
Approval process report

Swansea University, Operating Department Practice, 2021-22

Executive summary

This report covers our review of the BSc (Hons) Operating Department Practice programme at Swansea 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 act 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 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, if 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. 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. 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:

Susan Lennie	Lead visitor, Dietitian
Julie Weir	Lead visitor, Operating department practitioner
John Archibald	Education Quality Officer
Kabir Kareem	Education Manager

Section 2: Institution-level assessment

The education provider context

The education provider currently delivers five HCPC-approved programmes across four professions. It is a higher education institution and has been running HCPC approved programmes since 2001. The programme which started in 2001, had its final cohort in 2012.

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	Hearing Aid Dispenser	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2013
	Paramedic	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2020
Post-registration	Independent Prescribing / Supplementary prescribing			2017

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	112	132	2021/22	The enrolled number of learners across all HCPC approved provision is slightly higher than the approved intended numbers we have on our record. This may be something we explore for us to determine the appropriate resources are in place at the education provider.
Learners – Aggregation of percentage not continuing	5.1%	4.3%	2019/20	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 percentage in employment / further study	93%	94%	2019/20	The percentage in employment or further study appears more than the benchmark at the education provider which implies learners who successfully complete their learning at this institution are able to gain

				employment or undertake further study after their studies.
Teaching Excellence Framework (TEF) award	n/a	Gold	2018	A gold award indicates the institution is doing well.
National Student Survey (NSS) overall satisfaction score (Q27)	75.1	82.8	2021	This score indicates the percentage of learners who are satisfied with their learning is much higher than the benchmark.
HCPC performance review cycle length	n/a	5 years (2025/6)	2020/21	The outcome from the performance review process indicates the education provider, and its programmes are performing well, and we next need to review them in the 2025-26 academic year.

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. We reviewed the information in January 2022, at which point we were not recording too much detail.

The education provider indicated the proposed programme would be part of Swansea University. This institution is well established with HCPC and currently delivers approved programmes in:

- Hearing aid dispenser
- Paramedic
- Independent and supplementary prescribing

In previous assessments of these programmes, visitors have established the institution level standards are met. The provider has also demonstrated this through ongoing monitoring carried out by the HCPC.

As part of the provider's definition of their institution, they defined the policies, procedures and processes apply to the programmes delivered within it. These relate

to the institution level standards we set which ensure the following areas are managed effectively.

We also considered how the proposed programmes fit into the institution by considering any notable changes to the policies, procedures and processes related to the areas above. We considered how the proposed programmes are assimilated with the management of existing approved programmes in the institution. We determined the proposed programmes would be managed in way was consistent with the definition of their institution.

Admissions

Findings on alignment with existing provision:

- **Information for applicants –**
 - The education provider’s admissions policies apply to all programmes including the new programme. Information about admissions for specific programmes are available on webpages and during open days. They have demonstrated this new programme will be managed in the same way as other HCPC approved programmes.
- **Assessing English language, character, and health –**
 - There are multiple polices which apply at institutional and will apply to this programme which sets out the minimum English/Welsh language requirement. Information is provided on programme specific handbooks and webpages.
 - Applicants’ health and character will continue to be assessed via DBS disclosure and occupational health screening. They will also be subject to Fitness to Practice (FtP) policies at institutional and school levels.
- **Prior learning and experience (AP(E)L) –**
 - The education provider’s recognition of prior learning (RPL) policy applies at institutional levels and to all programmes including this new programme. Individual programmes may have specific RPL requirements which are detailed in the programme specifications and on the programme webpages.
- **Equality, diversity, and inclusion (EDI) –**
 - The education provider’s Equality, diversity and inclusion policies are set at institutional level are implemented for all programmes. These policies are publicly available on the institutions website and demonstrate their approach to the effective implementation of EDI.
 - Their Strategic Equality Plan 2020-2024 shows the action plan implemented to ensure they meet their EDI requirements. The dignity at work and study policy sets out the provider’s commitment to providing a working and learning environment for staff and learners.

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 apply to the programmes delivered within it.
- **Sustainability of provision –**
 - Each programme has confirmation from Health Education and Improvement Wales (HEIW) of continued commissioning. The Commissioning and Quality Committee at its meeting in September 2021 considered the implementation of the HEIW quality management framework. This aims to ensure the quality standards for all programmes across the institution.
 - There are regular business planning meetings at programme level to ensure sustainability.
- **Effective programme delivery –**
 - Staff resources and requirements are outlined within individual programme specifications and have been deemed suitably accounted for by the visitors.
- **Effective staff management and development –**
 - The education provider has defined the policies, procedures and processes apply to the programmes delivered within it.
 - The evidence supplied by the institution through this submission aligns with HCPC's understanding of the way the institute operates.
 - We determined the proposed programmes would be managed in a way was consistent with the definition of their institution.
- **Partnerships, which are managed at the institution level –**
 - The education provider reports all programmes are subject to the specific practice learning opportunities policy for their programme. The Strategic partnership board manage placement partners and the placement learning environment review committee manage operational issues.
 - All practice learning environments undergo an audit before use and on a regular basis (usually every two or three years) which includes review for all potential students who can use the area.

Non-alignment requiring further assessment: None

Quality, monitoring, and evaluation

Findings on alignment with existing provision:

- **Academic quality –**
 - The education provider has referenced multiple policies used to ensure academic quality of individual programmes. Examples of the methods to achieve this include regular module review and evaluation; annual programme review reports and regular review by the Board of Study.
 - New and amended modules are considered at the school/faculty level; and new and validated programmes are review at institutional level. These review processes will be applied to the new programme.

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

- **Practice quality, including the establishment of safe and supporting practice learning environments –**
 - The education provider has presented the institutional level policies and processes used to ensure the quality of practice and a safe and supportive learning environment. Learners are made aware of the procedures for raising concerns in practice and to get support relating to safeguarding issues. An explanation of the training and support provided to mentors of learners in practice has been provided.
 - Each placement area will be audited before use and on an ongoing basis and the Placement learning environment committee will discuss and address issues within placement areas.

- **Learner involvement**
 - The education provider has explained how learners contribute to the development of their programmes through formal and informal processes. These methods are set out in various policies, guidance and handbook which apply at an institutional level. Examples of these include the requirement for learners to be consulted and co-produce module and programme amendments.
 - Student representative are members of an institutional level Programme Approval Committee which considers new and revalidated programmes. Students also contribute to the annual programme reviews.

- **Service user and carer involvement –**
 - The education provider has provided details on service user and carer (SUC) involvement at School Level. SUC representatives contribute to recruitment and selection of students, programme delivery, assessment, evaluation, and programme development / amendment. There is a specific document which sets out the service user and carer involvement.

Non-alignment requiring further assessment: None

Learners

Findings on alignment with existing provision:

- **Support –**
 - There are multiple mechanisms in place at an institutional level to ensure effective support for learners at the institution and in practice placement. These are set out in multiple policies and examples of these include an academic mentor for each student and the range of learner support services. For example, there are specific policies which outline the types of support available to learners who struggle with assessment due to personal circumstances.

- **Ongoing suitability –**
 - There are established institutional level policies used to ensure the ongoing suitability of learners' conduct, character, and health. All learners on these programmes are subject to the institution and school

level fitness to practice policies. These include the requirement for learners to declare whether there have been any changes to their health or conduct status during re-enrolment.

- **Learning with and from other learners and professionals (IPL/E) –**
 - The process for this requirement is set at school level which has an interprofessional learning champion and working group whose objective is to establish IPE opportunities for all professional programmes. Specific IPE opportunities for each individual programme are detailed in the programme specification.
- **Equality, diversity, and inclusion –**
 - EDI policies are set at institution level and implemented for all programmes. The Swansea University Strategic Equality Plan includes a commitment to learner experience and widening participation.
 - The education provider also submitted the policy which ensures disabled learners are not placed at a substantial disadvantage during teaching and assessment.

Non-alignment requiring further assessment: None

Assessment

Findings on alignment with existing provision:

- **Objectivity –**
 - The new programme will be subject to the institution level and school assessment policies. There are multiple policies and regulation in place which explains all assessments are core and must be successfully passed. All programmes use the School's level 4, 5 and 6 marking grids to ensure consistency of marking.
 - A named external examiner is appointed for each programme/standalone module, and they review a sample of all assessments. External examiners for HCPC approved programmes are on the HCPC register and this status is regularly checked by the School.
- **Progression and achievement –**
 - The new programme will be subject to the same institution level and school assessment policies as the above section. Learners are informed attendance is compulsory and monitored. Specific hour requirements are detailed in individual programme specifications, along with the opportunities for making back time missed, if necessary.
 - Individual module pro formas outline the requirement to pass the specific module. Each individual programme handbook outlines the requirements for achievement of the qualification and eligibility to apply to the HCPC register
- **Appeals –**
 - There is an established institution wide appeals process and policy which applies to all students wishing to appeal against the decision of the examination board.
 - This applies to all students wishing to appeal against the decision of the examination board.

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) Operating Department Practice	FT (Full time)	Operating department practitioner	15 learners per cohort, one cohort per year	05/09/2022

Stage 2 assessment – provider submission

The education provider was asked to demonstrate how they meet programme level standards for each programme.

Linked to the approach to assessment of HEIW-commissioned programmes discussed earlier in this report, we took assurance from the commissioning exercise that some areas from the standards are met. For each standard we made one of the following judgements which impacted on the information and evidence the education provider needed to provide through the process:

- all areas of the standard have been met and do not need to be further evidenced;
- no areas of the standard have been met and the whole standard needs to be directly evidenced; or
- there were areas of the standard covered by the commissioning exercise, but others were not.

In line with the above, the education provider supplied information about how each relevant standards were met, including a rationale and links to supporting information through 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 – entry criteria

Area for further exploration: The education provider indicated widening participation admissions are available with a lower entry criterion than the standard offer. However, the visitors noted the widening participations offer was only different for those who had qualified from an access course.

The visitors needed more information about how the admissions offer under widening participation differed to the standard offer.

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 the contextual admissions strategy is a requirement of Health Education and Improvement Wales (HEIW). They explained further there was a reduction across the different qualifications accepted for entry. The visitors were satisfied with the provider's response through the quality activity, and no outstanding issues remained.

Quality theme 2 – capacity of practice-based learning

Area for further exploration: The education provider informed the visitors close partnership working ensures there are enough placements for all learners. The visitors noted the education provider asked the programme to be approved for 16 learners. However, the visitors also noted a reference to placement capacity for 12 learners to allow for growth in the programme. They considered if the education provider recruited for 16 learners, and only have 12 placements, there seems to be not enough placements for all learners. The visitors therefore wanted confirmation of the number of learners the education provider wanted the programme to be approved for.

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 the programme has been designed with an initial capacity for 12 learners. This is the maximum number commissioned by HEIW for 2022-23. However, the education provider said resources are planned to grow for future years to support a maximum of 16 learners per cohort. This includes placement capacity which will be increased to support a potential growth in learner numbers. This will be achieved by formalising arrangements with practice areas outside of the education provider's health board practice partners.

They expect to benefit from the reduction students from other HEI's place with their practice partner, which should free up additional placement's areas for their

students. HEIW commissioned numbers are based on workforce planning and annual discussions with the practice providers, to ensure sufficient placement areas are available before students are enrolled on the programme. The visitors were satisfied with the provider's response through the quality activity, and no outstanding issues remain.

Quality theme 3 – number of staff

Area for further exploration: The visitors requested further clarification about the staffing and the minimum number Operating Department Practice (ODP) staff employed. They had reviewed plans for recruiting new staff, but it was unclear about the requirement for staff to be HCPC registered within the relevant profession. The job description did not specify the requirement for an ODP, so the visitors requested the plans and reasoning about staff from the ODP profession.

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 job description for the vacancy submitted by the education provider states the following "We are looking for an individual who is an experienced ODP...". They have confirmed the individual appointed to the post will have to be ODP and therefore HCPC registered. Their professional registration will be checked during the recruitment. From the 2nd year of the programme, we will be recruiting additional staff, who will also be HCPC registered ODPs.

The programme team will act as academic mentors, ensuring all students will have an ODP registrant to support them through the programme. Specialist staff from elsewhere in the Faculty will be contributing to teaching for the programme and will not be ODPs, but specialists, and potentially registrants, in their own areas. The visitors were satisfied with the provider's response through the quality activity, and no outstanding issues remain.

Quality theme 4 – knowledge and expertise of educators

Area for further exploration: The visitors requested information about how the ability to provide materials for learners in Welsh, and supporting staff completing a Welsh language course, would be managed within staff workload.

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 confirmed completion of a Welsh language course is not currently included within staff workload but can be completed as CPD. Welsh is encouraged but not mandated, so staff can choose to engage with learning Welsh (if they don't already have Welsh fluency) or not. Learners who wish to submit assessments in Welsh can seek support from elsewhere in the Faculty,

including the Welsh language leads for the School, if they do not have a Welsh speaking academic mentor. The visitors were satisfied with the provider's response through the quality activity, and no outstanding issues remain.

Quality theme 5 – access to digital resources

Area for further exploration: The visitors reviewed the document which set out the digital tool to support 'eligible students who meet the criteria of deprivation. They identified the potential risk of inequality across the learner cohort for those who do not meet the criteria but also don't have resources to access the required technology. The education provider was asked to explain how they plan to mitigate against this risk and ensure all students have equal access to the funds and technology. They visitors also requested further clarification on the eligibility criteria for deprivation and how it is applied.

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's response shows they follow the HEIW's definition of deprivation. It also outlines the criteria for identifying eligible learners for additional help based on postcode. The Faculty will identify these learners based on these criteria and allocate additional resources accordingly. The HEIW also details the requirement to support these learners and how the allocated resources should be spent to provide the laptops etc needed.

No specific resources will be provided by the programme for other learners, but the provider has established sources of funding in place to support students experiencing financial difficulty, including hardship fund, library provision of PCs etc. All learners on the programme are given a bursary, not means tested, which will help them to fund the resources needed to complete the programme. The visitors were satisfied with the provider's response through the quality activity, and no outstanding issues remain.

Quality theme 6 – standards of proficiency

Area for further exploration: The visitors noted the documentation suggests 240 credits of theory, and 120 credits of practice placement modules. However, the paperwork also suggests 47% University time, and 53% Practice time, which is potentially contradictory.

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 submitted the following updates in response to the visitors request for more information. They stated, the percentage split for the programme is reflective of the allocation of annual hours between university (47%) and practice placement times (53%), with the exposure time needed to inform academic work and vice versa. There is a large amount of contact hours in terms of credit weighting for the practice modules, as this is needed for them to achieve the competencies.

As Operating Department Practitioners must have equal exposure to all three roles, anaesthetics, scrub and recovery, the placement hours are reflective of the time needed to satisfy their proficiencies. The percentages are not reflective of the credits. A larger amount of the credit weighting is allocated to the theoretical modules to ensure that students are taught and assessed on all the theory needed to inform their practice and prepare them to become competent practitioners, which would not be possible if they had fewer credits (and consequently fewer contact hours and a smaller assessment load.

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

Quality theme 7 – integration of theory and practice

Area for further exploration: At the start of Year 2, learners progress to placement immediately, without any preparatory theory. The education provider was asked to provide more information about the rationale for this, and especially about how learners are prepared for this if they have no theory before 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 noted this was an oversight. The planner has been revised to include an induction/transition week of the 2nd year programme. Learners will have four days of sessions with the programme team to prepare them the 2nd year placement. The revised planner has been included in all the required and relevant handbooks and programme specifications. The visitors

were satisfied with the provider's response through the quality activity, and that no outstanding issues remain.

Quality theme 8 – Achievement of learning outcomes in practice based learning.

Area for further exploration: The assessment process within the practice assessment document (PAD) did not enable recording of occasions where a learner does not meet a competency. The visitors request information about how the education provider would identify a learner who has not met one or more competencies, and how learners can make up missed placement hours.

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. Following the email updates provided, an online meeting was arranged between the visitors and provider to discuss this in further detail, and the education provider provided an updated practice assessment document for consideration.

Outcomes of exploration: The visitors held a meeting with the education provider and identified the gaps with the current PADs which could result in a failing student not being identified. The education provider took on board the visitors improvement recommendation and it was agreed that changes would be made to the design of the PAD to make it more effective.

The education provider agreed to make improvement changes to the design, layout, and structure of the PAD to enable effective identification of learners not progressing as needed. The education provider also reported that there is process in place to enable identification of learners who are not meeting their practice placement competencies. Failing learners will be identified by their practice assessor during placement and an action plan agreed and implemented.

The academic mentor or placement lead would also be able to identify any gaps in individual learners after each placement. Appropriate action will then be taken in conjunction with the relevant teams to ensure that the learner is allocated to a practice learning environment (PLE) which allows further opportunities in the specific areas needed.

The education provider submitted an update which explained how the specific competencies individual learners are failing are recorded using the practice assessment documents (PAD). They submitted an updated PAD to address the concerns identified by the visitors.

The update included development of the process which enable learners to make up their placement hours. They reported that the programme specification has been revised to clarify that the opportunity to make back time at the end of the year or programme will only apply to learning with mitigating circumstances. Any learner who fails the placement assessment will have an additional opportunity to retrieve this during the placement retake opportunity in the summer.

The visitors were satisfied with the provider's responses through the quality activity, and agree no outstanding issues linked to meeting standards at a threshold level remain.

Section 4: Findings

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

Conditions

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

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

Overall findings on how standards are met

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

Findings of the assessment panel:

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

- **SET 2: Programme admissions** –
 - Selection criteria are set at appropriate levels for a degree level programme. Programme specific information is accessible for applicants and there is effective process in place to assess English and Welsh. Their approach to assessing prior learning is clear and applies at institutional and programme levels. There are also specific plans to ensure effective application of equality, diversity, and inclusion policies.
 - The visitors saw sufficient evidence to determine that selection and entry criteria would allow learners to be able to meet our standards for registration upon successful completion of the programme.
 - The visitors therefore considered the relevant standard within this SET area met.

- **SET 3: Programme governance, management, and leadership** –
 - There was evidence of collaboration at a higher level of governance. Through quality activity the education provider demonstrated how they will ensure availability and capacity of practice based learning for all learners. This includes their plans to increase learner numbers in the future.

- Evidence of plans to ensure appropriate numbers teaching staff was demonstrated. There are plans to recruit additional staff who will be HCPC registered, and specialist staff will also contribute to the delivery of the programme. The education provider has also confirmed that the Welsh language course requirement will not impact the staff workload, whilst enabling appropriate support for Welsh speakers.
 - In addition to other resources, there was clear evidence of process in place to ensure that digital tool support will be provided to eligible students. They have demonstrated that they have a robust system in place to ensure that the approach to identifying eligible learners is fair and appropriate.
 - The visitors saw sufficient evidence that demonstrated that the programme, including the practice-based element will be properly managed, and that both staffing and physical resources will be adequate to ensure effective delivery.
 - The visitors therefore considered standards within this SET area met.
- **SET 4: Programme design and delivery –**
 - The programme ensures that graduates can meet our standards of proficiency and understand the expectations and responsibilities associated with being a regulated professional.
 - The structure and delivery of the programme is based on a spiral curriculum and a philosophy that upholds and develops professional values, skills, and knowledge.
 - There are effective processes in place to ensure the ongoing review and development of the programme. Modules ensure a contemporary focus is maintained in all areas. The ongoing review approach is aligned to the education provider's ethos of research led and practice driven.
 - Through quality activity, the education provider demonstrated how they will ensure that learners meet the standards of proficiency for the operating department practitioner relevant part of the Register. They demonstrated the rationale for the approach to allocating credits.
 - The spiral curriculum design has been chosen to encourage synthesis of theory and practise throughout the programme. Placement experiences are in place to inform study of theory and application of theory will be required to ensure success in placement in all levels of programme delivery.
 - The visitors saw sufficient evidence that demonstrated the design and delivery of the programme is such that would allow learners who complete the programme, meet our standards for their professional knowledge and skills and fit for practise.
 - The visitors therefore considered standards within this SET area met.
- **SET 5: Practice-based learning –**
 - The structure and duration of practice-based learning as well as the types of placements demonstrate that learners can achieve the learning outcomes and the standards of proficiency for operating department practitioners.

- As explained above, the spiral design of the programme ensures that learners can integrate their learning through their corresponding practice learning. This in turn inform their academic learning.
 - Through quality activities, the education provider has demonstrated how they will support learners in achieving learning outcomes and standards for proficiency during their placement. In addition to using the updated PAD, there are multiple mechanisms in place to identify learners who are failing to meet the learning outcomes.
 - There was clear evidence that practice-based learning is adequately staffed and that the staff have the relevant skills and knowledge to support safe and effective learning.
 - The visitors were satisfied that practice-based learning is a central part of the programme and there are effective systems and processes in place to support its delivery.
 - The visitors therefore considered standards within this SET area
- **SET 6: Assessment –**
 - The assessment strategy is designed to help learners to be able to demonstrate that they have gained the necessary competencies and essential skills to be eligible on completion of the programme to apply onto the Register as| operating department practitioners.
 - The expectations and assessment of professional behaviours, including the standards of conduct and performance and ethics, is embedded throughout the curriculum, including consideration of patient safety.
 - The area of concern the visitors raised with regards to learners meeting the standards for proficiency during placement has been addressed with SET 5 above.
 - A range of assessment tools are utilised across the programme, which reflect the development of the different nature and levels of professional knowledge and skills required for practice as an operating department practitioner, which are delivered across the curriculum.
 - The visitors saw sufficient evidence that demonstrated that standards within the SET area are met.

Risks identified which may impact on performance- none

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).

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.

Referrals to next scheduled performance review

Section 6: Decision on approval process outcomes

Assessment panel recommendation

Based on the findings detailed in section 4, the visitors recommend to the Education and Training Committee that:

- All standards are met, and therefore the programmes should be approved

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 programmes are approved

Reason for this decision: Provide reasoning as noted through the decision notice.

Appendix 1 – list of open programmes at this institution

Name	Mode of study	Profession	Modality	Annotation	First intake date
BSc (Hons) Healthcare Science (Audiology)	FT (Full time)	Hearing aid dispenser			01/09/2013
BSc (Hons) Paramedic Science	FT (Full time)	Paramedic			01/09/2020
BSc (Hons) Paramedic Science for Emergency Medical Technicians	PT (Part time)	Paramedic			01/09/2021
Diploma Higher Education Paramedic Science for Emergency Medical Technicians	PT (Part time)	Paramedic			01/09/2013
Diploma of Higher Education Paramedic Science	FT (Full time)	Paramedic			01/09/2008
PGCert Non-Medical Prescribing for Allied Health Professionals	PT (Part time)			Supplementary prescribing	01/08/2017
PGCert Non-Medical Prescribing for Allied Health Professionals	PT (Part time)			Supplementary prescribing; Independent prescribing	01/09/2017