

Visitors' report

Name of education provider	Queen Margaret University
Programme name	Podiatric Surgery Training Programme
Mode of delivery	Full time Part time
Relevant entitlement	Podiatrists practising podiatric surgery
Date of visit	13 – 14 December 2016

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Executive summary

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

As well as approving educational programmes for people who want to join the Register, the HCPC also approve a small number of programmes for those already on the Register. The post-registration programmes we currently approve include podiatric surgery programmes (for chiropodists / podiatrists).

The visitors' report which follows outlines the recommended outcome made by the visitors on the approval of the programme. This recommended outcome was accepted by the Education and Training Committee (Committee) on 9 February 2017. At the Committee meeting on 25 May 2017, the programme was approved. This means that the education provider has met the condition(s) outlined in this report and that the programme meets our standards of education and training (SETs) and ensures that those who complete it meet our standards of proficiency (SOPs) for their part of the Register. The programme is now granted open ended approval, subject to satisfactory monitoring.

Introduction

The HCPC visited the programme at the education provider as it was a new programme which was seeking HCPC approval for the first time. This visit assessed the programme against our standards for podiatric surgery for education providers and ensures that those who complete it meet our standards for podiatrists practising podiatric surgery.

This visit was an HCPC only visit. The education provider did not validate or review the programmes at the visit and the professional body did not consider their accreditation of the programmes. The education provider supplied an independent chair and secretary for the visit.

Visit details

Name and role of HCPC visitors	Thomas Galloway (Podiatric surgeon) Stephen Bendall (Orthopaedic surgeon) Paul Blakeman (Chiropodist / podiatrist) Susanne Roff (Lay visitor)
HCPC executive officer (in attendance)	Rebecca Stent
HCPC observer	Benjamin Potter
Proposed trainee numbers	2 per cohort, 1 cohort per year
Proposed start date of programme approval	September 2017
Chair	Ian McMillan (Queen Margaret University)
Secretary	Day 1 - Fraser Rudge (Queen Margaret University) Day 2 - Sheila Adamson (Queen Margaret University)

Sources of evidence

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

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

The HCPC did not review the external examiners' reports prior to the visit as the programme is new.

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

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

The HCPC met with a trainee from the Podiatric Surgery Training programme not approved by HCPC as the programme seeking approval currently does not have any trainees enrolled on it.

Recommended outcome

To recommend a programme for approval, the visitors must be satisfied that the programme meets all of the standards for education providers and that those who complete the programme meet our standards for podiatrists practising podiatric surgery.

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

The visitors agreed that 38 of the standards have been met and that conditions should be set on the remaining 20 standards.

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

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

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

Conditions

A.1 The admissions procedures must give both the applicant and education provider the information they require to make an informed choice about whether to take up or make an offer of a place on a programme.

Condition: The education provider must provide further evidence of the admissions information that applicants will receive to demonstrate that they will have all of the information they require to make an informed choice about taking up a place on the programme.

Reason: In documentation provided prior to the visit, the visitors saw some pre-application admissions information for this programme on pages 3, 10 and 12 of the Programme document. However, the visitors noted that this document will not be available to applicants. At the visit, the programme team informed the visitors that they have put together a draft of advertising information along with other role specific information for potential applicants but this was not available at, or prior to, the visit. As such, the visitors were unable to determine how applicants will be given all of the information they require, such as the entry criteria and information about the qualifications trainees can achieve on this programme including options for further study. In addition, the visitors could not see how applicants will be provided with the requisite information about the professional body's relationship with this programme which would thereby make it clear that the successful completion of this award will not lead to recognition by the Society. Therefore, the visitors require further evidence of the admissions information which will be available to applicants to demonstrate that applicants will receive all of the information they require to make an informed choice about whether to take up an offer of a place on this programme.

A.1 The admissions procedures must give both the applicant and education provider the information they require to make an informed choice about whether to take up or make an offer of a place on a programme.

Condition: The education provider must provide further evidence about the criteria used to assess applicants' prior formal learning and how this enables them to identify any gaps in applicants' prior knowledge, skills and ability and judge if they should make offers of places on this programme.

Reason: In documentation provided prior to the visit, the visitors noted on pages 10 and 12 of the Programme document that trainees are required to have 180 Masters level credits or equivalent in the Theory of Podiatric Surgery. At the visit, the programme team clarified that they have undertaken a mapping exercise to look at the masters level programmes in the theory of podiatric surgery that are currently offered in the UK. Through this process the programme team have determined what theoretical knowledge each trainee applying to this programme will have. The education provider confirmed that this would be used to assess trainees' prior learning in the selection process and identify additional theoretical learning which needs to be undertaken by the trainee on this programme in order to meet all of the standards for podiatrists practising podiatric surgery. The education provider also confirmed that assessment of theoretical learning from the MSc would be included in the final exit exam. However, from the evidence provided the visitors were unclear as to the criteria against which relevant masters programmes were assessed and how the results of this assessment would be applied to trainees to ensure that any learning needs would be addressed and

assessed through this programme. As such the visitors require further evidence to determine how the programme team assesses trainees' prior learning in the selection process, how they identify any gaps in their learning and how this informs decisions about offering places on this programme.

A.2 The admissions procedures must apply selection and entry criteria, including appropriate academic and professional entry standards.

Condition: The education provider must provide further evidence about the criteria used to assess applicants to ensure that they have the relevant knowledge, skills and ability to be admitted onto the programme.

Reason: In documentation provided prior to the visit, the visitors saw the professional and academic entry requirements on pages 10 and 12 of the Programme document. However, the visitors did not see the criteria used in the selection process for assessing trainees in terms of their academic knowledge, ability and skills. Furthermore, the visitors did not see the criteria which will be used for assessing trainees in terms of their previous postgraduate work experience and how they will assess whether trainees are "committed". Therefore, the visitors were unable to determine from the evidence provided and from discussions at the visit, whether the admissions procedures will be applying appropriate academic and professional entry standards and how this will be communicated to applicants. As such, the visitors require further evidence about the criteria used to assess trainees throughout the selection process to ensure that they have the relevant, knowledge, skills and ability to undertake the programme and how this is communicated to applicants.

B.2 The programme must be effectively managed.

Condition: The education provider must provide further evidence about the role of Queen Margaret University (QMU) and NHS Scotland (NES) in the admissions process.

Reason: From the evidence provided prior to the visit, the visitors were made aware that QMU has overall responsibility for the programme and that the programme will be delivered in partnership with NES. On page 10 and 11 of the Programme document, the visitors noted that all applicants will be interviewed by the programme leader for the surgery programme, programme leader for the Professional Doctorate programme, NES representatives, the Medical Deanery, a proposed Education Supervisor, professional lead from a health board and a lay person. The visitors also noted that, prior to interview, "QMU will liaise with the Deanery and the NHS board to establish if there is sufficient capacity within the orthopaedic department to support this training." However, from discussions at the visit, the visitors were unclear about how a potential applicant will be identified and who identifies this applicant. In addition, the visitors were unclear about the role of QMU and NES in the interview process and how QMU will make the final decision about whether a trainee fulfils the required criteria to access the programme. Therefore, the visitors require further evidence about the role of QMU and NES in the admissions process and how QMU will make the final decision about a trainee accessing the programme in order to demonstrate that the admissions process is effectively managed.

B.2 The programme must be effectively managed.

Condition: The education provider must provide further evidence for how the management structures in place will ensure that the relevant people obtain the relevant information required to address issues as and when they arise in all settings.

Reason: From the evidence provided prior to the visit, the visitors were made aware that QMU has overall responsibility for the programme and that the programme will be delivered in partnership with NES. In documentation provided prior to the visit and at the visit, the visitors also learnt that within this partnership, there are a multitude of partners involved with various different roles and responsibilities, including the health board where the trainee is employed. At the visit, the visitors learnt that the programme leader, NES, QMU representatives, placement providers and supervisors will meet annually to ensure the programme runs as planned. The visitors also learnt at the visit that there will be regular informal contact between the contributors of the programme and the programme leader. However, the visitors were unclear about how all elements of the programme will be formally monitored and reviewed at regular points between all partners and when and how the relevant people will receive the information they require at the right time when issues arise. As such, the visitors were unclear as to how the systems in place will make sure that the programme will be effectively managed and ensure that where issues arise they will be addressed and dealt with in a timely manner. Therefore, the visitors require further evidence about how the management structures in place will ensure that the relevant people obtain the relevant information required to ensure the programme is run as planned and that issues are addressed as and when they arise in all settings.

B.2 The programme must be effectively managed.

Condition: The education provider must provide further evidence in relation to how the management of the programme will ensure there is regular, formal monitoring of trainee progression through the programme.

Reason: From the evidence provided prior to the visit, the visitors were made aware that QMU has overall responsibility for the programme and that the programme will be delivered in partnership with NES. The visitors noted on page 24 of the programme approval document that the Scottish Trauma and Orthopaedic Annual Review of Competencies Panel (ARCP) made up of placement and education provider representatives will review the progression of the trainee within the work place training blocks and that this will occur annually throughout the programme. In addition, the visitors noted that there is a Professional Board of Examiners to review the trainee's academic progress. At the visit, the visitors learnt that there will also be a six-month review meeting with the ARCP to discuss the trainees' clinical progress and that there will be regular informal contact between the education, doctorate, clinical supervisors and programme leader to discuss the trainee's progress. However, from the evidence provided the visitors were unclear as to where the information from these review panels, formal and informal conversations, would go and if it would be monitored to identify potential issues with trainees' progression. The visitors could also not see in the evidence provided how all of the information related to progression would be shared between the trainee, the placement provider and the education provider. Therefore, the visitors require further evidence about how the management of the programme will ensure that there is regular, formal monitoring of trainee progression through the programme.

B.2 The programme must be effectively managed.

Condition: The education provider must provide further evidence about how they will communicate the role of the programme leader to trainees and other contributors to ensure that the programme leader has the required information to effectively manage the programme.

Reason: From the evidence provided prior to the visit, the visitors were made aware that QMU has overall responsibility for the programme and that the programme will be delivered in partnership with NES. At the visit, the visitors learnt that the programme leader has overall professional responsibility for the programme and that, if there are any issues in the academic setting or placement setting, the programme leader will meet with academic or placement staff setting to discuss these issues. The visitors also learnt that the programme leader would address any issues that may arise with the individuals involved to assure that there would be a resolution where possible. However, the visitors were unclear from the documentation as to how all contributors to the programme, as well as the trainees, would be clear about the role of the programme leader and how this would be communicated to them. As such, the education provider must provide further evidence about how they will communicate the role of the programme leader to trainees and other contributors to the programme.

B.6 Training must be delivered by staff with relevant specialist expertise and knowledge.

Condition: The education provider should provide further evidence to demonstrate who is responsible for teaching each element of the programme, including sub-specialities, and how they ensure that these members of staff have relevant specialist expertise and knowledge.

Reason: For this standard, the visitors were referred to the curriculum vitae for staff. From this evidence, the visitors were clear that elements of the programme will be delivered by consultant podiatrists and consultant orthopaedic surgeons with relevant specialist expertise. The visitors also noted from page 7 of the Programme document that the clinical training will also be delivered “with input from other medical specialisms” including vascular surgeons, plastic surgeons and anaesthetists. However, from the evidence provided the visitors were unclear as to who would be responsible for teaching which aspects of the programme, including who would be responsible for training in sub-specialities. In discussion with the programme team it was highlighted that indicative timetables for the programme would be produced but that these would be produced as and when a student would progress through the programme. As such the visitors were not clear as to how the education provider will ensure that relevant members of the programme team will be available and responsible for delivering appropriate elements of the programme. As a result, from the evidence provided the visitors could not determine whether all training would be delivered by staff with relevant specialist expertise and knowledge. Therefore, the visitors require further evidence to demonstrate how the education provider will ensure that all elements of the programme will be delivered by staff with relevant specialist expertise and knowledge.

B.9 The resources to support trainee learning in all settings must effectively support the required learning and teaching activities of the programme.

Condition: The education provider must provide further evidence to clarify how the programme documentation will allow trainees to know where they meet the learning outcomes and how they progress and achieve through the programme.

Reason: In the documentation provided prior to the visit, the visitors saw a list of the learning outcomes for the clinical practice element (pages 30-37 of the Programme document) and module descriptors with learning outcomes for the academic modules (pages 44-51 of the Programme document). The visitors also saw a diagram of the academic and clinical modules on page 27 of the Programme document which sets out the structure of the programme. In discussions at the visit the visitors were made aware that the learning outcomes of the programme would be continually assessed throughout the placement experience and would then be assessed again as part of the final clinical examination. They were also informed that indicative timetables for the programme would be produced but that these would be produced as and when a student would progress through the programme. However, the visitors could not see, from the evidence provided, how and when trainees would be informed as to where and how learning outcomes are taught and assessed in the clinical practice modules or when and how a trainee would achieve and progress through the programme. As such the visitors require further evidence of how the programme team will use the programme documentation to effectively support trainee's understanding about where they meet the required learning outcomes and how they will be expected to progress and achieve through the programme.

B.15 Throughout the course of the programme, the education provider must have identified any mandatory components and must have associated monitoring mechanisms in place.

Condition: The education provider must provide further evidence about how the monitoring mechanisms in place will ensure that information about trainee's attendance in the placement setting is passed to the relevant person at QMU so that, if issues with attendance arise, they can be addressed and consistently dealt with by the education provider.

Reason: From the evidence provided prior to the visit, the visitors were made aware that QMU has overall responsibility for the programme and that the programme will be delivered in partnership with NES. The visitors also noted from the documentation that trainees will be employed by health boards while undertaking their training. In the documentation provided prior to the visit, the visitors learnt that all clinical training which is undertaken at the trainee's place of employment is mandatory and that the employer would report any absence to the programme leader (page 30, Placement handbook). In discussions at the visit, the senior team clarified that the trainee's employer will be monitoring the trainee's attendance at the placement setting and that they would report absence to the education provider if there was significant absence or if the absence was impacting on the trainee's learning or assessment. However, the visitors could not determine, from the evidence provided, how the practice placement provider/employer would judge what a 'significant' absence may be or if any absence could impact on a trainee meeting the academic requirements of the placement. The visitors were also unclear as to the processes in place for the practice placement provider to effectively feed back to QMU about any non-attendance at placement and how this would then be

consistently addressed by the education provider. Therefore, the visitors require further evidence about how the monitoring mechanisms in place ensure that information about trainee's attendance in the placement setting is passed to the relevant person at QMU so that, if issues with attendance arise, they can be addressed and consistently dealt with by the education provider.

B.15 Throughout the course of the programme, the education provider must have identified any mandatory components and must have associated monitoring mechanisms in place.

Condition: The education provider must provide further evidence about how the programme documentation will be used to ensure that trainees are clear about mandatory aspects of the programme and any consequences of non-attendance.

Reason: In documentation provided prior to the visit, the visitors noted from the mapping document for this standard that both the academic and clinical components are mandatory. On page 30 of the Programme document it is also confirmed that "study days at QMU are mandatory". However, in discussions at the visit, the visitors learnt that there are mandatory elements of the academic component but that trainees are encouraged to attend more if they are not achieving what they are required to achieve to progress through the programme. Therefore, the visitors require further evidence about how this is accurately reflected in the documents and communicated to trainees so that they are aware of the mandatory elements of the programme and any consequences of non-attendance.

C.9 When there is interprofessional learning the profession-specific skills and knowledge of each professional group must be adequately identified and addressed.

Condition: The education provider must provide further evidence about how trainees' needs will be adequately identified and addressed in the management structure of the programme within the interprofessional learning elements of the programme.

Reason: From the evidence provided prior to the visit, the visitors were made aware that QMU has overall responsibility for the programme and that the programme will be delivered in partnership with NES. In the mapping document provided for the visit, the visitors noted from the documentation that interprofessional learning does not take place on this programme. At the visit, it was confirmed that there is interprofessional learning in both the clinical and doctoral components of the programme. However, because of the drafting error in the documentation provided prior to the approval visit, no evidence was provided as to how the profession-specific skills and knowledge of a trainee on this programme would be adequately identified and addressed. In addition, in documentation provided prior to the visit and at the visit, the visitors learnt that within the partnership between QMU and NES, there are a multitude of partners involved with various different roles and responsibilities. The visitors noted from discussions at the visit that there will be an annual evaluation of the programme between the various contributors to the programme and regular informal contact between the programme leader and the other contributors to the programme. However, the visitors were not clear about how information about the programme will be regularly and formally fed back into the management structure of the programme so that the relevant people receive the information they require to address any issues if and when they may arise. As such, the visitors were not clear about how a trainee's profession-specific learning

needs will be communicated and addressed within the programme's management structure, particularly if issues arise due to the interprofessional nature of the programme. Therefore, the visitors require further evidence about how trainees' needs will be adequately identified and addressed in the management structure of the programme.

D.1 Practice placements must be integral to the programme.

Condition: The education provider must provide further evidence about the agreements in place between QMU and NES to ensure that placements will be integral to the programme.

Reason: From the evidence provided prior to the visit, the visitors were made aware that QMU has overall responsibility for the programme and that the programme will be delivered in partnership with NES. In discussions at the visit, the visitors learnt that QMU will ensure adequate provision of placement experience by employers of trainees coming to them with available supervisors and placements for trainees. At the visit, the placement providers and programme team confirmed that there are agreements in place between NES, employers and QMU to ensure that further placements would be found if issues arose on the original placements to which trainees are allocated. However, the visitors did not have sight of the indicative information that would be included in an agreement between NES, employers and QMU and as such were unclear as to how QMU will, through the use of these agreements, ensure that there is a contingency plan if issues arise at a trainee's employer. Therefore, the visitors require further evidence about the agreements in place between QMU, NES and trainees' employers to ensure that there will be sufficient placement experience for trainees and that placements will remain integral to the programme.

D.4 The education provider must maintain a thorough and effective system for approving and monitoring all practice placements.

Condition: The education provider must provide further evidence about how the placement audit and monitoring mechanisms will give QMU the information they require to address any placement issues.

Reason: From the evidence provided prior to the visit, the visitors were made aware that QMU has overall responsibility for the programme and that the programme will be delivered in partnership with NES. On page 53 of the Programme document, the visitors noted that the Scottish Deanery (NES) will support QMU in monitoring the quality of clinical placements. At the visit, the education provider clarified that they will be using the NES audit process for quality assuring practice placements. At the visit, the visitors learnt that the programme leader, NES, QMU representatives, placement providers and supervisors will meet annually to ensure the programme runs as planned. The visitors also learnt at the visit that there will be regular informal contact between the programme leader and the education, doctorate and clinical supervisors. However, the visitors did not see evidence of the documents used for NES's quality assurance process for practice placements or how the information gathered as part of this process will be fed back to QMU in order for them to act on the information provided. The visitors were also unclear, from the evidence provided, when NES's approval process would be undertaken and when regular monitoring would happen to allow contemporary issues to be flagged to QMU. As such, the visitors require further evidence of the processes in place to approve and monitor practice placements and how the placement audit and

monitoring mechanisms will feed up through the management structure of the programme to give QMU the information they require to address any placement issues.

D.5 There must be an adequate number of appropriately qualified, experienced and, where required, registered staff in the practice placements.

Condition: The education provider must provide further evidence about the agreements in place between QMU and NES to ensure that there will be an adequate number of appropriately qualified, experienced and, where required, registered staff in place in the practice placements.

Reason: From the evidence provided prior to the visit, the visitors were made aware that QMU has overall responsibility for the programme and that the programme will be delivered in partnership with NES. In discussions at the visit, the visitors learnt that QMU ensure adequate provision of placement experience by employers of trainees coming to them with available supervisors and placements for trainees. At the visit, the placement providers and programme team confirmed that there are agreements in place between NES, employers and QMU to ensure that additional staff would be found if issues arose with the number of appropriately qualified, experienced staff at placement. However, the visitors did not have sight of the indicative information that would be included in an agreement between NES, employers and QMU and as such were unclear as to how QMU will, through the use of these agreements ensure that there is a contingency plan if issues arise at a trainee's employer. Therefore, the visitors require further evidence about the agreements in place between QMU, NES and trainee's employers to ensure that there will be adequate number of appropriately qualified, experienced and, where required, registered staff in place in the practice placements.

D.7 The clinical supervisor must undertake appropriate educator training.

Condition: The education provider must provide further evidence about the educator training that clinical supervisors must undertake to be in a position to supervise trainees on this programme and how they ensure that this training has taken place.

Reason: In documents provided prior to the visit, the visitors noted on page 63 of the Programme document that there are opportunities for academic staff to enrol on the University's PgCert in Professional and Higher Education and that there are other activities for development "such as validation and review and equality and diversity workshops." The visitors also noted on page 64 that there are research supervision workshops delivered at QMU and an annual workshop on professional doctorate trainee supervision. However, the visitors were unclear about the provision of training for practice placement educators who supervise trainees in the clinical element of the programme. At the visit, QMU stated that they have training in place for anyone supervising trainees, including how they are prepared to assess trainees and deliver the programme at doctorate level. In addition, in discussions with the practice placement educators, the educators confirmed that they have undertaken appropriate practice educator training and that the programme leader at QMU holds a clinic once a week for practice educators. However, from the evidence provided the visitors could not determine how QMU ensures that educators have undertaken appropriate educator training, what the training offered covers and how it would provide practice placement educators with the skills and knowledge they need to supervise students on this programme. Therefore, the visitors require further evidence of the training that is offered

to practice placement educators and how QMU ensures that clinical supervisors have undertaken the training required to supervise on this programme to determine how the programme can meet this standard.

D.9 There must be regular and effective collaboration between the education provider and the practice placement provider.

Condition: The education provider must provide further evidence to demonstrate that there will be regular and effective collaboration between QMU and NES and how this will ensure that QMU has the information required to address any issues which may arise on the programme.

Reason: From the evidence provided prior to the visit, the visitors were made aware that QMU has overall responsibility for the programme and that the programme will be delivered in partnership with NES. In addition, in documentation provided prior to the visit and at the visit, the visitors learnt that within this partnership, there are a multitude of partners involved in this programme with various different roles and responsibilities. The visitors noted from discussions at the visit that there will be an annual evaluation of the programme between the various contributors to the programme and regular informal contact between the programme leader and the other contributors of the programme. However, the visitors were not clear about how information about the programme and trainees' progression will be regularly and formally fed back into the management structure of the programme so that the relevant people receive the information they require to address any contemporary issues as and when they arise. As such, the visitors require further evidence that there will be regular and effective collaboration between the education provider and the practice placement provider so that any issues relating to the programme or the trainee can be identified and adequately addressed by the relevant person.

D.10 Trainees and clinical supervisors must be fully prepared for the practice placement environment which will include information about:

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

Condition: The education provider must provide further evidence about how they will prepare clinical supervisors and trainees fully for placement.

Reason: For this standard, the visitors were referred to the Programme document and placement handbook which is provided to clinical supervisors and trainees. In the documentation provided prior to the visit, the visitors saw a list of the learning outcomes for the clinical practice element (pages 30-37 of the Programme document) and module descriptors with learning outcomes for the academic modules (pages 44-51 of the Programme document). The visitors also saw a diagram of the academic and clinical modules on page 27 of the Programme document which sets out the academic and clinical structure of the programme. However, the visitors could not see from the evidence provided how and when learning outcomes are expected to be addressed in

the clinical practice modules, how trainees or clinical supervisors are clear about associated records to be maintained, how trainees are assessed at placement, how trainees demonstrate progress through the clinical elements of the programme and who is responsible for coordinating the trainee's learning at placement. As such, the visitors require further evidence that clinical supervisors and trainees will be fully prepared for placement including information about the learning outcomes to be achieved, associated records to be maintained, assessment procedures and communication and lines of responsibility.

D.11 Learning, teaching and supervision must encourage safe and effective practice, independent learning and professional conduct.

Condition: The education provider must provide further evidence about how information will be shared to ensure that any issues about professional conduct are fed up through to the fitness to practise procedures at QMU.

Reason: From the evidence provided prior to the visit, the visitors were made aware that QMU has overall responsibility for the programme and that the programme will be delivered in partnership with NES. In addition, in documentation provided prior to the visit and at the visit, the visitors learnt that within this partnership, there are a multitude of partners involved in this programme with various different roles and responsibilities. The visitors noted from discussions at the visit that there will be an annual evaluation of the programme between the various contributors to the programme and regular informal contact between the programme leader and the other contributors of the programme, including the placement provider and educators, to discuss any issues at placement. The visitors also noted from page 14 of the Programme document that there is a fitness to practise policy in place should any issues with professional conduct arise. However, the visitors were not clear about how, if issues relating to trainees' professional conduct arise while they are on placement, they will be appropriately raised with QMU and dealt with through the fitness to practise policy. As such, the visitors require further evidence about how information is shared between the partner organisations to ensure that any issues about professional conduct will be fed up through the programme's management structures to ensure that the education provider's fitness to practise policy is enacted.

D.12 A range of learning and teaching methods that respect the rights and needs of service users and colleagues must be in place in the approved clinical learning environment.

Condition: The education provider must provide further evidence about how they will ensure that service users and carers are clear about the capacity in which trainees are acting and how they ensure that trainees obtain appropriate consent.

Reason: At the visit, the visitors were supplied with the NHS consent form used for trainees to obtain consent to treat service users. However, the visitors noted that this was a generic consent form which does not clearly articulate that trainees on this programme may be registered professionals but that they are trainee podiatrists practising podiatric surgery. The visitors also heard that trainees may identify themselves as podiatrists when interacting with service users rather than as a trainee podiatrist practising podiatric surgery. As such the visitors were unclear as to how the use of this generic form would ensure that service users and carers would be clear that any podiatric surgery trainee operating on them would be acting as a podiatric surgery trainee despite being a registered professional, and that they could decline to give their

consent to be treated by a trainee. Therefore, the visitors require further evidence about how the education provider will ensure that service users and carers are clear that podiatric surgery trainees are acting as trainees when on practice placements and how they will ensure that service users clearly consent to trainees operating on them.

E.4 Assessment methods must be employed that measure the learning outcomes.

Condition: The education provider must provide further evidence about how and when different assessment methods will be employed throughout the programme to measure the learning outcomes.

Reason: In the documentation provided prior to the visit, the visitors saw a list of the learning outcomes for the clinical practice element (pages 30-37 of the Programme document) and module descriptors with learning outcomes for the academic modules (pages 44-51 of the Programme document). The visitors also saw a diagram of the academic and clinical modules on page 27 of the Programme document which sets out the academic and clinical structure of the programme. In discussions at the visit the visitors were made aware that the learning outcomes of the programme would be continually assessed throughout the placement experience and would then be assessed again as part of the final clinical examination. They were also informed that indicative timetables for the assessments on the programme would be produced but that these would be produced as and when a student would progress through the programme. However, the visitors could not see, from the evidence provided, how and when individual learning outcomes would be expected to be assessed and they were unclear about which assessment methods would be used and when. The visitors therefore require further evidence about how and when trainees will be assessed, what assessment methods will be used and how this will be recorded to ensure that trainees have met the relevant learning outcomes.

E.5 The measurement of trainee performance must be objective and ensure safe and effective podiatric surgery practice.

Condition: The education provider must provide further evidence about how information from the assessment of trainees will feed back into the management structure and fitness to practise procedures at the education provider to ensure consistent decisions are being made in assessment regarding a trainee's ability to practise safely and effectively.

Reason: From the evidence provided prior to the visit, the visitors were made aware that QMU has overall responsibility for the programme and that the programme will be delivered in partnership with NES. In documentation provided prior to the visit and at the visit, the visitors also learnt that within this partnership, there are a multitude of partners involved in the programme with various different roles and responsibilities. The visitors noted from discussions at the visit that there will be an annual evaluation of the programme between the various contributors to the programme and regular informal contact between the programme leader and the other contributors of the programme, including the placement provider and educators, to discuss any issues at placement. The visitors also noted from page 14 of the Programme document that there is a fitness to practise policy in place should any issues with professional conduct arise. However, the visitors were not clear about how, if issues relating to trainees' professional conduct arise while they are being assessed, they will be appropriately raised with QMU and dealt with through the fitness to practise policy. As such, the visitors require further

evidence about how information is shared between the partner organisations to ensure that any issues about professional conduct that arise through the assessment of trainees are appropriately referred to the education providers' fitness to practise policy.

E.6 There must be an effective monitoring and evaluation mechanisms in place to ensure appropriate standards in the assessment.

Condition: The education provider must provide further evidence about how the monitoring and evaluation systems in place will ensure consistency in the assessment of trainees at the placement setting.

Reason: From the evidence provided prior to the visit, the visitors were made aware that QMU has overall responsibility for the programme and that the programme will be delivered in partnership with NES. The visitors noted on page 24 of the Programme approval document that the Scottish Trauma and Orthopaedic Annual Review of Competencies Panel (ARCP) made up of placement and education provider representatives will review the progression of the trainee within the work place training blocks and that this will occur annually throughout the programme. In addition, the visitors noted that there is a Professional Board of Examiners to review the trainee's academic progress. At the visit, the visitors learnt that there will also be regular informal contact between the placement provider and programme leader and between the professional doctorate academic team and the programme leader to discuss trainee progression. However, from the evidence provided, the visitors could not determine how the information from these meetings and interactions will enable the education provider to evaluate the assessment of trainees to ensure that appropriate standards will be maintained and judgements consistent. Therefore, the visitors require further evidence as to how the systems in place will ensure that there appropriate standards will be maintained and that trainees will be marked consistently in all placement settings.

E.7 Assessment regulations must clearly specify requirements for trainee progression and achievement within the programme.

Condition: The education provider must provide further evidence to clarify requirements for trainee progression and achievement through the programme.

Reason: In the documentation provided prior to the visit, the visitors saw a list of the learning outcomes for the clinical practice element (pages 30-37 of the Programme document) and module descriptors with learning outcomes for the academic modules (pages 44-51 of the Programme document). The visitors also saw a diagram of the academic and clinical modules on page 27 of the Programme document which sets out the academic and clinical structure of the programme. In discussions at the visit the visitors were made aware that the learning outcomes of the programme would be continually assessed throughout the placement experience and would then be assessed again as part of the final clinical examination. In addition, the education provider confirmed that assessment of theoretical learning from the MSc would be included in the final exit exam. The visitors were also informed that indicative timetables for the programme would be produced but that these would be produced as and when a student would progress through the programme. However, the visitors could not see, from the evidence provided, how and when trainees would be informed as to where and how learning outcomes are taught and assessed in the clinical practice modules and the exit exam or when and how a trainee would achieve and progress through the programme. The visitors therefore require further evidence of how the programme team

will clearly specify the requirements for a trainee's expected progression through the programme and where they will be expected to achieve the required learning outcomes.

E.7 Assessment regulations must clearly specify requirements for trainee progression and achievement within the programme.

Condition: The education provider must provide further evidence about trainee progression and achievement in relation to the credits required for the professional doctorate and the certificate in podiatric surgery training.

Reason: The visitors saw a diagram of the academic and clinical modules on page 27 of the Programme document which sets out the academic and clinical structure of the programme. At the visit, the programme team stated that students who wish to progress through this programme would have to pass the final clinical examination which has no academic credit attached to it. The education provider also stated that the 240 credits required to complete the programme are completed prior to this examination taking place once the academic and clinical modules have been completed. At this point trainees could exit this programme and continue to undertake the full professional doctorate but be unable to exit with a certificate in podiatric surgery training. Students may also choose to complete the 240 credits, complete the final clinical examination and be awarded with the certificate in podiatric surgery training then choose not to continue with the professional doctorate. However, from the evidence provided prior to the visit the visitors were unclear as to how a student could progress through this programme and achieve the different qualifications. As such the visitors were unclear as to how trainees on this programme would be informed as to how they could progress and achieve the different qualifications associated with this programme and how applicants would be informed about the different qualifications associated with this programme. Therefore, the visitors require further evidence about trainee progression and achievement in relation to the professional doctorate and the certificate in podiatric surgery training, including how this will be clearly communicated to trainees and applicants.

E.10 Assessment regulations must clearly specify requirements for the appointment of at least one external examiner who must be appropriately experienced and qualified and, unless other arrangements are agreed, be from a relevant part of the Register.

Condition: The education provider must provide further evidence about the policy the programme team will use to ensure that external examiners have the appropriate experience and qualifications for this programme.

Reason: In evidence provided prior to the visit, the visitors noted on page 61 of the Programme document that "all academic module assessments are double marked by two internal examiners and then scrutinised by the External Examiner for the professional doctorate programme". They also noted that an external examiner will be appointed to review individual trainee's work on this programme, including the clinical Work Place Based Assessments (WPBAs), final exit exam and academic work. However, the visitors did not see the policy for the recruitment of the external examiner who will review this programme and, as such, they could not determine whether this external examiner will be appropriately experienced and qualified to review this programme. Therefore, the visitors require further evidence about the policy the

programme team will use to ensure that external examiners have the appropriate experience and qualifications for this programme.

Recommendations

B.1 The programme must have a secure place in the education provider's business plan.

Recommendation: If the education provider decides to increase the number of trainees, they should consider how to best engage with HCPC to identify how this may change how the programme continues to meet the standards.

Reason: The visitors were satisfied that there is a sufficient number of staff and resources in place for a small cohort of trainees per year and, as such, this standard is met. However, the programme team mentioned that, despite the low predictions currently, if demand for the programme increases then they would increase resources accordingly. The visitors recommend that if the programme does see an increase in recruitment that the education provider considers how this may impact the programme continuing to meet this standard and how best to engage with HCPC about these changes.

B.14 Where trainees participate as service users in practical and clinical teaching, appropriate protocols must be used to obtain their consent.

Recommendation: The visitors recommend that the education provider keeps the need for consent to be obtained for trainees participating as service users under review and that, if this is utilised on the programme in the future, that the relevant protocols for obtaining consent are implemented.

Reason: For this standard, the education provider indicated in the documentation that this is not applicable for this programme. At the visit, the programme team confirmed that this is not applicable as there would be no more than one or two trainees on the programme per cohort and therefore it is very unlikely that there would be an opportunity for trainees to participate as service users. As such, the visitors were satisfied that this standard is met. However, the visitors recommend that the education provider keeps the need for consent to be obtained for trainees participating as service users under review and that, if this is utilised on the programme in the future, that the HCPC is informed and the relevant protocols for obtaining consent are implemented.

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