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## Approval process report

### York St John University, Diagnostic Radiography and Operating Department Practitioner, 2023-24

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#### Executive Summary

This is a report of the process to approve programmes at York St John University. This report captures the process we have undertaken to assess the institution and programme(s) against our standards, to ensure those who complete the proposed programme(s) are fit to practice.

We have:

- Reviewed the institution against our institution-level standards and found that the majority of our standards are met in this area.
- Reviewed the programme(s) against our programme level standards and found that the majority of our standards are met in this area following exploration of key themes through quality activities.
- Set conditions on approval of the BSc (Hons) Diagnostic Radiography programme, which need to be met before we can confirm this programme's approval.
- Recommended all standards are met, and that the MSc Operating Department Practice (Pre-registration) programme should be approved.

Through this assessment, we have noted:

- The conditions recommended for the diagnostic radiography programme focused on the following standards:
  - SET 3.5 There must be regular and effective collaboration between the education provider and practice education providers.
  - SET 3.6 There must be an effective process in place to ensure the availability and capacity of practice-based learning for all learners.
  - SET 4.1 The learning outcomes must ensure that learners meet the standards of proficiency for the relevant part of the Register.
  - SET 4.2 The learning outcomes must ensure that learners understand and are able to meet the expectations of professional behaviour, including the standards of conduct, performance and ethics.
  - SET 5.5 There must be an adequate number of appropriately qualified and experienced staff involved in practice-based learning.
- The MSc Operating Department Practice (Pre-registration) programme meets all the relevant HCPC education standards and therefore should be approved.

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**Decision** The Education and Training Committee (Panel) is asked to decide:

- whether the programme(s) is / are approved, or
- whether the ODP programme is approved and the conditions associated with the diagnostic radiography programme are confirmed.

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**Next steps** Outline next steps / future case work with the provider:

- Subject to the Panel's decision, we will undertake further investigations as per section 4's conditions.

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## Included within this report

Section 1: About this assessment .....	4
About us .....	4
Our standards .....	4
Our regulatory approach .....	4
The approval process .....	4
How we make our decisions .....	5
The assessment panel for this review .....	5
Section 2: Institution-level assessment .....	5
The education provider context .....	5
Practice areas delivered by the education provider .....	6
Institution performance data .....	7
The route through stage 1 .....	9
Admissions .....	9
Management and governance .....	10
Quality, monitoring, and evaluation .....	12
Learners .....	13
Outcomes from stage 1 .....	14
Section 3: Programme-level assessment .....	15
Programmes considered through this assessment .....	15
Stage 2 assessment – provider submission .....	15
Data / intelligence considered .....	16
Quality themes identified for further exploration .....	16
Quality theme 1 – Ensuring a system is in place for ongoing and future collaboration with practice-based learning providers .....	16
Quality theme 2 – learning outcome not specific to the modules or mapped fully to the standards .....	19
Section 4: Findings .....	20
Conditions .....	20
Overall findings on how standards are met .....	23
Section 5: Referrals .....	26
Recommendations .....	27
Section 6: Decision on approval process outcomes .....	27
Assessment panel recommendation .....	27
Appendix 1 – summary report .....	<b>Error! Bookmark not defined.</b>
Appendix 2 – list of open programmes at this institution .....	28

## Section 1: About this assessment

### About us

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.

This is a report on the approval process undertaken by the HCPC to ensure that the programme(s) detailed in this report meet our education standards. The report details the process itself, evidence considered, outcomes and recommendations made regarding the programme(s) approval / ongoing approval.

### Our standards

We approve education providers and programmes that meet our education standards. Individuals who complete approved programmes will meet proficiency standards, which 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.

### Our regulatory approach

We are flexible, intelligent and data-led in our quality assurance of programme clusters and programmes. Through our processes, we:

- enable bespoke, proportionate and effective regulatory engagement with education providers;
- use data and intelligence to enable effective risk-based decision making; and
- engage at the organisation, profession and programme levels to enhance our ability to assess the impact of risks and issues on HCPC standards.

Providers and programmes are [approved on an open-ended basis](#), subject to ongoing monitoring. Programmes we have approved are listed [on our website](#).

### The approval process

Institutions and programmes must be approved by us before they can run. The approval process is formed of two stages:

- Stage 1 – we take assurance that institution level standards are met by the institution delivering the proposed programme(s)

- Stage 2 – we assess to be assured that programme level standards are met by each proposed programme

Through the approval process, we take assurance in a bespoke and flexible way, meaning that we will assess whether providers and programmes meet standards based on what we see, rather than by a one size fits all approach. Our standards are split along institution and programme level lines, and we take assurance at the provider level wherever possible.

This report focuses on the assessment of the self-reflective portfolio and evidence.

### **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 design quality assurance assessments, and assess evidence and information relevant to the assessment. Visitors make recommendations to the Education and Training Committee (ETC). Education providers have the right of reply to the recommendation. If an education provider wishes to, they can supply 'observations' as part of the process.

The ETC make the 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 takes decisions through different levels depending on the routines and impact of the decision, and where appropriate meets in public. Their decisions are available to view [on our website](#).

### **The assessment panel for this review**

We appointed the following panel members to support this review:

Shaaron Pratt	Lead visitor, Radiographer – Diagnostic Radiographer, Educationalist, Practitioner
Luke Ewart	Lead visitor, Operating department practitioner, Educationalist
Alistair Ward-Boughton-Leigh	Education Quality Officer

## **Section 2: Institution-level assessment**

### **The education provider context**

The education provider currently delivers eight HCPC-approved programmes across four professions. It is a Higher Education Institution and has been running HCPC approved programmes since 1992.

The education provider is undertaking their performance review in the 2025-2026 academic year. Their first engagement with our current model of quality assurance was for the approval their MSc Paramedic Science (Pre-registration) programme in 2021/22. This was a new profession for the education provider and the programme was approved by the Education and Training Panel in July 2022. They have also recently been through approval process for a new BSc (Hons) Paramedic Science, Full time programme. The programme has received approval recommendation from the visitors that assessed it and was presented to the Education and Training Committee (Panel) in May 2024 for its approval.

Previously, in the legacy model of quality assurance for their undergraduate occupational therapy programme, they reported through the major change process an amendment to a module in 2019. In November 2019, our Education and Training Committee (ETC) agreed there was sufficient evidence to demonstrate the programme continued to meet the relevant standards. They again engaged with the major change process in 2021 to make changes to module assessment. Due to the limited impact of the changes on the way the programme met our standards, we decided the most appropriate way to assess the changes was through the programme's next annual monitoring submission.

In 2019 for the physiotherapist profession, they reported twice through the major change process. First for the undergraduate provision, a new part time route was introduced. In addition, the education provider decided to revise the programme by making changes to the curriculum and changing the way collaboration was done with the practice education providers. There was also an increase in learner numbers across the two routes. Later they reported a curriculum redesign, and changes to assessments and the introduction of a part time route. In January 2020, and August 2020 the Education and Training Committee (ETC) agreed there was sufficient evidence to demonstrate the programmes continued to meet the relevant standards.

### Practice areas delivered by the education provider

The provider is approved to deliver training in the following professional areas. A detailed list of approved programme awards can be found in [Appendix 1](#) of this report.

	Practice area	Delivery level		Approved since
<b>Pre-registration</b>	Occupational therapy	<input checked="" type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Postgraduate	1992
	Paramedic	<input type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Postgraduate	2022
	Physiotherapist	<input checked="" type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Postgraduate	1999
	Practitioner psychologist	<input type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Postgraduate	2019

	Speech and language therapist	<input type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Postgraduate	2022
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### Institution performance data

Data is embedded into how we understand performance and risk. We capture data points in relation to provider performance, from a range of sources. We compare provider data points to benchmarks, and use this information to inform our risk based decisions about the approval and ongoing approval of institutions and programmes.

This data is for existing provision at the institution, and does not include the proposed programme(s).

Data Point	Benchmark	Value	Date	Commentary
Total intended learner numbers compared to total enrolment numbers	208	228	2022	The benchmark figure is data we have captured from previous interactions with the education provider, such as through initial programme approval, and / or through previous performance review assessments. Resources available for the benchmark number of learners was assessed and accepted through these processes. The value figure is the benchmark figure, plus the number of learners the education provider is proposing through the new provision.
Learners – Aggregation of percentage not continuing	3%	2%	2020-21	<p>This data was sourced from a data delivery. This means the data is a bespoke Higher Education Statistics Agency (HESA) data return, filtered bases on HCPC-related subjects.</p> <p>The data point is below the benchmark, which suggests the education provider is performing above sector norms.</p>

				<p>When compared to the previous year's data point, the education provider's performance has improved by 1%.</p> <p>We did not explore this data point through this assessment because it showed the education provider is performing well in this area and no impact on the SETs was considered.</p>
<p>Graduates – Aggregation of percentage in employment / further study</p>	94%	98%	2019-20	<p>This data was sourced from a data delivery. This means the data is a bespoke HESA data return, filtered bases on HCPC-related subjects.</p> <p>The data point is above the benchmark, which suggests the provider is performing above sector norms.</p> <p>When compared to the previous year's data point, the education provider's performance has improved by 2%.</p> <p>We did not explore this data point through this assessment because it showed the education provider is performing well in this area and no impact on the SETs was considered.</p>
<p>Learner satisfaction</p>	76.7%	77.9%	2023	<p>This National Student Survey (NSS) positivity score data was sourced at the subject level. This means the data is for HCPC-related subjects.</p> <p>The data point is above the benchmark, which suggests</p>

				<p>the provider is performing above sector norms.</p> <p>We did not explore this data point through this assessment because it showed the education provider is performing well in this area and no impact on the SETs was considered.</p>
Data Point	Benchmark	Value	Date	Commentary

### The route through stage 1

Institutions which run HCPC-approved provision have previously demonstrated that they meet institution-level standards. When an existing institution proposes a new programme, we undertake an internal review of whether we need to undertake a full partner-led review against our institution level standards, or whether we can take assurance that the proposed programme(s) aligns with existing provision.

As part of the request to approve the proposed programme(s), the education provider supplied information to show alignment in the following areas.

#### Admissions

#### **Findings on alignment with existing provision:**

- **Information for applicants –**
  - The admissions policies ensure individual programmes are required to follow institution-level policies around clarity and transparency of information for applicants.
  - Where there is specific variation under the policy (for example prerequisite entry criteria) this is detailed in the Programme Specification and displayed on the webpage for the programmes as well as all other advertising material.
  - It is clear from the documentation provided that the new provision will take this approach.
- **Assessing English language, character, and health –**
  - Policies for assessing English language, character and health. For example, the English Language Policy and the Fitness to Practise and Study Policy are set at institution level and will be applied to the new programmes.
  - Additional character assessment detail is held in the programme specification and fitness to practise policies.

- The new provision will align with the arrangements in the existing provision.
- **Prior learning and experience (AP(E)L) –**
  - Academic Regulations and Prior Experiential Learning are some of the institutional policies around prior learning and experience. These policies function to provide an institutional level oversight as well as allowing profession specific application.
  - Profession specific requirements are clearly outlined in each relevant programme specification document.
  - These policies are in place and will apply to the new provision.
  - For the MSc Operating Department Practice (Pre-registration), the education provider noted that it is not possible to use AP(E) L to transfer credits, according to academic regulations as this is an accelerated MSc programme.
- **Equality, diversity and inclusion –**
  - The Equality and Diversity Policy helps to ensure that each programme delivered by the education provider is not only compliant with the law but is also doing its best to increase diversity and promote equality.
  - There will be no changes to how this institution-wide policy applies to the new provision.

**Non-alignment requiring further assessment:** None.

#### Management and governance

#### **Findings on alignment with existing provision:**

- **Ability to deliver provision to expected threshold level of entry to the Register<sup>1</sup> –**
  - The Academic Regulations details the structure and function of all provision at the education provider. Such details include how learners can progress and rules for graduation.
  - The Assessment Policies govern the nature and structure of assessment to ensure they are robust and with accountable practice. The Quality and Programme Design policies set out the requirements and principles used in the design of programmes at the education provider. They also ensure all regulatory standards are met.
  - Where there is a need for programmes to be approved by a regulatory body, such as the HCPC, the policies detail that the programmes must conform to the requirements.
  - All the above policies function to ensure compliance with regulation, both internal and external. They are set and managed at institution level. This is in line with the education provider's strategic planning, the business case for the new provision was approved in August 2023.

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<sup>1</sup> This is focused on ensuring providers are able to deliver qualifications at or equivalent to the level(s) in SET 1, as required for the profession(s) proposed

There is clear alignment of the new programmes with existing policies and no changes will be made.

- **Sustainability of provision –**
  - There are structure and governance policies that ensure sustainability of provision at the education provider. The Governance policy ensures that provision is sustainable going forward and where there are potential issues, they are managed according to the risk they pose to continuation of a programme.
  - The Student Protection Plan sets out how the education provider will preserve the continuation of study for all learners whenever there is a risk to the continued study of learners.
  - These policies are set at institution level and apply to all programmes. The new provision will follow this approach.
- **Effective programme delivery –**
  - The Quality and Programme Design policies are some of the policies that ensure effective delivery. All policies that support effective delivery are set at institution level and are equally applied to all programmes.
  - Apart from ensuring effective delivery in alignment with the aims and directions of the education provider, compliance is ensured through the education provider's approval and change processes.
  - It is clear that the new provision will follow the same approach.
- **Effective staff management and development –**
  - The Staff Performance and Development Policy together with Governance policies are institution-wide policies that help to ensure the quality of the programmes as a whole and are part of the initial approval of all programmes.
  - Under both sets of policies, staff are supported by the education provider to maintain and develop professional and teaching skills throughout their tenure.
  - There will be no changes to how the new provision aligns with these policies.
- **Partnerships, which are managed at the institution level –**
  - There are collaborative provision policies as well as individual memorandum of understandings (MOUs) that support effective partnerships at institution level.
  - These policies are responsible for managing and organising practice education placements across a number of professions. This is to ensure a consistent approach to regularity and legal requirements as well as adequate resourcing.
  - Individual programme requirements are managed through the MOU process and fed into the central team. A centralised team is dedicated to managing partnerships at institutional level and the School Operations Manager oversees school-specific partnerships. The new provision aligns with this approach.

**Non-alignment requiring further assessment:** None.

## Quality, monitoring, and evaluation

### **Findings on alignment with existing provision:**

- **Academic quality –**
  - The Quality and Programme Design policies provide a clear framework of internal and external assessment of the quality of approvals and changes to programmes. The policy works by ensuring the programmes design paperwork for HCPC approved provision. For example meets the education provider's quality standards as well as external requirements such as the QAA (The Quality Assurance Agency for Higher Education). The policy also works to ensure such approval paperwork meets pedagogic best practice.
  - Some aspects of staffing, sustainability and design are also covered by these policies which are set at institution level.
  - The new provision will benefit from these policies to ensure academic quality.
- **Practice quality, including the establishment of safe and supporting practice learning environments –**
  - There are institutional policies in place that help to ensure that the practice-based learning environments are safe, effective, appropriate, and sustainable for learners. These are contained in Placement Provider documentation and Support for Learning in Practice documentation.
  - These policies and resources apply to all programmes, with specific addition for newly created programmes. The new provision will also align with these policies.
- **Learner involvement –**
  - The Student Voice and Assessment Policies are some of the institution-wide policies that ensure the involvement of learners, and they apply equally to all programmes.
  - There is a requirement to include the student voice in both planning and feedback systems.
  - The policy also helps to ensure a standardised approach to including the student voice in both design and change process.
  - These policies will apply to the new provision in the same way.
- **Service user and carer involvement –**
  - The Service User Policy of the School of Science, Technology and Health (STH) is set at the School level and includes all health programmes. It sets out the engagement and collaboration with service users across all healthcare programmes, including HCPC approved provision. The education provider noted that similar practice occurs in other Schools that have HCPC approved provision, without the need for a formal collaborative policy.
  - The Quality and Programme Design policies require input from stakeholders during the process. They also require compliance with

professional body requirements for service user involvement in the design and programme.

- These policies function to ensure that service user and carer involvement is embedded into programmes consistently by including it in the design and change processes. We understand the new provision will follow the same approach.

**Non-alignment requiring further assessment:** None.

### Learners

#### **Findings on alignment with existing provision:**

- **Support –**
  - There are institution-wide policies that function to ensure appropriate support is available to all learners. Some of these include the Student Charter and the Academic Tutoring policy.
  - The Academic Tutoring policy ensures that the appropriate ongoing academic support is provided to learners as they progress and this includes monitoring of engagement. The Student Charter was designed in collaboration with learners and ensures that all provision is delivered within a supportive environment that promotes learning.
  - Student Support Services are a dedicated team that provide support to learners when required.
  - These policies and service ensure compliance with relevant regulation, consumer protection legislation and partnerships with learner representative bodies.
  - Our understanding is that these will apply in the same way to the new provision.
- **Ongoing suitability –**
  - Fitness to Study and Practice, as well as the Academic Regulations, are some of the institution-wide policies that help to ensure ongoing suitability of learners. These policies apply equally to all programmes.
  - The Quality and Programme Design policies form part of the design and change process of programmes and is included in decisions about progression. The policies also provide a means to support learners to understand the requirements of their chosen career and challenges involved.
  - It is our understanding that the new provision will align with these institutional policies and processes.
- **Learning with and from other learners and professionals (IPL/E) –**
  - The Interprofessional Learning (IPL) strategy is a School level policy that describes the guiding principles of interprofessional learning. Details of IPL is then reflected in the design narrative of individual programmes.

- The Quality & Programme Design policies, which are set at institution level ensure programme design, including the IPL component meets professional body requirements as well as QAA Benchmark Standards.
- The new provision will be following these policies so we can be confident in the alignment with the overall education provider approach.

**Non-alignment requiring further assessment:** None.

### Assessment

#### **Findings on alignment with existing provision:**

- **Objectivity –**
  - Assessment Policies and External Examiners are institution-wide policies and processes that ensure objectivity in assessment. These ensure a robust and consistent approach to assessment that is compliant with relevant regulation and academic standards.
  - All programmes must ensure compliance at the design stage and through ongoing monitoring.
  - These will apply to the new provision in the same way.
- **Progression and achievement –**
  - Policies that govern progression and achievement do this by ensuring there is a requirement to ensure that learners undertake assessments that remain relevant and authentic as well as robust, ensuring appropriate assessment of learning outcomes.
  - The Code of Practice for Assessment describes the institutional level approach to ensure all learners understand the relationship between learning outcomes and assessment including the achievement of the HCPC standards of proficiency.
  - Our understanding is that the new programmes aligns with this approach.
- **Appeals –**
  - The Appeals and Complaints Policy provides a clear, fair and appropriate pathway for learners to raise concerns with an aspect or decision regarding their study. The policy also helps to ensure compliance with regulations and laws governing the business of the institution.
  - The new programmes will follow this policy in line with requirements at the education provider.

**Non-alignment requiring further assessment:** None.

#### **Outcomes from stage 1**

We decided to progress to stage 2 of the process without further review through stage 1, due to the clear alignment of the new provision within existing institutional structures, as noted through the previous section.

Education and training delivered by this institution is underpinned by the provision of the following key facilities:

- The Head of Programme for both provisions has been recruited and with further recruitment of staff planned before delivery of the programmes commences. The education provider noted their commitment to adhering to the Staff to Learner Ratio indicated by Professional Statutory and Regulatory Bodies (PSRBs).
- Specialist teaching facilities are currently being developed and will be in place by the onset of the programme.
- Other resources and equipment are currently being sourced and will be in place for when the programme commences.

**Risks identified which may impact on performance:** None.

**Outstanding issues for follow up:** None.

### Section 3: Programme-level assessment

#### Programmes considered through this assessment

Programme name	Mode of study	Profession (including modality) / entitlement	Proposed learner number, and frequency	Proposed start date
BSc (Hons) Diagnostic Radiography	FT (Full time)	Radiographer, Diagnostic radiographer	30 learners, 1 cohort	22/09/2025
MSc Operating Department Practice (Pre-registration)	FT (Full time)	Operating department practitioner	20 learners, 1 cohort	22/09/2025

#### Stage 2 assessment – provider submission

The education provider was asked to demonstrate how they meet programme level standards for each programme. They supplied information about how each standard was met, including a rationale and links to supporting information via a mapping document.

## **Data / intelligence considered**

We also considered data points / intelligence from others, including prof bodies, sector bodies that provided support as follows:

- We have no regional information or intelligence of note concerning the education provider or proposed programme that would affect the approval of this programme.

## **Quality themes identified for further exploration**

We reviewed the information provided, and worked with the education provider on our understanding of their submission. Based on our understanding, we defined and undertook the following quality assurance activities linked to the quality themes referenced below. This allowed us to consider whether the education provider met our standards.

We have reported on how the provider meets standards, including the areas below, through the [Findings section](#).

Quality theme 1 – Ensuring a system is in place for ongoing and future collaboration with practice-based learning providers.

**Area for further exploration:** From the information supplied by the education provider, we can see that they have engaged with practice-based learning providers. This includes the use of their placement coordinator and a terms of reference document / agreement to organise and facilitate placements. However, this does not confirm that an established system is in place, but instead, engagements are happening on an ad-hoc basis. We therefore needed to understand and confirm that a system is in place for ongoing engagement. This approach raised concerns about ensuring consistency, sustainability and placement arrangements. Without a formal system for continuous collaboration, there is a risk of inconsistency in placement experiences which could impact the ability of learners to meet the standards of proficiency. As a result, it is important to confirm whether a robust system is in place to ensure effective and sustained engagement with placement providers.

**Quality activities agreed to explore theme further:** We chose to explore this further by meeting with the education provider and also allowing them the opportunity to submit further information and documentation. This is to allow the education provider and the visitors to discuss the areas outstanding and the visitors concerns directly. The inclusion of additional information and documentation would allow the education provider to submit further evidence for the visitors to consider and use in their assessment.

**Outcomes of exploration:** The education provider supplied more information in the form of additional documentation. This was broken down into evidence confirming the arrangements in place and responding to our questions on a programme level.

This means that the two programme teams were responding individually to our question.

The education providers ODP programme team responded to our questions with a document mapping their response regarding each SET and the documents provided to evidence this SET. This included evidence of interactions and collaboration with practice-based learning providers in the form of meeting minutes. Additionally, the education provider has provided a practice placement support plan that covers the years from 2025-2027. This details the schedule of tasks and support mechanisms planned for the next few years. These include dates to confirm placement details, placement coordinators meetings and welcome week meeting sessions.

The education provider also provided further details on the placement audits that they conducted for the ODP programme. This included details of the engagements they have conducted at their placement sites including Harrogate NHS Trust and York NHS Trusts at Bridlington, Scarborough and York. The education provider also clarified that all placement providers are signed up to the national NHS contract for placement provision, with respective memorandums of understanding in place.

The education provider also detailed how their ambition for the proposed ODP programme would be to start with a small initial cohort of 10 learners. Additionally, to support this they have confirmed placements at York Hospital for four learners and provisional placements at Harrogate for five. They detailed how learners will rotate between private spoke placements (Nuffield and Coppergate) for four weeks each.

They have also stated how they are committed to securing high-quality placements, balancing NHS trust and private sector placements to support healthcare colleagues. They have discussed how strong partnerships with NHS and private providers ensure placement availability and align with educational objectives. They have discussed how their placement management process is in place and this includes regular communication, learner matching, and quality monitoring. The education provider also remains committed to expanding opportunities with Hull NHS, West Yorkshire NHS, and Ramsay Health.

For the Radiography programme the education provider has provided further details to demonstrate that a system is in place for ongoing collaboration. This includes how they are establishing a Clinical Coordinators Group to oversee strategic planning, curriculum updates, learner assessments, and placement feedback for diagnostic Radiography learners.

They have explained how this group will include key academic staff, clinical leads, and placement coordinators to ensure academic and clinical standards are consistently met. Formal course management meetings will be scheduled every semester, with a dedicated Clinical Placement Coordinator serving as the primary point of contact for communication and issue resolution.

To maintain strong collaboration between academia and clinical practice, they will hold biannual tripartite meetings involving education provider representatives, clinical educators, and learner representatives. These meetings will review learner performance, address placement challenges, and discuss improvements to clinical education, including CPD opportunities and the integration of emerging technologies.

Outcomes will be documented, and action points will be assigned to ensure continuous quality improvement across academic and clinical settings. Additionally, the education provider has stated that they committed to strengthening partnerships with placement providers through joint workshops and CPD sessions. These initiatives will focus on enhancing clinical teaching skills, refining learner assessment practices, and keeping educators informed about advancements in diagnostic radiography and medical imaging. This approach aims to improve clinical education quality and foster a culture of lifelong learning among both academic and healthcare professionals.

The education provider also supplied an example agenda for the planned clinical coordinators meetings. They have also included the minutes of meetings held with their placement partners including the York Hospital, Nuffield Hospital and Ramsey Healthcare providers.

The education provider has stated that they intend to start the programme with 20 learners and have currently four confirmed placements with a view to expanding the offer as they move forwards with the programme. They have also stated that they have had very positive meetings with both Ramsey Health and Nuffield Hospitals regarding placement provision. But so far this appears ad-hoc and not confirming of additional placement places.

The visitors welcomed this expansion of information. This detailed for both programmes that collaboration had taken place and is planned to / or continues to take place. However, the ODP programme has detailed a robust system in place for future meetings and collaborations. The visitors found the inclusion of the future plan for engagement help too.

They did not find the same level of information or forward planning available for the Radiography programme. The information provided confirmed engagement had taken place, but not that a robust system was in place to facilitate future engagement. We found the education provider to have identified regional placement provision and also confirmed that they intend to hold clinical coordinators meetings. But we do not gain confirmation of how the Diagnostic Radiography team is working in partnership with practice-based learning providers as a way of making sure they provide ongoing quality and effectiveness for the proposed programme.

The visitors therefore plan to set conditions for the Radiography programme but are ready to recommend approval of the ODP programme.

## Quality theme 2 – learning outcome not specific to the modules or mapped fully to the standards

**Area for further exploration:** The visitors have not found the education provider to have met this standard as the mapping has not linked all learning outcomes on the modules to the relevant standards of proficiency. It is important we ensure that the learning outcomes ensure that learners meet the standards of proficiency for the relevant part of the Register. There is risk that learners may not be adequately prepared to meet our SOPs. As a result of the module learning outcomes not being fully mapped to the required standards, there is a significant risk that key competencies required for safe and effective practice may not be explicitly taught, assessed, or achieved. This could result in learners completing the programme without having developed the full range of knowledge, skills, and behaviours necessary for registration and professional practice, ultimately compromising public safety and the credibility of the programme.

**Quality activities agreed to explore theme further:** We chose to explore this further by meeting with the education provider and also allowing them the opportunity to submit further information and documentation. This is to allow the education provider and the visitors to discuss the areas outstanding and the visitors concerns directly. The inclusion of additional information and documentation would allow the education provider to submit further evidence for the visitors to consider and use in their assessment.

**Outcomes of exploration:** The education provider responded with further information and documentation. This included several documents that would confirm how the standards are mapped and embedded into the proposed programme. This includes a mapping document aimed at mapping the standards of Proficiency to the learning outcomes. This document helpfully indicated where the standards of proficiency, standards of conduct, performance, and ethics are embedded across the proposed ODP programme. This also included information on where the knowledge and skills associated with the standards would be assessed and where these would also be gained through practice-based learning placements. Some of this would be taught to students through inductions and welcome weeks, with others coming through specific taught modules and e-learning modules.

The education provider has also detailed how programme learning outcomes are mapped to the programme and module assessment components. This is detailed in the design narrative document they submitted. From this document we can see how the QAA guiding principles has been documented and embedded.

Furthermore, for the ODP programme, this document details how their programme assessment strategy has been developed in accordance with their own 'Principles of Assessment and QAA's guiding principles. This strategy details how the programme ensures that learning outcomes align with teaching, assessment, and professional standards, providing a structured approach to developing competencies for Operating Department Practitioners. It discussed their ambition for assessment

methods to be diverse, incorporating clinical placements, case reports, exams, and presentations to comprehensively evaluate learners and support different learning styles. It works to ensure authentic assessments, including supervised clinical placements, simulations, and practice-specific case studies, aiming to help learners develop real-world problem-solving skills in a controlled environment. It aims to ensure that each module has a clear assessment strategy, with expectations, formative elements, and mapped competencies outlined from the start, ensuring learners understand the progression of their learning.

We have not found this level of detail and explanation available in the same document as the proposed Radiography programme. We shall be setting conditions related to this section and the associated standards for the Radiography programme.

The education provider has also advised us how they have updated the programme specifications wording for the programme learning outcomes. This is to ensure the learning outcomes meet the standards and was updated following institutional-level and professional body review and feedback.

Following a review of the additional evidence supplied, the visitors noted how the education provider does not have an institutional-level mandate for learning outcomes and does not require learning outcomes for specific modules. Instead, learning outcomes sit at a higher level and cover the entirety of the proposed programmes. The visitors welcome the updated narrative and detailed mapping of programme learning outcomes' modular-level content. They also found there to be adequate information on the assessment of the SOPs, with additional narrative and mapping, making it clear where the SOPs are met for the ODP programme.

They have not found this level of information and mapping available for the proposed Radiography programme. The visitors shall be setting conditions for the Radiography programme, confirming its learning outcomes and their mapping to the standards. The visitors recommend that the education provider use the ODP programme as an example of how to satisfy these standards.

## Section 4: Findings

This section details the visitors' findings from their review through stage 2, including any requirements set, and a summary of their overall findings.

### Conditions

Conditions are requirements that must be met before providers or programmes can be approved. We set conditions when there is an issue with the education provider's approach to meeting a standard. This may mean that we have evidence that standards are not met at this time, or the education provider's planned approach is not suitable.

The visitors recommend that the following conditions are met before the diagnostic radiography programme can be approved. The conditions along with the associated SET they concern are outlined below:

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

**Condition:** For the diagnostic radiography programme, the education provider must demonstrate active collaboration with practice-based learning partners and confirm a system is in place to ensure the ongoing quality, effectiveness, and future development of these partnerships.

**Reason:** The visitors agreed the education provider have not demonstrated they had a system in place for future and ongoing collaboration with the programme's practice education providers. The information provided as part of this case and through expansion via the quality activities confirmed that engagement had taken place. We also found that the education provider has identified regional placement provision and confirmed that they intend to hold clinical coordinators meetings. However, we did not receive confirmation of how the Diagnostic Radiography team is actively collaborating with practice-based learning providers to ensure the ongoing quality and effectiveness of the proposed programme. Additionally, we found no evidence of a robust system in place to support sustained future engagement.

We need to ensure that a robust system is in place to confirm and enable future and ongoing collaboration between the education provider and placement providers. Through the quality activities, we have confirmed that an appropriate system is in place for the proposed ODP programme. However, we did not find the same level of information or forward planning available for the diagnostic radiography programme. We recommend that the education provider consider the approach the ODP team has taken to establish this system and replicate it for the diagnostic radiography programme.

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

**Condition:** For the diagnostic radiographer programme, the education provider must evidence sufficient initial practice-based learning capacity, and a sustainable system to ensure ongoing provision for all enrolled learners.

**Reason:** The visitors have concerns that there are insufficient practice-based learning sites with sufficient capacity identified and confirmed for the proposed diagnostic radiography programme. They have not found evidence that demonstrates capacity is available for existing and future needs. We require evidence that there are agreements in place to ensure sufficient capacity for the programme. We require evidence of the process the education provider has in place / has planned to deliver this capacity. This process needs to confirm that there will be sufficient practice-based learning sites with sufficient capacity to accommodate the

learning needs of all learners on the programme. The evidence provided needs to be sufficient to address current and future needs.

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

**SET 4.2 The learning outcomes must ensure that learners understand and are able to meet the expectations of professional behaviour, including the standards of conduct, performance and ethics.**

**Condition:** For the diagnostic radiography programme, the learning outcomes must be clearly mapped to the standards of proficiency (SOPs) and the standards of conduct, performance and ethics (SCPEs), to ensure learners can meet all required professional standards.

**Reason:** We have found the education provider to have referenced several standards in the development of the two programmes considered by the approval case. This includes both HCPC standards and QAA standards. We noted that the education provider does not require learning outcomes for specific modules. Instead, learning outcomes sit at a higher level and cover the entirety of the proposed programmes. The visitors agreed there was inadequate information on the delivery of the SOPs for the diagnostic radiography programme (without additional narrative and mapping, making it clear where the SOPs and SCPEs are delivered) when compared to the ODP programme.

We therefore need the education provider to confirm how the diagnostic radiography programme's learning outcomes are mapped to the SOPs and SCPEs. The visitors recommend that the education provider use the ODP programme as an example of how to satisfy these standards. We invite the education provider to expand on the information available and detail how the programme-level learning outcomes ensure that learners will meet both the SOPs and SCPEs on completion of the programme.

**SET 5.5 There must be an adequate number of appropriately qualified and experienced staff involved in practice-based learning.**

**Condition:** For the diagnostic radiographer programme, the education provider must evidence how they will ensure sufficient staffing levels at all practice-based learning sites, and demonstrate that a system is in place to ensure these staff are appropriately qualified and experienced.

**Reason:** The visitors agreed that the education provider has not demonstrated that an adequate and robust system is in place regarding the monitoring of staff at practice-based learning sites. To address this condition, we need to understand the mechanism that the education provider will use to ensure that sufficient numbers of staff are in place at the placement sites for the proposed numbers of learners.

The education provider also needs to detail the system they have in place that reviews and monitors the placement staff's qualifications and experience. This is to demonstrate that the system in place ensures that the staff are appropriately qualified and experienced.

### **Overall findings on how standards are met**

This section provides information summarising the visitors' findings against the programme-level standards. The section also includes a summary of risks, further areas to be followed up, and areas of good practice.

#### **Findings of the assessment panel:**

- **SET 1: Level of qualification for entry to the Register** – this standard is covered through institution-level assessment.
- **SET 2: Programme admissions** –
  - The education provider has detailed how the entry criteria and requirements are set out on the relevant pages of their website for each programme. This includes a requirement for 120 UCAS points, including at least one of Physics, Chemistry, Biology, Human Biology, Mathematics or Applied Science with 3 GCSE passes (grades A\*-C including English Language, Mathematics and a Science subject or dual science for the Radiography programme. The Operating Department Practitioner (ODP) programme, being a master's level programme, also requires applicants to hold a bachelor's level (6) or equivalent with a minimum upper second class.
  - Both programmes also have strict English language requirements that the education provider has detailed. These being that if an applicant's first language is not English, an International English Language Testing (IELTs) test will be required or an equivalent qualification. The applicant will need to demonstrate a score of 7 or above, with no element below a 6.5.
  - The education provider has also stated that an Enhanced Disclosure and Barring Service (DBS) check is required upon offer of a place on either of the programmes. Applicants are also required to complete an Occupational Health clearance (including vaccination status and manual handling fitness) upon offer of a place on the programmes.
  - The visitors found the selection and entry criteria to be clearly articulated and detailed in the programme-level documentation.
- **SET 3: Programme governance, management and leadership** –
  - The education provider has stated that the programmes have been developed in collaboration with local stakeholders. They have also discussed their institution-wide practice-based learning placement providers team (YSJ placement team), which has aided in the development of the programmes. The team will provide support to learners on the programmes and aid with the allocation of placements.

- The education provider has stated that one local healthcare provider with four satellite facilities has confirmed availability for practice-based placements for the Radiography programme. Three local healthcare providers have confirmed availability for practice-based learning placements for the ODP programme.
- The education provider has discussed how the school responsible for running the programmes has a Service User Carer Forum. This is an established community of individuals that can be accessed for involvement with interviews, activity sessions and simulation.
- The education provider has also detailed how learners are involved in the proposed programmes. They have discussed how learner feedback on simulation sessions will promote a culture of co-creation within the programme. There are also module and programme-level feedback mechanisms that will guide future iterations and the ongoing development of the programme. They have also detailed how 'Student Voice forums' and the appointment of learner representatives will ensure that learners' concerns are addressed quickly and efficiently.
- From the information available, we found some areas we needed to explore further. Specifically, we needed to understand the system of ongoing engagement going forward. We therefore explored this further via quality activity one.
- The visitors found that following the conclusion of the quality activity the Standards were demonstrated to be met for the ODP programme. However, the visitors did not find the standards to be met for the Radiography programme. Following some further points of clarification the visitors still did not find the Standards to be met. We therefore shall be setting conditions to be presented to panel regarding the approval of the Radiography programme.
- **SET 4: Programme design and delivery –**
  - The education provider has stated that the programmes have been developed and mapped to the HCPC Standards of Proficiency (SOPs). They have stated that this is evidenced by their learning outcomes for both programmes.
  - The education provider has also stated that the learning outcomes of the programmes contain specific points and areas that relate to a Learners professional behaviour. This is aimed to ensure that Learners understand the principles of professional behaviour, and the expectations of the HCPC prior to seeking registration.
  - The education provider has discussed how the ODP programme has been mapped to the current College of Operating Department Practitioners curriculum guidance. This is to ensure that the programme reflects the philosophy, core values, skills and knowledge for its profession.
  - For the Radiography programme the education provider has stated how they have mapped to the HCPC SOPs. This is to ensure that the programme reflects the philosophy, core values, skills and knowledge for its profession.

- The visitors noted how the learning outcomes for each programme are broad and not modular-specific. The visitors have not found the education provider to have met this standard, because the mapping has not linked all learning outcomes on the modules to the relevant standards of proficiency. We therefore chose to explore this further via quality activity two.
- Through clarification, the education provider also provided information and documentation that demonstrated how delivery of the programmes supports and develops evidence-based practice. Additionally, the delivery of the programmes supports and develops autonomous and reflective thinking. The visitors also noted that the learning and teaching methods used were appropriate to the effective delivery of the learning outcomes.
- The visitors found that following the conclusion of the quality activity, the standards related to this area to be fully demonstrated and met for the ODP programme. However, the visitors did not find all the standards to be met for the Radiography programme. Following some further points of clarification, the visitors still did not find the Standards to be met. We therefore shall be setting conditions to be presented to the panel regarding the approval of the Radiography programme.
- **SET 5: Practice-based learning –**
  - The education provider has stated that practice-based learning is integral to both programmes. They have discussed how on placement, learners will be in the clinical environment, exposed to a range of areas to promote breadth of learning. Furthermore, they have detailed how the programmes is structured 50:50 to support appropriate practice-based learning and meet the guidance requirements outlined by the CDP.
  - The education provider has stated that practice-based learning in the programme is designed to support all learning outcomes. Furthermore, all modules are designed to reciprocate the applications of theory and practice, including the use of simulation.
  - The education provider has also discussed how, for both programmes, Learners will be invited to share feedback at Student Voice forums. Placement feedback from these forums will be shared with providers at annual programme meetings, and respondents will be asked to respond to an anonymised post-placement questionnaire.
  - The education provider has also detailed how all placements will be in NHS and private healthcare hospitals. All these sites are established placement sites that the education provider utilises for existing healthcare programmes.
  - Through clarification, the education provider submitted more information that details what learning opportunities are available at each placement site.
  - The visitors have found practice-based learning to be integral to the proposed programmes. They found this to be well evidenced in the

Design Narrative & Programme Handbook and that the relationship between practice and theory to be well articulated.

- **SET 6: Assessment –**

- The education provider has stated that their assessment strategy has been designed to ensure that it is inclusive for learners of all backgrounds. They have detailed that it is varied to assess the knowledge and skills needed to practice as a Radiographer and ODP, respectively. Furthermore, they stated that the assessments are authentic in that they are transferable and contain transferrable skills relevant to the practice-based learning placements. The education provider has also stated that each assessment has been mapped to the programme learning outcomes for each module and subsequently, the standards of proficiency.
- The education provider has also detailed how their practice assessment document is assessed across both years of the ODP programme. Additionally, learners are expected to maintain competence as it is achieved and to always demonstrate professional behaviours in accordance with the standards of conduct, performance, and ethics.
- The education provider has stated that for their Radiography programme, a range of assessment methods has been integrated across the three years of the programme. This is aimed at accommodating differing learning styles and enabling learners to maintain competence as it is achieved. Furthermore, it allows learners to demonstrate professional behaviours in accordance with the standards of conduct, performance, and ethics.
- The education provider has also detailed how they have a code of practice for assessments in place. This sets out the criteria for progression in the programmes. They have also explained how the details of the awards are specified in the relevant programme specifications and in the programmes' handbooks for consistency.
- The visitors found there to be a range of appropriate assessment methods available on the proposed programmes. These are identified in the submission documentation. They also found assessment methods to be appropriate and to demonstrate a good link between theory and practice.
- The visitors therefore found the SETs relating to this area to be met.

**Risks identified which may impact on performance:** Following the stage 2 investigation we have outstanding concerns affecting the proposed Radiography programme.

## Section 5: Referrals

This section summarises any areas which require further follow-up through a separate quality assurance process (the approval, focused review, or performance review process).

There were no outstanding issues to be referred to another process.

## **Recommendations**

We include recommendations when standards are met at or just above threshold level, and where there is a risk to that standard being met in the future. They do not need to be met before programmes can be approved, but they should be considered by education providers when developing their programmes.

The visitors did not set any recommendations.

## **Section 6: Decision on approval process outcomes**

### **Assessment panel recommendation**

Based on the findings detailed in section 4, the visitors recommend to the Education and Training Committee that the ODP programme should be approved. We also recommend that the Radiography programme should be approved subject to the conditions being met.

Based on the findings detailed in section 4, the visitors recommend to the Education and Training Committee that:

- All standards are met, and therefore the Operating Department Practitioner programme should be approved.
- Most standards are met, and we are recommending the setting of conditions as detailed in section 4 of this report for the Radiography programme

## Appendix 1 – list of open programmes at this institution

<b>Name</b>	<b>Mode of study</b>	<b>Profession</b>	<b>Modality</b>	<b>Annotation</b>	<b>First intake date</b>
MSc Occupational Therapy (Pre-registration)	FTA (Full time accelerated)	Occupational therapist			01/03/2017
BSc (Hons) Occupational Therapy	FT (Full time)	Occupational therapist			01/08/2018
MSc Paramedic (Pre-Registration)	FT (Full time)	Paramedic			19/09/2022
MSc Physiotherapy (Pre registration)	FT (Full time)	Physiotherapist			01/01/2013
BSc (Hons) Physiotherapy	PT (Part time)	Physiotherapist			01/08/2019
BSc (Hons) Physiotherapy	FT (Full time)	Physiotherapist			01/09/2019
MSc Physiotherapy (Pre registration)	PT (Part time)	Physiotherapist			01/01/2021
Doctorate of Counselling Psychology (DCounsPsy)	FT (Full time)	Practitioner psychologist	Counselling psychologist		01/08/2019