmes is conducted annually under the leadership of the Institute Director. They stated this structured approach ensures that strategic decisions and resource allocations are aligned with institutional goals and programme needs.
 - All programmes are reviewed through the annual monitoring process to ensure programmes are being delivered at the required standard. The process includes programme reviews which involves Student Representatives and programme teams. Through this process they also review information relating to the National Student Survey (NSS) data and annual reports from the external examiners.
 - To ensure learners and educators are aware that only successful completion of an approved programme leads to eligibility for admission to the Register there is a statement in the Student Handbook and on the website. The statement clearly states only on successful

completion of the programme will learners be eligible to apply for registration with the HCPC.

- Through our assessment, it is not clear how the current process supports and enables learners to raise concerns about the safety and wellbeing of service users. We will therefore explore this further as part of stage 2 of the process.
- These policies are institution wide and apply to the proposed programme.

- **Effective staff management and development –**

- The education provider referred to their Performance Review Development Plan and their Staff Development Programme. Both processes apply to their staff and their ongoing management and development. These stipulate that all staff undertake an annual review of their performance and learning needs. They explained how a professional staff development programme is also available to staff.
- The education provider also explained how all academic staff are encouraged to engage in professional development through internal Continuing Professional Development (CPD) funding, research support schemes, and the education provider's Professional Development Programme (PDP).
- The education provider explained how they have detailed plans and procedures in place for their overall staff management and provided details of their required hours and working weeks. These outline how academic staff at the institutional level follow a structured workload model based on a full-time equivalent of 1,924 hours annually, calculated from 37 hours per week over 52 weeks. This workload model acts as a guide for staffing across all programmes.
- The education provider explained how workload allocation is guided by the HR document 'Guidance on the allocation of academic workload' and is managed by Heads of Department and Directors of Institutes in consultation with staff. The Institute's staffing model typically includes up to 460 hours of face-to-face teaching and supervision for full-time staff. Allocation decisions consider a balanced distribution across teaching, administration, leadership, internal and external responsibilities, and research activities, tailored to individual and departmental needs.
- The education provider detailed how flexibility is a key principle in managing academic workloads. This calls for allowing adjustments throughout the year to accommodate strategic developments, new programmes, research contracts, and fluctuations in learner numbers. Their model also acknowledges the importance of programme development, personal development, and student support, especially during the initial year of programme implementation. This approach ensures that academic responsibilities are met while supporting staff growth and institutional goals.
- These policies are institution wide and apply to the proposed programme.

- **Partnerships, which are managed at the institution level –**
 - The Partnerships Office is responsible for managing all institutional partnerships and ensuring contractual compliance. They have also referred to their Educational Partnership Strategic Group with the School of Nursing and Allied Health (SNAH) who manage strategy and raise developments that occur locally. A strategic meeting is facilitated by SNAH three times a year with all their partners looking at these local developments as well as quality assurance issues and general compliance with policies and contracts.
 - The education provider also referred to their Placement Learning Unit (PLU), who coordinate the placements and support learners. Different departments have designated teams of academic and professional staff who manage the partnership with practice placements and placement development. This process is already in place for their existing programmes and is supported by a senior PLU academic lead. Furthermore, Heads of Departments work with local Integrated Care Boards (ICBs) and practice-education providers (primary, secondary, tertiary) to co-ordinate and initiate partnerships on a regular basis.
 - These policies are institution wide and apply to the proposed programme.

Non-alignment requiring further assessment: The following will be assessed further through stage 2 of the process.

- SET 3.17 - Through our assessment, it is not clear how the current process supports and enables learners to raise concerns about the safety and wellbeing of service users. We will therefore explore this further as part of stage 2 of the process.

Quality, monitoring, and evaluation

Findings on alignment with existing provision:

- **Academic quality –**
 - The education provider referred to their Academic Regulations which ensure that academic quality remains in place. These regulations state that all programmes undergo internal reviews. These reviews include an External Examiner, the Academic Quality team, Head of Department, Teaching Team, and Apprenticeship Team. These reviews ensure that their programmes adhere to the Academic Regulations and meet professional and statutory body (PSRB) requirements.
 - The education provider also explained how all programmes, once they have secured internal and external accreditation / approval, join their system of annual monitoring. This requires all programmes to complete a system of internal monitoring against their institutional processes and academic regulations. Alongside this, the education provider requires

engagement in a process of annual monitoring and periodic reaccreditation with relevant professional bodies.

- The education provider also stated that academic quality is assured by their use of their external examiners. These individuals are experienced and qualified professionals who provide external input into the assessment process, as outlined in the guidance provided in the External Examiners Handbook. They are assigned to each approved programme and conduct monitoring of these programmes. They provide feedback to the education provider, which is then used in the programme's future development.
- The education provider also stated that learners are encouraged to provide informal feedback to tutors at any time during individual modules, which often serves as the most effective way to address personal concerns. Tutors also conduct formal module evaluations and communicate their responses to learners. For minor module changes, learners are consulted through Programme Boards. At the broader programme level, learners participate in annual monitoring processes by attending programme or Institute board meetings, where external examiner reports and programme responses are reviewed and shared.
- They also explained how they promote a robust feedback culture. This requires programme staff to respond to module evaluations and National Student Survey (NSS) feedback through the 'you said, we did' initiative. These responses are then shared and discussed at Programme Boards to ensure transparency and continuous improvement. Programme Coordinators and tutors also engage directly with learners through meetings with tutees, representatives, and cohort groups. This reinforces a comprehensive feedback loop system that supports learner voice and academic development.
- These policies are institution wide and apply to the proposed programme.
- **Practice quality, including the establishment of safe and supporting practice learning environments –**
 - The education provider detailed how their practice placement team coordinates all placements, ensuring learners experience a wide range of practice areas. Placements are audited to ensure a suitable learning environment in line with current NHS quality assurance standards.
 - To uphold quality and compliance with PSRB standards, their placement team collaborates closely with placement providers. Their partnership ensures adherence to equality, diversity, and health and safety legislation. The School of Nursing and Allied Health (SNAH) Placement Learning Unit enforces an Educational Audit Policy, which governs the approval and ongoing review of placement sites. These audits are systematically tracked and evaluated to maintain high standards of practice learning. The education providers School of Nursing and Allied Health has a School-wide Educational Audit Policy which includes their audit tool. They also have a SNAH Supporting Learners in Practice Policy and the education provider has in place

their 2023 Effective management of placement capacity procedures and plans.

- Practice Educators are required to complete the Practice Educator Training available on e-Learning for Health, followed by either an onsite or remote session to familiarise them with the programme, the Electronic Practice Assessment Document, and the learner competency requirements. A pre-recorded version of the onsite training is also made available on the Futures digital platform.
- The education provider detailed the policies and procedures in place to support learners whilst on practice-based learning placement. They detailed how their School of Nursing and Allied Health's Supporting Learners in Practice Policy outlines procedures for reporting concerns and accidents. This policy is interconnected with several key university frameworks, including the Bullying and Harassment Policy, the Complaints Resolution Procedure under Academic Regulations, the Safeguarding and Prevent Policy, and the Professional Suitability and Fitness to Practice Policy. The education provider detailed how these links ensure a comprehensive and consistent approach to learner welfare and professional standards across all learning environments.
- The education provider has detailed how for learners, the placement team organises a comprehensive induction week to prepare them for practice-based learning. This includes the completion of the Health and Society module. This module will play a central role in equipping learners with the foundational knowledge and context needed for successful placement experiences.
- These policies are institution wide and apply to the proposed programme.
- **Learner involvement –**
 - The education provider has detailed how learners are able to provide module feedback upon completion of the module. This is then reviewed annually by the teaching team, with any necessary changes implemented through their programme amendment procedures.
 - Each programme appoints a learner representative, supported by the Students' Union, who gathers learner feedback and presents it to the Programme Board each semester, then shares the Board's responses with the wider cohort. Their Quality Handbook and Academic Regulations set clear expectations for learner involvement, including participation in Programme Boards, which run every semester with an additional summer board for MSc learners. Learner representatives play a central role in these boards, engaging with module evaluations, annual monitoring reports, and NSS outcomes, all of which are shared via the Institute's Moodle page. Learners also contribute more broadly as ambassadors during interviews and open days, reinforcing their active role in shaping and supporting the programme experience.
 - The education provider operates a compulsory attendance policy, outlined in its Academic Regulations, which requires learners to attend

all timetabled teaching and practice-based activities and to complete all assessment requirements. Attendance is monitored through an electronic system overseen by professional services staff, who identify and escalate concerns and poor attendance to academic advisors, programme coordinators and senior academic leads to ensure compliance.

- These policies are institution wide and apply to the proposed programme.
- **Service user and carer involvement –**
 - Stakeholders play an active role in developing programmes, through regular meetings. Service users are an important part of this process and contribute to both programme design and accreditation events through the Chichester Education Advisory Group (ChEAG). Their involvement ensures that the programmes reflect real-world perspectives and remain responsive to community needs.
 - They stated that the School of Nursing and Allied Health (SNAH) maintains a well-established group of service users and carers who meet quarterly and engage across all curriculum areas. This group has a coordinator who oversees the involvement of service users and carers and ensures the group remains sustainable.
 - The education provider has explained how the ChEAG is a voluntary working partnership between the School of Nursing and Allied Health at the University of Chichester and members of the West Sussex community. It brings together individuals with shared experiences to ensure the public voice is represented in healthcare education.
 - Further engagement with service users is facilitated through the University of Chichester Health Awareness and Maintenance Programme (uCHAMP), a learner-led initiative aimed at promoting lasting behavioural change in individuals with long-term health conditions such as pulmonary disease.
 - Through the assessment it was noted there was not a clear process in place for obtaining appropriate consent from service users who interact with learners. There was also no information on the process to obtain consent from learners where they take part as service users themselves in practical and clinical teaching. We will therefore assess this further through stage 2 of this process.
 - These policies are institution wide and apply to the proposed programme.

Non-alignment requiring further assessment: The following will be assessed further through stage 2 of the process.

- SET 4.10 - We were unable to see the policies and processes in place for obtaining appropriate consent from service users who interact with learners. There was also no information on the process to obtain consent from learners where they take part as service users themselves in practical and clinical

teaching. We will therefore assess this further through stage 2 of this process.

Learners

Findings on alignment with existing provision:

- **Support –**
 - The education provider has stated that they offer a comprehensive Student Support and Well-being Service accessible to all learners. They have explained how this service also encompasses Disability and Dyslexia support, well-being advisors and counsellors, mental health assistance, learner health services, financial guidance, and initiatives to enhance engagement and retention. They also oversee learner support and progression through annual monitoring to ensure continuous improvement.
 - They explained how their Student Services department provides accessible support for learners facing mental health challenges, disabilities, financial concerns, or housing difficulties. The service regularly reviews and updates policies on safeguarding and health and safety to maintain high standards of care. Support is also actively promoted by both the service and academic teams, with consistent signposting to ensure learners are aware of available resources.
 - The Learning Resource Centres provide extensive resources, including a range of books, ebooks, journals, and multimedia clips, supported by subject-specific areas on Moodle. Both centres offer cafés, study and IT spaces, wi-fi, and bookable rooms for group or silent work. Librarians provide specialist guidance, while Academic Skills Advisors offer workshops and one-to-one support in academic writing, research, dissertations, exams, and study skills. Additional confidential writing support is available from Royal Literary Fund Fellows.
 - The complaints policy for learners is outlined in the Academic Regulations. Details of the process to handle learner complaints is clearly outlined in this policy in section 3. Other policies to support learner complaints include the University Bullying and Harassment Policy and University Safeguarding and Prevent Policy.
 - These policies are institution wide and apply to the proposed programme.
- **Ongoing suitability –**
 - The education provider referred to their Professional Fitness to Practise policy and also their Student Tutor Policy. These state that every learner will be allocated an academic advisor. This is a member of staff from the education provider who will meet with the learner once a semester to support and offer guidance. Ongoing suitability will be monitored by the personal tutor.
 - The education provider also stated that guidance is given in their handbooks. There are also pre-placement training and policies

available for staff, practice educators and learners on reporting concerns, including reporting fitness to study concerns.

- Learners who experience difficulties are supported through the Professional Fitness to Practise policy, which applies from the start of the programme and requires DBS and Occupational Health clearance. When learners start programmes, they are introduced to the HCPC standards of conduct, performance and ethics and are required to follow them whilst on the programme. This includes making staff aware of any changes in circumstances relating to DBS clearance and health. Minor concerns are managed within the programme team, moderate concerns require an action plan, and serious or repeated concerns are referred to the formal Fitness to Practise procedure.
- These regulations and procedures are in place, apply to their existing provision and will apply to the proposed programme.
- **Learning with and from other learners and professionals (IPL/E) –**
 - The School of Nursing and Allied Health (SNAH) is multidisciplinary and consists of science, education, coaching, management, exercise, and health-related programmes. Interprofessional learning is well established within the School of Nursing and Allied Health (SNAH) particularly through the interprofessional modules they deliver, which have strengthened their existing approved provision.
 - The education provider also referred to specific initiatives with their nursing provision and AHP provision that has been sponsored and funded by NHS England. This initiative involved individuals called 'SIMPlayers', delivering simulated learning sessions over six weeks in July 2022, focusing on core placement skills for both physiotherapy and nursing learners.
 - They detailed how, in addition to classroom learning, learners participate in practice education placements, where they are required to spend at least half a day shadowing or working alongside other professionals. This hands-on experience strengthens their appreciation for diverse roles within healthcare. Furthermore, they have explained how the co-location of health learners in the 'HealthOne' facility, where learners have access to simulation suites, immersion rooms and computing spaces encourages social interaction and informal learning, supporting a cohesive and collaborative educational environment.
 - The education provider also referred to individual projects that have helped facilitate IPE. This includes their 'Time for Dementia' programme, simulated practice-based learning including case discussions, and practice-based learning placement, where learners will work with multi-disciplinary teams.
 - These policies are institution wide and will apply to the proposed programme.
- **Equality, diversity and inclusion –**
 - The education provider demonstrates their commitment to equality, diversity and inclusion through their inclusivity plan, which is supported

by their Equality and Diversity Policy. The Inclusivity Plan affirms their dedication to promoting social justice and fairness for all learners. They also stated that this aligns with their statutory equality duty. They detailed how this commitment is embedded across all institutional and programme-level policies and procedures and ensures that equal opportunities are upheld throughout the institution. The inclusivity plan demonstrates a commitment to creating an environment where diversity is respected and supported.

- The education provider stated that to maintain accountability and track progress they monitor outcomes related to the Office for Students' (OfS') metrics. These metrics, which focus on learner outcomes such as continuation, completion, and progression, are reviewed by key governance bodies, including the Vice-Chancellor's Group and the Education Committee. They reflect that annual monitoring processes, led by the Director of Quality and Standards, ensure that these outcomes are systematically evaluated and addressed.
- These policies are institution wide and apply to the proposed programme.

Non-alignment requiring further assessment: None.

Assessment

Findings on alignment with existing provision:

- **Objectivity –**

- The education provider has referred to their Assessment regulations that are in place and help ensure objectivity in their assessment. These regulations, along with their marking rubrics in the Academic Regulations, guide the assessment design and marking protocols and ensure they are fair.
- The education provider has also referred to their External Examiner (EE) that are appointed to each programme and work to ensure objectivity. They have explained how these examiners will review work completed by learners to ensure due process has been adhered to, and the comments reflect the grade / mark awarded. Furthermore, they ensure that benchmarking exercises have been undertaken by the marking team. The results are then compared to other institutions with the same approved programmes.
- They have detailed how external examiners are provided with samples of learners' work for moderation, which is also subject to internal review in line with their internal regulations. Assessors also evaluate selected portfolios from practice-based learning placement modules. They have explained how each module undergoes formal evaluation, and grade profiles are reviewed during examination boards. Programme Boards are attended by learner representatives and staff, which serve as forums for discussing external examiner reports and programme responses.

- These policies are institution wide and apply to the proposed programme.
- **Progression and achievement –**
 - After marking and review by the external examiner, the programme team meets with the external examiner to address any issues before confirming marks, which are then submitted to the regularly convened Progression or Exam Boards. External examiner responsibilities are outlined in the External Examiner Handbook.
 - Clear progression requirements are set out in line with the Framework for Higher Education Qualifications (FHEQ) where learners must achieve 120 credits at each level (4, 5, and 6), meet minimum pass marks, and redeem failed modules before progressing. Learners are permitted up to two years to complete outstanding credits or dissertation resits. Policies to support this are outlined in the Academic Regulations 2025/26.
 - These policies are institution wide and apply to the proposed programme.
- **Appeals –**
 - Academic Regulations outline the process for querying grades and making appeals, with support available through the Students' Union. Learners may query a grade only before the Board of Examiners meets; after this, their only route is a formal appeal, which cannot challenge academic judgement. Early Resolution (Stage 1) aims to resolve straightforward concerns locally.
 - Formal appeals are only accepted on defined grounds, such as procedural error, bias or perceived bias, personal circumstances affecting performance, or upheld complaints about teaching. Appeals related to mitigating circumstances may be considered if procedures were not followed, decisions were unreasonable, evidence was missed, new evidence has emerged, or bias is perceived.
 - If Early Resolution does not resolve the matter, learners may submit a Stage 2 written appeal to the Director of Quality and Standards within 14 days of confirmed marks or a Board decision. If valid grounds are met, cases go to an Appeals Panel (including the Vice-Chancellor or designate, academic staff, and a Students' Union representative), which may dismiss the appeal, uphold it with a revised outcome, or dismiss it while recommending procedural improvements.
 - These policies are institution wide and apply to the proposed programme

Non-alignment requiring further assessment: None.

Outcomes from stage 1

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

structures, as noted through the previous section. Through stage 2 of the process, we will explore the following:

- SET 2.3 - Applicants applying for the proposed programme are required to undertake a Scalable Automated Multiple Mini Interview (SAMMI). The interview is another mechanism by which the applicants level of English and proficiency will be assessed. The questions for this interview are designed in collaboration with service users and speech and language therapy clinicians and apply specifically to the proposed programme. Due to this process being programme specific we will assess this further through stage 2 of this process.
- SET 3.17 - Through our assessment, it is not clear how the current process supports and enables learners to raise concerns about the safety and wellbeing of service users. We will therefore explore this further as part of stage 2 of the process.
- SET 4.10 - We were unable to see the policies and processes in place for obtaining appropriate consent from service users who interact with learners. There was also no information on the process to obtain consent from learners where they take part as service users themselves in practical and clinical teaching. We will therefore assess this further through stage 2 of this process.

Education and training delivered by this institution is underpinned by the provision of the following key facilities:

- Staff involved with delivery and management of the programme: Currently they have one 0.4 staff member employed to support the development of the programme, with speech and language therapy stakeholders supporting the curriculum design. An additional 0.4 speech and language therapist will be recruited over the summer of 2026. Further recruitment of relevant staff will be undertaken over the coming year to adhere to the staffing guidelines as established by the Royal College of Speech and Language Therapy (RCSLT).
- Physical resources, including any specialist teaching space: HealthOne at the education provider's campus is a purpose-built space for health-related programmes. Learners will be learning alongside nursing and physiotherapy learners. There are six simulation rooms, including a VR suite. The School of Nursing and Allied Health (SNAH) has several simulation manikins and simulation medical equipment such as ventilators.
- The education provider has confirmed that the physical resources are already in place in Health One. Additional equipment that is specific to the programme, will be purchased and available by September 2026.

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) Speech and Language Therapy	FT (Full time)	Speech and Language Therapist	30 learners, 1 cohort per year	21/09/2026

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.

Data / intelligence considered

We also considered intelligence from others (e.g. prof bodies, sector bodies that provided support) as follows:

- NHS England (Southwest) informed us of the current position of speech and language therapy within the region and the shortage of placements. They raised concerns about the impact the proposed programme would have on the other speech and language therapy programmes within the region. The visitors considered this information alongside the evidence supplied by the education provider and confirmed there was appropriate evidence of their collaboration with other education providers and practice partners to ensure practice-based learning opportunities were available to all learners across the region.

Quality themes identified for further exploration

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

We have reported on how the provider meets standards, including the areas below, through the [Findings section](#).

Quality theme 1 – Collaborating effectively with practice partners

Area for further exploration: Visitors acknowledged the level of collaboration that had taken place with a range of different practice partners through the design of the

curriculum. This was evidenced in the Programme Submission document and the Programme Board minutes. However, it was unclear how this collaboration would continue once the programme had commenced and recruited learners. Visitors therefore requested further details about the strategic and programme level communication that would take place with all practice partners when the programme had started and how this would be maintained. Alongside this, the visitors recognised the education provider may use placements from other regions, such as Kent but were unclear as to whether or not they would expect these practice education providers to be a part of the programme board and if they would be a part of the strategic and programme level communication. We therefore sought confirmation from them as to whether or not they were expecting all practice partners to be a part of this communication or if there would be a core team for this.

Quality activities agreed to explore theme further: We agreed to explore this area further by requesting email clarification from the education provider. We considered this would be the most effective method to understand how they would continue to collaborate and maintain relationships with practice partners.

Outcomes of exploration: In their response, the education provider explained how the Education Partners Strategic group provided oversight and facilitated all engagement with all practice partners and other interested partners, which included those from other regions, such as Kent. Practice partners were also invited to the programme boards, however attendance was not mandatory as this was not considered a key forum for collaboration with practice partners. We noted the effectiveness of this collaboration would be monitored and reviewed to ensure they continued to meet the needs of the programme. While we recognised the effective operational collaboration took place in relation to individual placements, we found limited evidence of strategic programme level collaboration with practice partners.

Quality activity 2

Area for further exploration: Visitors acknowledged the narrative provided by the education provider, however they were unclear of what the current plan was for programme level strategic collaboration with practice partners. They therefore requested further clarification on what plans were in place to establish programme level strategic collaboration with practice partners and how this partnership working would influence the overall design and delivery of the programme. In addition to this, to gain a better understanding of who was involved and at what level, they also requested the Terms of Reference for each of the groups referenced, including details of their membership, frequency of meetings and purpose of each group.

Outcomes of exploration: In their response, the education provider recognised the importance of having a structured approach to collaborating and sustaining partnership working with practice partners, which they were working towards. We noted they were in the process of establishing a formalised programme level partnership framework. The purpose of this framework was to ensure there was consistent engagement with practice partners across all stages of programme design, delivery and evaluation. This would therefore mean they would be involved

with the Speech and Language Therapy (SALT) stakeholder group, Placement Learning Group (PLG), which would be overseen and coordinated by the Placement Learning Unit (PLU) and the Regular Strategic Engagement meetings. This narrative was supported with documents outlining the terms of reference and purpose of these groups and the frequency of their meetings.

Visitors noted the work the education provider had undertaken to ensure they were collaborating with practice partners effectively. They recognised the setting up of the SALT stakeholder group was a good way of securing strategic programme level collaboration with all practice partners. The terms of reference for the groups were also helpful to understand their remit. Visitors were therefore satisfied with the response received and confirmed this standard was met.

Quality theme 2 – Ensuring an effective process to ensure sufficient practice-based learning

Area for further exploration: The education provider supplied a spreadsheet which detailed the practice partners who they had approached for placements across Kent, Surrey, Sussex and Hampshire. We noted these practice partners worked with other education providers within the region and the practice partners were therefore cautious to commit to offering placements for the proposed programme. The information provided in this spreadsheet suggested there was potentially no capacity for placements in these areas. Alongside this there was no evidence provided that demonstrated how the education provider would ensure practice-based learning capacity for the programme. As such, we were unable to identify an effective process in place to ensure the availability and capacity of practice-based learning for all learners. We therefore requested evidence of an effective process to ensure the availability and capacity of practice-based learning based on the learner intake numbers that covers all three years of the programme and a strategy for sustaining and developing capacity. This was necessary to provide assurance there will be sufficient placement opportunities for all learners throughout the programme.

Quality activities agreed to explore theme further: We agreed to explore this area further by requesting email clarification and documentation from the education provider. We considered this would be an appropriate method to understand how they would ensure there was an effective process in place to manage the availability and capacity of practice-based learning.

Outcomes of exploration: In their response the education provider explained how they work with a range of practice-based learning providers who they have well established relationships with, such as NHS Trusts and private and non-voluntary sector organisations. Through these relationships they are able to ensure sufficient placement opportunities for learners on the proposed programme. It was noted they had an experienced placement team to support all placement activity, which included maintaining the quality of placements. They provided details of how placement capacity and quality were monitored through regular feedback from learners and practice educators, which was then reviewed by the programme boards. However, it

was noted there were no details provided of a process which described how the education provider would ensure placement capacity.

Quality activity 2

Area for further exploration: Visitors acknowledged the information supplied by the education provider, however they were not confident there was an effective process to ensure there were sufficient placements for the duration of the programme. They noted the processes in place to monitor placement capacity and quality, however they were unable to see a process that would be followed to secure placements.

Visitors therefore requested further evidence of a process, which demonstrated how an adequate number of placements would be secured to ensure the availability and capacity of practice-based learning. We asked the process to provide evidence of the following:

- Effective collaboration with other stakeholders.
- Timescale for contacting and liaising with placement providers to secure the required number of placements.
- If it is not possible to secure the required number of placements, what was the contingency plan or strategy to manage this.

Outcomes of exploration: In their response, the education provider recognised the visitors concerns regarding the process to secure practice-based learning. They referred to the SLT Placement Capacity Planning document, which outlined their approach to identifying, securing and monitoring the capacity of practice-based learning. This included collaborating with a range of stakeholders through the Placement Learning Group and participating in regional workforce and placement planning forums. This enabled a coordinated and shared approach to placement planning where there are a wide range of stakeholders involved.

Alongside this the document also outlined a contingency strategy which would be used if practice-based learning capacity was limited. This included using alternative models such as, role-emerging placements, simulated and blended placements, flexible allocation approaches and staggering or adjusting placement timings to maximise placement opportunities. These strategies enabled the education provider to maximise placement availability and ensure continued access to appropriate practice-based learning opportunities.

Visitors noted the education provider's response, which demonstrated a clear and proactive approach to assessing and managing the availability and capacity of practice-based learning opportunities. The evidence provided demonstrated appropriate measures were in place to monitor capacity, mitigate potential pressures, and maintain the quality of learning experiences. Visitors were therefore satisfied with the response received and confirmed this standard was met.

Section 4: Findings

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

Conditions

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

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

Overall findings on how standards are met

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

Findings of the assessment panel:

- **SET 1: Level of qualification for entry to the Register–**
 - The education provider clarified that the programme leads to an undergraduate qualification and fully meets the requirements for professional registration. The curriculum has been mapped against the HCPC Standards of Education and Training and the Standards of Proficiency for Speech and Language Therapists, providing assurance that learners will be equipped with the knowledge, skills and professional behaviours required for safe and effective practice on registration.
 - The visitors were satisfied with the information provided and considered the relevant standard within this SET area met.
- **SET 2: Programme admissions –**
 - Visitors confirmed the selection and entry criteria were clear and set at an appropriate level for the proposed programme. The entry criteria were available on the education provider's website and accessible to applicants.
 - The Programme Submission document provided clear information and outlined that appropriate academic and professional entry standards would be applied fairly and consistently. This included the admissions process and the requirement to attend an interview and academic grade requirements.
 - Visitors noted the additional information supplied in relation to assessing applicants' English language (in relation to the referral from

Stage 1 regarding SET 2.3). They acknowledged the education provider would use the Scalable Automated Multiple Mini Interview (SAMMI) to assess applicants' English language for the proposed programme. They noted this was an asynchronous interview in which applicants were required to respond to pre-recorded questions. Visitors were satisfied this approach would enable the education provider to assess applicants spoken English language skills appropriately and consistently.

- The visitors therefore considered the relevant standards within this SET area met.

- **SET 3: Programme governance, management and leadership –**

- Visitors acknowledged there was evidence of regular collaboration between the practice partners and the education provider through the educational steering partnership group. It was clear a considerable level of collaboration had taken place during the design of the programme with a range of practice partners and they had also been involved with the programme board. However, visitors were unclear how this collaboration would continue once the programme had been approved. We therefore explored this further through [Quality theme 1](#) and noted the education provider had undertaken a considerable amount of work to ensure consistent engagement with practice partners across all stages of the programme
- The process to ensure the availability and capacity of practice-based learning was not clear to the visitors. We therefore explored this further through [Quality theme 2](#) and noted the education provider had processes in place to identify, secure and monitor the capacity of practice-based learning. This included collaborating with a range of stakeholders through the Placement Learning Group
- The staffing plan outlined the staffing levels for the duration of the proposed programme based on the proposed number of learners. Visitors considered this was appropriate, however they were unclear on the number of staff involved with the delivery of the first year of the proposed programme. Through clarification we noted there were three part time members of staff in post who would be delivering the proposed programme. This included the Programme Director who would be increasing their hours when the programme started. Alongside this other staff from across the University will be involved in specific areas of the delivery of the programme, such as linguistics and psychology. Staff from Allied Health Professionals (AHP) and nursing programmes will also contribute, which will include occupational therapy and mental health nursing.
- Through clarification we noted the education provider had identified the core and specialist areas where specialist knowledge would be required such as phonetics, acoustics and dysphagia. These areas will be delivered by appropriately qualified and experienced educators, which will be sourced from the AHP and nursing programmes. In addition to this we noted the education provider would be recruiting

specialist hourly paid speech and language therapy staff from their existing network. This will include NHS Trusts, private providers and third sector organisations. We noted a budget had also been allocated to support the recruitment of appropriately qualified and experienced educators, which was reassuring.

- Through clarification we noted the education provider offered a wide range of academic resources, including journals, which could be accessed as hard copies and online by learners. Visitors also noted there was an academic liaison librarian linked to the programme who would offer additional support to learners. Other resources included Anatomy.tv and simulation equipment that was shared with other programmes. To enable learners to use the resources remotely, some were accessible through a password system and others could be booked through a centralised system. The visitors felt it was also reassuring to see a budget had been allocated to invest in speech and language therapy equipment. They noted this funding would support the purchase of additional equipment as required, depending on learner numbers on the programme. Learners were also able to access additional support outside of normal hours via the University of Chichester mobile application. This application offered access to Chiview and Moodle and provided direct access to support through phone, email and web chat.
- Visitors noted the additional information supplied regarding the process to support and enable learners to raise concerns about the safety and wellbeing of service users (in relation to the referral from Stage 1 regarding SET 3.17). They noted the process for raising concerns was outlined in the programme and placement handbook and was supported by a clear flow chart.
- The visitors therefore considered the relevant standards within this SET area met.
- **SET 4: Programme design and delivery –**
 - The learning outcomes were mapped against the Standards of Proficiency (SOPs) mapping document and outlined in the module descriptors. The structure of the modules ensured learners will meet the SOPs.
 - Visitors confirmed the professional behaviours and standards of conduct, performance and ethics were embedded throughout the programme to ensure learners would understand the expectations. This was articulated in the module descriptors, SOPs mapping document and placement documentation where the curriculum content and professional competencies had been clearly defined. This approach enabled learners to develop their knowledge, skills and ethical awareness essential for professional practice.
 - The philosophy, core values, skills and knowledge base of the profession were clearly articulated in the structure and delivery of the programme, which was evidenced through the module descriptors. Visitors recognised the education provider had a clear awareness of

the professional body requirements for the programme and showed evidence of having considered relevant curriculum guidance in their development and engagement with the Royal College of Speech and Language Therapy (RCSLT).

- Visitors noted there were a range of processes to review and update the curriculum to ensure it remained up to date and relevant. This included annual programme review, engagement with placement providers and external examiners. These processes introduced a level of flexibility within the curriculum, enabling the education provider to implement regulatory changes efficiently and respond to learner needs and make improvements.
- Visitors acknowledged there was clear evidence within the module descriptors that theory and practice were integrated across the programme. This integration was achieved through simulated practice, clinical placements and case-based learning activities. In addition, the programme was structured to support the ongoing integration of theory and practice by embedding practice-based learning across Levels 4, 5 and 6.
- There was evidence of a variety of learning and teaching methods being used to deliver the learning outcomes. These were outlined in the module descriptors and consisted of lectures, practical classes and workshops, placements and independent study. Visitors considered these teaching methods were appropriate to ensure the learning outcomes were achievable.
- Visitors recognised the design of the programme will enable learners to meet learning outcomes and develop their autonomous and reflective thinking skills throughout the programme. This was evidenced through the module descriptors and the programme submission document.
- Visitors noted the structure of the curriculum ensured evidence-based practice was embedded throughout the programme across many of the modules. At Level 4 the Understanding Evidence, Clinical Populations and Management and Personal, Professional values and Behaviour 1 modules specifically addressed this area. At Level 5, the focus continued through the Personal, Professional values and Behaviour 2 and Practice Placement 2 modules, while at Level 6 it was explored in the Critical Evaluation of Health module.
- Visitors noted the additional information supplied regarding obtaining consent from service users and learners (in relation to the referral from Stage 1 regarding SET 4.10). They noted the Speech and Language Therapy Student Handbook provided details of the process for gaining consent from learners for participating in practical sessions and workshops. For service users and carers, the University Visitors Consideration Checklist was used to gain consent and ensure their needs were met before, during and after the session.
- The visitors therefore considered the relevant standards within this SET area met.

- **SET 5: Practice-based learning –**

- The detailed timetable clearly outlined practice-based learning was integrated throughout the programme. Visitors noted that simulated clinical placements took place in the first and second year of the programme and the clinical placements in the practice environment took place in the second and third year.
- Visitors acknowledged the structure and duration of practice-based learning was appropriate to enable learners to meet the SOPs and achieve the learning outcomes. The programme also met the number of placement hours required by the RCSLT. The number of days learners were required to attend practice-based learning varied across the four modules, however for Placement 4, visitors noted learners would be required to attend practice-based learning five days a week. There were also a range of practice-based learning opportunities offered which enabled learners to gain a wide breadth of experience. These varied between NHS Trusts, social care providers, educational settings and voluntary and private organisations. This ensured learners were provided with access to a range of settings where they were able to work with different client groups.
- Through clarification we explored how the education provider would support learners if they experienced personal or financial difficulties with completing Placement 4, which was five days a week. We noted there were a range of support mechanisms learners had access to which included wellbeing support, reasonable adjustments and financial advice. There was also the option to support learners with completing any outstanding hours over the summer period.
- Through clarification we noted the mechanisms the education provider had in place to ensure there were an adequate number of appropriately qualified and experienced staff involved with practice-based learning. This was monitored through the Multiprofessional Audit Tool, which was completed for all practice placements. The audit tracked the number of staff involved in practice-based learning, ensuring that staffing levels were sufficient and that staff held the appropriate qualifications. This was reviewed every three years, however if any changes or concerns were identified then there was a process to review the practice placement earlier.
- All staff supporting learners are required to be HCPC-registered Speech and Language Therapists. In addition, they are required to complete practice educator training to ensure they have the relevant knowledge, skills and experience to support safe and effective learning. The training is delivered virtually on a range of dates to ensure it is accessible to all practice educators in advance of the placement commencing. Alongside this practice educators also have access to additional continuing professional development modules such as Effective Teaching and Learning for Healthcare Practice.
- The visitors therefore considered the relevant standards within this SET area met.

- **SET 6: Assessment –**

- The programme was mapped against the SOPs and the assessment strategy ensured learners met these. The range of assessments were summarised in the module descriptors.
- Professional behaviours, including adherence to the standards of conduct, performance and ethics, are embedded within various assessments across the programme. In year 1 and 2 learners undertake the Personal and Professional Values and Behaviours 1 and Personal and Professional Values and Behaviours 2 modules. These two modules introduce learners to the SOPs and professional practice. In addition to this, in the Practice Placement module at Level 5, learners are required to understand the legal and ethical boundaries of the speech and language therapy profession. This approach ensures meaningful engagement with the professional expectations.
- Visitors noted there are a range of assessment methods used by the programme, which are aligned with the module content. The majority of modules require learners to complete practical or oral assessments alongside the written assessments, however there are some modules where they are only assessed through a written assessment. Through clarification we noted there were processes in place to ensure Artificial Intelligence was not misused in assessments by learners. The education provider supported learners to understand how to use it appropriately and ensured learners understood how their work would be assessed by the markers to ensure decisions were evidence based, fair and transparent.
- The visitors therefore considered the relevant standards within this SET area met.

Risks identified which may impact on performance: None.

Section 5: Referrals

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

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 programme should be approved.

Education and Training Committee decision

Education and Training Committee considered the assessment panel's recommendations and the findings which support these. The education provider was also provided with the opportunity to submit any observations they had on the conclusions reached.

Based on all information presented to them, the Committee decided that:

- The programme is approved.
- The education provider's next engagement with the performance review process should be in the 2028-29 academic year.

Reason for this decision: The Education and Training Committee Panel accepted the visitor's recommendation that the programme should receive approval.

Appendix 1 – summary report

If the education provider does not provide observations, only this summary report (rather than the whole report) will be provided to the Education and Training Committee (Panel) to enable their decision on approval. The lead visitors confirm this is an accurate summary of their recommendation, and the nature, quality and facilities of the provision.

Education provider	University of Chichester		
Case reference	CAS-01969-V7M1N3	Lead visitors	Jane Day and Lucy Myers
Quality of provision			
Through this assessment, we have noted: • The areas we explored focused on: ○ Quality activity 1 - we considered the level of collaboration that had taken place with a range of different practice partners through the design of the programme. In particular we focused on the education provider's plans for any programme level strategic collaboration and how this would be maintained and would influence the overall design and delivery of the programme. We noted they would be involved with the Speech and Language Therapy (SALT) stakeholder group, Placement learning group (PLG) which would be overseen and coordinated by the Placement Learning Unit (PLU) and the Regular Strategic Engagement meetings. ○ Quality activity 2 - we considered the education provider's approach to placement capacity and examined the processes in place to ensure sufficient availability of placements for learners. The education provider outlined how placement capacity was planned, monitored, and maintained over time to support the delivery of practice-based learning and meet programme requirements. This included using alternative models such as, role-emerging placements, simulated and blended placements, flexible allocation approaches and staggering or adjusting placement timings to maximise placement opportunities. • The programme meets all the relevant HCPC education standards and therefore should be approved.			
Facilities provided			
Education and training delivered by this institution is underpinned by the provision of the following key facilities:			

- Staff involved with delivery and management of the programme: Currently they have one 0.4 staff member employed to support the development of the programme, with speech and language therapy stakeholders supporting the curriculum design. An additional 0.4 speech and language therapist will be recruited over the summer of 2026. Further recruitment of relevant staff will be undertaken over the coming year to adhere to the staffing guidelines as established by the Royal College of Speech and Language Therapy (RCSLT).
- Physical resources, including any specialist teaching space: HealthOne at the education provider's campus is a purpose-built space for health-related programmes. Learners will be learning alongside nursing and physiotherapy learners. There are six simulation rooms, including a VR suite. The School of Nursing and Allied Health (SNAH) has several simulation manikins and simulation medical equipment such as ventilators.
- The education provider has confirmed that the physical resources are already in place in HealthOne. Additional equipment that is specific to the programme, will be purchased and available by September 2026.

Programmes

Programme name	Mode of study	First intake date	Nature of provision
BSc (Hons) Speech and Language Therapy	FT (Full time)	21/09/2026	Taught

Appendix 2 – list of open programmes at this institution

Name	Mode of study	Profession	Modality	Annotation	First intake date
BSc (Hons) Physiotherapy	FT (Full time)	Physiotherapist			01/09/2020
MSc Physiotherapy (Pre-registration)	FT (Full time)	Physiotherapist			01/09/2020
MSc Occupational Therapy (pre-registration)	FT (Full time)	Occupational therapist			02/02/2026