

Annual monitoring visitors' report

Contents

Section one: Programme details.....	1
Section two: Submission details	1
Section three: Additional documentation	2
Section four: Recommendation of the visitors	6
Section five: Visitors' comments	9

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.

2.7 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 further documentation to demonstrate how the education provider captured and used equality and diversity data as part of the admissions process, especially as the form was left blank as part of the audit. In response the education provider explained that the “On the Middlesex University Annual Monitoring Report specific statistics are only required for validated programmes, not for joint programmes.” And as this programme is a joint programme this data was not required. The response went on further to state “we [Metanoia] continue to have in place a policy on equality and diversity as well as a commitment to implement and monitor this policy.” However with this statement only and no evidence about these internal policies, or how they have been monitored the visitors could not determine how the education provider had captured and used equality and diversity data as part of the programme. Therefore there is insufficient evidence to demonstrate how this standard continues to be met, and it should be considered as part of an approval visit.

3.2 The programme must be effectively managed.

Reason: The visitors requested additional documentation to demonstrate how the changes to the management structure of the programme ensured that the programme continues to be effectively managed. In response, the education provider stated that “we [Metanoia] have created a new Faculty structure at the Institute which is supported by an extended committee structure and by the appointment of a Head of Quality who monitors all professional accreditations and approvals for particular programmes”. However the education provider did not define what this new faculty structure would be, explain how it would work, or provide any evidence to support their statement, to show how the standard continues to be met. As such, the visitors could not determine how the programme continued to be effectively managed. Therefore the visitors recommend that a visit

is necessary to consider the new management structure, and to determine whether the programme will continue to be effectively managed.

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

Reason: The visitors requested additional documentation to demonstrate 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 response the education provider stated that “we [Metanoia] have created a new Faculty structure at the Institute which is supported by an extended committee structure and by the appointment of a Head of Quality who monitors all professional accreditations and approvals for particular programmes”. However, as with the above standard, the education provider did not define how this new structure will work in practice, how it will ensure that the monitoring and evaluation of the programme would continue, or provide any further evidence in support of their statements. In addition, the education provider stated that they would continue with the regular pre-existing monitoring, however considering the structural changes and the lack of clarity about how the new structure will work, the visitors could not determine how the current monitoring would fit into the new management structure. Therefore, the visitors could not determine whether this standard continues to be met and recommend that a visit is necessary to ensure that there continues to be regular monitoring and evaluation systems in place.

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

Reason: The visitors requested additional documentation to demonstrate how the newly introduced learning resources, including IT and a virtual learning environment (VLE) would be effectively used. In response, the education provider directed the visitors to a new virtual learning environment, the visitors could see that the VLE site was online, however they could not access the full range of resources. More significantly the education provider stated that the software was ready for use, however students are being enrolled onto the new system in a phased approach. The visitors identified that this meant that some students did not have access to the new resources, therefore could not see how the new resources were supporting the learning of all students, or being effectively used. Furthermore as part of the request for additional documentation, the visitors requested information about the changes to the IT resources and the library resources. Both of these issues were not addressed as part of the additional documentation supplied. As such, the visitors were unclear how the programme continues to ensure that the resources to support student learning in all settings will be effectively used. Therefore the visitors recommend that a visit is necessary to consider the changes proposed and ensure that the standard continues to be met.

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 documentation to demonstrate how the issues with administrative support available from Middlesex identified in internal monitoring reports have been dealt with. These issues related to activities linked to vivas, conferment letters and other administrative tasks. In response to the request,

the education provider explained that there has been an ongoing issue with Middlesex University about the recording of candidate information on their system and that they will address and resolve these issues by using the Middlesex internal monitoring processes. This suggests that the issues are not yet resolved, and therefore the visitors could not determine that the standard continues to be met. Therefore, the visitors could not determine that the resources to support student learning in all settings effectively support the required learning and teaching activities of the programme. As such, the visitors recommend that a visit is undertaken to consider how the education provider has resolved the issues highlighted and demonstrate that this standard is met.

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 documentation to demonstrate how student welfare and wellbeing support will continue to be adequate and accessible in all settings, following changes made by the education provider. In response the education provider explained that previously the welfare and wellbeing support services were provided by Middlesex University. Due to the growth in size of the Metanoia institute, the education provider has decided to change student support to provide more services in house. For example Metanoia library staff are being trained to provide support for dyslexia and dyspraxia. However the visitors could not determine how the new in house arrangements would ensure that there are adequate and accessible resources in place to support the welfare and wellbeing of students in all settings. For example, if the internal support available is limited to dyslexia and dyspraxia. As such the visitors could not determine that the standard continues to be met, and that therefore a visit is undertaken.

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

Reason: The visitors requested additional documentation to demonstrate that service user and carers are involvement in the programme. In response to this request the education provider re-stated that service users attending the clinic provide feedback and provided the questionnaire that the service users complete. When reviewing this document the visitors noted that it did not stipulate the purpose of the form, nor did the questions refer specifically to the students on the programme. As such the visitors did not consider this to be service user and carer involvement, as the service users and carers were not actively involved in the programme itself, but were rather providing feedback on the service received at the clinic. The education provider's response also referred to some future developments for service user and carer involvement, but no further evidence about what this involvement would look like was provided. Without evidence about this future involvement the visitors could not determine that service users and carers were or will be involved in the programme. As such a visit is required to determine how service users and carers are directly involved in the programme, including how they are supported and prepared for their role in the programme.

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.