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Education and Training Committee (Panel), 30 January 2019

Cover paper for agenda item 3D – Metanoia Institute (validated by Middlesex University) – Doctorate in Counselling Psychology and Psychotherapy by Professional Studies (DCPsych) – Part time

Executive summary and recommendations

### **Introduction**

At the Education and Training Committee (Panel) meeting of 20 September 2018, the Committee noted their concerns with the number of issues raised about this programme through the approval process, considering that the programme was already approved. The Committee asked for a cover paper to be submitted alongside the final visitor recommendation about the ongoing approval of this programme.

### **Decision**

Considering sections 5 and 6 of the paper, the Committee is asked to:

- Agree the visitors' recommendation that ongoing approval of the programme is confirmed.
- Decide when the programme should next be required to engage with annual monitoring.
- Decide on any additional requirements of annual monitoring for the programme to undertake in the future.

### **Resource implications**

- Small additional executive resource if the decision is to assess the programme via annual monitoring in this academic year.

### **Financial implications**

- Likely small additional partner costs if the decision is to assess the programme via annual monitoring in this academic year.

### **Appendices**

Appendix A – programme annual monitoring report from 2016-17

Appendix B – ETC decision AM process decision notice

Appendix C – Approval process report

### **Date of paper**

17 January 2019

# Decision to approve Metanoia Institute practitioner psychology programme

## 1. Programme history and interactions with the HCPC

- 1.1. This programme has been running since January 2001, and moved into the HCPC's regulatory system when the practitioner psychologist profession onboarded 2009. As part of our normal requirements for this profession, we visited the programme in February 2011, and it was approved against the previous version of our standards of education and training (SETs).
- 1.2. The programme subsequently completed an annual monitoring audit in the 2014-15 academic year, which considered the 2012-13 and 2013-14 academic years. The outcome of this audit was to continue to approve the programme.
- 1.3. Along our normal two-yearly cycle, we undertook another annual monitoring audit in 2016-17, focusing on the 2014-15 and 2015-16 academic years. In this audit, we sought further evidence around a number of the standards.
- 1.4. The evidence and further documentation submitted through this process, did not enable the visitors to be satisfied that the programme continued to meet the SETs, and an approval visit was recommended to the Committee in July 2017, which the Committee agreed to.
- 1.5. A visit was scheduled for March 2018, which was then re-arranged for June 2018 due to availability of profession-specific partner visitors.

## 2. Programme annual monitoring in 2016-17

- 2.1. The visitors' concerns through this process stemmed from:
  - The education provider appearing to have made changes to the way in which the programme met certain standards that had not been appropriately reported and evidenced in the audit documentation.
  - The education provider's approach to meeting our new requirement to involve service users and carers (previous SET 3.17) was not sufficiently developed, considering that this standard was a requirement from September 2015 (the second academic year of the audit period).
- 2.2. We have included the annual monitoring report from 2016-17 as appendix A, and the Committee decision notice as appendix B.

## 3. Issues raised through the approval process

- 3.1. The Committee directed the visitors to consider whether the programme met all of the SETs through the approval process, rather than specific standards with outstanding concerns noted through the annual monitoring process. This is normal practice when one of the monitoring processes triggers the approval process.
- 3.2. All programmes visited from September 2017 were reviewed against the revised SETs, meaning that there were some new standards for the education provider to meet for the first time through the process.

3.3. Following the visit, the visitors recommended that 18 conditions were set on the programme. At their meeting of 20 September 2018, the Committee agreed to approve the programme subject to these conditions being met.

3.4. The conditions related to the following issues:

- Programme governance, management and leadership (SET 3) – funding security of the programme, the security of the relationship with the validating body, the role of the programme lead, that appropriate CPD for programme staff was in place, that sufficient resources were available, that appropriate use was being made of equality and diversity data, and the programme's ability to secure adequate appropriate PBL (which related to one of the new standards in SET 3).
- Service user and carer involvement (SET 3.7) – continuing from the concerns flagged through the annual monitoring process, the visitors noted that service user and carer involvement still appeared to be at the planning stage. This was a particular concern as by the time of the visit the education provider had been required to meet the service user and carer standard for almost three years, and had made little progress towards doing so. This was underlined by there being no evidence submitted against the service user and carer standard in the initial documentation or at the visit.
- Practice-based learning (SET 5) – maintaining regular and effective collaboration with practice partners, whether the range of PBL settings was appropriate, and the monitoring of PBL.
- Programme design and delivery (SET 4) and assessment (SET 6) – clarification on how one standard of proficiency was delivered, how the programme enabled learners to understand how to develop evidence based practice, and how assessment was monitored to ensure that it was appropriate.

3.5. The conditions can be found in section 4 of the process report, which is included as appendix C.

#### **4. Post visit**

4.1. The education provider met most conditions in their first conditions response.

4.2. However, the visitors requested further evidence regarding the following issues (as noted in section 5 of the report in appendix C):

- That the position of Clinical Development Officer (CDO), a post which the education provider had created in response to meet the conditions, had been or would be filled, and evidence of how the role would work in the programme management structure.
- That there was a clear strategy for service user and carer involvement, and for how that involvement would be planned and evaluated.
- How evidence-based practice would be covered by the curriculum.

4.3. In their second conditions response the education provider:

- Gave detailed information about the recruitment process for the CDO, including timescales, and a detailed explanation of how the CDO's role would work across the different areas of concern.

- Provided a specific plan for service user and carer involvement, involving timescales and specific actions to be taken. The plan included scheduled events and a detailed explanation of how service user and carer involvement would be embedded in the programme.
- Noted specific curriculum changes made to ensure that evidence-based therapies would be covered, and clarified the ways in which existing learning and teaching activities on the programme enable learners to understand evidence-based practice.

4.4. In considering this information, the visitors considered that the outstanding conditions were met, and that therefore the programme should continue to be approved, as noted in section 6 of the report in appendix C.

## **5. Future requirements of the programme**

5.1. From the 2018-19 academic year onwards, all programmes must provide a broader evidence base through annual monitoring that they have done previously.

5.2. In addition to previous requirements of internal quality monitoring reports, external examiner reports, and responses to external examiners, programmes must now provide monitoring of service user and carer involvement, and monitoring of practice-based learning.

5.3. Normally, following successful engagement with the approval process (leading to approval or ongoing approval), a programme is exempt from our annual monitoring requirements in the academic year after the approval visit (in this case the current academic year, 2018-19).

5.4. Therefore, if this programme were to slot back into normal monitoring, it would provide nothing in this academic year, a declaration in 2019-20 and an audit in 2020-21.

## **6. Decision**

6.1. The Committee made a decision to approve the programme subject to the conditions being met at its meeting in September 2018.

6.2. As noted in paragraph 4.4, the visitors have decided that the conditions are now met.

6.3. Therefore, the Committee is asked to agree the visitors' recommendation that ongoing approval of the programme is confirmed.

6.4. The Committee may wish to require something different of this programme in the future, such as:

- Require an audit submission earlier than 2020-21; and / or
- Require specific information and / or reporting (in addition to the normal documentary evidence, outlined in paragraph 5.2) to be provided through a future annual monitoring audit.

## Annual monitoring visitors' report

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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.

**Education and Training Committee Panel**

**Programmes which have subject to annual monitoring audit and for which continuing approval is recommended**

<b>Programme name</b>	Doctorate in Counselling Psychology and Psychotherapy by Professional Studies (DCPsych)
<b>Education provider</b>	Metanoia Institute (validated by Middlesex University)
<b>Mode of delivery</b>	PT (Part time)
<b>Date of decision</b>	6 July 207

**Panel:** Stephen Wordsworth (Chair)      Sonya Lam  
Maureen Drake                                  Gavin Scott  
Sue Gallone

<b>Decision</b>
<ol style="list-style-type: none"> <li>1. That, in respect of this programme the outcome recommended by the visitors be accepted.</li> <li>2. An approval visit should be arranged to gather evidence as to how the programme continues to meet the SETs. This visit should: <ol style="list-style-type: none"> <li>i) take place within 6 months of this decision;</li> <li>ii) include a tour of resources, meetings with students, practice placement providers and educators, service users and carers as well as the education provider's programme team and senior team; and</li> <li>iii) will consider how the programme continues to meet all of the standards of education and training</li> </ol> </li> </ol>
<b>Reasons</b>
<ol style="list-style-type: none"> <li>1. The Panel noted that the visitors saw insufficient evidence to demonstrate that the programme is continuing to meet a number of standards of education and training. As such they have agreed with the recommendation of the visitors.</li> <li>2. In reaching its decision in respect of this programme, the Panel is satisfied that an approval visit is required to appropriately assess how the</li> </ol>

programme continues to meet the standards. In particular the Panel is satisfied that:

- i) to ensure that sufficient time is provided for the education provider to respond to the conditions, for a visit to be arranged and for documentary evidence submitted by the education provider to be scrutinised, the Panel considers that the visit should take place within 6 months of this decision;
- ii) the nature of the visit means that a tour of resources, meetings with students, practice placement providers and educators, service users and carers as well as the education provider's programme team and senior team will be required; and
- iii) the way the programme continues to meet all of the standards of education and training will need to be considered.

**Signed: Stephen Wordsworth, Panel Chair**

## HCPC approval process report

Education provider	Metanoia Institute
Validating body	Middlesex University
Name of programme(s)	Doctorate in Counselling Psychology and Psychotherapy by Professional Studies (DCPsych), Part time
Approval visit date	26 - 27 June 2018
Case reference	CAS-12169-S3W1S5

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### Executive Summary

We are the Health and Care Professions Council (HCPC), a regulator set up to protect the public. We set standards for education and training, professional knowledge and skills, conduct, performance and ethics; keep a register of professionals who meet those standards; approve programmes which professionals must complete before they can register with us; and take action when professionals on our Register do not meet our standards.

The following is a report on the approval process undertaken by the HCPC to ensure that programme(s) detailed in this report meet our standards of education and training (referred to through this report as ‘our standards’). The report details the process itself, the evidence considered, and recommendations made regarding programme approval.

## Section 1: Our regulatory approach

### Our standards

We approve programmes that meet our education standards, which ensure individuals that complete the programmes meet proficiency standards. The proficiency standards set out what a registrant should know, understand and be able to do when they complete their education and training. The education standards are outcome focused, enabling education providers to deliver programmes in different ways, as long as individuals who complete the programme meet the relevant proficiency standards.

Programmes are normally [approved on an open-ended basis](#), subject to satisfactory engagement with our monitoring processes. Programmes we have approved are listed [on our website](#).

### How we make our decisions

We make independent evidence based decisions about programme approval. For all assessments, we ensure that we have profession specific input in our decision making. In order to do this, we appoint [partner visitors](#) to undertake assessment of evidence presented through our processes. The visitors make recommendations to the Education and Training Committee (ETC). Education providers have the right of reply to the recommendation of the visitors, inclusive of conditions and recommendations. If an education provider wishes to, they can supply 'observations' as part of the process.

The ETC make decisions about the approval and ongoing approval of programmes. In order to do this, they consider recommendations detailed in process reports, and any observations from education providers (if submitted). The Committee meets in public on a regular basis and their decisions are available to view [on our website](#).

### HCPC panel

We always appoint at least one partner visitor from the profession (inclusive of modality and / or entitlement, where applicable) with which the assessment is concerned. We also ensure that visitors are supported in their assessment by a member of the HCPC executive team. Details of the HCPC panel for this assessment are as follows:

Jai Shree Adhyaru	Practitioner psychologist - Counselling psychologist
Prisha Shah	Lay
Linda Mutema	Radiographer - Diagnostic radiographer
Niall Gooch	HCPC executive

### Other groups involved in the approval visit

There were other groups in attendance at the approval visit as follows. Although we engage in collaborative scrutiny of programmes, we come to our decisions independently.

Karen Chetwynd	Independent chair (supplied by the education provider)	Metanoia Institute
Douglas Bertram	Secretary (supplied by the education provider)	Metanoia Institute

## Section 2: Programme details

Programme name	Doctorate in Counselling Psychology and Psychotherapy by Professional Studies (DCPsych)
Mode of study	PT (Part time)
Profession	Practitioner psychologist
Modality	Counselling psychologist
First intake	01 January 2001
Maximum learner cohort	Up to 18
Intakes per year	1
Assessment reference	APP01787

We undertook this assessment via the approval process, which involves consideration of documentary evidence and an onsite approval visit, to consider whether the programme continues to meet our standards. We decided to assess the programme via the approval process due to the outcome of a previous assessment. The visitors in an annual monitoring audit process were not able to determine whether certain standards were met and so recommended a visit.

## Section 3: Requirements to commence assessment

In order for us to progress with approval and monitoring assessments, we require certain evidence and information from education providers. The following is a list of evidence that we asked for through this process, and whether that evidence was provided. Education providers are also given the opportunity to include any further supporting evidence as part of their submission. Without a sufficient level of evidence, we need to consider whether we can proceed with the assessment. In this case, we decided that we were able to undertake our assessment with the evidence provided.

Required documentation	Submitted
Programme specification	Yes
Module descriptor(s)	Yes
Handbook for learners	Yes
Handbook for practice based learning	Yes
Completed education standards mapping document	Yes
Completed proficiency standards mapping document	Yes
Curriculum vitae for relevant staff	Yes
External examiners' reports for the last two years, if applicable	Yes

We also expect to meet the following groups at approval visits:

Group	Met
Learners	Yes
Senior staff	Yes
Practice education providers	Yes

Service users and carers (and / or their representatives)	Yes
Programme team	Yes
Facilities and resources	Yes

## Section 4: Outcome from first review

### Recommendation of the visitors

In considering the evidence provided by the education provider as part of the initial submission and at the approval visit, the visitors' recommend that there was insufficient evidence to demonstrate that our standards are met at this time, but that the programme(s) should be approved subject to the conditions noted below being met.

### Conditions

Conditions are requirements that must be met before programmes can be approved. We set conditions when there is insufficient evidence that standards are met. The visitors were satisfied that a number of the standards are met at this stage. However, the visitors were not satisfied that there is evidence that demonstrates that the following standards are met, for the reasons detailed below.

We expect education providers to review the issues identified in this report, decide on any changes that they wish to make to programmes, and then provide any further evidence to demonstrate how they meet the conditions. We set a deadline for responding to the conditions of 28 September 2018.

### 2.3 The admissions process must ensure that applicants have a good command of English.

**Condition:** The education provider must demonstrate how they will ensure that all applicants have a good command of written English.

**Reason:** The visitors reviewed the evidence provided for this standard, which included an overview of the selection process. During the programme team meeting it was mentioned that in a previous cohort one learner had left the programme, by mutual consent, because they were unable to write English in an academic style to an appropriate level to pass some of the assessments. There was no indication that this learner had been unsuitable for the programme in any other way, so the visitors considered that the issue was with how the education provider's admission process ensured that applicants have a good command of written English. From the documentation, the visitors could not see that the education provider had a process in place to prevent something similar happening again. They had seen an overview of the selection process but could not see a specific reference to a test of proficiency in academic writing. The visitors were therefore unable to determine whether the education provider had an effective process in place for assessing an applicant's command of English, for example a test or a process of sampling academic writing, which would ensure that learners were able to complete the programme successfully. They therefore require the education provider to demonstrate how they will ensure that all applicants have a good command of written English.

## **2.7 The education provider must ensure that there are equality and diversity policies in relation to applicants and that they are implemented and monitored.**

**Condition:** The education provider must demonstrate how equality and diversity policies in relation to applicants are implemented.

**Reason:** The visitors reviewed the evidence provided for this standard, including the application form and a description of how equality and diversity policies relating to admissions were monitored. The visitors also discussed with the programme team how they approached equality and diversity issues relating to admissions. The programme team stated that they had had discussions about diversifying their applicant base, and had taken steps to do so by, for example, advertising in media targeted at underrepresented groups. The visitors considered that while these actions were helpful, they were not based on specific feedback, and it was not clear that there was a formal process in place for taking forward actions that resulted from equality and diversity monitoring. They were therefore not satisfied that equality and diversity policies relating to admissions were being implemented, as there had not seen evidence of a clear system for how particular issues arising from monitoring would be translated into action. They require the education provider to submit further evidence of how equality and diversity policies relating to applicants result in action where necessary.

## **3.1 The programme must be sustainable and fit for purpose.**

**Condition:** The education provider must clarify their contingency plan for funding the programme if there is a high learner attrition rate.

**Reason:** The education provider stated in the mapping document that the programme was due for revalidation by Middlesex University in 2019, but did not provide further evidence about the sustainability of the programme. The visitors discussed this issue with the senior team. They were informed that the programme was designed as self-funding, as its costs were met by the tuition fees paid by learners. This was not an issue in itself, however the visitors were aware that in some years the attrition rate was quite high. For example in one year the programme had lost four learners for various reasons. As the programme was only approved for 18 learners, and sometimes had cohorts smaller than that, this was potentially a risk to the sustainability of the programme. The senior team clarified in discussion that they could manage this risk through reserves, but the visitors were not able to see a clear statement or policy regarding how this contingency would be managed. They therefore require the education provider to submit further evidence showing that there is a plan in place for sustaining the programme if funding from learners is insufficient to fund the programme for any reason.

## **3.3 The education provider must ensure that the person holding overall professional responsibility for the programme is appropriately qualified and experienced and, unless other arrangements are appropriate, on the relevant part of the Register.**

**Condition:** The education provider must clarify the identity of the person with overall professional responsibility for the programme, and demonstrate that they have an effective process in place for identifying a suitable replacement if necessary.

**Reason:** The visitors reviewed the CV of Simon du Plock, Head of Faculty, submitted as evidence for this standard. They considered that he was suitable person to have overall professional responsibility for the programme, but from discussions at the visit it was not clear whether he was the person who was formally in a position of professional responsibility for the programme, and the visitors were not able to be sure about who did hold this position. Additionally, from discussions with the senior team it was not clear to the visitors whether there was a formal process in place for finding a new person for this role. The education provider had identified two leadership roles in the programme, Director of Studies and Director of Research, but it was not clear which of these had overall responsibility and it was not clear whether a formal process was in place to identify suitable new persons if necessary. The visitors therefore require the education provider to clarify who holds overall professional responsibility for the programme, and how the education provider will ensure that this person is suitable, and that there is an appropriate process to replace them if necessary.

### **3.5 There must be regular and effective collaboration between the education provider and practice education providers.**

**Condition:** The education provider must demonstrate how they will ensure regular and effective collaboration between the education provider and practice education providers.

**Reason:** The visitors reviewed the evidence submitted for this standard. This included a section in the Programme Handbook outlining what learners should expect while on practice-based learning and a similar section in the Clinical Placements Handbook. It was not clear to the visitors from this evidence how the education maintained regular and effective collaboration with practice education providers, and they did not see any records of meetings between the education provider and practice education providers. From discussions with the programme team and senior staff members from practice-based learning providers, the visitors were not clear about whether there was regular and effective collaboration between the two groups. In these meetings the visitors were told about some long-standing relationships between the education provider and practice education providers, but it was not clear that this was the case with all practice education providers, and contact often appeared to be reactive rather than happening on a regular basis as part of an ongoing relationship. The visitors therefore require the education provider to demonstrate how they ensure regular and effective collaboration with all practice education providers. They considered that there was a connection between this condition and the conditions set under SET 5 dealing with monitoring of practice-based learning and the training, preparation and qualification of practice educators.

### **3.6 There must be an effective process in place to ensure the availability and capacity of practice-based learning for all learners.**

**Condition:** The education provider must demonstrate how they will ensure the availability and capacity of practice-based learning for all learners.

**Reason:** The visitors reviewed the evidence provided for this standard, including the Clinical Placements Handbook and the clinical requirements section of the Programme Handbook. They were also able to discuss with the programme team the process for ensuring availability and capacity of practice-based learning. From the evidence provided it was not clear to the visitors whether there was a process in place for ensuring availability and capacity. The programme team stated in discussions that they

had a wide range of practice-based learning partners, and that they were able to help learners find appropriate settings. However, the visitors were aware from discussions with the learners and from programme documentation that learners were expected to find their own practice-based learning, and that this could often take a long time, months or years. One learner reported having taken two years to locate an appropriate placement. Another learner stated that they considered themselves “lucky” to have obtained an appropriate placement. It was not clear to the visitors what formal input the programme team had into learners’ searching for practice-based learning. It was clear that some staff had helped learners find placements but this did not appear to be part of a process. The visitors were therefore not satisfied that an effective process was in place, and they require the education provider to submit further evidence demonstrating that they have such a process.

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

**Condition:** The education provider must demonstrate how they will ensure that service users and carers are involved in the programme.

**Reason:** The education provider did not submit any specific evidence for this standard, although they did state in their mapping document that they were developing relationships between service users and carers and the programme. The visitors were able to discuss service user and carer involvement with the programme team and with a service user who attended the meeting. They were aware from these discussions that the service user and carer involvement for the programme was at the planning stage. They could not see that there was currently an appropriate level of service user involvement, or how the education provider would monitor and evaluate service user and carer involvement in the programme. They were also not clear how the education provider had decided which service user and carer groups were the most appropriate and relevant to the programme. They therefore require the education provider to demonstrate that service users and carers will be appropriately involved in the programme, and how service users and carers will contribute to the continuous improvement of the programme.

### **3.11 An effective programme must be in place to ensure the continuing professional and academic development of educators, appropriate to their role in the programme.**

**Condition:** The education provider must demonstrate how they will ensure that staff on the programme have appropriate access to continuing professional development.

**Reason:** The visitors reviewed the evidence provided for this standard, including the Programme Handbook. From this evidence it was not clear to the visitors what arrangements were in place for continuing professional and academic development for staff on the programme. In discussions with programme staff the visitors noted that while some appropriate development activity did take place for some staff, there was not a formal policy in place, which meant that there was a lack of transparency about what exactly different staff members might expect, and potentially a lack of equity in access. This meant that the visitors could not be satisfied that there was an effective programme in place to ensure the continuing professional and academic development of educators. They therefore require the education provider to demonstrate how they will ensure the continuing professional and academic development of educators.

### **3.12 The resources to support learning in all settings must be effective and appropriate to the delivery of the programme, and must be accessible to all learners and educators.**

**Condition:** The education provider must demonstrate how they monitor the use of resources to ensure that those resources continue to be effective and appropriate to the delivery of the programme, and accessible to all learners and educators.

**Reason:** The visitors reviewed the evidence provided for this standard, the Programme Handbook. It was not clear to them how the evidence provided supported this standard. They were able to discuss access to resources with the programme team and with learners. The learners and staff did not appear to have many concerns about access to resources. However, the visitors noted that the education provider did not appear to have a system for monitoring usage of resources, such as books in the library, and so they were unable to determine how the education provider would ensure that all necessary resources continued to be available in sufficient numbers, and were accessible to all learners and educators. For example, if there were particular books which were being heavily used, or books which were not being used, the education provider would not have a process to prompt a decision as to whether they should increase the supply, or review whether a particular resource was still appropriate. The visitors therefore require the education provider to demonstrate how they will monitor use of resources to ensure that resources to support learning in all settings are effective and appropriate, and accessible to all learners and educators.

### **3.14 The programme must implement and monitor equality and diversity policies in relation to learners.**

**Condition:** The education provider must demonstrate how they monitor equality and diversity policies in relation to learners, and record actions taken as a result of such monitoring.

**Reason:** The visitors reviewed the evidence provided for this standard, including an Equality and Diversity manual and policy documents from the validating body Middlesex University. Although these policies were appropriate and the visitors considered that the programme team were committed to them, the visitors were not able to see evidence of how equality and diversity policies were monitored. In particular they could not see where actions taken as a result of, and in response to, equality and diversity policies were recorded. In the documentation provided for this standard it was not clear to them how the education provider would assess how progress was or was not being made under equality and diversity policies. They therefore require the education provider to demonstrate how equality and diversity policies are monitored.

### **4.1 The learning outcomes must ensure that learners meet the standards of proficiency for the relevant part of the Register.**

**Condition:** The education provider must demonstrate how the learning outcomes on the programme enable learners to meet standard of proficiency for practitioner psychologists 13.19.

**Reason:** The visitors reviewed evidence related to this standard, including the Programme Handbook. From their review, and from discussions with the programme team and learners, they were not clear how the programme ensures that learners would

be enabled to meet SOP 13.19 in the standards of proficiency for practitioner psychologists, inclusive of counselling psychologists. This SOP states that counselling psychologists should “understand the philosophy, theory and practice of more than one evidence-based model of formal psychological therapy”. The visitors could not see where in the learning outcomes attached to the programme modules learners would be enabled to gain such an understanding of at least two different evidence-based models of formal psychological therapy. In the SOPs mapping document, under SOP 13.19, they were referred to parts of the Programme Handbook, but none of these references made it clear how the education provider would ensure that learners met the SOP. The visitors therefore require the education provider to demonstrate how the learning outcomes will ensure that learners gain the understanding referred to in SOP 13.19.

#### **4.8 The delivery of the programme must support and develop evidence-based practice.**

**Condition:** The education provider must demonstrate how the programme supports and develops evidence-based practice.

**Reason:** The visitors reviewed evidence provided for this standard, including the information provided in the Programme Handbook, and in module descriptors. They were also able to discuss with the programme team how the programme supported and developed evidence-based practice. In these discussions it was not clear to the visitors how the teaching of specific evidence-base therapies was integrated into the programme, and they could not see in the module descriptors where particular evidence-based therapies were covered. The programme team did describe how they introduced learners to evidence-based therapies but the visitors were not able to view evidence relating to this. They therefore require the education provider to submit further evidence demonstrating how the programme supports and develops evidence-based practice. They considered that there is a link between this condition and the condition set above under SET 4.1.

#### **5.2 The structure, duration and range of practice-based learning must support the achievement of the learning outcomes and the standards of proficiency.**

**Condition:** The education provider must demonstrate how the range of practice-based learning supports the learners to achieve the standards of proficiency for counselling psychologists.

**Reason:** The visitors reviewed the evidence for this standard, a section in the Programme Handbook dealing with the philosophy of the programme, and were able to discuss practice-based learning with the programme team and learners. The programme team stated that practice-based learning on the programme took place in a wide variety of settings with a diverse range of organisations using different therapeutic approaches. The visitors were not clear from these discussions or from the evidence submitted how the education provider ensured that, given the diversity of practice-based learning on offer, all learners were supported to achieve all the standards of proficiency for counselling psychologists. In particular the visitors considered that it was not clear how the education provider would ensure that the SOPs from 13.18 to 13.25, which deal with the need for learners to understand a number of evidence-based therapeutic approaches, would be met by all learners. The visitors therefore require the education provider to demonstrate how they will ensure that all learners can meet the SOPs given the diversity of approach among practice-based learning settings.

### **5.3 The education provider must maintain a thorough and effective system for approving and ensuring the quality of practice-based learning.**

**Condition:** The education provider must demonstrate how they maintain a thorough and effective system for approving and ensuring the quality of practice-based learning.

**Reason:** The visitors reviewed the evidence provided for this standard and were able to discuss it with programme staff. They were aware that practice-based learning settings were reviewed annually in line with the requirements of the professional body. However, they were not clear how the feedback loop from these reviews was closed, that is to say they were not able to see examples of how actions resulting from the reviews were taken forward. They also noted that the only formal feedback meeting between learners and programme staff took place at the very end of practice-based learning placements, meaning that there were limited opportunities to resolve problems that arose for individual learners during placements. The visitors were also unable to see a sample of a completed audit of a practice-based learning placement. No practice educators attended the practice educators' meeting, only senior staff members from practice-based learning partners, and so the visitors were unable to explore the issue of audit detail in more depth. They were therefore unable to determine whether this standard was met, and require the education provider to submit further evidence demonstrating how they approve and ensure the quality of practice-based learning.

### **5.6 Practice educators must have relevant knowledge, skills and experience to support safe and effective learning and, unless other arrangements are appropriate, must be on the relevant part of the Register.**

**Condition:** The education provider must demonstrate how they monitor the knowledge, skills and experience of practice educators.

**Reason:** The visitors reviewed the evidence provided for this standard, which stated the practice education took place "within clinical supervision". The education provider did not provide detailed evidence about how they ensured that practice educators had relevant knowledge, skills and experience, and the visitors were not able to discuss the question with practice educators as they did not meet with any. Only senior staff members from practice-based learning partners attended the relevant meeting. In discussions the programme team explained the different kinds of supervision which learners would have in practice-based learning; some placements had a primary supervisor and others had what the education provider called "free supervision" where different individuals were involved in the supervision. It was not clear to the visitors how this system was overseen in practice. For example, they were not clear on the balance between free supervision and primary supervision, or which placements offered which forms of supervision. They could also not see evidence relating to the regularity of the education provider's contact with practice educators. The visitors were therefore not able to determine whether the education provider was in a position to ensure that practice educators had relevant knowledge, skills and experience to support safe and effective learning. They require the education provider to submit evidence demonstrating how they can ensure that practice educators have relevant knowledge, skills and experience.

### **5.7 Practice educators must undertake regular training which is appropriate to their role, learners' needs and the delivery of the learning outcomes of the programme.**

**Condition:** The education provider must demonstrate how they monitor the training status of all practice educators, and how they ensure that new practice educators are appropriately trained.

**Reason:** The visitors reviewed the evidence provided for this standard, including the Programme Handbook, which laid out the training and continuing professional development (CPD) requirements for practice educators. The visitors considered that these requirements were appropriate, but it was not clear either from this document or from discussions with the programme team how the requirements were monitored. For example, they could not see how the education provider would ensure that practice educators had updated skills as appropriate, or how the education provider would ensure that new practice educators were appropriately trained for their role. The visitors were not able to meet with practice educators, only senior staff members from practice-based learning partners, so did not have an opportunity to clarify some of these issues. They therefore require the education provider to demonstrate how they will ensure that all practice educators undertake regular training appropriate to their role, and that new practice educators receive training so that they can understand their role in delivering the programme learning outcomes.

### **5.8 Learners and practice educators must have the information they need in a timely manner in order to be prepared for practice-based learning.**

**Condition:** The education provider must demonstrate how they ensure that practice educators have all the information they need in order to be prepared for practice-based learning.

**Reason:** The visitors reviewed the evidence provided for this standard, including the Programme Handbook. This evidence gave a narrative of how preparation for practice-based learning was intended to work, and this appeared to be appropriate, but the visitors were not clear how the education provider would ensure that all practice educators had access to all the information they needed. From discussions with the programme team they were aware that there was some contact between the education provider and practice educators, but there did not appear to be a system for ensuring that this occurred to an appropriate level before every placement. The visitors were not able to talk to practice educators, only senior staff members from practice-based learning partners, so were unable to clarify this issue from that perspective. Learners did not report any specific problems with the preparation of practice educators, but in the absence of a clear process the visitors could not be clear that the standard was met, and they therefore require the education provider to demonstrate how they will ensure that practice educators have all the information they need in a timely manner to be appropriately prepared.

### **6.3 Assessments must provide an objective, fair and reliable measure of learners' progression and achievement.**

**Condition:** The education provider must demonstrate how they ensure that assessments provide an objective, fair and reliable measure of learners' progression and achievement.

**Reason:** The visitors reviewed the evidence provided for this standard, including sections in the Programme Handbook dealing with progression and different forms of assessment. They also discussed with the programme team how they monitored the appropriateness of assessments. The programme stated that this was done via meetings, feedback from learners, and from the regular informal contacts within the programme team. However, the visitors were not able to view detailed information relating to monitoring of assessment, for example data on pass rates, attrition, and failures to progress. From discussions and from written evidence, it was not clear how this information was systematically gathered and stored, and the visitors were therefore unable to determine how the education provider ensures that assessment is fair, objective and reliable. They require the education provider to submit further evidence demonstrating how they do so.

## Section 5: Outcome from second review

### **Second response to conditions required**

The education provider responded to the conditions set out in section 4. Following their consideration of this response, the visitors were satisfied that the conditions for several of the standards were met. However, they were not satisfied that the following conditions were met, for the reasons detailed below. Therefore, in order for the visitors to be satisfied that the following conditions are met, they require further evidence.

### **3.5 There must be regular and effective collaboration between the education provider and practice education providers.**

**Condition:** The education provider must demonstrate how they will ensure regular and effective collaboration between the education provider and practice education providers.

**Reason condition not met at this time:** The visitors reviewed the education provider's response to this condition, which comprised the job description for a new role of Clinical Development Officer (CDO) and a narrative of how they intended this new role would enable regular and effective collaboration between the education provider and practice education providers. The CDO's responsibilities will include relationship-building with practice education providers, running the audit process, and acting as a single point of contact between the education provider and practice education providers. The education provider also intends to review the functioning of the role to ensure that it is working as planned. Given these plans, and the education provider's commitment to monitoring the effectiveness of the role, the visitors considered that if a CDO were appointed, the standard could be met. However, the visitors were not clear as to whether this role had been filled, or if it had not been filled, what the timescale was for filling the role. It was also not clear what specific measures the CDO would be taking forward to develop regular and effective collaboration with practice education providers.

### **Suggested documentation:**

- Confirmation that the role of Clinical Development Officer (CDO) has been filled, or if the role has not yet been filled, evidence showing a likely timescale for the position being filled.
- Further evidence showing how the CDO will develop regular and effective collaboration with practice education providers.

### **3.6 There must be an effective process in place to ensure the availability and capacity of practice-based learning for all learners.**

**Condition:** The education provider must demonstrate how they will ensure the availability and capacity of practice-based learning for all learners.

**Reason condition not met at this time:** The visitors reviewed the education provider's response to this condition, which comprised the job description for a new role of Clinical Development Officer (CDO) and a narrative of how they intended this new role would ensure the availability and capacity of practice-based learning for all learners. There did not appear to be a detailed description of what process the CDO would use to ensure the availability and capacity of practice-based learning for all learners, although there was a narrative of a new initiative being developed to improve the availability of mental health placements. The visitors considered that if a CDO were appointed, the standard could be met. However, the visitors were not clear as to whether this role had been filled, or if it had not been filled, what the timescale was for filling the role. It was also not clear what process for ensuring availability and capacity of practice-based learning the CDO would use as part of their role.

#### **Suggested documentation:**

- Confirmation that the role of Clinical Development Officer (CDO) has been filled, or if the role has not yet been filled, evidence showing a likely timescale for the position being filled.
- Further evidence showing what process the CDO will use to ensure the availability and capacity of practice-based learning for all learners.

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

**Condition:** The education provider must demonstrate how they will ensure that service users and carers are involved in the programme.

**Reason condition not met at this time:** The visitors reviewed the education provider's response to this condition, specifically:

- a Proposal for Service User Engagement Strategy, which consists of:
  - a statement about the benefits of service user engagement; and
  - a brief narrative of the steps being taken by the education provider to develop service user and carer involvement.
- 'Validation and review materials', specifically:
  - a Programme Review Policy, which does not mention service user and carer involvement;
  - a Design & Modification Policy, which does not mention service user and carer involvement; and
  - a Programme Development / Modification (Refresh) DCPsych Proposal, 2018. This document refers to the Faculty Head having discussions with 'Service User (lead)' and that a Service User Forum is "to be prepared for consultation of new delivery 2018-19".

Considering this information, the visitors considered that while the actions outlined in the proposal document appeared to be promising, it was still not clear how service users and carers would be involved in the programme, and how they would contribute to the overall quality and effectiveness of the programme. It was also unclear from this information which service user and carer groups that the education provider has

identified as being suitable to contribute to this programme. The programme was required to meet this standard from September 2015, and this issue was first picked up in the programme's annual monitoring audit submission in the 2016-17 academic year. Despite this, the visitors note that this standard has still not been sufficiently addressed by the education provider beyond the planning stage.

Therefore, the visitors require that the education provider:

- defines which service user and carer group(s) that the education provider has identified as being suitable to contribute to this programme, along with why these group(s) are suitable to contribute to the programme
- defines how they will involve service users and carers in the programme in an ongoing and meaningful way
- demonstrates how this involvement allows service users and carers to contribute to the overall quality and effectiveness of the programme.

With this information, the visitors can make a judgement about whether this condition is met.

**Suggested documentation:** Evidence that:

- defines which service user and carer group(s) that the education provider has identified as being suitable to contribute to this programme, along with why these group(s) are suitable to contribute to the programme
- defines how they will involve service users and carers in the programme in an ongoing and meaningful way
- demonstrates how this involvement allows service users and carers to contribute to the overall quality and effectiveness of the programme.

#### **4.8 The delivery of the programme must support and develop evidence-based practice.**

**Condition:** The education provider must demonstrate how the programme supports and develops evidence-based practice.

**Reason condition not met at this time:** The visitors reviewed the education provider's response to this condition, which included a narrative of amendments that were being or would be made to the programme, alongside the programme's handbook, review policy and the programme design and modification policy. While the visitors considered that this represented progress towards meeting the standard, the lack of clear references in this documentation to how evidence-based practice would be supported and developed within the programme meant that they were unable to determine whether the standard had been met. They were not clear which specific parts of the programme delivery would enable learners to support and develop evidence-based practice. They were satisfied that the programme learning outcomes would enable learners to "understand the philosophy, theory and practice of more than one evidence-based model of formal psychological therapy" (SOP 13.19), as required in the condition under SET 4.1 above. However, they considered that supporting and developing learners' evidence-based practice was a different requirement to enabling learners to understand evidence-based models of therapy.

**Suggested documentation:** Evidence that clearly and specifically identifies where in the programme curriculum the education provider will support and develop evidence-based practice.

### **5.3 The education provider must maintain a thorough and effective system for approving and ensuring the quality of practice-based learning.**

**Condition:** The education provider must demonstrate how they maintain a thorough and effective system for approving and ensuring the quality of practice-based learning.

**Reason condition not met at this time:** The visitors reviewed the education provider's response to this condition, which included the job description for a new role of Clinical Development Officer and a narrative of how they intend this new role would enable a thorough and effective system for approving and ensuring the quality of practice-based learning. However, the visitors were not clear as to whether this role had been filled, or if it had not been filled, what the timescale was for filling the role. In addition, it was not clear from the narrative or from accompanying documentation what system would be used for approving and ensuring the quality of practice-based learning, and so the visitors could not make a judgment about whether it would be thorough and effective.

#### **Suggested documentation:**

- Confirmation that the role of Clinical Development Officer (CDO) has been filled, or if the role has not yet been filled, evidence showing a likely timescale for the position being filled.
- A description of how the audit system used by the CDO will ensure that the standard was met.

### **5.7 Practice educators must undertake regular training which is appropriate to their role, learners' needs and the delivery of the learning outcomes of the programme.**

**Condition:** The education provider must demonstrate how they monitor the training status of all practice educators, and how they ensure that new practice educators are appropriately trained.

**Reason condition not met at this time:** The visitors reviewed the education provider's response to this condition, which included the job description for a new role of Clinical Development Officer (CDO), and a statement that the CDO would be responsible for the education provider meeting this standard. There were also various documents provided which appeared to be evidence for how the education provider developed and trained its own staff. It was not clear to the visitors from the evidence what specific mechanisms the education provider was planning to use to monitor the training status and training needs of practice educators. The appointment of a CDO, though appropriate as a move towards meeting the standard, would not be enough on its own without an indication of how that person would work to meet the standard.

#### **Suggested documentation:**

- Confirmation that the role of Clinical Development Officer (CDO) has been filled, or if the role has not yet been filled, evidence showing a likely timescale for the position being filled.
- A description of what mechanisms will be used by the CDO to ensure that practice educators are appropriately trained and that their training is up to date.

## Section 6: Visitors' recommendation

Considering the education provider's response to the conditions set out in section 4, and the request for further evidence set out in section 5, the visitors are satisfied that the conditions are met and recommend that the programme(s) are approved.

This report, including the recommendation of the visitors, will be considered at the 30 January 2019 meeting of the ETC. Following this meeting, this report should be read alongside the ETC's decision notice, which are available [on our website](#).