

Approval process report

Keele University, diagnostic radiography, 2021-22

Executive summary

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

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Section 1: About this assessment

About us

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

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

Our standards

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

Our regulatory approach

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

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

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

The approval process

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

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

Through the approval process, we take assurance in a bespoke and flexible way, meaning 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 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:

| | |
|------------------|---------------------------------------|
| Rachel Picton | Lead visitor, diagnostic radiographer |
| Mark Widdowfield | Lead visitor, diagnostic radiographer |
| John Archibald | Education Quality Officer |

Section 2: Institution-level assessment

The education provider context

The education provider currently delivers eight HCPC-approved programmes across six professions. It is a higher education institution and has been running HCPC approved programmes since 1996. The programme which started in 1996, the BSc (Hons) Physiotherapy, took its last cohort in 2018 and subsequently approval was removed from this date.

The programme under consideration is an apprenticeship programme.

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 | Biomedical scientist | <input checked="" type="checkbox"/> Undergraduate | <input type="checkbox"/> Postgraduate | 2009 |
| | Paramedic | <input type="checkbox"/> Undergraduate | <input checked="" type="checkbox"/> Postgraduate | 2021 |
| | Physiotherapist | <input type="checkbox"/> Undergraduate | <input checked="" type="checkbox"/> Postgraduate | 2019 |
| | Prosthetist / Orthotist | <input type="checkbox"/> Undergraduate | <input checked="" type="checkbox"/> Postgraduate | 2022 |
| | Radiographer | <input checked="" type="checkbox"/> Undergraduate | <input type="checkbox"/> Postgraduate | 2017 |
| Post-registration | Independent Prescribing / Supplementary prescribing | | 2014 | |

Institution performance data

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

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

| Data Point | Benchmark | Value | Date | Commentary |
|--|-----------|-------|-----------|---|
| Total intended learner numbers compared to total enrolment numbers | 400 | 231 | 2021 / 22 | The enrolled number of learners across all HCPC approved provision is lower than the approved intended numbers we have on our record. The visitors explored whether the proposed programme is sustainable and did not flag any issues to explore further. |
| Learners – Aggregation of percentage not continuing | 3% | 2% | 2021 / 22 | The percentage of learners not continuing is less than the benchmark at the education provider which implies learners are satisfied with their studies. |
| Graduates – Aggregation of | 93% | 94% | 2021 / 22 | The percentage in employment or further study is more than the benchmark at the education |

| | | | | |
|--|-------|-------|-----------|---|
| percentage in employment / further study | | | | provider which implies learners who successfully complete their learning at this institution make significant progress after their studies. |
| Teaching Excellence Framework (TEF) award | N/A | Gold | 2017 | A gold award would indicate the institution is doing well. |
| National Learner Survey (NSS) overall satisfaction score (Q27) | 75.0% | 81.8% | 2021 / 22 | This score indicates the percentage of learners who are satisfied with their learning is much higher than average. |

The route through stage 1

Institutions which run HCPC-approved provision have previously demonstrated 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 the proposed programme(s) aligns with existing provision.

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

Admissions

Findings on alignment with existing provision:

- **Information for applicants –**
 - The education provider has defined the policies, procedures and processes that apply to the programmes delivered within it.
 - What we have been informed about aligns with our understanding of how the institution runs.
 - We determined the proposed programme would be managed in way that was consistent with the definition of their institution.
- **Assessing English language, character, and health –**
 - The education provider has defined the policies, procedures and processes that apply to the programmes delivered within it.
 - What we have been informed about aligns with our understanding of how the institution runs.
 - We determined the proposed programme would be managed in way that was consistent with the definition of their institution.
- **Prior learning and experience (AP(E)L) –**
 - The education provider has defined the policies, procedures and processes that apply to the programmes delivered within it.

- What we have been informed about aligns with our understanding of how the institution runs.
- We determined the proposed programme would be managed in way that was consistent with the definition of their institution.
- **Equality, diversity and inclusion –**
 - The education provider has defined the policies, procedures and processes that apply to the programmes delivered within it.
 - What we have been informed about aligns with our understanding of how the institution runs.
 - We determined the proposed programme would be managed in way that was consistent with the definition of their institution.

Non-alignment requiring further assessment: None.

Management and governance

Findings on alignment with existing provision:

- **Ability to deliver provision to expected threshold level of entry to the Register¹ –**
 - The education provider has defined the policies, procedures and processes that apply to the programmes delivered within it.
 - What we have been informed about aligns with our understanding of how the institution runs.
 - We determined the proposed programmes would be managed in way that was consistent with the definition of their institution.
- **Sustainability of provision –**
 - The education provider has defined the policies, procedures and processes that apply to the programmes delivered within it.
 - What we have been informed about aligns with our understanding of how the institution runs.
 - We determined the proposed programmes would be managed in way that was consistent with the definition of their institution.
- **Effective programme delivery –**
 - The education provider has defined the policies, procedures and processes that apply to the programmes delivered within it.
 - What we have been informed about aligns with our understanding of how the institution runs.
 - We determined the proposed programmes would be managed in way that was consistent with the definition of their institution.
- **Effective staff management and development –**
 - The education provider has defined the policies, procedures and processes that apply to the programmes delivered within it.
 - What we have been informed about aligns with our understanding of how the institution runs.
 - We determined the proposed programmes would be managed in way that was consistent with the definition of their institution.
- **Partnerships, which are managed at the institution level –**

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

- The education provider has defined the policies, procedures and processes that apply to the programmes delivered within it.
- What we have been informed about aligns with our understanding of how the institution runs.
- We determined the proposed programmes would be managed in way that was consistent with the definition of their institution.

Non-alignment requiring further assessment: None.

Quality, monitoring, and evaluation

Findings on alignment with existing provision:

- **Academic quality –**
 - The education provider has defined the policies, procedures and processes that apply to the programmes delivered within it.
 - What we have been informed about aligns with our understanding of how the institution runs.
 - We determined the proposed programmes would be managed in way that was consistent with the definition of their institution.
- **Practice quality, including the establishment of safe and supporting practice learning environments –**
 - The education provider has defined the policies, procedures and processes that apply to the programmes delivered within it.
 - What we have been informed about aligns with our understanding of how the institution runs.
 - We determined the proposed programmes would be managed in way that was consistent with the definition of their institution.
- **Learner involvement –**
 - The education provider has defined the policies, procedures and processes that apply to the programmes delivered within it.
 - What we have been informed about aligns with our understanding of how the institution runs.
 - We determined the proposed programmes would be managed in way that was consistent with the definition of their institution.
- **Service user and carer involvement –**
 - The education provider has defined the policies, procedures and processes that apply to the programmes delivered within it.
 - What we have been informed about aligns with our understanding of how the institution runs.
 - We determined the proposed programmes would be managed in way that was consistent with the definition of their institution.

Non-alignment requiring further assessment: None.

Learners

Findings on alignment with existing provision:

- **Support –**
 - The education provider has defined the policies, procedures and processes that apply to the programmes delivered within it.

- What we have been informed about aligns with our understanding of how the institution runs.
- We determined the proposed programmes would be managed in way that was consistent with the definition of their institution.
- **Ongoing suitability –**
 - The education provider has defined the policies, procedures and processes that apply to the programmes delivered within it.
 - What we have been informed about aligns with our understanding of how the institution runs.
 - We determined the proposed programmes would be managed in way that was consistent with the definition of their institution.
- **Learning with and from other learners and professionals (IPL/E) –**
 - The education provider has defined the policies, procedures and processes that apply to the programmes delivered within it.
 - What we have been informed about aligns with our understanding of how the institution runs.
 - We determined the proposed programmes would be managed in way that was consistent with the definition of their institution.
- **Equality, diversity and inclusion –**
 - The education provider has defined the policies, procedures and processes that apply to the programmes delivered within it.
 - What we have been informed about aligns with our understanding of how the institution runs.
 - We determined the proposed programmes would be managed in way that was consistent with the definition of their institution.

Non-alignment requiring further assessment: None.

Assessment

Findings on alignment with existing provision:

- **Objectivity –**
 - The education provider has defined the policies, procedures and processes that apply to the programmes delivered within it.
 - What we have been informed about aligns with our understanding of how the institution runs.
 - We determined the proposed programmes would be managed in way that was consistent with the definition of their institution.
- **Progression and achievement –**
 - The education provider has defined the policies, procedures and processes that apply to the programmes delivered within it.
 - What we have been informed about aligns with our understanding of how the institution runs.
 - We determined the proposed programmes would be managed in way that was consistent with the definition of their institution.
- **Appeals –**
 - The education provider has defined the policies, procedures and processes that apply to the programmes delivered within it.
 - What we have been informed about aligns with our understanding of how the institution runs.

- We determined the proposed programmes would be managed in way that was consistent with the definition of their institution.

Non-alignment requiring further assessment: None.

Outcomes from stage 1

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

Section 3: Programme-level assessment

Programmes considered through this assessment

| Programme name | Mode of study | Profession (including modality) / entitlement | Proposed learner number, and frequency | Proposed start date |
|---|----------------|---|--|---------------------|
| BSc (Hons) Radiography (Diagnostic Imaging) | FLX (Flexible) | Radiographer, Diagnostic radiographer | 30 learners, one cohort per year | 26/09/2022 |

Stage 2 assessment – provider submission

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

Quality themes identified for further exploration

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

Quality theme 1 – collaboration

Area for further exploration: The visitors were informed partnership working with clinical partners and employers takes place through many interactions. The academic link tutor meets with the practice educator prior to meeting with the learners to discuss any concerns, issues or extra support required. The practice educators and clinical lead discuss the feedback from the practice evaluations and action accordingly. There are stakeholder base meetings, where all stakeholders and the education provider can discuss any updates or common themes. There is a

dedicated practice experience team who liaise with practice education providers. The education provider provides bespoke practice educator training. Prior to any learners undertaking placements, all practice educators who are new to the education provider's clinical placements, are invited and actively encouraged to participate in practice educator training programmes. These are provided by the education provider and are either delivered at the education provider or at the placement sites. The education provider reinforces collaboration between themselves and employers through the University Vocational Awards Council's apprenticeship agreement.

The visitors noted strategic meetings take place with practice education providers. However, they did not receive any evidence to support that they took place. The visitors also noted they had been given evidence relating to a stakeholder event. However, this event was related to a different profession. The visitors noted the education provider have been running a diagnostic radiography programme since 2017, and so required evidence related to radiography meetings and events.

Quality activities agreed to explore theme further: We decided to explore this by requesting an email response from the education provider. We thought this was the most effective way to explore the theme as we decided it was a query to which we needed to clarify our understanding.

Outcomes of exploration: The visitors noted the education provider supplied evidence of meetings at the practice educator's base. These are annual events which are attended by the clinical liaison and lead practice educators, trust managers and clinical practice facilitators. This evidence included agendas, Powerpoint slides, and action points and how they were responded to.

The visitors noted the collaborative way of working and various meetings with practice partners. The visitors were satisfied with the provider's response through the quality activity, and no outstanding issues remained.

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

Area for further exploration: The education provider said partnership working with practice education providers occurred through many interactions. For example, they had tripartite agreements with other education providers and those placement providers with whom their learners, and those from other education providers, had placements. The education provider held meetings with practice partners, going out to the practice education providers place of work. The education provider informed the visitors the practice experience lead oversees the practice experience.

The visitors were unsure about how the interplay between the apprentice students and self-funded learners was managed when on clinical placement. They wondered if over-recruitment occurred on the existing undergraduate programme, how will any impact on the apprentices who are at the same clinical placement be managed. The visitors also recognised audit processes are mentioned in the tripartite agreement. However, they were unsure about what this process entailed and required more information about it.

Quality activities agreed to explore theme further: We decided to explore this by requesting an email response from the education provider. We thought this was the most effective way to explore the theme as we decided it was a query to which we needed to clarify our understanding.

Outcomes of exploration: The education provider said a fixed number of placements are negotiated with the placement sites in advance of each academic year. The negotiations are with each Trust practice educator and the number of learners is fixed. All Trusts have radiography learners from more than one education provider in each of their placement sites. The education provider said there is a tripartite service level agreement which is signed by all education providers sharing a placement site. The practice educator informs each education provider of the maximum number of learners within each cohort from each education provider. This is based on the academic calendar, the rooms available, and the assessments that are required. The visitors noted there is no overlap of the education provider's learner cohort in clinical placement. The education provider said it negotiated for at least five placement provision numbers about its normal intake, to consider over-recruitment or any learners re-joining the cohort. The education provider said this is absorbed by more than one placement site. The education provider also has attrition in some cohorts. This allows further places to be assigned by the practice educator where over-recruitment occurs. The education provider said it is unlikely to impact on either the traditional route or for those on the proposed apprenticeship programme.

In terms of the audit process, the Society and College of Radiographers (SCoR) placement proforma is undertaken by the education provider on a regular basis and updated when the tripartite agreements are renewed. In each of these audits the number of learners in total for all education providers and all programmes of study including apprentices in various programmes are recorded. Secondly, SCoR requires that a full audit document is undertaken of total staff, practice educator numbers, learners, training rooms available, modalities available, level 1 trauma facilities, and any other areas required for the training of radiography students to the standards of proficiency from the HCPC.

The visitors considered the education provider had demonstrated an effective process for managing the availability of practice-based learning. The visitors noted the process included an element of flexibility through the information about the collaboration agreement and quality checklist supplied along with the learner timetable. The visitors were satisfied with the provider's response through the quality activity, and no outstanding issues remained.

Quality theme 3 – support in practice-based learning

Area for further exploration: The education provider informed the visitors that all learners on the proposed programme will get the same support as learners on other approved programmes. Learners are allocated a personal tutor. There is also a dedicated placement team who support learners. The visitors read the Guidance for Link Tutors about module Practice Experience 2A. The visitors were unsure in what week learners, during the practice-based learning, will be visited so there is an appropriate amount of time to put into effect any necessary support mechanisms for the learner.

Quality activities agreed to explore theme further: We decided to explore this by requesting an email response from the education provider. We thought this was the most effective way to explore the theme as we decided it was a query to which we needed to clarify our understanding.

Outcomes of exploration: The education provider outlined link tutor visits are not only applicable to module Practice Experience 2A. They are applicable to the beginning of each practice experience module. The education provider said they had scheduled the four tripartite meetings at weeks six and 12 in each semester. These meetings will be undertaken with the practice educator, the learner, the link tutor, and if needed the personal tutor. The link tutor will visit learners throughout the calendar year at intervals of five or six weeks to ensure that the clinical education is being undertaken and that the assessments are being completed.

The visitors considered the education provider's explanation to provide the necessary clarity about the link tutor support to learners. The visitors were satisfied with the provider's response through the quality activity, and no outstanding issues remained.

Quality theme 4 – training and number of staff in practice-based learning

Area for further exploration: The education provider informed the visitors they have an online register of all practice educators who have completed practice educator training. The visitors noted that the programme has scheduled practice-based learning so there is minimal overlap with other education providers. The education provider said, where it shares sites with other education providers, they have used case studies of the benefits of this for both the practice provider and learners. These case studies have been used when training practice educators and preparing learners. The visitors noted if new to the education provider, practice educators are invited and encouraged, but do not need, to attend practice educator training days. The visitors sought clarification as the information appeared to indicate practice educators can still assess without attending training.

The visitors also noted that, although mentioned in the mapping document, they were unsure how many practice educators there are, as well as others working in the practice-based learning environment or setting. The visitors were unsure whether this information is captured through the practice education audit.

Quality activities agreed to explore theme further: We decided to explore this by requesting an email response from the education provider. We thought this was the most effective way to explore the theme as we decided it was a query to which we needed to clarify our understanding.

Outcomes of exploration: The visitors were informed that practice educators have been employed to ensure the education, pastoral care and supervision is being overseen. The practice educators have had training in practice education spanning numerous years. The visitors were told practice educators may therefore decline to attend a full training session offered by the education provider and may only attend the bespoke assessor training, even if new to the education provider's learners. The

education provider said all practice educators for radiography learners have attended a training session. All assessors and mentors attend the practice education days with the full assessor training. The visitors were satisfied practice educators are appropriately trained to undertake the role.

The visitors were informed of the number of staff involved in practice-based learning in the different placement sites. They were consequently satisfied there was enough support for learners in practice-based learning. The visitors were informed the full audit process undertaken includes information related to total staff, practice educator numbers, learners from education providers, and facilities including trauma facilities. They were satisfied the information gathered in the full audit provided an extensive assessment of practice-based learning.

The visitors were satisfied with the provider's response through the quality activity, and no outstanding issues remained.

Quality theme 5 – clinical assessment strategy

Area for further exploration: The visitors were informed the programme is mapped against the standards of proficiency (SOPs) for diagnostic radiographers, so successful completion of all modules, and all assessments in each module, ensure that the learners meet the SOPs.

The visitors noted learners can fail one learning outcome in each academic year of the programme and still pass the module. The visitors were unclear whether a learner is allowed to fail some learning outcomes and still progress. The visitors considered this could subsequently have an impact on whether the standards of proficiency for diagnostic radiographers are met. The visitors wanted to know whether there are procedures in place to ensure that a learner does not fail similar learning outcomes across all their clinical modules.

Quality activities agreed to explore theme further: We decided to explore this by requesting an email response from the education provider. We thought this was the most effective way to explore the theme as we decided it was a query to which we needed to clarify our understanding.

Outcomes of exploration: The education provider informed the visitors there are fail-safes on the programme to ensure all learning outcomes are met. The visitors noted the mechanisms include a debrief discussion between the personal tutor and / or link tutor and learner. The visitors noted there are also vivas which all learners must undertake, which tests the grade assigned aligns with the learner's knowledge, and a review of reflective placement reports which are marked, moderated, and discussed with the personal tutor.

The visitors were unclear about what the education provider was referring to when it described an assessment being a 'viva'. The visitors were only able to find a viva as part of the end point assessment, but not in the first two years of study. The visitors remained unclear learners could fail a learning outcome in the first two years of the programme, and this would not be picked up until the end of the programme.

Through a second quality activity, the education provider informed the visitors the vivas are in fact four tripartite meetings held to discuss the progression and progress of the learner. This is held between the learner, a radiography lecturer from the education provider and the practice educator once a year in all three years of the programme. At the tripartite meeting, the learner presents their workbooks and evidence of learning, and will describe their own challenges, successes, failures, and progress. The lecturer and practice educator will feedback to the learner on the learner's progression. Learners will not progress through the programme without all learning outcomes being met.

The visitors noted learners need to pass all the relevant learning outcomes before progressing as they are monitored through the tripartite agreements. The visitors were satisfied with the provider's response through the quality activity, and no outstanding issues remained.

Section 4: Findings

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

Conditions

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

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

Overall findings on how standards are met

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

Findings of the assessment panel:

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

- **SET 2: Programme admissions** –
 - The entry requirements provided are suitable for entry to the programme and clearly evidenced in all relevant documents including the admissions policy and programme webpage.
 - The visitors are satisfied this means the standards in SET 2 are met.

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

- As outlined above, the education provider addressed the visitors' concerns about collaboration, the availability and capacity of practice-based learning, and teaching facilities and resources. Information about how the education provider meets these standards, is outlined in the previous section.
 - Evidence of appropriate teaching staff demonstrated the programme will be adequately staffed and the staff have the right knowledge and expertise to deliver the programme effectively.
 - The visitors are satisfied this means the standards in SET 3 are met.
- **SET 4: Programme design and delivery –**
 - The programme ensures graduates can meet our standards of proficiency and understands the expectations and responsibilities associated with being a regulated professional.
 - The standards of proficiency are met by the learning outcomes in the course modules. The standards of conduct, performance and ethics are defined within module learning outcomes.
 - The structure and delivery of the programme as well as the programme content, matches the core philosophy and associated core values, skills and expected profession knowledge base to meet the Society and College of Radiographers (SCoR) curriculum framework. The programme has also been mapped against the Diagnostic Radiographer (Integrated Degree) apprenticeship standard.
 - The programme uses a spiral curriculum. The programme is structured around six key study themes. Learners throughout the programme develop knowledge and capability in practice and develop autonomous and reflective thinking.
 - The University based elements of the programme are taught through various methods such as lectures, practical work, role play and simulation, workshops, tutorials, and presentations. Research is embedded into the curriculum from the start of the programme.
 - Learners will meet with their link tutor and reflect on their progress and discuss new learning outcomes as they progress through the programme.
 - The education provider's learning environment will have a repository for each module. Resources for each module will be stored here to encourage learners in independent learning.
 - The visitors noted sufficient evidence that demonstrated the design and delivery of the programme is such that would allow learners who complete the programme, meet our standards for their professional knowledge and skills and fit for practise.
 - The visitors are satisfied this means the standards in SET 4 are met.
- **SET 5: Practice-based learning –**
 - As outlined above, the education provider addressed the visitors' concerns about staff in practice-based learning. Information about how the education provider meets this standard is outlined in the previous section.
 - Practice-based learning is integrated throughout the programme. Half of the learners time is to allow them to put skills and theory into practice, to reinforce learning.

- All radiographers involved in supervising learners in practice-based learning will be registered with HCPC. Other supervisors will be registered with their relevant professional register, eg Nursing and Midwifery Council and General Medical Council.
- Practice-based learning experiences increase in length and diversity as the programme progresses to ensure learners see a full range of service users and can put theoretical learning into practice.
- The visitors are satisfied this means the standards in SET 5 are met.
- **SET 6: Assessment –**
 - As outlined above, the education provider addressed the visitors' concerns about the assessment strategy. Information about how the education provider meets this standard is outlined in the previous section.
 - The programme is mapped against the standards of proficiency (SOPs) for radiographers to ensure that successful completion of all modules, including all assessments in each module, means learners meet the SOPs.
 - The assessments have been designed to cover all learning outcomes. All module specifications have been developed in liaison with multi-disciplinary colleagues and scrutinised by the School Education Committee as part of the quality assurance process.
 - The Practice Assessment Documents make sure learners meet the standards of conduct, performance and ethics through the competences.
 - The visitors are satisfied this means the standards in SET 6 are met.

Risks identified which may impact on performance: None.

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

Section 5: Referrals

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

There were no outstanding issues to be referred to another process.

Recommendations

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

The visitors did not set any recommendations.

Section 6: Decision on approval process outcomes

Assessment panel recommendation

Based on the findings detailed in section 4, the visitors recommend to the Education and Training Committee that all standards are met, and therefore the 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 observation they had on the conclusions reached.

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

- The programme is approved

Reason for this decision: The Panel accepted the visitor's recommendation that the provider and its programmes should receive continued approval.

Appendix 1 – list of open programmes at this institution

| Name | Mode of study | Profession | Modality | Annotation | First intake date |
|---|-----------------------------|-------------------------|-------------------------|--|--------------------------|
| BSc (Hons) Applied Biomedical Science | FT (Full time) | Biomedical scientist | | | 01/09/2009 |
| BSc (Hons) Physiotherapy (with international year) | FT (Full time) | Physiotherapist | | | 01/08/2018 |
| BSc (Hons) Radiography (Diagnostic Imaging) | FT (Full time) | Radiographer | Diagnostic radiographer | | 01/09/2017 |
| Independent and Supplementary Prescribing for Allied Health Professionals | PT (Part time) | | | Supplementary prescribing; Independent prescribing | 01/01/2014 |
| MSc Physiotherapy | FTA (Full time accelerated) | Physiotherapist | | | 01/01/2020 |
| MSc Prosthetics and Orthotics | FT (Full time) | Prosthetist / orthotist | | | 01/01/2022 |
| MSci Paramedic Science | FT (Full time) | Paramedic | | | 01/09/2021 |
| MSci Physiotherapy | FT (Full time) | Physiotherapist | | | 01/09/2019 |
| MSci Physiotherapy (with International year) | FT (Full time) | Physiotherapist | | | 01/09/2019 |