

## Visitors' report

<b>Name of education provider</b>	St Georges University of London
<b>Programme name</b>	BSc (Hons) Paramedic Science
<b>Mode of delivery</b>	Full time
<b>Relevant part of the HCPC Register</b>	Paramedic
<b>Date of visit</b>	11 – 12 March 2015

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## Executive summary

The Health and Care Professions Council (HCPC) approve educational programmes in the UK which health and care professionals must complete before they can apply to be registered with us. We are a statutory regulator and our main aim is to protect the public. We currently regulate 16 professions. All of these professions have at least one professional title which is protected by law. This means that anyone using the title 'paramedic' must be registered with us. The HCPC keep a register of health and care professionals who meet our standards for their training, professional skills, behaviour and health.

The visitors' report which follows outlines the recommended outcome made by the visitors on the approval of the programme. The education provider has until 6 May 2015 to provide observations on this report. This is independent of meeting any conditions. The report and any observations received will be considered by the Education and Training Committee (Committee) on 14 May 2015. At this meeting, the Committee will accept, reject or vary the visitors' recommended outcome. If necessary, the Committee may decide to vary the conditions.

The education provider is due to redraft and resubmit documentary evidence in response to the conditions outlined in this report by 20 May 2015. The visitors will consider this response and make a separate recommendation to the Committee on the approval of the programme. It is anticipated that this recommendation will be made to the Committee on 30 June 2015.

## Introduction

The HCPC visited the programme at the education provider as it was a new programme which was seeking HCPC approval for the first time. This visit assessed the programme against the standards of education and training (SETs) and considered whether those who complete the programme meet the standards of proficiency (SOPs) for their part of the Register.

This visit was part of a joint event. The education provider also reviewed the programme. The visit also considered a different programme, Undergraduate Diploma in Paramedic Science. The education provider and the HCPC formed a joint panel, with an independent chair and secretary, supplied by the education provider. Whilst the joint panel participated in collaborative scrutiny of all the programmes and dialogue throughout the visit; this report covers the HCPC's recommendations on this programme only. A separate report exists for the other programme. As an independent regulatory body, the HCPC's recommended outcome is independent and impartial and based solely on the HCPC's standards. A separate report, produced by the education provider outlines their decisions on the programmes' status.

## Visit details

Name and role of HCPC visitors	Graham Harris (Paramedic) Anthony Hoswell (Paramedic) Dee Keane (Lay visitor)
HCPC executive officer (in attendance)	Hollie Latham
Proposed student numbers	140 per cohort, per year
Proposed start date of programme approval	1 September 2015
Chair	Deborah Bowman (St Georges University of London)
Secretary	Elaine Nutley (St Georges University of London)
Members of the joint panel	Felicity Andrews (Internal Panel Member) Jo Gregory (Internal Panel Member) Stuart Warner (External panel member)

## Sources of evidence

Prior to the visit the HCPC reviewed the documentation detailed below, sent by the education provider:

	Yes	No	N/A
Programme specification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Descriptions of the modules	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mapping document providing evidence of how the education provider has met the SETs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mapping document providing evidence of how the education provider has met the SOPs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice placement handbook	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student handbook	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curriculum vitae for relevant staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External examiners' reports from the last two years	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

The HCPC did not review external examiners' reports prior to the visit as there is currently no external examiner as the programme is new.

During the visit the HCPC saw the following groups or facilities:

	Yes	No	N/A
Senior managers of the education provider with responsibility for resources for the programme	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Programme team	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Placements providers and educators / mentors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service users and carers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist teaching accommodation (eg specialist laboratories and teaching rooms)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The HCPC met with students from the Foundation Science Degree in Paramedic Science as the programme seeking approval currently does not have any students enrolled on it.

## Recommended outcome

To recommend a programme for approval the visitors must be satisfied that the programme meets all of the standards of education and training (SETs) and that those who complete the programme meet our standards of proficiency (SOPs) for the relevant part of the Register.

The visitors agreed to recommend to the Education and Training Committee that a number of conditions are set on the programme, all of which must be met before the programme can be approved.

The visitors agreed that 24 of the SETs have been met and that conditions should be set on the remaining 34 SETs.

Conditions are requirements that the education provider must meet before the programme can be approved. Conditions are set when certain standards of education and training have not been met or there is insufficient evidence of the standard being met.

The visitors have also made a number of recommendations for the programme.

Recommendations are observations on the programme or education provider which do not need to be met before the programme can be approved. Recommendations are made to encourage further enhancements to the programme, normally when it is felt that the particular standard of education and training has been met at, or just above the threshold level.

## Conditions

### **2.1 The admissions procedures must give both the applicant and the education provider the information they require to make an informed choice about whether to take up or make an offer of a place on a programme.**

**Condition:** The education provider must revisit admissions documentation to ensure consistency and accuracy to give both the applicant and the education provider the information they require to make an informed choice about whether to take up or make an offer of a place on a programme.

**Reason:** Prior to the visit, the education provider provided the visitors with a set of documentation for the programme. The visitors noted a number of inaccuracies throughout the documentation, some of which include:

- several references to a programme title 'BSc (Hons) Paramedic Practice', which contrasts the information provided at the visit confirming the programme name is 'BSc (Hons) Paramedic Science';
- several inaccuracies in referencing of policies from Kingston University;
- contrasting statements regarding step off qualifications for the programme, and;
- a number of tracked changes, suggesting that the documentation was not final.

In addition to this, the visitors were presented with a new, full set of documentation on arrival for the visit supported by a statement that the documentation they had received was inaccurate and not reflective of the programme. The visitors noted to the programme team that they would not have time to review the new documentation provided. Therefore the visitors are unable to comment on the information provided to both applicants and the education provider to ensure they have the information needed to make an informed choice about whether to take up or make an offer of a place on the programme. The visitors therefore require the education provider to provide an accurate and up to date set of admissions documentation so that the visitors can identify all changes made. In this way the visitors can make a judgement about whether this standard is met.

### **2.4 The admissions procedures must apply selection and entry criteria, including compliance with any health requirements.**

**Condition:** The education provider must provide further information on the formal policies in place to apply selection and entry criteria regarding health requirements.

**Reason:** To evidence this standard, the visitors were directed to section 6.3 of the definitive document which states that offers are conditional to "Undergoing medical assessment to ensure fitness to undertake the clinical component of the course.". In addition to this, in a meeting with the programme team it was stated that all applicants are subject to occupational health clearance. However, the visitors were unable to locate any further evidence regarding the criteria for health requirements and the processes used to assess these. Furthermore, the visitors were unable to locate, where in the documentation, this would be made clear to potential applicants for the programme. It is also noted that the visitors were presented with a new set of documentation at the visit to which visitors stated to the programme team that they would not have time to review. Therefore any updates made since the original submission have not been scrutinised by the visitors and so, further inaccuracies may be present. The visitors therefore require further evidence of the specific health

requirements for the programme, the processes used to apply them and how this is communicated to potential applicants.

## **2.5 The admissions procedures must apply selection and entry criteria, including appropriate academic and / or professional entry standards.**

**Condition:** The education provider must submit appropriate and up to date programme documentation to clearly articulate the entry requirements relating to academic and / or professional entry standards.

**Reason:** To evidence this standard, the visitors were directed to section 6.3 of the definitive document. However, in a meeting with the programme team it was stated that the information provided here has since changed and has been updated in the new documentation. This documentation was provided at the visit, however, the visitors noted to the programme team that they would not have time to review the new documentation provided. Therefore the visitors are unable to comment on the appropriate academic and / or professional entry standards as stated in any admissions documentation. The visitors therefore require finalised documentation from the education provider to show how the admissions procedure applies selection and entry criteria, including appropriate and / or professional entry standards.

## **2.7 The admissions procedures must ensure that the education provider has equality and diversity policies in relation to applicants and students, together with an indication of how these will be implemented and monitored.**

**Condition:** The education provider must submit appropriate programme documentation to clearly articulate the equality and diversity policies and how these will be implemented and monitored.

**Reason:** To evidence this standard, the visitors were directed to section 6.5 of the definitive document which states that “Admission procedures are designed to be consistent with SGUL equal opportunities policies...”. Additionally the visitors located a link in the student handbook, page 57 which was intended to direct readers to the equality and diversity policy. However, the link was not accessible to those outside of St Georges University and the visitors were therefore unable to access the policy. In addition to this, the visitors were unable to see any formal processes in place to show how the policy would be implemented and monitored throughout the lifetime of the programme. It is also noted that the visitors were presented with a new set of documentation at the visit to which visitors stated to the programme team that they would not have time to review. Therefore any updates made since the original submission have not been scrutinised by the visitors and so, further inaccuracies may be present. The visitors therefore require an up to date and accurate copy of the equality and diversity policies and an indication of how these will be implemented and monitored.

## **3.3 The programme must have regular monitoring and evaluation systems in place.**

**Condition:** The education provider must provide clarification of the monitoring and evaluation systems in place for practice placements.

**Reason:** To evidence this standard, the visitors were directed to section 12 of the definitive document which detailed information about the committee structures. It is stated that “The Course Committee has an important role to play in discussing matters concerning the administration, quality control, delivery, assessment and future development of the paramedic science programmes and evaluation.” Page 51. However, the visitors were unable to locate any information on the monitoring and evaluation processes in place, specific to practice placements. The visitors noted that page 24 of the definitive document states some detail about the monitoring and evaluation systems for practice placements. However, it is unclear how these systems will be implemented and monitored to ensure they are consistently applied throughout the lifetime of the programme. The visitors therefore require further documentation on the clear monitoring and evaluation systems in place for practice placements and how these will be applied to the programme.

### **3.5 There must be an adequate number of appropriately qualified and experienced staff in place to deliver an effective programme.**

**Condition:** The education provider must provide up to date information regarding the number of staff members for the programme.

**Reason:** Prior to the visit the visitors were directed to Staff CVs to evidence this standard. From the information provided the visitors identified that there would be 9.7 full time equivalent (FTE) members of staff. However, in a meeting with the senior team it was highlighted that the documentation the visitors had received was inaccurate and not reflective of the programme. The senior team stated that the programme currently has 12.2 FTE and 4 FTE posts out for recruitment bringing the total intended FTE number to 16.2. However, confirmation of this was not highlighted in documentation that the visitors reviewed. It was noted to the senior team that the visitors would not have time to review the new documentation provided. Without this confirmation the visitors were unable to determine if the programme has an adequate number of appropriately qualified and experienced staff in place to deliver an effective programme. Therefore the visitors require up to date and accurate information confirming the total number of appropriately qualified and experienced staff for the programme.

### **3.6 Subject areas must be taught by staff with relevant specialist expertise and knowledge.**

**Condition:** The education provider must provide further clarity on the structure of teams for academic staff.

**Reason:** The resource document, page 4 states “Academic staff will be structured into two teams. One will deliver all lectures and academic taught content, facilitation and management while the second team will deliver, teach and manage all aspect of clinical simulation and skills...”. However there was no information on which staff members would make up each team. In addition to this, the visitors were informed that new staff members for each team are in the process of being recruited. Without confirmation of which staff members will be teaching each aspect of the programme, the visitors were unable to make a judgement on the appropriate and relevant specialist expertise and knowledge. The visitors therefore require clarity on the structure of the proposed two teams and the relevant expertise and knowledge of staff relevant to their team.

### **3.6 Subject areas must be taught by staff with relevant specialist expertise and knowledge.**

**Condition:** The education provider must provide further clarity on the module leaders for the programme.

**Reason:** The senior and programme teams noted that module leaders held overall responsibility for the content and evaluation of their modules. However, the visitors were unable to locate, in the evidence provided prior to the visit, which staff members would be responsible for each module. The module directory states the staff members contributing to each module, but does not state which of these members of staff will be the module leader. In addition to this, the visitors heard that new staff members are in the process of being recruited. Without confirmation of which staff members will be responsible for each module, the visitors were unable to make a judgement on the appropriate and relevant specialist expertise and knowledge. The visitors therefore require clarity on the staff members responsible for each module and the relevant expertise and knowledge of staff relevant to their module.

### **3.7 A programme for staff development must be in place to ensure continuing professional and research development.**

**Condition:** The education provider must provide documentation to evidence the online staff development system, Faculty Organisational and Staff Development Group (FOSDG).

**Reason:** To evidence this standard the education provider referenced the university's online staff development platform FOSDG. However, the visitors were not provided with a link to the website, nor were they provided with any information on the content of the website. The visitors were therefore unable to make a judgement on the content of the FOSDG, and, if this is appropriate for ensuring a programme for staff development is in place to ensure continuing professional and research development. In a meeting with the programme team it was stated that the FOSDG is a platform to review staff satisfaction and identify how staff can move forward. It was also stated that one, two or three members of staff were looking to undertake a PhD, however this was undefined at this stage. The visitors note that without confirmation of the staff research activities alongside having no access to the FOSDG they are unable to make a clear judgment on the platforms provided for staff development. The visitors therefore require documentation to clearly articulate the opportunities available to staff for continued professional development and confirmation of current and future research opportunities for the programme team. In this way the visitors can make a clear judgement on the programme for staff development that is in place and if this ensures continuing professional and research development.

### **3.8 The resources to support student learning in all settings must be effectively used.**

**Condition:** The education provider must revisit all programme documentation to ensure consistency and accuracy.

**Reason:** Prior to the visit, the education provider provided the visitors with a set of documentation for the programme. The visitors noted a number of inaccuracies throughout the documentation, some of which include:

- several references to a programme title 'BSc (Hons) Paramedic Practice', which contrasts the information provided at the visit confirming the programme name is 'BSc (Hons) Paramedic Science';
- several inaccuracies in referencing of policies from Kingston University;
- contrasting statements regarding step off qualifications for the programme, and;
- a number of tracked changes, suggesting that the documentation was not final.

In addition to this, the visitors were presented with a new, full set of documentation on arrival for the visit supported by a statement that the documentation they had received was inaccurate and not reflective of the programme. The visitors noted to the programme team that they would not have time to review the new documentation provided. Therefore the visitors are unable to comment on the resources to support student learning being effectively used. Specifically, the visitors note that until the programme documentation is clearly finalised there could be confusion for students on the programme which could potentially lead students to using incorrect policies where needed. The visitors therefore require the education provider to provide an accurate and up to date set of programme documentation, mapped against the previous documentation, so that the visitors can identify all changes made.

### **3.10 The learning resources, including IT facilities, must be appropriate to the curriculum and must be readily available to students and staff.**

**Condition:** The education provider must clarify how frequently students will need access to the clinical skills labs and proposed interactive platform.

**Reason:** To evidence this standard, the visitors were taken on a tour of the education provider's facilities and shown how they would be accessed and used by students on the programme. Whilst the visitors were satisfied that the content of the facilities were suitable to support student learning, they could not identify if these would be readily available for the proposed student numbers for the programme. Specifically, it was highlighted that there is potential for up to 630 students, across two proposed programmes, who will all need access to these facilities. The visitors could not see, from the information provided, how the time would be allocated to ensure that each student on the programme had an appropriate amount of access to the skills lab and proposed interactive platform. The visitors therefore require further information on the access requirements of skills labs across each year of the programme and the proposed interactive platform for students to ensure that these are accessible and readily available to all students and staff, when needed.

### **3.11 There must be adequate and accessible facilities to support the welfare and wellbeing of students in all settings.**

**Condition:** The education provider must provide further evidence of the criteria used for placement audits to ensure the placement setting has adequate and accessible facilities to support the welfare and wellbeing of students in all settings.

**Reason:** To evidence this standard the visitors were directed to section 3 of the student handbook and section 5 of the resource document which both highlight the support arrangements for students on the programme. The visitors were therefore satisfied that there were adequate and accessible facilities to support the welfare and wellbeing of students in the academic setting. However, whilst section 3 of the student handbook makes reference to the support available on placement, the visitors were unable to

locate any information on the placement audit criteria to ensure that this would be in place at each of the placement settings. The visitors note that without confirmation of the audit criteria used for placements, they are unable to be confident that there are adequate and accessible facilities to support the welfare and wellbeing of students in the placements setting. The visitors therefore require documentation clearly stating the criteria for the placement audit with particular reference to students' welfare and wellbeing.

### **3.13 There must be a student complaints process in place.**

**Condition:** The education provider must provide a hard copy or a working link to the student complaints procedure to evidence that a student complaints procedure is in place.

**Reason:** To evidence this standard the visitors were directed to Appendix 1 of the student handbook which highlights a link to the student complaints procedure. However, the link was not accessible to those outside of St Georges University and the visitors were therefore unable to access the policy. When this was mentioned to the programme team an up to date copy of the student complaints procedure was provided, however, the visitors noted to the programme team that they would not have time to review the new documentation provided in the time frames available. In addition to this, the visitors were unable to see any formal processes in place to show how the policy would be implemented and monitored throughout the lifetime of the programme. The visitors therefore require an up to date and accurate copy of the student complaints procedure and an indication of how this will be implemented and monitored to ensure that this standard is met.

### **3.15 Throughout the course of the programme, the education provider must have identified where attendance is mandatory and must have associated monitoring mechanisms in place.**

**Condition:** The education provider must provide information on the monitoring mechanisms in place to monitor student's attendance whilst on placement.

**Reason:** To evidence this standard the visitors were directed to sections 2.7 and 6.2 of the student handbook, which both set out the requirements for attendance. The visitors were therefore satisfied with the attendance requirements for the programme. From a meeting with students and the programme team it was highlighted that registers are taken for each academic session and that these are stored and monitored on a central database. The visitors were therefore also satisfied that attendance was appropriately monitored in the academic setting. However, the visitors were unable to locate any information on how attendance would be monitored in the placement setting. Specifically, the visitors were not provided with an audit criteria for placements and were therefore unable to identify that each placement setting would be monitoring attendance effectively. The visitors therefore require further information on the monitoring mechanisms in place for attendance in the placement setting to ensure that attendance is monitored throughout the course of the programme.

### **3.16 There must be a process in place throughout the programme for dealing with concerns about students' profession-related conduct.**

**Condition:** The education provider must provide further evidence of the process in place to deal with concerns about student' profession related conduct whilst on placement.

**Reason:** Prior to the visit, the visitors were directed to section 2.8 of the student handbook to evidence this standard. The visitors were unable to find any information within this document on the processes in place to deal with students' profession related conduct, specific to practice placements. Practice educators were able to confirm at the visit that they were aware of the requirement to report any concerns about student's profession related conduct and were confident in the channels used to do so. However, the visitors were unable to find a clear process which stated this. The visitors note that without seeing a clear process within the programme documentation it is unclear how this process will be implemented and monitored to ensure it is consistently applied throughout the lifetime of the programme. The visitors therefore require further documentation to show the processes in place for practice educators to raise concerns about student's professions related conduct, and, how this is made available to all practice educators.

### **4.2 The programme must reflect the philosophy, core values, skills and knowledge base as articulated in any relevant curriculum guidance.**

**Condition:** Further evidence must be provided to show how the programme reflects the relevant curriculum guidance and external reference frameworks.

**Reason:** From the documentation provided the visitors noted that page 17 of the definitive document states "Careful consideration has been given to the various Standards and Competencies of multiple external agencies including; Health Care Professions Council (HCPC, 2014), College of Paramedics (2014), Quality Assurance Agency (QAA, 2004)...". However, the visitors were unable to locate a clear mapping document which highlighted where in the curriculum QAA benchmarking was present. Therefore the visitors could not determine from the documentation how the QAA competencies are reflected in the programme curriculum. The visitors require further evidence to demonstrate how the curriculum reflects the philosophy, core values, skills and knowledge of the paramedic profession and qualification.

### **4.4 The curriculum must remain relevant to current practice.**

**Condition:** The education provider must provide further evidence of the opportunities for staff to engage in continuing professional development (CPD) which will inform the curriculum.

**Reason:** To evidence this standard the visitors were directed to the module outlines which contained the curriculum content to be delivered under each module. The visitors were therefore satisfied that the current curriculum is relevant to current practice. However, the visitors were unable to see a clear process for staff development which enabled them to engage in continuing professional development (CPD), as referenced under the condition for standard 3.7 in this report. The visitors note that without being confident that staff are engaging in CPD activities they are unable to see how the curriculum will remain relevant to current practice throughout the lifetime of the

programme. The visitors therefore require further evidence of the CPD activities made available to staff which will enable them to appropriately inform the curriculum. In this way the visitors can make a reasonable judgement on how the curriculum will continue to remain relevant to current practice throughout the lifetime of the programme.

### **5.2 The number, duration and range of practice placements must be appropriate to support the delivery of the programme and the achievement of the learning outcomes.**

**Condition:** The education provider must provide further clarity for the breakdown of placement hours and where these will be located.

**Reason:** The definitive document currently states that students will achieve a total of 2250 placement hours across the three years of the programme (750 per year). However, in a meeting with the senior team it was highlighted that the placements provided by London Ambulance Service (LAS) have been capped to 375 hours per year. Students will then complete an additional 225 external hours in an alternative setting bringing their total placement hours to 600 per year. The visitors were satisfied with the reviewed number of placement hours attended by students, however, they were unable to locate any further information about the 225 external hours to be completed. The definitive document, page 22-23 states "...students are expected to undertake a variety of placements, in a range of settings during the course, (e.g., operating theatres, MAU, MIU, UCC etc)" but no further details of which placements have been secured and how these will be allocated to students is included. The visitors therefore require further information on the location and allocation of placements under the 225 hours outside of LAS placements to ensure that the range of placements is appropriate to support the delivery of the programme and the achievement of the learning outcomes.

### **5.3 The practice placement settings must provide a safe and supportive environment.**

**Condition:** The education provider must submit appropriate programme documentation to clearly articulate the mechanisms which are in place to ensure a safe and supportive environment at placement settings.

**Reason:** To evidence this standard the visitors were directed to section 8.3.6 of the definitive document which shows a flow chart of the process for approving and monitoring placements. Step two of this process states "Faculty Practice Learning introductory Audit carried out.", the visitors were therefore satisfied that there is a clear place in the process for an audit to be carried out. However, the visitors were not able to locate any information on the criteria against which a placement would be audited. The visitors note that without this evidence they are unable to make an informed judgement on the placement audit process. The visitors therefore require information on the criteria for placement audits to ensure that practice placement settings provide a safe and supportive environment.

#### **5.4 The education provider must maintain a thorough and effective system for approving and monitoring all placements.**

**Condition:** The education provider must submit appropriate programme documentation to clearly articulate the mechanisms which are in place to ensure a thorough and effective system for approving and monitoring all placements is in place.

**Reason:** To evidence this standard the visitors were directed to section 8.3.6 of the definitive document which shows a flow chart of the process for approving and monitoring placements. Step two of this process states “Faculty Practice Learning introductory Audit carried out.”, the visitors were therefore satisfied that there is a clear place in the process for an audit to be carried out. However, the visitors were not able to locate any information on the criteria against which a placement would be audited. The visitors note that without this evidence they are unable to make an informed judgement on the placement audit process. The visitors therefore require information on the criteria for placement audits to ensure that to ensure a thorough and effective system for approving and monitoring all placements is in place.

#### **5.5 The placement providers must have equality and diversity policies in relation to students, together with an indication of how these will be implemented and monitored.**

**Condition:** The education provider must submit appropriate programme documentation to clearly articulate the mechanisms which are in place to ensure equality and diversity policies in relation to students are in place.

**Reason:** To evidence this standard the visitors were directed to section 8.3.6 of the definitive document which shows a flow chart of the process for approving and monitoring placements. Step two of this process states “Faculty Practice Learning introductory Audit carried out.”, the visitors were therefore satisfied that there is a clear place in the process for an audit to be carried out. However, the visitors were not able to locate any information on the criteria against which a placement would be audited. The visitors note that without this evidence they are unable to make an informed judgement on the placement audit process. The visitors therefore require information on the criteria for placement audits to ensure that equality and diversity policies in relation to students are in place.

#### **5.6 There must be an adequate number of appropriately qualified and experienced staff at the practice placement setting.**

**Condition:** The education provider must submit appropriate programme documentation to clearly articulate the mechanisms which are in place to ensure that there are an adequate number of appropriately qualified and experienced staff at the practice placement setting.

**Reason:** To evidence this standard the visitors were directed to section 8.3.6 of the definitive document which shows a flow chart of the process for approving and monitoring placements. Step two of this process states “Faculty Practice Learning introductory Audit carried out.”, the visitors were therefore satisfied that there is a clear place in the process for an audit to be carried out. However, the visitors were not able to locate any information on the criteria against which a placement would be audited. The visitors note that without this evidence they are unable to make an informed judgement

on the placement audit process. The visitors therefore require information on the criteria for placement audits to ensure that there are an adequate number of appropriately qualified and experienced staff at the practice placement setting.

### **5.7 Practice placement educators must have relevant knowledge, skills and experience.**

**Condition:** The education provider must submit appropriate programme documentation to clearly articulate the mechanisms which are in place to ensure that Practice placement educators must have relevant knowledge, skills and experience.

**Reason:** To evidence this standard the visitors were directed to section 8.3.6 of the definitive document which shows a flow chart of the process for approving and monitoring placements. Step two of this process states “Faculty Practice Learning introductory Audit carried out.”, the visitors were therefore satisfied that there is a clear place in the process for an audit to be carried out. However, the visitors were not able to locate any information on the criteria against which a placement would be audited. The visitors note that without this evidence they are unable to make an informed judgement on the placement audit process. The visitors therefore require information on the criteria for placement audits to ensure that Practice placement educators must have relevant knowledge, skills and experience.

### **5.8 Practice placement educators must undertake appropriate practice placement educator training.**

**Condition:** The education provider must submit appropriate programme documentation to clearly articulate the mechanisms which are in place to ensure that practice placement educators have undertaken appropriate practice placement educator training.

**Reason:** To evidence this standard the visitors were directed to section 8.3.6 of the definitive document which shows a flow chart of the process for approving and monitoring placements. Step two of this process states “Faculty Practice Learning introductory Audit carried out.”, the visitors were therefore satisfied that there is a clear place in the process for an audit to be carried out. However, the visitors were not able to locate any information on the criteria against which a placement would be audited. The visitors note that without this evidence they are unable to make an informed judgement on the placement audit process. The visitors therefore require information on the criteria for placement audits to ensure that practice placement educators have undertaken appropriate practice placement educator training.

### **5.9 Practice placement educators must be appropriately registered, unless other arrangements are agreed.**

**Condition:** The education provider must submit appropriate programme documentation to clearly articulate the mechanisms which are in place to ensure that practice placement educators are appropriately registered, unless other arrangements are agreed.

**Reason:** To evidence this standard the visitors were directed to section 8.3.6 of the definitive document which shows a flow chart of the process for approving and monitoring placements. Step two of this process states “Faculty Practice Learning

introductory Audit carried out.”, the visitors were therefore satisfied that there is a clear place in the process for an audit to be carried out. However, the visitors were not able to locate any information on the criteria against which a placement would be audited. The visitors note that without this evidence they are unable to make an informed judgement on the placement audit process. The visitors therefore require information on the criteria for placement audits to ensure that practice placement educators are appropriately registered, unless other arrangements are agreed.

#### **5.10 There must be regular and effective collaboration between the education provider and the practice placement provider.**

**Condition:** The education provider must submit documentation that clearly states the communication mechanisms in place with practice placements educators.

**Reason:** Prior to the visit, the visitors were directed to sections 8 and 13 of the definitive document to evidence this standard. Whilst the visitors noted information regarding the arrangement of placements and some monitoring mechanisms, they were unable to identify documentation stating any clear processes that would be applied to support the statements made. Practice placement educators were able to provide more detail to support statements made regarding their collaboration with the education provider and how the processes work in practice. For example, monthly meetings and the expectation to attend an annual online update and a practical update every three years. The visitors were satisfied that the comments they heard from practice educators showed regular and effective collaboration with the education provider. However, without this being clearly articulated in programme documentation, the visitors were unable to state, with confidence, that this would continue throughout the lifetime of the programme. The visitors therefore require documentary evidence of the processes and execution of processes in place to support statements made in section 8 of the definitive document and ensure regular and effective collaboration with practice placement providers.

#### **5.11 Students, practice placement providers and practice placement educators must be fully prepared for placement which will include information about an understanding of:**

- **the learning outcomes to be achieved;**
- **the timings and the duration of any placement experience and associated records to be maintained;**
- **expectations of professional conduct;**
- **the assessment procedures including the implications of, and any action to be taken in the case of, failure to progress; and**
- **communication and lines of responsibility.**

**Condition:** The education provider must clarify the platform that will be used to deliver the Practice Assessment Document (PAD) to ensure that students and practice educators are fully prepared for placement.

**Reason:** Prior to the visit, it was stated that the PAD would be accessed electronically via a tablet that would be issued to each student on the programme. The visitors were provided the content and structure of the electronic PAD and it was stated that they would have the opportunity to view a demonstration of how this works at the visit. However, at the visit, the visitors were informed that the electronic PAD had encountered technical errors and the programme team would therefore no longer be

using this platform. The programme team stated that students would now use a paper based PAD. Due to the last minute change the visitors were unable to view the final PAD that would be used for students and were therefore unable to make a judgement on how students and practice educators would be appropriately prepared to use the PAD. The visitors note that without clarity on how students and practice educators will be prepared to use the PAD they are unable to state, with confidence, that students and practice educators will be fully prepared for placement. The visitors therefore require clarity on the final PAD document that will be used for placements and how students and practice educators will be trained to use this effectively.

## **6.2 All assessments must provide a rigorous and effective process by which compliance with external-reference frameworks can be measured.**

**Condition:** Further evidence must be provided to show how the programme reflects external reference frameworks in the assessment methods.

**Reason:** From the documentation provided the visitors noted that page 17 of the definitive document states “Careful consideration has been given to the various Standards and Competencies of multiple external agencies including; Health Care Professions Council (HCPC, 2014), College of Paramedics (2014), Quality Assurance Agency (QAA, 2004)...”. However, the visitors were unable to locate a clear mapping document which highlighted where in the assessment methods QAA benchmarking was present. Therefore the visitors could not determine from the documentation how the QAA competencies are reflected in the programme assessments. The visitors require further evidence to demonstrate how all assessments provide a rigorous and effective process by which compliance with external-reference frameworks can be measured.

## **6.5 The measurement of student performance must be objective and ensure fitness to practise.**

**Condition:** The education provider must clarify the platform that will be used to deliver the Practice Assessment Document (PAD) to demonstrate how student performance is measured and ensures fitness to practice.

**Reason:** Prior to the visit, it was stated that the PAD would be accessed electronically via a tablet that would be issued to each student on the programme. . The visitors were provided the content and structure of the electronic PAD and it was stated that they would have the opportunity to view a demonstration of how this works at the visit. However, at the visit, the visitors were informed that the electronic PAD had encountered technical errors and the programme team would therefore no longer be using this platform. The programme team stated that students would now use a paper based PAD. Due to the last minute change the visitors were unable to view the final PAD that would be used for students and were therefore unable to make a judgement on how this would be used to monitor student performance. The visitors note that without clarity on how the PAD is used to record student performance they are unable to state, with confidence, that student performance is measured and ensures fitness to practice. The visitors therefore require clarity on the final PAD document that will be used for placements and how it will be used to monitor student performance whilst in the placement setting.

## **6.6 There must be effective monitoring and evaluation mechanisms in place to ensure appropriate standards in the assessment.**

**Condition:** The education provider must clarify the platform that will be used to deliver the Practice Assessment Document (PAD) to demonstrate how student assessment is monitored in the practice placement setting.

**Reason:** Prior to the visit, it was stated that the PAD would be accessed electronically via a tablet that would be issued to each student on the programme. The visitors were provided the content and structure of the electronic PAD and it was stated that the visitors would have the opportunity to view a demonstration of how this works at the visit. However, at the visit, the visitors were informed that the electronic PAD had encountered technical errors and the programme team would therefore no longer be using this platform. The programme team stated that students would now use a paper based PAD. Due to the last minute change the visitors were unable to view the final PAD that would be used for students and were therefore unable to make a judgement on how this would be used to monitor the assessment of students on placement. The visitors note that without clarity on how students and practice educators will be prepared to use the PAD they are unable to state, with confidence, that there are effective monitoring and evaluation mechanisms in place to ensure appropriate standards in the assessment. The visitors therefore require clarity on the final PAD document that will be used for placements and how it will be used to monitor the assessment of students in the practice placement setting.

## **6.7 Assessment regulations must clearly specify requirements for student progression and achievement within the programme.**

**Condition:** The education provider must provide further evidence of the processes in place to support students who have failed their placement module but have continued to progress on the programme.

**Reason:** Prior to the visit the visitors were directed to section 9 of the definitive document which states “Under exceptional circumstance, and with agreement of the Board of Examiners, a candidate may provisionally register for year 2 and 3 of the programme where he or she has failed to complete no more than one module, because he or she has been unable to take or complete a prescribed assessment on the first, second or discretionary third attempt within the academic year.”. The visitors noted that it was not clear in this wording if this applied to all modules, including the practice placement module. The programme team agreed that, as the statement is currently worded, this could apply to the practice placement module, however, they have never encountered this in the past. Therefore, as the wording currently stands, it could be possible for a student to fail three attempts at placement and still provisionally register for years two and three of the programme. The visitors note that should a student fail three attempts at the practice placement module there would be concerns about their fitness to practice and therefore their ability to continue on the programme. The visitors therefore require further information on the requirements for student progression and achievement within the programme, should a student register for years two and three of the programme having failed the practice placement module.

**6.8 Assessment regulations, or other relevant policies, must clearly specify requirements for approved programmes being the only programmes which contain any reference to an HCPC protected title or part of the Register in their named award.**

**Condition:** The education provider must clarify all exit routes to the programmes, their confirmed names and which will confer eligibility to apply for registration.

**Reason:** To evidence this standard the visitors were directed to section 9 of the definitive document which, alongside the BSc (Hons) in Paramedic Science, mentions a number of possible step off awards including:

- Dip HE Paramedic Science (page 32)
- BSc (ordinary) (page 32)
- Undergraduate Certificate – Pre Hospital Care (page 39), and;
- Undergraduate Diploma – Pre Hospital Care (page 39).

Further to this, elsewhere in the documentation, there are references to step off awards under a different name. Undergraduate diploma in Paramedic Science (Programme regulations, page 9). The visitors note that without clarification on the confirmed step off awards for the programme they are unable to confirm that assessment regulations, or other relevant policies, clearly specify requirements for approved programmes being the only programmes which contain any reference to an HCPC protected title or part of the Register in their named award. Therefore the visitors require clarification on the title, and eligibility to apply for registration for all step off awards for the programme, and, where this will be clearly and consistently stated in all programme documentation.

**6.9 Assessment regulations must clearly specify requirements for an aegrotat award not to provide eligibility for admission to the Register.**

**Condition:** The education provider must provide further evidence that the assessment regulations clearly specify the requirements for an aegrotat award not to provide eligibility for admission to the Register.

**Reason:** From the documentation provided the visitors could not identify where it is clearly stated that aegrotat awards do not provide eligibility to apply to the Register. The visitors were also unclear as to how this information is clearly communicated to students. The visitors therefore require further evidence to demonstrate where in the programme documentation it is clearly stated that aegrotat awards do not provide eligibility to apply to the Register. In this way the visitors can be sure that this information is available to students and that this standard is met.

**6.10 Assessment regulations must clearly specify requirements for a procedure for the right of appeal for students.**

**Condition:** The education provider must provide evidence of where it is clearly articulated within the programme documentation the requirements for a procedure for the right of appeal for students.

**Reason:** Prior to the visit, the visitors were directed to section 6.4 of the definitive document which references the student complaints procedure, not the appeals procedure. The visitors were able to locate a reference to student appeals on page 44 of the definitive document, however, the link provided directed them to a Kingston

University document. When mentioned to the programme team it was highlighted that the programme did not use the policy from Kingston University and that this was referenced in error. The visitors therefore require further documentation to evidence the correct appeals procedure, and, where this information is available to students.

**6.11 Assessment regulations must clearly specify requirements for the appointment of at least one external examiner who must be appropriately experienced and qualified and, unless other arrangements are agreed, be from the relevant part of the Register.**

**Condition:** The education provider must provide evidence of where it is clearly articulated within the programme documentation that at least one of the external examiners appointed to the programme must be from the relevant part of the HCPC Register, unless alternative arrangements have previously been agreed with the HCPC.

**Reason:** Prior to the visit, the visitors were directed to section 5.9 of the student handbook. However, the visitors were unable to locate where in this information it was clearly stated that at least one external examiner must be appropriately experienced and qualified and, unless other arrangements are agreed, be from the relevant part of the Register. In addition to this, section 5.9 of the definitive document also references two links to the university of Kingston policies for student complaints and student appeals. These links directed the visitors to a web page which also provided an assessment regulation document for Kingston University. When mentioned to the programme team it was highlighted that the programme did not use the policy from Kingston University and that this was referenced in error. The visitors therefore require further documentation to evidence the correct assessment regulations for the programme, and, where it is clearly articulated that at least one external examiner must be appropriately experienced and qualified and, unless other arrangements are agreed, be from the relevant part of the Register

## Recommendations

### **4.4 The curriculum must remain relevant to current practice.**

**Recommendation:** The visitors recommend that the programme team reviews the reading lists currently stated to ensure currency.

**Reason:** The visitors noted that there were some references to out of date books and publications throughout the programme documentation. For example page 5 of the module directory advises students to read the Standards of Proficiency (SOPs) 2007 which has now been replaced by the SOPs published in 2014. Whilst the visitors are satisfied that the curriculum and learning outcomes are being delivered in line with the most current SOPs, the visitors note that there is a risk that students may benchmark their own learning against the out of date SOPs document. The visitors also noted other instances of out of date books and publications being referenced and some subject areas not being reflected in bibliographies. The visitors therefore recommend that the programme team revisits all programme documentation to ensure currency in reading lists.

### **4.6 The delivery of the programme must support and develop autonomous and reflective thinking.**

**Recommendation:** The visitors recommend that the programme team revisit programme documentation to clearly state when students are learning to develop autonomous and reflective thinking.

**Reason:** The visitors noted several areas within the documentation where students learning covered autonomous and reflective thinking and are therefore satisfied that this standard is met. However, this visitors noted that 'autonomous and reflective thinking' as a statement is never referenced to students in recognition of them covering this particular skill. The visitors commented that without clearly stating where autonomous and reflective thinking was being delivered to students there was a risk that students may not understand that they are developing this skill. The visitors therefore recommend that the programme team revisits programme documentation to clearly articulate at which points students will be learning to develop autonomous and reflective thinking.

Dee Keane  
Graham Harris  
Anthony Hoswell

# HCPC Approval event March 11<sup>th</sup> and 12<sup>th</sup> 2015

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## Visitors' report

<b>Name of education provider</b>	St Georges University of London
<b>Programme name</b>	BSc (Hons) Paramedic Science
<b>Mode of delivery</b>	Full time
<b>Relevant part of the HCPC Register</b>	Paramedic
<b>Date of visit</b>	11 – 12 March 2015

## Visit details

Name and role of HCPC visitors	Graham Harris (Paramedic) Anthony Hoswell (Paramedic) Dee Keane (Lay visitor)
HCPC executive officer (in attendance)	Hollie Latham
Proposed student numbers	140 per cohort, per year
Proposed start date of programme approval	1 September 2015
Chair	Deborah Bowman (St Georges University of London)
Secretary	Elaine Nutley (St Georges University of London)
Members of the joint panel	Felicity Andrews (Internal Panel Member) Jo Gregory (Internal Panel Member) Stuart Warner (External panel member)

The visitors agreed to recommend to the Education and Training Committee that a number of conditions are set on the programme, all of which must be met before the programme can be approved.

The visitors agreed that 24 of the SETs have been met and that conditions should be set on the remaining 34 SETs. SETs.

Dear Ms Latham,

**Re: HCPC Approval event March 11<sup>th</sup> and 12<sup>th</sup> 2015**

Thank you for the report and the opportunity to provide observations on this report which are set out below.

### **Additional conditions**

Firstly, may I draw to your attention that the following conditions were not included in the verbal feedback given to the education provider on the day and therefore view them as new conditions:-

3.10  
3.15  
3.16  
5.8  
5.9  
6.8

Stating this, the education provider would like to challenge the inclusion of these conditions.

### **Observations**

The following observations have been made on conditions:-

2.4  
2.5  
3.10  
5.10

### **2.4 The admissions procedures must apply selection and entry criteria, including compliance with any health requirements.**

**Condition:** The education provider must provide further information on the formal policies in place to apply selection and entry criteria regarding health requirements.

#### **Observation:**

Within the definitive document (page 12) 6.3 the candidate is offered a conditional place if

1. **Undergoing medical assessment to ensure fitness to undertake the clinical component of the course**
2. **11. Signing a declaration disclosing any criminal convictions outstanding or spent. (Exemption from Rehabilitation of Offenders Act, 1974. Applicants will be subject to an enhanced Criminal Records Bureau check (now DBS check).**

This policy is in place for all students applying to St George's programmes, and is available on the university web site for applicants to see.

(Policy attached) **appendix 1**

## 2.5 The admissions procedures must apply selection and entry criteria, including appropriate academic and / or professional entry standards.

**Condition:** The education provider must submit appropriate and up to date programme documentation to clearly articulate the entry requirements relating to academic and / or professional entry standards.

**Observation:**

Within the definitive document page 12 (6.3) it states

Prospective students would be expected to have a suitable academic background, including a science subject. A minimum of 5 GCSE (minimum of 45 credits of a science base in total 60 credits at level 3) in Science or Health Science. As part of the selection process, students will be expected to demonstrate knowledge and understanding of the scope of the work of Paramedics and their roles within the NHS.

## 3.10 The learning resources, including IT facilities, must be appropriate to the curriculum and must be readily available to students and staff.

**Condition:** The education provider must clarify how frequently students will need access to the clinical skills labs and proposed interactive platform.

**Observation:**

Space for paramedic students was clearly identified on the facilities tour given to the visitors. The space identified is solely for the use of Paramedic students. In addition the paramedic students have access to other skills labs and classrooms space within the university setting visited on the tour.

## 5.10 There must be regular and effective collaboration between the education provider and the practice placement provider.

**Condition:** The education provider must submit documentation that clearly states the communication mechanisms in place with practice placements educators.

**Observation:**

Clarification is needed here as the reason for the condition does not really match the condition itself. The reason includes annual online updates and practical updates every three years.

Collaboration occurs as stated below:-

Within the definitive document page 51 (12.3.1) the role of the Course Committee is discussed, including the Terms of Reference and membership. The document states the committee meets each term (3 times annually) plus extraordinary meetings where necessary.

The membership includes representatives from Clinical Practice.

The Definitive Document also discusses the Contractual arrangements between LAS and The FHSCE section 13.

## **13. CONTRACTUAL RELATIONSHIPS/ SERVICE LEVEL AGREEMENT**

### **13.1 Steering Group Model (LAS) HENWAL**

The overall FHSCE/Ambulance Service partnership is overseen by FHSCE Joint Steering Group, in addition to the Course Management Arrangements as detailed in section 10. This arrangement ensures that the different joint developments, including, Research and the BSc (Hons) Degree and other Pathways, are managed in a consistent manner and that they inform each other. It is anticipated that any future partnerships will be managed using the same model. The generic terms of reference for the steering group are given below:

1. The Joint Steering Group (JSG) will manage all programmes of study delivered in partnership by the Faculty of Health, Social Care and Education (St. George's, University of London/Kingston University-FHSCE) and the partner ambulance services.
2. Support and deliver the joint developments
3. The JSG will maximise the levels of income available for joint developments and will monitor the expenditure and effectiveness of this income
4. The JSG will act to resolve any issue or dispute arising in joint developments, as per the agreements in place in relation to the developments, and will propose any necessary variations to these agreements as appropriate
5. The JSG will manage the research carried out in partnership by FHSCE and the partner ambulance services.
6. The JSG will manage and monitor the legal agreements signed between the two parties in relation to joint developments, and will agree the information and data needed to manage these agreements
7. The JSG will determine the types and levels of staff who may be appointed to service and any other initiatives delivered jointly.

## Appendix 1

### **SGUL Student Selection and Admissions Policy**

#### **1. Scope**

This policy applies to admissions from both home/EU and international students to all programmes of study leading to an award from St George's, University of London (SGUL).

#### **2. General Principles**

SGUL is committed to providing flexible, high quality teaching, professional education and research opportunities to students from a wide variety of backgrounds. In order to admit an applicant, admissions staff must be able to satisfy the University that they have evidence to show that the student has every reasonable prospect of succeeding in their chosen programme of study. On this basis, SGUL aims to offer fair opportunity to anyone with the ability to benefit from its programmes and provision. SGUL aims to ensure that its recruitment, selection and admissions processes are transparent and focused towards their intended audiences.

Selection criteria will be specific to each programme of study but all applications will assess:

- academic ability and potential
- motivation and suitability for the chosen programme
- Health and Disclosure and Barring Service (DBS) assessment (for relevant programmes)

#### **3. Roles and Responsibilities**

- 3.1 Undergraduate and Postgraduate taught recruitment and admissions activities are carried out by the central Recruitment and Admissions, by Faculties and by staff in partner organisations. Postgraduate Research Admissions are managed by the PG Administration Team. The Admissions and PG Administration Teams ensure that policies, procedures and planning in relation to SGUL admissions are operated fairly and consistently, with a view to enhancing SGUL's strategic aims and objectives.
- 3.2 MPhil/PhD and MD(Res) applications are managed between potential supervisors and PG Administration Team and scrutinised by the Research Degrees Committee
- 3.3 The Admissions Team and PG Administration Team are responsible for checking admissions decisions and verifying the evidence on which they are based.
- 3.4 Decisions on whether or not to admit a candidate are taken by the Admissions, Admissions Tutors, and supervisors and by the relevant Faculty or staff in partner organisations. The Admissions Manager and the Head of PG Administration are responsible for ensuring that appropriately qualified and experienced staff undertake admissions duties and for ensuring that the Faculty, Admissions Tutor, supervisor or partner organisation maintains clear and transparent statements of admissions criteria and policies.
- 3.5 This Policy is developed and amended in consultation with Admissions Tutors, Taught PG Course Committee, Research Committee and approved by Senate
- 3.6 Changes in entry criteria are approved by the relevant Course Committee

#### **4. Admissions Regulations**

In order to ensure that applicants are appropriately qualified for their programme of study, and to ensure high standards of fairness and consistency, SGUL maintains a core set of entry requirements which are described in the General Regulations and programme specific entry requirements are published on SGUL website. Admissions staff are required to adhere to these

Regulations. Senate is responsible for approving exemptions to the General Regulations.

International applications are guided by UKVI regulations and our Tier 4 Sponsor responsibilities. Student applications from outside the EEU are assessed by the Admissions Team or PG Administration Team for entry and visa requirements and issued a CAS (Certificate of Acceptance) if appropriate.

## **5. Admissions Information**

It is the aim of SGUL to welcome a wide range of applicants. The University is committed to providing clear and accessible information about entry requirements, selection procedures, conditions of offer, expected timescales for responses, fees, finance, and welfare, guidance and support services. The latest version of this information is available on the SGUL website.

SGUL updates its entry requirements on an annual basis in the light of changing academic requirements. We therefore recommend that applicants look at the information in the programme listings in our online prospectus as the source of the most up-to-date information. Our UG academic entry requirements are also published on the UCAS website.

SGUL staff will ensure that:

- 5.1 Applicants with additional needs are aware of the advice, guidance and support which the University can offer.
- 5.2 Applicants are aware of the full cost of tuition fees, living costs and academic related course costs.
- 5.3 Applicants who disclose information in relation to a criminal conviction, caution or warning when required as an admission clearance requirement are aware of the advice, guidance and support offered and understand the part that any non-academic information will play in any admissions decision.
- 5.4 Applicants who disclose an illness, disability or special need are aware of the advice, guidance and support offered and understands the part that any non-academic information will play in any admissions decision.
- 5.5 Applicants are aware of their responsibility to provide full and accurate information as part of the admissions process.
- 5.6 Applicants are informed of any significant changes to a programme of study which are made after an offer and before registration as soon as possible
- 5.7 Procedures for applicants requesting deferral of entry to a later year are readily available.

## **6. Enquiries Information**

SGUL seeks to promote its provision as widely as possible amongst suitably qualified candidates in the UK and internationally. In doing this, staff aim to:

- 6.1 Provide advice and guidance which is targeted to the particular needs and aspirations of a specific enquirer or audience.
- 6.2 Provide information which is consistent with published literature and is within the limits of that individual's knowledge and expertise.
- 6.3 Provide detailed information where appropriate on the main learning and teaching methods, assessment procedures, content, structure and organisation of programmes, including the extent of any flexibility and choice within the curriculum.
- 6.4 Provide a range of opportunities for prospective students and applicants to visit the University at appropriate points during the recruitment cycle.
- 6.5 Welcome visits by schools, colleges and other education providers subject to available resources.
- 6.6 Respond swiftly to requests for further information about study opportunities and student life at SGUL.
- 6.7 Provide enquiring students with clear information about the application process with the understanding that once an application has been made, the Admissions team will manage any application related queries.

## **7. Selection**

SGUL's aim is to recruit and select those students most likely to benefit from its provision. The entry criteria and selection methods are specific for each programme and are designed to ensure that students are likely to succeed academically and gain intellectually from the provision available. Aptitude for a particular programme is therefore the primary criteria for selection and an academic decision will always be reached on an application before other factors such as additional needs; criminal convictions and fitness to practice are taken into account.

It is important to note that for high demand programmes, the University has a limited number of places available and that it is not always possible to make offers to all the good applicants who apply. In selecting students, admissions staff aim to:

- a) Reach decisions which are fair and consistent in relation to the published entry criteria, the evidence the applicant presents of their academic and/or professional qualifications and which take into account any specific skills or experiences which are essential or desirable for the programme in question.
- b) Take into account evidence of an applicant's potential to succeed on the programme. Where appropriate and relevant, admissions staff may consider contextual factors in relation to an application. These factors may include illness, family circumstances, personal responsibilities, or factors affecting the school or college. Where such factors are to be considered, either before making or when confirming an offer of a place, evidence of the effects of disadvantage should be sought. Generally, it is expected that applicants will have taken appropriate action to ensure that examining bodies have allowed for mitigating circumstances prior to the announcement of any results since the University will not generally be best placed to do this fairly and consistently.
- c) Apply selection processes which are appropriate to the programme in question. Selection may be on the basis of an application form, research proposal, entrance examination plus interview or other selection or assessment tests. Applicants are also expected to show an insight into the programme for which they are applying as part of the general entry criteria. Applicants are entitled to know, in advance, the likely format of any entrance examination, interview or other selection or assessment tests required.
- d) Make offers on a basis which is consistent with the entry criteria, quality of applications received and the number of places available in any given year.
- e) Ensure that unless adhering strictly to agreed criteria, at least two members of staff who are appropriately qualified and trained consider each application.
- f) Communicate clearly and in a timely way with candidates concerning the outcome of their application. The University will normally write to those receiving an offer stating any specific conditions which apply and including details of standard institutional terms and conditions. The University will communicate this via UCAS or any other intermediary body. Where no such system exists SGUL will communicate directly with the applicant.
- g) Any student who will be in contact with children and/or vulnerable adults as part of their programme on a regular and sustained basis will be required to gain an enhanced disclosure certificate from the Disclosure and Barring Service.

## **8 Information for Applicants**

8.1. The University reserves the right to remove an offer of a place if:

- information provided by an applicant proves to be false
- the applicant does not meet the clearance criteria for Occupational health and DBS checks (it may be possible that this decision has to be made post registration due the availability of required information)

- the applicant is shown to have been involved in activity that is not compatible with being a student on the programme for which the applicant has applied.
- The applicant is found to be registered with or has accepted a firm offer with another HE provider.

8.2. Significant changes to advertised programmes (between an offer being made and registration) must be conveyed to applicants as a matter of priority.

8.3. The relevant Admissions/Administration Team will explain to applicants the arrangements for enrolment, registration, induction and orientation.

8.4 Information for International applicants is available on SGUL website and named staff are trained to give visa advice

### **9. Fees and funding**

There is an expectation that students will have sufficient funds to pay programme fees and living expenses during their period of study or be able to provide evidence of financial sponsorship. Funding may determine eligibility to be considered for a particular programme. Some of our programmes are funded by the Department of Health and other health providers and are only open to home or EU students. The number of international students admitted to the medical programme is currently limited by a Department of Health (DoH) quota. Other SGUL programmes are international only and not included in the DoH quota for medicine numbers

### **10. Plagiarism in Personal Statements submitted via UCAS**

UCAS checks all personal statements for potential plagiarism (the copying of material without appropriate acknowledgement). Where evidence of plagiarism is found, UCAS will notify both the applicant concerned and the universities they have applied to. If SGUL is advised by UCAS of possible plagiarism, each applicant will be assessed on a case by case basis before allowing the application to proceed. SGUL reserves the right to record an unsuccessful decision on the basis of plagiarism in any personal statement submitted as part of an application.

### **11. Fraudulent Applications**

11.1 The University follows the UCAS rules and procedures concerning fraudulent applications and liaises closely with the UCAS Verification Unit to prevent fraud. We will refer to UCAS any application that we suspect to be fraudulent or to contain fraudulent information. Fraud can also be committed by omitting relevant information from the application.

11.2 We reserve the right to cancel an application or withdraw any offer made on the basis of an application which we have found to be fraudulent. Any student found to have been admitted on the basis of fraudulent information may have their registration terminated. International students who have been admitted on the basis of fraudulent information may be reported to the relevant government agency.

### **12. Closing dates**

All applications for undergraduate programmes starting in September should be received by UCAS by the deadlines of 15 October of the previous year for Medicine and 15 January for all other programmes. International programmes have a longer application cycle and are published on the website.. Application cycles for PGT programmes are published on relevant websites. Applications made before the closing date will be considered equally against the stated selection criteria and in the context of the number of available places. Late applications will only be considered for programmes where places are still available.

UCAS application programmes may enter the clearing process if places remain available after August results confirmation.

Closing dates for PG research degree programmes do not apply. The application process is described on the PG web pages and in the prospectus.

### **13. Readmission of students who have been excluded on academic related grounds**

Students who have been excluded from a programme on academic grounds may not reapply for entry to that programme but may apply, in competition, for other programmes.

Students who have undertaken previous higher education study and not completed a qualification (or received an exit award) will be expected to disclose this and provide academic (and fitness to practice if relevant) references as part of their application. These references will be considered as part of the admission decision.

Students who have been unsuccessful in application to a programme following an interview may not apply through clearing to the same programme in the same academic year.

### **14. Transfers into St George's Programmes**

St George's will consider requests to transfer into some programmes outside of the 1<sup>st</sup> year of study and in exceptional circumstances. These requests are only considered where a student is registered on an existing programme of study on an equivalent level programme.

### **15. Feedback**

Feedback is provided to allow applicants reflect on their application and will be general rather than specific to each applicant. Parents, guardians, advisors, schools and colleges are asked to note that feedback will usually only be offered direct to the candidate unless SGUL receives a clear written statement indicating that the applicant is willing for matters to be discussed with another individual.

### **16. Staff Development and Training**

The University is committed to providing a fair and accessible admissions system. To achieve this all staff involved in recruitment and selection are appropriately trained for their roles, this includes equality & diversity training.

### **17. Complaints**

The University aims to ensure that its recruitment and admissions processes are transparent and customer-focused. As part of its work to achieve this, the University will make available to enquirers and applicants a complaints and appeals procedure should they feel that any aspect of the recruitment or admissions process has not been conducted in accordance with this Policy.

Applicants have no right of appeal against a decision not to offer them a place at the University on academic grounds. The grounds for complaint are clearly stated on the procedure. Due to the level of competition particularly for selective programmes of study, there will inevitably be occasions when an applicant is disappointed with a selection decision. Providing that the decision can be shown to have been reached fairly and in accordance with the University's published selection criteria, the original decision will not be overturned.

### **18. Monitoring and Review**

SGUL is keen to assure the quality of recruitment and admissions processes and that they, are informed by feedback from users and are subject to continuous enhancement. The Admissions Group and relevant Course Committees monitor the selection procedures to each programme annually. SGUL is also keen to ensure that the outcome of its admissions processes are consistent with the University aims, objectives and responsibilities with regard to equality of opportunity.

Policy title:	<b>Admissions Policy</b>
Date approved:	DRAFT
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Next review date:	May 2015
Related procedures:	Single Equality Scheme
Related guidance and or codes of practice:	<p>SGUL Policy on the Admissions of Students with Criminal Convictions Admissions Complaints and Appeals procedure</p> <p>The Quality Assurance Agency (QAA) Quality Code, Chapter B2 Recruitment and admissions : <a href="http://www.qaa.ac.uk/Publications/InformationAndGuidance/Pages/quality-code-B2.aspx">http://www.qaa.ac.uk/Publications/InformationAndGuidance/Pages/quality-code-B2.aspx</a></p> <p>The Schwartz Report: Fair Admissions to higher education: Recommendations for good practice (2004). Appendix 6 <a href="http://www.admissions-review.org.uk/downloads/finalreport.pdf">http://www.admissions-review.org.uk/downloads/finalreport.pdf</a></p> <p>Universities and Colleges Admissions Service's (UCAS) Code of Practice.</p> <p>UKVI regulations for Tier 4: <a href="https://www.gov.uk/government/publications/immigration-rules-part-3">https://www.gov.uk/government/publications/immigration-rules-part-3</a></p>
Related information:	Further information about programmes and entry requirements can be found on the website ( <a href="http://www.sgul.ac.uk">www.sgul.ac.uk</a> ) and in student recruitment literature, copies of which can be obtained by contacting the Enquiries Office on +44 20 8725 5201 or at <a href="mailto:enquiries@sgul.ac.uk">enquiries@sgul.ac.uk</a> .
Policy owner:	Director of Student Services
Lead contact:	Admissions Manager & Head of PG Administration Registry St George's, University of London Cranmer Terrace London SW17 0RE

## **Admissions Complaints Procedure**

SGUL aims to ensure that the process of selection of students for the Undergraduate and Postgraduate programmes at SGUL as fair and transparent as possible. The Undergraduate Admissions Policy is approved by the FHSCS committee-COMEX, the Undergraduate Medicine and Biomedical Education Committee of SGUL, TPCC, Research Degrees Committee and Senate.

It should be noted that complaints cannot be made about admissions decisions; we clearly state our minimum requirements for interview selection and successful offers of places. Failure to meet these requirements is not grounds for complaint.

If any student feels that their application has not been dealt with in a just manner and within the terms of this Policy they should bring the matter to the attention of the Admissions Manager for undergraduate and postgraduate taught courses and the Head of Postgraduate Administration for research degrees.

An informal resolution to any complaint will be sought in the first instance. However, if an applicant still feels he or she has been unfairly dealt with, the following outlines the procedure for making a formal complaint. All complaints should be made by the applicant, not a third party.

A nominated member of staff (hereafter referred to as the Nominated Officer) who is not involved in any part of the selection process will deal with formal complaints to SGUL. It is not possible for anonymous complaints to be investigated.

### **Informal complaints**

Complaints relating to an admissions decision must relate to the process of the application only. Minimum requirement for interview and offers are clearly stated. If you do not meet these requirements you do not have grounds to make a complaint.

If your academic results do meet our minimum requirements, and you then have a complaint about either the way your application was considered, the administration of the Admissions Policy, or your visit to SGUL and subsequent interview, we suggest that in the first instance you write to the Admissions Manager or Head of Postgraduate Administration, as appropriate.

The complaint should be in writing and address the following:

- An explanation that you would like the letter to be treated as an informal complaint.
- Give complete details of the complaint including any relevant dates and copies of relevant correspondence.
- Explain in what way you feel you have been dealt with unfairly.
- Explain what action you would like us to take, should your claim be upheld.

The Admissions Manager or Head of Postgraduate Administration will respond

to your letter within two weeks of receiving it. If it cannot be dealt with within this time we will acknowledge your letter and explain the reason for the delay

## **Formal procedures**

If you regard your problem as very serious or if it has not been possible to resolve it by the informal procedures outlined above you should:

- Contact the Admissions Manager or Head of Postgraduate Administration (either by telephone or in writing) to ask the name of the nominated officer who is currently dealing with formal complaints.
- Write to the nominated person within three months enclosing as much detail as possible including copies of all correspondence.
- Be willing to meet with the person nominated to deal with the complaint if deemed necessary.
- Give permission for the complaint to be discussed with other members of staff as appropriate or for further advice to be sought.

You will be informed, within three weeks of the result of your complaint and the action taken to rectify the situation if your complaint is upheld.

Only in exceptional circumstances will we consider an appeal against the decision of the nominated person who has dealt with the complaint. The grounds for appeal are:

1. Where there is substantial new information, which for good reason was not made available, for example, either on the original UCAS application or during the selection procedure, and where that new information is significant and directly relevant to the original decision.
2. Where there is evidence of alleged improper conduct or irregular procedure during the selection process.

The University will not consider appeals that are based on errors made by external organisations, agencies or individuals. However, in such cases it will undertake to review its original decision in the light of new information, if the information is significant and directly relevant to the original decision. The following procedure should be followed if an applicant believes, in line with the above guidance; he/she has grounds for appeal against an admissions decision.

In such exceptional circumstances, we will seek the advice of the Secretary & Academic Registrar who will decide if SGUL should appoint a Complaints Committee. The Committee will be asked to consider all the available evidence and to make recommendations about the outcome of the matter.

The Complaints Committee shall consist of:

- a person not employed by SGUL, appointed to the Chair
- a second member who may or may not be a person employed by SGUL
- a member of Academic Staff without prior involvement in the admission

process in question.

A member of the Administration shall service the Committee.

The complainant and a member of the staff of the Admissions Office shall each have the right to be present at the hearing conducted by the Complaints Committee and can be accompanied by a friend or representative. Both parties shall be able to call witnesses and/or present documentary evidence.

At the conclusion of the presentation of evidence and final statements, the complainant, member of staff from the Admissions Office and their representatives shall withdraw and the members of the Complaints Committee shall deliberate on their conclusions and recommendations and shall produce a written report. The written report of the Complaints Committee shall be sent to the complainant and the Admissions Office for written comment (within a stated deadline).

The decision of the Complaints Committee will be final and will be communicated in writing to the complainant and Admissions Office within three weeks of the meeting at which the report was considered. The formal report of the Complaints Committee and any directly resulting action will conclude the SGUL's Internal Complaints Procedure.

May  
2014