

## Annual monitoring visitors' report

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### Section one: Programme details

Name of education provider	London Metropolitan University
Programme title	Professional Doctorate in Health Psychology
Mode of delivery	Full time Part time
Relevant part of the HCPC register	Practitioner psychologist
Relevant modality	Health psychologist
Name and role of HCPC visitors	Antony Ward (Practitioner psychologist) Penny Joyce (Operating department practitioner)
HCPC executive	Jasmine Pokuaa Oduro-Bonsrah
Date of assessment day	13 April 2017

### Section two: Submission details

The following documents were provided as part of the audit submission:

- A completed HCPC audit form
- Internal quality report for one year ago
- Internal quality report for two years ago
- External examiner's report for one year ago
- External examiner's report for two years ago
- Response to external examiner's report one year ago
- Response to external examiner's report for two years ago

### **Section three: Additional documentation**

- The visitors agreed that no further documentation was required in order to make a recommendation.
- The visitors agreed that additional documentation was required in order to make a recommendation. The standards of education and training (SETs), for which additional documentation was requested, are listed below with reasons for the request.

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

**Reason:** From a review of the documentation the visitors noted that there was no response to the external examiner's report for the 2015-2016 academic year. As such the visitors could not assess whether the education provider has addressed the issues raised by the external examiner. The education provider, therefore did not submit a full submission of their monitoring and evaluation documentation and the visitors could not determine whether there were appropriate monitoring and evaluation systems in place to ensure the programme's effectiveness. The visitors will therefore need to see evidence to demonstrate how this standard continues to be met.

**Suggested documentation:** Further evidence to demonstrate that there are effective monitoring and evaluation systems in place to effectively deliver the programme that could include but not limited to the response to the external examiner's report 2015-2016.

#### **3.17 Service users and carers must be involved in the programme.**

**Reason:** From a review of the documentation, the visitors noted in the audit form that the education provider has not mapped the service user and carer involvement standard. Also the education provider did not submit any evidence in support of this standard. Consequently, the visitors could not determine how service users and carers are involved in this programme and the visitors noted that the education provider has not submitted any evidence in the past to support this standard. As such, the visitors require further evidence in order to determine how service users are involved in the programme, how their involvement is appropriate for this programme, how they are trained and how they are supported

**Suggested documentation:** Further information about how service users and carers are involved in the programme, how their involvement is appropriate for this programme, how they are trained and how they are supported.

## Section four: Recommendation of the visitors

To recommend a programme for ongoing approval, the visitors must be assured that the programme meets all of the standards of education and training (SETs) and that those who complete the programme have demonstrated an ability to meet our standards of proficiency (SOPs) for their part of the Register.

The visitors agreed to recommend to the Education and Training Committee that:

- There is sufficient evidence to show the programme continues to meet the standards of education and training and that those who complete the programme will continue to demonstrate an ability to meet the standards of proficiency.
- There is insufficient evidence to determine if or how the programme continues to meet the standards of education and training listed. Therefore, a visit is recommended to gather more evidence and if required place conditions on ongoing approval of the programme.

### 3.17 Service users and carers must be involved in the programme

**Reason:** From the initial evidence provided the visitors could not determine whether service users and carers were involved in the programme. The visitors noted, from the additional evidence provided, the rationale and aspirations to involve service users and carers in the programme. According to the education provider, during the 2014-15 and 2015-16 academic year they were making arrangements to incorporate service users and carers in the programme in 2016-17, and this modification to the programme was accepted by the university's quality enhancement office in June 2016. In an updated audit form, the education provider explained that the trainees engage service users and carers in their practice to demonstrate how this standard is met. From the visitors' understanding of the information and examples provided, trainees are responsible for proactively engaging with service users and carers, as opposed to involvement being a formalised part of the programme.

Furthermore, the visitors noted in the updated audit form that "the intended recruitment strategy" of service users and carers for the 2015-16 academic year involved "liaising with suitable NHS services... and inviting service users or carers, to offer a presentation or a talk, on their experience of receiving an intervention for a health related presenting problem". In practice for the 2016-17 academic year, the programme has been "liaising with the Royal Free Smoking Cessation Service and a service user group has been identified and is willing to deliver a presentation on psychological interventions, overall experience of service provision, participation in assessment and outcome as well as participation in service audits (if applicable)." The visitors noted that these service users and carers will be involved in an ad hoc basis as "where relevant service user groups and carers who are willing to offer a presentation will be recruited via the service provider". The visitors noted that there is no formalised way of recruiting service users and carers, or ensuring their involvement in the programme. The programme does not have their own service users and carers, rather expecting NHS services to recruit service users and carers on their behalf. The visitors saw no agreement between the NHS service and the education provider to ensure that they have the appropriate service users for the programme.

The visitors noted, from information in the audit form, that service users and carers will be supported by the programme team whilst presenting to the trainees. The visitors however, were not clear what the training for service users and carers would entail, whether this training would be appropriate for the involvement, and how the education provider will ensure that all service users and carers undertake this training before being involved in the programme. From the visitors understanding, although the programme leader provides the training information, it is the NHS service's responsibility to ensure that service users and carers are trained. As they saw no policy to manage this, the visitors are therefore unsure how the education provider will ensure that all service users and carers will be appropriately trained before being involved in the programme.

Finally, as part of the information provided, the visitors were directed to course specification (section 7.1 of the course handbook). The visitors noted in the course specification that the only formalised document which explains how service users and carers are involved in the programme is by expecting trainees to "adopt a questioning stance to clinical practice that constantly looks to service user's needs and expectations".

Overall the visitors saw no formalised information to demonstrate how service users and carers are involved in the programme currently, or will be involved in the programme going forward. The visitors therefore cannot determine who the service users and carers are (or will be), how they will be involved in the programme, how their involvement is appropriate, and how the programme team will support them appropriately in undertaking this role. Therefore the visitors cannot determine that this standard is met by the programme.

The education provider has had two chances to demonstrate that this standard is met via a documentary submission. In this case, a visit is the most appropriate process to gather evidence around service user and carer involvement, due to the various groups that have contact with service users and carers when they are embedded into the programme. It would be appropriate to visit this programme to focus on SET 3: Programme management and resources, and to meet the programme team, students, placement providers, and the service users and carers themselves.



## Formal Representations letter to the Education and Training Committee of the HCPC

Dear Sir/Madam,

Re: HEALTH PSYCHOLOGY AUDIT 2014-2015 & 2015-2016, London metropolitan University

Further to our recent correspondence with our education officer Ms Jasmine Oduro-Bonsrah, I am now very kindly writing to offer a response to the visitors' report regarding the annual audit for the Health Psychology Programme at London Metropolitan University (2014/15 & 2015/16).

The programme has received the visitors' report on the submitted annual audit. The visitors' report however indicates that there is lack of clarity on some points regarding meeting standard **3.17 : Service users and carers involvement**. As a result, there seem to be some factual inaccuracies between the submitted audit and the visitors' report and as such, I am now writing to offer some clarification on the points concerned, for your consideration.

Please accept our apologies in advance for any ambiguity in the submitted audit.

As highlighted in the audit, during 2015-2016 the programme was making preparations to implement standard 3.17 during the academic year 2016-2017. No recruitment of service users took place during 2015-2016. The intended strategy for the academic year 2016-2017, involved liaising with NHS services to recruit service users and carers (where relevant) who have received a health psychology intervention, to be involved in teaching, learning and feedback activities, within the programme, following training and support from the

education provider. Additionally, the plan was for students to demonstrate service user involvement within their individual placements through a service evaluation for example, or another activity like a service development plan, an audit or service user feedback for their case studies. This would be appropriate for the training programme in terms of contribution to achieving the course specification requirements listed in the audit.

This strategy was designed to correspond to the HCPC'S guidelines for service user/carer involvement in the following areas:

- Teaching and learning activities.
- Feedback and assessment.
- Programme planning and development.
- Development of teaching approaches and materials.

During the academic year 2016-2017 and as highlighted in the audit, the programme has been implementing this strategy by supporting trainees with service user involvement activity in their submissions, and has been liaising with NHS services to invite and recruit service users in order to be involved in teaching, learning and feedback activities in the form of a presentation or a lecture.

The visitors' report states that : *“From the visitors understanding, although the programme leader provides the training information, it is the NHS service’s responsibility to ensure that service users and carers are trained. As they saw no policy to manage this, the visitors are therefore unsure how they education provider will ensure that all service users and carers will be appropriately trained before being involved in the programme.”*

Please accept our sincere apologies if there was any ambiguity in the content of the audit but I would like to clarify that it is the programme’s responsibility to offer training and support to the service users involved and not the NHS services’ responsibility. I attach recruitment communication between the programme and relevant NHS services where liaison was taking place in order to invite and recruit service user groups from their panels, with an aim to offer training and support at London Metropolitan University.

The visitors also noted that they were unsure how the education provider would train the associated service users and carers. The following information submitted in the audit, highlighted the areas of relevant training and felt that this information would suffice, but please accept our apologies if that wasn't the case.

*“The programme will liaise with the service provider or placement supervisor to train and support service users in the following ways:*

- *Offer a rationale for the presentation at LMU by outlining the key components of the Course and agreeing focal points for discussion such as: experience of assessment, intervention, service delivery, outcome measurement and patient experience.*
- *Emphasise the benefits of service user involvement in training, in terms of helping our trainees develop practical and intellectual skills within the context of health psychology practice*
- *Offer the opportunity to reflect on their experience and strengthen their sense of inclusion within service provision which is in line with NICE guidelines*
- *Respect their confidentiality and abide by HCPC and BPS standards of ethics*
- *Offer practical support in terms of physical arrangements at the university*
- *Offering support during the delivery of the presentation by having a member of staff present to orchestrate the process*
- *Offer debriefing space where a member of staff will discuss any issues arising following the presentation*
- *Offer support through placement provider and programme supervisor, following liaison with them.*

*Whilst training and guidance will be provided, the programme will respect service user groups' autonomy in terms of presenting aspects of their experience in a way that feels appropriate to them in an attempt to promote empowerment and authenticity.....”*

*“The acting course leader has provided training information to the service manager. The acting course leader or a programme supervisor will continue to liaise with the service in*

*terms of offering practical guidance and support to the service user group prior to their presentation and during the presentation in class”*

Regarding the programme’s recruitment strategy the visitors’ report quotes the following:

*“The visitors noted that there is no formalised way of recruiting service users and carers, or ensuring their involvement in the programme. The programme does not have their own service users and carers, rather expecting NHS services to recruit service users and carers on their behalf. The visitors saw no agreement between the NHS service and the education provider to ensure that they have the appropriate service users for the programme.”*

This is the first academic year standard 3.17 has been incorporated within the Health Psychology programme and as such, the course has been piloting a recruitment strategy similar to other Professional Doctorate Programmes. The visitors are right to state that the programme does not have its own service users yet, but it was felt that liaising with NHS services that offer a Health Psychology intervention to access and recruit service users or carers from their existing panels, would be an acceptable strategy to ensure appropriate service user involvement in Education and Training, and meet the requirements for implementation of standard 3.17. The programme would welcome further recommendations from the visitors to improve our policy on service user and carer involvement.

The implementation of standard 3.17 is still work in progress within our programme, with recruitment taking place in May and workshops being organised for delivery in July 2017. We have identified and secured two service user groups who agreed to participate in teaching and learning activities, to offer feedback on aspects of training and help develop future curricula. A workshop has been organised and will take place in July. All service users will be offered reasonable re-imbusement of their expenses whilst involved in learning and feedback activities at London Metropolitan University.

It is hoped that this letter has provided further elucidation on aspects of the annual audit that may have appeared unclear. We are aware that the Education and Training Committee cannot accept additional evidence at this stage but the programme is attaching copies of the recruitment communication between the University and the NHS services in order to provide clarification on the process of recruitment, and the programme’s responsibility for training potential service users.

The implementation of standard 3.17 is still work in progress given that the permanent programme leader left the university in March 2017. The Health and Care Professions Council was notified of her departure via the Major Change Process and the programme was advised that an approval visit would be organised once the education provider appoints a new programme leader. The university has recruited a new programme leader in May 2017 and the Council will be formally notified of her appointment via Major Change Process once the new programme leader commences her duties.

The University will welcome an approval visit from the Health and Care Professions Council in order to provide further evidence associated with the annual monitoring process and is already making preparations for an approval visit, once the new permanent Programme leader has been appointed.

Thank you in advance for your consideration of this letter.

Yours sincerely,

Dr Catherine Athanasiadou-Lewis, Senior Lecturer in Psychology

Cc Dr Chris Chandler , Head of Psychology

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### Section one: Programme details

Name of education provider	Metanoia Institute
Name of validating body	Middlesex University
Programme title	Doctorate in Counselling Psychology and Psychotherapy by Professional Studies (DCPsych)
Mode of delivery	Part time
Relevant part of the HCPC register	Practitioner psychologist
Relevant modality	Counselling psychologist
Name and role of HCPC visitors	Sabiha Azmi (Practitioner psychologist) Richard Kwiatkowski (Counselling psychologist)
HCPC executive	Jamie Hunt
Date of assessment day	18 January 2017

### Section two: Submission details

The following documents were provided as part of the audit submission:

- A completed HCPC audit form
- Internal quality report for one year ago
- Internal quality report for two years ago
- External examiner's report for one year ago
- External examiner's report for two years ago
- Response to external examiner's report one year ago
- Response to external examiner's report for two years ago

### Section three: Additional documentation

- The visitors agreed that no further documentation was required in order to make a recommendation.
- The visitors agreed that additional documentation was required in order to make a recommendation. The standards of education and training (SETs), for which additional documentation was requested, are listed below with reasons for the request.

#### **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.**

**Reason:** In their mapping document, the education provider has noted that there were no changes that impact on how this standard is met. However, in their internal quality monitoring documentation, the education provider has noted that "(a)ll intake materials were reviewed and updated" which suggests that the way the standard is met could be impacted. There is no supporting documentation which addresses this area, and therefore the visitors require further evidence from the education provider.

**Suggested documentation:** Evidence that demonstrates how this standard continues to be met, considering the change noted in the internal quality monitoring documentation. The visitors recommend that the education provider produces a narrative / rationale document to support their additional evidence submission.

#### **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.**

**Reason:** The visitors noted that in both internal quality monitoring documents, the education provider has provided an appendix relating to equality and diversity monitoring data, and progression and achievement data. However, this appendix was left blank in both submissions, and therefore the visitors were unclear whether this document was being used as intended, or if this information was being regularly reported and acted upon. Therefore, the visitors require further evidence to ensure this standard continues to be met.

**Suggested documentation:** Evidence that demonstrates that equality and diversity policies are being implemented and monitored.

#### **3.1 The programme must have a secure place in the education provider's business plan.**

**Reason:** In their mapping document, the education provider has noted that there were no changes that impact on how this standard is met. However, in their internal quality monitoring documentation, the education provider has noted "significant changes at the university in the management of collaborative links", which suggests that the way the standard is met could be impacted. There is no supporting

documentation which addresses this area, and therefore the visitors require further evidence from the education provider.

**Suggested documentation:** Evidence that demonstrates how this standard continues to be met, considering the change noted in the internal quality monitoring documentation. The visitors recommend that the education provider produces a narrative / rationale document to support their additional evidence submission.

### **3.2 The programme must be effectively managed.**

**Reason:** In their mapping document, the education provider has noted that there were no changes that impact on how this standard is met. However, in their internal quality monitoring documentation, the education provider has noted they now “have a Learning, Teaching and Enhancement Committee whose remit is the overseeing of relevant strategy for learning and teaching”, and have established “a more coherent committee structure to monitor quality developments together with the appointment of an Academic Quality Manager”, which suggests that the way the standard is met could be impacted. There is no supporting documentation which addresses this area, and therefore the visitors require further evidence from the education provider.

**Suggested documentation:** Evidence that demonstrates how this standard continues to be met, considering the change noted in the internal quality monitoring documentation. The visitors recommend that the education provider produces a narrative / rationale document to support their additional evidence submission.

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

**Reason:** In their mapping document, the education provider has noted that there were no changes that impact on how this standard is met. However, in their internal quality monitoring documentation, the education provider has noted “establishment of a more coherent committee structure to monitor quality developments together with the appointment of an Academic Quality Manager”, which suggests that the way the standard is met could be impacted. There is no supporting documentation which addresses this area, and therefore the visitors require further evidence from the education provider.

**Suggested documentation:** Evidence that demonstrates how this standard continues to be met, considering the change noted in the internal quality monitoring documentation. The visitors recommend that the education provider produces a narrative / rationale document to support their additional evidence submission.

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

**Reason:** In their mapping document, the education provider has noted that there were no changes that impact on how this standard is met. However, in their internal quality monitoring documentation, the education provider has noted they have “continued to develop... IT resources over this academic year”, have “offered better management support to... library staff and have also been... updating [the] website and developing the Moodle VLE to replace [their] previous Secure Member’s Area”,

which suggests that the way the standard is met could be impacted. There is no supporting documentation which addresses this area, and therefore the visitors require further evidence from the education provider.

**Suggested documentation:** Evidence that demonstrates how this standard continues to be met, considering the change noted in the internal quality monitoring documentation. The visitors recommend that the education provider produces a narrative / rationale document to support their additional evidence submission.

### **3.9 The resources to support student learning in all settings must effectively support the required learning and teaching activities of the programme.**

**Reason:** In their mapping document, the education provider has noted that there were no changes that impact on how this standard is met. However, in their internal quality monitoring documentation, the education provider has noted that they are undertaking “on-going discussions with senior colleagues at Middlesex University about a number of key academic and administrative processes that need urgent attention” including logging in to MyUnihub, confirmation of examiners for Research Vivas, “MISIS issues”, sending of conferment letters, delivery of final degree certificates, and processing of final research project activities. This suggests that the way the standard is met could be impacted. There is no supporting documentation which addresses this area, and therefore the visitors require further evidence from the education provider.

**Suggested documentation:** Evidence that demonstrates how this standard continues to be met, considering the change noted in the internal quality monitoring documentation. The visitors recommend that the education provider produces a narrative / rationale document to support their additional evidence submission.

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

**Reason:** In their mapping document, the education provider has noted that there were no changes that impact on how this standard is met. However, in their internal quality monitoring documentation, the education provider has noted that they “have been reviewing support needed by certain candidates and are offering this as part of a structured strategy” which suggests that the way the standard is met could be impacted. There is no supporting documentation which addresses this area, and therefore the visitors require further evidence from the education provider.

**Suggested documentation:** Evidence that demonstrates how this standard continues to be met, considering the change noted in the internal quality monitoring documentation. The visitors recommend that the education provider produces a narrative / rationale document to support their additional evidence submission.

### **3.12 There must be a system of academic and pastoral student support in place.**

**Reason:** In their mapping document, the education provider has noted that there were no changes that impact on how this standard is met. However, in their internal quality monitoring documentation, the education provider has noted that they “have been reviewing support needed by certain candidates and are offering this as part

of a structured strategy” which suggests that the way the standard is met could be impacted. There is no supporting documentation which addresses this area, and therefore the visitors require further evidence from the education provider.

**Suggested documentation:** Evidence that demonstrates how this standard continues to be met, considering the change noted in the internal quality monitoring documentation. The visitors recommend that the education provider produces a narrative / rationale document to support their additional evidence submission.

### **3.17 Service users and carers must be involved in the programme.**

**Reason:** The visitors reviewed the information in the mapping document, and noted that service users and carer feedback may be considered and acted upon by the programme team, depending on what feedback is received by the in house clinic. The visitors also noted that there are “borough wide meetings where there is user involvement”, but were not clear whether this involvement feeds directly into to the programme. Considering how feedback may be received, the visitors considered that any feedback gathered by the programme was passive, and would expect more active and direct service user and carer involvement in the programme in order for this standard to be met. The visitors also noted that there was no supporting evidence provided to demonstrate how service users and carers are involved in the programme.

**Suggested documentation:** Evidence that demonstrates how the education provider involves service users and carers in the programme, how they ensure these service users and carers are appropriate, and how they ensure they are appropriately supported.

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

**Reason:** In their mapping document, the education provider has noted that there were no changes that impact on how this standard is met. However, in their internal quality monitoring documentation, the education provider has noted that they have “redesigned the presentation of... progression data for the September 2016 [Progression] Board”, which suggests that the way the standard is met could be impacted. There is no supporting documentation which addresses this area, and therefore the visitors require further evidence from the education provider.

**Suggested documentation:** Evidence that demonstrates how this standard continues to be met, considering the change noted in the internal quality monitoring documentation. The visitors recommend that the education provider produces a narrative / rationale document to support their additional evidence submission.

## Section four: Recommendation of the visitors

To recommend a programme for ongoing approval, the visitors must be assured that the programme meets all of the standards of education and training (SETs) and that those who complete the programme have demonstrated an ability to meet our standards of proficiency (SOPs) for their part of the Register.

The visitors agreed to recommend to the Education and Training Committee that:

- There is sufficient evidence to show the programme continues to meet the standards of education and training and that those who complete the programme will continue to demonstrate an ability to meet the standards of proficiency.
- There is insufficient evidence to determine if or how the programme continues to meet the standards of education and training listed. Therefore, a visit is recommended to gather more evidence and if required place conditions on ongoing approval of the programme.

### **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.**

**Reason:** The visitors requested additional evidence that demonstrates how the programme continues to meet this standard, considering the changes noted in their internal quality monitoring documentation. From their response, the education provider has not identified what changes were made to their intake materials in the audit period (2014-15 and 2015-16), instead the education provider has described in some detail what their position currently is. In their covering letter, the education provider has noted that additional changes have been made to the programme in April 2017, which is outside of this audit period. From reviewing the additional documentation provided, the visitors were still unclear of what changes were made in the audit period, what changes have been made since, and therefore how the programme has continued to meet this standard.

As the education provider has been unable to define so that the visitors understood the specific changes made to the programme in this area, and because the education provider has made further changes outside of the audit period, the visitors consider it most appropriate to visit the programme to gather evidence about how the standards are met. An approval visit will allow visitors to assess a documentary submission, and ask questions of relevant groups, to enable them to make a full and informed decision about whether the programme continues to meet the 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.**

**Reason:** The visitors requested additional evidence that demonstrates how the education provider captured and used equality and diversity data as part of the

admissions process, as it appeared from the audit documentation that this data was not being collected. In their response, the education provider has referenced their equality and diversity policies, and has provided example information from a recent cohort. However, from the additional information provided, the visitors were unclear how the data collected would inform admissions. The visitors were also unclear whether the education provider has made any changes in this area.

From the information provided, and considering the broad range of other standards that may be impacted by the changes to the programme, the visitors consider that it is most appropriate to visit the programme to consider this and other standards. An approval visit will allow visitors to assess a documentary submission, and ask questions of relevant groups, to enable them to make a full and informed decision about whether the programme continues to meet the standards.

### **3.1 The programme must have a secure place in the education provider's business plan.**

**Reason:** The visitors requested additional evidence that demonstrates how the programme continues to meet this standard, considering the changes flagged through their internal quality monitoring documentation that there were "significant changes at the university in the management of collaborative links". In their response, the education provider has clarified that these are in fact more minor changes than first thought, but the visitors are still unclear about exactly what changes have been made beyond links to individuals at Middlesex University, or how these changes impact on the management of the programme.

As the education provider has been unable to define so that the visitors understood the specific changes made to the programme in this area, and because the education provider has made further changes outside of the audit period, the visitors consider it most appropriate to visit the programme to gather evidence about how the standards are met. An approval visit will allow visitors to assess a documentary submission, and ask questions of relevant groups, to enable them to make a full and informed decision about whether the programme continues to meet the standards.

### **3.2 The programme must be effectively managed.**

**Reason:** The visitors requested additional evidence that demonstrates how the programme continued to be effectively managed, considering the changes to the management structure. From their response, the education provider has not identified what changes were made to the management structure in the audit period (2014-15 and 2015-16), instead the education provider has described in some detail what their position currently is. In their covering letter, the education provider has noted that additional changes have been made to the programme in April 2017, which is outside of this audit period. From reviewing the additional documentation provided, the visitors were still unclear of what changes were made in the audit period, what changes have been made since, and therefore how the programme has continued to meet the standards.

As the education provider has been unable to define so that the visitors understood the specific changes made to the programme in this area, and because the education provider has made further changes outside of the audit period, the

visitors consider it most appropriate to visit the programme to gather evidence about how the standards are met. An approval visit will allow visitors to assess a documentary submission, and ask questions of relevant groups (which is especially pertinent to this standard), to enable them to make a full and informed decision about whether the programme continues to meet the standards.

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

**Reason:** The visitors requested additional evidence that demonstrates how the revised management structure would work in practice, and how the programme would continue to have regular monitoring and evaluation systems in place. In their response, the education provider has flagged that evidence provided to support SET 3.2 also applies here, and also notes some changes such as the development of an academic quality role from 'Manager' to 'Head of'. The education provider also flags that they need to use Middlesex's internal quality monitoring report as a part of their arrangements with them as validating body. However the visitors were unclear how the changes noted impact on monitoring and evaluation of the programme, or how the education provider was effectively using quality monitoring documentation if it was not fully completed (see also the reasoning for SET 2.7).

Therefore, the visitors recommend that this programme is visited, so visitors are able to assess a documentary submission, and ask questions of relevant groups, to enable them to make a full and informed decision about whether the programme continues to meet the standards.

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

**Reason:** The visitors requested additional evidence that demonstrates how the newly introduced learning resources, including IT and a virtual learning environment (VLE) would be effectively used. In their response, the education provider has noted that the new VLE (Moodle) "is very much a work in progress at present" and that they "need further time to report on this as a full implementation." Therefore, the visitors could not be satisfied that this standard continued to be met with the ongoing changes flagged.

Therefore, the visitors recommend that this programme is visited, so visitors are able to assess a documentary submission, and ask questions of relevant groups, to enable them to make a full and informed decision about whether the programme continues to meet the standards.

### **3.9 The resources to support student learning in all settings must effectively support the required learning and teaching activities of the programme.**

**Reason:** The visitors requested additional evidence that demonstrates how issues with administrative support available from Middlesex identified in internal monitoring reports have been dealt with. The visitors noted that some of these issues have been noted as being resolved in the education provider's response, but that issues with MyUnihub, confirmation of examiners for Research Vivas, "MISIS issues", and processing of final research project activities were not specifically addressed.

Therefore, the visitors could not be satisfied that this standard continued to be met with the potential outstanding issues flagged. The visitors were also unclear whether issues flagged as being addressed resulted in changes to the programme, and whether those changes had been reported to the HCPC. Therefore, the visitors recommend that this programme is visited, so visitors are able to assess a documentary submission, and ask questions of relevant groups, to enable them to make a full and informed decision about whether the programme continues to meet the standards.

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

**Reason:** The visitors requested additional evidence that demonstrates how student welfare and wellbeing support will continue to be adequate and accessible in all settings, following changes made by the education provider. From their response, the education provider has not identified what changes were made to this area in the audit period (2014-15 and 2015-16), instead the education provider has described in some detail what their position currently is.

As the education provider has been unable to define so that the visitors understood the specific changes made to the programme in this area, and because the education provider has made further changes to the programme outside of the audit period, the visitors consider it most appropriate to visit the programme to gather evidence about how the standards are met. An approval visit will allow visitors to assess a documentary submission, and ask questions of relevant groups, to enable them to make a full and informed decision about whether the programme continues to meet the standards.

### **3.12 if this refers specifically to English as a second language (as above) please explain the changes and how they impact on the standard**

**Reason:** The visitors requested additional evidence that demonstrates how a system of academic and pastoral support was still in place, following changes made by the education provider. From their response, the education provider has not identified what changes were made to this area in the audit period (2014-15 and 2015-16), instead the education provider has described in some detail what their position currently is.

As the education provider has been unable to define so that the visitors understood the specific changes made to the programme in this area, and because the education provider has made further changes to the programme outside of the audit period, the visitors consider it most appropriate to visit the programme to gather evidence about how the standards are met. An approval visit will allow visitors to assess a documentary submission, and ask questions of relevant groups, to enable them to make a full and informed decision about whether the programme continues to meet the standards.

### **3.17 Service users and carers must be involved in the programme.**

**Reason:** The visitors requested additional evidence that demonstrates how service users and carers are involved in the programme. In their response, the education provider repeated information contained in the original audit, and notes that they

“are aware that more is needed by way of service user involvement and externality in the structure, teaching and management of the programme”, and then go on to discuss plans in place to further involve service users and carers. The visitors note that the standard requiring service user and carer involvement applied to this programme from September 2015, but it has not been met at this point. Therefore, the visitors recommend that we visit the programmes to establish whether this standard is met.

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

**Reason:** The visitors requested additional evidence that demonstrates how there continues to be effective monitoring and evaluation systems in place to ensure appropriate standards in the assessment. In their response, the education provider has not identified what changes were made in these areas, instead the education provider has described in some detail what their position currently is.

As the education provider has been unable to define so that the visitors understood the specific changes made to the programme in this area, and considering the other standards still impacted, the visitors consider that a visit is most appropriate to consider how this standard continues to be met.

#### **Section five: Visitors' comments**

The visitors noted that the education provider has stated that their “new intake procedures begin in January 2017 and will be completed by September 2017” in their internal quality monitoring documentation. Although this is outside of the period that we are considering in this audit, the visitors noted that this could impact on the way the standards in SET 2 (programme admissions) are met. As the visitors are recommending an approval visit to consider the programme, the education provider should demonstrate how the programme continues to meet the SETs by including these changes as part of the documentary submission.