



Department of Education Annual Monitoring YEAR####

A separate form must be completed for each HPC approved programme

There are **4** sections of this form which need to be completed:

- Section 1 Details of the institution programme and contacts
- Section 2 Student intake for the programme and general comments
- Section 3 Details of changes to structure, content, resourcing of programme
- Section 4 Details of institution's internal quality report – mapped to HPC's Standards of Education & Standards of Proficiency **PLUS** sign declaration

Section 1 – About the Institution

Name of Institution	
Programme title	
Name of Awarding institution	
Name of institution where the programme is delivered	
Mode(s)	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Other (please provide details)
Duration of Programme	
Final award/title	
Additional certification or entitlements? <i>(Local anaesthesia, Prescription Only Medicines etc)</i>	
Name & Job Title of the person responsible for APPROVING the official pass list	
Name, Job Title & email of person responsible for SUBMITTING official pass list to HPC	
Do you intend to submit pass lists via email?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Department or School or Faculty <i>(to which the programme belongs)</i>	
Name of Dean or Head of Faculty or Head of School	
Position/Job Title	
Phone no	
Email	
Name of the main admin contact for this programme	
Position/Job title	
Phone No	
Email	

Section 2 - Student Intake and General Comments

How many student intakes were there for this academic year? _____

How many students per in-take? _____

Was this higher or lower than in previous years? _____

Were all allocated places taken up? _____

Was there a surplus of applicants? _____ Approx how many? _____

We would value your comments on the following

The numbers of students and the entry qualifications of applicants

The age and gender of the in-take

Wastage/attrition rates on approved programmes

Where applicable, award results by classification

Feedback from clinical placements and any matters/issues arising

Curriculum development and delivery

What staffing changes have taken place?

What is the current staff: student ratios?

Staff development

Conclusions from the data????



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Section 3 – Changes to Structure, Content, Resourcing

Please indicate what major* changes have occurred since your last annual monitoring

Please indicate what minor* changes have occurred since your last annual monitoring

[* still to be defined]

Please give details of any changes made to module(s):

Module Title	
Level	
Credits	
Summary of changes	
Which Sop(S) does this modular map to	
Has this changed?	
Approved By...	
The HPC have been notified of this change already	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In process
How many changes have been made to this modular since its first approval	

Section 4 – Details of the institution’s internal quality report

With reference to the Standards of Education and Training complete the following proforma and indicate by cross-referencing/mapping where each point is addressed in your quality report.

Standard of education and training	Brief summary of change	Cross-reference to quality report	SET and/or SoP this links to eg. 3.7
2. Programme admissions			
3. Programme management and resources standards			
4. Curriculum standards			
5. Practice placement standards			
6. Assessment standards			

Declaration

The following documents are included with this completed form

- Copy of External Examiner’s report for this programme
- Copy of Internal Quality Review/Report for this programme

I confirm that the information given on this Annual Monitoring form is correct and that failure to disclose relevant information could result in the XXXXXXXXXXXXXXX

First Name: _____ Last Name: _____

Job Title/Position: _____

Signature: _____ Date: _____

FOR HPC ADMIN USE ONLY

Form returned incomplete Form forwarded to ETC Form to Visitor