

Approval process report

University of Gloucestershire, Occupational therapy, 2021-22

Executive summary

Following a documentary review and quality activities to assess this programme against our standards, we have made a final recommendation that all the standards are met at the threshold level and that the programme should be approved. We set no conditions in reaching this recommendation. This recommendation will now be considered by the Education and Training Committee (Panel) for a decision.

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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.

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:

Jennifer Caldwell	Lead visitor, Occupational therapist
Joanna Goodwin	Lead visitor, Occupational therapist
Alistair Ward-Boughton-Leigh	Education Quality Officer

Section 2: Institution-level assessment

The education provider context

The education provider currently delivers 8 HCPC-approved programmes across 5 professions. It is a Higher Education Institution and has been running HCPC approved programmes since 2019.

Historical context: The provider previously engaged with us in the 'annual monitoring' process of our legacy model. The provider has yet to engage with our new Performance Review process, but last partook in the Annual monitoring process in 2020. At this review the BSc (Hons) Physiotherapy programme was examined, the programme was found to still be meeting the standards of education and training and ongoing approval was granted. This was the first review of this programme since it was approved in 2019. In this same year the Independent Non-medical Prescriber

and Paramedic programmes were also looked at through the annual monitoring process and were found to still be meeting the standards of education and training and ongoing approval was granted. The MSc Physiotherapy, Radiography and Operating Departmental practitioner programmes were added after this process.

External view of the institution: The provider currently runs a range of programmes across several different professions. However, they are relatively new to running HCPC-approved programmes with their oldest currently approved programme dating to 2019, with many of their other programmes being approved in the last few years.

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	2021
	Paramedic	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2019
	Physiotherapist	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2019
	Radiographer	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2021
Post-registration	Independent Non-medical Prescriber			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	Bench-mark	Value	Date	Commentary
Total intended learner numbers compared to total enrolment numbers	550	374	2021	Benchmark relates to the total number of learners the programmes are approved/planned for with the value being the actual number enrolled at this time. There is quite a disparity between these numbers and the visitors were made aware of this ahead of their review. However, it is worth noting that the programmes are currently undersubscribed as opposed to being over, which could indicate more resources and a higher educator to learner ratio.
Aggregation of percentage not continuing	3%	9%	2019/20	There is quite a disparity between these two numbers therefore the visitors were aware of this ahead of their review.
Aggregation of percentage in employment / further study	93%	94%	2016/17	This data point has generated a slightly positive score. The scores are not vastly different, the value is slightly higher. The visitors were made aware of this ahead of their review.
TEF award	N/A	Silver	2017	The highest award offered by TEF is a 'Gold' score. Therefore, a score of silver (second highest) indicates that whilst the provider is performing well there is room for improvement in order to obtain the highest score. TEF also stated the following regarding the awarding of a silver award "Based on the evidence available, the TEF Panel judged that the higher education provider delivers high quality teaching, learning and outcomes for its learners. It consistently exceeds rigorous national quality requirements for UK higher education."
NSS overall satisfaction score (Q27)	73.7	74.5	2021	The scores are quite close here, but this does generate a slightly positive score. Having a slightly positive score here gives us a good indication of how the provider is doing in terms of learner satisfaction particularly considering recent challenges all providers have faced such as COVID and having to adjust to remote / online working.

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 make a decision on whether we need to undertake a full partner-led

review against our institution level standards, or whether we can undertake and executive-led review.

In stage one of this case the approval request form along with baselining information was looked at in an Executive-led review. Following this review it was determined that the stage one standards were met, that the new programme would fit into the existing institutional framework and existing institutional policies would be applied. The new programme is intended also to sit within the existing school as other currently approved HCPC programmes.

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; Assessing English language, character, and health:

- The following policies are in place that will support the introduction of the new programme and the new programme will adhere to the following policies; the Admissions policy (2021.2022) and the existing 'Enrolment and registration policy.' This is set at Institution level and will be applied to the proposed programme with minor tweaks in line with professional requirements.
- This aligns with our understanding of how the institution runs as this aligns with previous approval events.
- We know this from looking into older approval events such as BSc (Hons) Paramedic Science, Full time approval event in 2018, this follows the provider's process to have a centrally agreed policy that applies to newer programmes. This was previously the 'Application process guide' but is now the updated 'Admissions policy'.

Prior learning and experience (AP(E)L):

- The following policy is in place to support the introduction of this new programme and this new programme will adhere to the existing 'Accreditation of prior learning policy.' This is set at Institution level and will be applied to the proposed programme; this follows the provider's approach for new programmes to fit within the existing framework.
- The provider has in place admissions, enrolment and registrations policies that are set at the Institution level and will apply to the proposed programme. This will ensure that those applying to the programme have the relevant necessary prior learning and skills. The Accreditation of prior learning policy is also in place to support this.
- This aligns with our understanding of how the institution runs as this aligns with previous approval events.
- We know this by looking at older approval events information on our systems. Looking at the BSc (Hons) Paramedic Science, Full time approval event in 2018, we can see that in answering this question the provider quoted the policy in place that would apply to this new programme. This is therefore consistent with the provider's approach to have an institution level standard

for prior learning and experience in place and for newer policies to adhere to existing policies.

Equality, diversity and inclusion:

- The following policies are in place that will support the introduction of the new programme will adhere to the following policies: the 'Equality and diversity policy' and the Student Charter. This is set at the Institution level and is applied to all people at the Institution (learners, staff, volunteers etc.). The Student Charter is also set at the Institution level and is applied to all learners at the Institution.
- This aligns with the provider's approach to have an Institution level standard for this area that applies to all programmes. This is something we have seen evidenced in previous approval cases with this Provider. In a similar fashion to other stage one standards there exists a higher institution level standard, this already in place and being applied across the provider's current provision and will apply to new proposed programmes.

Non-alignment requiring further assessment: None

Management and governance

Findings on alignment with existing provision:

Ability to deliver provision to expected threshold level of entry to the Register

- The provider has systems and procedures in place to ensure this, they described in their approval request form that they have a 'Course design framework. The course design framework provides additional advice and guidance on the University's standard requirements and expectations at the point of course design and this is set at the University level. The policy describes how it sets and maintains robust academic standards and assures and enhances the quality of learning opportunities. They also state that the design of all courses must consider external reference points. when designing their programmes.
- In stage one the existing policies were examined with the approval request form and existing policies at the provider being looked at. The provider demonstrated that they have robust systems and procedures in place for this standard
- Furthermore, these same policies and procedures were applied during the approval events for the MSc Physiotherapy, Radiography and Operating Departmental practitioner programmes added in 2021/22.

Sustainability of provision:

- The provider has stated the following regarding sustainability of the programme; Learners will be funded through the student loans system, self-funding. Occupational Therapy learners are eligible for the NHS Training Fund. The programme is developed to enable shared learning across AHP programmes therefore making it financially viable.
- We have also noted in our context reflections (above) that the current learner numbers indicate that the provider is undersubscribed at this time and therefore has capacity to accommodate additional learners.

- The provider has stated that their development of this programme is also in response to both the requirement of Gloucestershire's workforce need and the significant national shortage in qualified occupational therapists, as highlighted by Royal College of Occupational Therapy (2020). They have referenced both that Occupational Therapists have been listed as 'in demand' on the 'UK's Shortage Occupations List' and on 'The NHS People Plan'.
- This aligns with the provider's approach to have an Institution level standard for this area that applies to all programmes. This is something we have seen evidenced in previous approval cases with this provider.

Effective programme delivery:

- The following policy is in place that will support the introduction of the new programme will adhere to the following policies: Academic regulations for taught provision (2021.2022).
- These are set at the institution level and will be applied to the proposed programme. The policies and procedures in place for this section are well prepared to support the introduction of the new programme. These policies and procedures are robust, appropriate and fit for purpose.
- We know this because these same institution level standards were examined and found to be so during the last annual monitoring event in 2020.
- Furthermore, these same policies and procedures were applied during the approval events for the MSc Physiotherapy, Radiography and Operating Departmental practitioner programmes added in 2021/22.

Effective staff management and development:

- The following is set at the institution level and will be applied to the proposed programme: 'People and Culture Strategy 2017 – 2022'.
- The policies and procedures in place for this section are well prepared to support the introduction of the new programme. These policies and procedures are robust, appropriate and fit for purpose.
- We know this because these same institution level standards were examined and found to be so during the last annual monitoring event in 2020.
- Furthermore, these same policies and procedures were applied during the approval events for the MSc Physiotherapy, Radiography and Operating Departmental practitioner programmes added in 2021/22.

Partnerships, which are managed at the institution level:

- Demonstrated in their 'Placement Agreement Contract Template'.
- Formalised written practice placement agreements are in progress with; Gloucestershire Health and care NHS Foundation Trust, Gloucestershire Hospitals NHS Foundation Trust. And will be commenced with; 'National Star College' and 'Inclusion Gloucestershire'.
- The policies and procedures in place for this section are well prepared to support the introduction of the new programme. These policies and procedures are robust, appropriate and fit for purpose.
- We know this because these same Institution level standards were examined and found to be so during the last annual monitoring event in 2020.

- Furthermore, these same policies and procedures were applied during the approval events for the MSc Physiotherapy, Radiography and Operating Departmental practitioner programmes added in 2021/22.

Non-alignment requiring further assessment: None

Quality, monitoring, and evaluation

Findings on alignment with existing provision:

Academic quality:

- The design of all programmes must take account of external reference points such as the Quality Code and Credit Framework for England (UK Quality Code for Higher Education, Quality Assurance Agency Credit Framework for England).
- The Academic Regulations for Taught Provision (ARTP) provides the regulatory framework within which all taught programmes operate by defining the regulations that govern all taught awards at the University of Gloucestershire. The course design framework provides additional advice and guidance on the provider's standard requirements and expectations at the point of programme design. (Academic regulations for taught provision 2021.2022).
- The Quality Handbook 2020-21 is set at Institution level. The policy describes how it sets and maintains robust academic standards and assures and enhances the quality of learning opportunities.
- The provider has also stated that an External consultant has been confirmed to review programme documentation and provide feedback during the programme development process. External panel member has been confirmed to attend the validation process. Quality processes from the university will be applied to the programme for example an annual quality review
- The policies in place appear robust and well thought out and follows the provider's usual approach to having this kind of standard set at the institutional level. This is something we have seen evidenced in previous approval cases with this provider.

Practice quality, including the establishment of safe and supporting practice learning environments:

- Demonstrated in: the 'Placement Agreement Contract Template', 'Fitness to Practice Policy' and the 'Whistleblowing Policy'. This is set at School level and will be applied to the proposed programme.
- This aligns with the provider's approach to have an Institution level standard for this area that applies to all programmes. This is something we have seen evidenced in previous approval cases with this provider.

Learner involvement:

- The provider has stated that learners are involved throughout the validation process. As this is a new programme, learners from other allied health professional programmes will be invited to development meetings. The

programme will have a learner rep who will have formal meetings with programme lead at least 3 times per year.

- All learners also have opportunity to engage in the Simple Online Feedback Tool. Additionally, modules also have midway and end point evaluations for learners to provide their feedback.
- This aligns with the provider's approach to have an Institution level standard for this area that applies to all programmes.

Service user and carer involvement:

- This is demonstrated by the 'Experts by experience' handbook. This handbook guides the practice at school level and will be adhered to in the development and delivery of this programme.
- There is a robust system in place to integrate service users and carers in the provider's processes. They have referenced their 'Experts by experience' handbook in support of this. But this also matches what we know about the Provider in previous approval events.
- The provider has historically demonstrated that service users and carers will be involved in their programmes. This was demonstrated in the provider's 2018 Approval event for their BSc (Hons) Paramedic Science, Full time programme.

Non-alignment requiring further assessment: None

Learners

Findings on alignment with existing provision:

Support:

- Demonstrated in the 'Personal Tutor Scheme Policy' and 'Supported study' procedures. These are set at institution level and will be applied to the proposed programme.
- This aligns with how we know the provider operates based on previous approval events such as their most recent event in 2018. In this approval event they provided evidence of this scheme, with its 'policy statement' stating "The Personal Tutor Scheme is a quality enhancement intervention to improve learning opportunities for students through the provision of academic support and advice."
- The provider then detailed the policies surrounding the scheme. This considered programme was granted approval with the standards related to this area being met

Ongoing suitability:

- Suitability of an applicant to a programme is demonstrated in the provider's fitness to practise procedures. These are set at provider level and will be applied to the proposed programme.
- The provider also states in their fitness to practise policy that this applies to all enrolled learners. This is not only something considered during their application/admissions but also looked at continually. They state, "Once enrolled, a student must disclose any changes to circumstances which could

affect their continued fitness to practise, for instance a subsequent criminal conviction, a change in health status, or a complaint or disciplinary matter that arises during a practice placement.”

Learning with and from other learners and professionals (IPL/E)

- This is evidenced in individual programme validation documents, and there is a school-wide policy to support IPL/E
- The provider has also stated that the programme will provide opportunities for shared learning with learners on the physiotherapy course and potentially other allied health professional programmes and learners from other academic schools, such as interior and product design.
- This aims to raise awareness of professional identity and compliment the other health and social care professional programmes.

Equality, diversity and inclusion:

- Demonstrated in the provider’s Equality and Diversity policy and also the student charter.
- The policy is set at the institution level and applied to all staff, students, volunteers etc. It is upheld by the school and all staff complete mandatory training in this. The student charter applies to all learners within the institution.

Non-alignment requiring further assessment: None

Assessment

Findings on alignment with existing provision:

Objectivity:

- Demonstrated in the Assessment Handbook – Principles & Procedures.
- These principles and procedures are set at provider level and will be applied to the proposed programme.

Progression and achievement:

- Demonstrated in; the Assessment Handbook – Principles & Procedures. Academic regulations for taught provisions 2021-2022 and the ‘Interruption of studies procedure’.
- These are set at provider level and will be adhered to throughout the proposed programme.

Appeals:

- Demonstrated in; the Assessment Handbook – Principles & Procedures, the Student Complaints procedure, the Appeals procedure and the Academic regulations for taught provisions 2021-2022.
- These are set at provider level and will be adhered to throughout the proposed programme.
- These same policies were in place during the 2018 approval event and were examined and found to be fit for purpose at this event.

Non-alignment requiring further assessment: None

Outcomes from stage 1

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

The addition of the new programme would not have an overall impact on the adherence to the standards and robust institution-wide policies are in place to support the new provision.

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) Occupational Therapy	Full Time	Occupational Therapy	30 learners 1 cohort per year	01/09/2022

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 – Practise-based learning capacity

Area for further exploration: The visitors highlighted that they needed to see some more information regarding the capacity of practise-based learning and wanted to be sure that sufficient capacity was in place to support all learners and that there was no overlap in placement timings. The visitors were concerned that practise-based learning was centred on two local trusts and there was uncertainty around the capacity of these two trusts to accommodate the learners as they considered evidence showing that all learners were accommodated for was missing. In connection to this they considered that they needed further information and evidence to be confident that standard 5.2 ‘The structure, duration and range of practice-

based learning must support the achievement of the learning outcomes and the standards of proficiency' was met through their review.

Quality activities agreed to explore theme further: The visitors considered that whilst some areas could be satisfied with an email explanation, they required additional documents to ensure the above areas were covered. They requested a 'resourcing plan' and a 'mapping of placements' to show how all learners were accounted for.

Outcomes of exploration: Visitors now consider that this area has been met and their previous concerns resolved. This included a document demonstrating their placement capacity and references to the provider's involvement in the local regional Placement Expansion project. They also demonstrated that with the timings of placements there are no overlaps in placement timings.

Quality theme 2 – Staffing and physical resources

Area for further exploration: This theme was around staffing and resources. In particular, the visitors wanted to clarify; how many staff are in place currently, what the timeframe for additional recruitment is, what resources are currently available and what the timeframe is for the purchasing of additional resources. Questions were also asked around the online module and additional details requested for this. The visitors asked for this as the current level of information indicated that there were three members of staff in place (with more being recruited but not yet in place). The visitors considered that this would not be sufficient. Additionally, a list of required resources was identified, but much of this was indicated to not yet be in place.

Quality activities agreed to explore theme further: As part of the quality activity, the visitors requested additional documents. Specifically, a recruitment and staffing plan to demonstrate that sufficient staff were in place or will be in place to run the programme and a timeline of this. The visitors also requested a timeline for when additional resources would be purchased and in place. The provider also invited the visitors to complete the online module that they requested additional details of, and the visitors agreed to this.

Outcomes of exploration: Following the additional documentary review and the visitors viewing the online module, they now consider that these standards have been met and their questions answered. They have been assured that the staff and resources shall be in place as necessary and now better understand the provisions of the online resources.

Quality theme 3 – Timing of re-sits

Area for further exploration: The visitors had questions regarding assessment standards, particularly they wanted to see additional information on how resits were planned for and whether they are likely to clash with placements. They posed the following question "what is the assessment plan showing academic resit opportunities?" They raised this question as they were concerned that the resits were planned to occur when learners would be due to start placements, meaning that those learners needing to take resits would miss valuable placement time.

Quality activities agreed to explore theme further: For this quality activity, the visitors requested a copy of the assessment plan. This was asked for to show details how the resits would work and the timeframe involved.

Outcomes of exploration: After receiving the assessment plan, the visitors now see how the placements are planned out and now consider that their concerns have been allayed and that this question regarding resits has been answered.

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 and 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.
- This was examined again as part of their stage 2 submission, where the provider submitted a 'Mapping to professional standards and frameworks' document. This demonstrates how the programme would meet the standards of conduct performance and ethics and also the standards of proficiency for the proposed programme's profession.

SET 2: Programme admissions –

- Many programme admissions standards were looked at stage one of this case. No issues were raised during the stage one review.
- The provider indicated in their approval request form examined in stage one that the Admissions policy (2021.2022) and Enrolment and registration policy are in place and will support the new programme which shall adhere to these policies. The provider indicated in their approval request form that there would

be 'minor tweaks' to how these policies apply in line with professional requirements.

- Visitors reviewed the documentary evidence supplied through stage 2 of the reviews, and considered that relevant standards met, raising no concerns through their 2 review.

SET 3: Programme governance, management and leadership –

- Visitors concluded that some of these standards were met after a review of the stage two submission. They noted that collaboration seems to be developing well between the education provider and the practise education providers.
- The visitors noted the provider had not demonstrated how some SETs were met after a review of the stage two submission. This area was then examined further as part of a quality activity.
- The visitors wanted to ensure that sufficient levels of staffing are available and that all the resources are in place. They also wanted to see additional information on the online module.
- As part of the quality activity relating to this area the visitors requested several additional documents to answer the concerns they raised. This included; resourcing and staffing plans as well as a mapping of the placements. After receiving these, they are satisfied that that there are appropriate processes and procedures in place to ensure the programme is effectively led, managed and governed. The visitors were assured of adequate staff and physical resources in place and that the systems and processes in place to review, monitor and improve the programme are effective.
- The provider also invited the visitors to join the online module to see this resource for themselves, the visitors were satisfied with this resource.

SET 4: Programme design and delivery –

- The visitors examined these SETs in relation to this area as part of their stage two assessment. Deciding after a review of the stage two submission that the provider had not demonstrated how all SETs were met and that this would be further explored as part of a quality activity.
- In particular, they wanted to see more information regarding the mental health provision of the programme and also they were unsure that the Improvement Project is manageable in 30 credits.
- The visitors asked questions as part of the quality activity relating to this area, this included requesting additional details of mental health provision in the programme as they were unclear from the documentation.
- After receiving the additional documents/clarifications as part of the quality activity the visitors now considered that their concerns had been addressed and that these standards are met. This includes the 'mapping of mental health provision' document that was supplied in the submission. This demonstrated to the visitors the different modules and what areas of mental health are explored on the programme. This mapping document provided the visitors with a clear plan of how this is incorporated into the programme and provided the clarity that they were looking for.
- From their review of the programme the visitors were satisfied that the standards of proficiency for occupational therapists, and the standards of

conduct, performance, and ethics, will be delivered through module content on the programme.

SET 5: Practice-based learning –

- The visitors concluded that many of standards in SET 5 were met after a review of the stage two submission.
- They noted that collaboration seems to be developing well between the education provider and the practise education providers.
- They did however decide that some of the SETs in this area had not been fully demonstrated and needed to be examined as part of a quality activity.
- This was centred around there being practise-based learning capacity for all proposed learners, that there was no overlap in the placements, and that the learning outcomes were supported by practise-based learning.
- They requested additional documents in the forms of a resourcing plan and a mapping to show all the placements and how all learners were accounted for.
- Following supply of this information, the visitors were satisfied this standard was met. They noted that the provider has firm numbers promised from these trusts and a mapping plan of placements. Additionally, that the placements available in the trusts identified are not ‘empty slots’ and will be taking learners from other programmes.
- The provider has also agreed with HEE to work region-wide in regards to placements, which the visitors found encouraging.

SET 6: Assessment –

- The visitors examined the SETs in relation to this area as part of their stage two assessment. They stated – that many of these standards were met after a review of the stage two submissions.
- They concluded that one standard in particular required further exploration and was examined as part of a quality activity. This related specifically to the scheduling of resits, which was addressed by the provider to the satisfaction of the visitors.
- From their review of the programme the visitors were satisfied that the standards of proficiency for occupational therapists, and the standards of conduct, performance, and ethics, will be assessed through the assessment strategy and design of the programme.
-

Risks identified which may impact on performance: None

Areas of good and best practice identified through this review:

- **Assessment Methods:** The visitors identified that there is a very good variety of assessment methods, which effectively measure the learning outcomes and ensures that the learners are fit to practise following completion of the assessment.

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.

Recommendation: None

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 the programme(s) should be approved with no conditions.

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(s) should be approved.

Appendix 1 – list of open programmes at this institution

Name	Education provider	Mode of study	First intake date	Programme status
BSc (Hons) Diagnostic Radiography	University of Gloucestershire	FT (Full time)	01/01/2021	Open
BSc (Hons) Occupational Therapy	University of Gloucestershire	FT (Full time)	05/09/2022	Proposed
BSc (Hons) Operating Department Practice	University of Gloucestershire	FT (Full time)	01/01/2021	Open
BSc (Hons) Paramedic Science	University of Gloucestershire	FT (Full time)	01/01/2019	Open
BSc (Hons) Physiotherapy	University of Gloucestershire	FT (Full time)	01/09/2019	Open
Diagnostic Radiography Degree Apprenticeship	University of Gloucestershire	WBL (Work based learning)	01/01/2022	Open
Independent Non-medical Prescriber	University of Gloucestershire	PT (Part time)	01/03/2020	Open
MSc Physiotherapy (pre-registration)	University of Gloucestershire	FT (Full time)	01/09/2021	Open
Operating Department Practice Degree Apprenticeship	University of Gloucestershire	FT (Full time)	01/01/2021	Open