Visitors' report

Name of education provider	University of West London
Programme name	BSc (Hons) Operating Department Practice
Mode of delivery	Full time
Relevant part of the HCPC Register	Operating department practitioner
Date of visit	5 – 6 June 2014

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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 the title 'operating department practitioner' 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.

The visitors report which follows outlines the recommended outcome made by the visitors on the ongoing approval of the programme. This recommended outcome was accepted by the Education and Training Committee (Committee) on 26 August 2014. At the Committee meeting, the ongoing approval of the programme was re-confirmed. This means that the education provider has met the conditions 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 the standards of education and training (SETs) and considered whether those who complete the programme meet the standards of proficiency (SOPs) for their part of the Register.

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

Visit details

Name of HCPC visitors and profession	Julie Weir (Operating department practitioner) Andrew Steel (Operating department practitioner)
HCPC executive officer (in attendance)	Nicola Baker
Proposed student numbers	15 per year
Proposed start date of programme approval	September 2014
Chair	Clive Marsland (University of West London)
Secretary	Judith Spurrett (University of West London)

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	☒	☐	☐
Descriptions of the modules	☒	☐	☐
Mapping document providing evidence of how the education provider has met the SETs	☒	☐	☐
Mapping document providing evidence of how the education provider has met the SOPs	☒	☐	☐
Practice placement handbook	☒	☐	☐
Student handbook	☒	☐	☐
Curriculum vitae for relevant staff	☒	☐	☐
External examiners' reports from the last two years	☐	☐	☒

The HCPC did not review external examiners' reports from the last two years prior to the visit as there is currently no external examiner 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	☒	☐	☐
Programme team	☒	☐	☐
Placements providers and educators / mentors	☒	☐	☐
Students	☒	☐	☐
Learning resources	☒	☐	☐
Specialist teaching accommodation (eg specialist laboratories and teaching rooms)	☒	☐	☐

The HCPC met with students from the DipHE Operating Department Practice, as the programme seeking approval currently does not have any students enrolled on it.

Recommended outcome

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

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 51 of the SETs have been met and that conditions should be set on the remaining six SETs.

Conditions are requirements that the education provider must meet before the programme can be recommended for approval. 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 recommendation for the programme.

Recommendations are observations on the programme or education provider which do not need to be met before the programme is recommended for approval. Recommendations are normally set to encourage further enhancements to the programme and are normally set when it is felt that the particular standard of education and training has been met at, or just above the threshold level.

Conditions

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

Condition: The education provider must review the admissions policy and guidance for the programme to ensure that it clearly reflects the BSc (Hons) Operating Department Practice programme and HCPC requirements for admissions.

Reason: The visitors noted from a review of the Admissions policy and guidance document submitted, that there were many sections which refer exclusively to requirements of the Nursing and Midwifery Council (NMC) for nursing and midwifery students, but do not provide specific guidance for operating department practitioner students. For example, the Accreditation of Prior (Experiential) Learning (Section 4.2) states that, "Applicants can use the process of the Accreditation of Prior (Experiential) Learning to access pre-registration nursing within the guidance provided by the University and NMC." Discussion at the visit clarified that AP(E)L is available for students on this programme and will follow the education provider-wide policy. However the visitors could not find further information in this document clarifying this for this programme. Similarly, under section 6.2 of this document, it states, "Staff development and training sessions are held for staff involved in admissions in order to update knowledge and expertise in the light of changing circumstances and ensure compliance with equality and diversity legislation", referencing an NMC standard to which this relates. The specification of NMC standards and procedures throughout this Admissions policy and guidance document may lead operating department practitioner students to believe that these elements do not apply to them or their programme. This SET requires the programme's admissions process to ensure that students are clearly informed of all the relevant information for the programme. The visitors therefore require further evidence of where and how students will be provided with all the information they require about the admissions policy for the programme.

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

Condition: The programme team must review the programme documentation to support student learning, to ensure it reflects the programme accurately and uses clear and up-to-date terminology.

Reason: The visitors noted that there were a number of instances of out-of-date terminology in use in the documentation submitted. For example, the 'Clinical Link Standards' document refers to the HCPC's former name ('HPC'), and also to 'PCT's (Primary Care Trusts), which are no longer in operation. The visitors also noted the use of the term "special needs (mental handicap)" in the 'Day Surgery Clinical Competencies' document (page 5) as a term requiring review in line with current terminology. There were instances where minor typographical errors in the documentation may lead to confusion for students as to guidance which is relevant to their study. For example, "HCPC Standards of Education and Training (HCPC 2102)" should read '2012' (Section 1.1 of Admissions policy and guidance document) and the Regulations Governing Fitness to Practise document does not appear to have been updated to include the BSc (Hons) Operating Department Practice programme in the list of programmes to which the policy applies (Section 2.1.2). It is important that students

are equipped with accurate information, and that the programme documentation accurately reflects the programme's requirements and the current professional landscape for operating department practitioners. The visitors therefore require the education provider to revise the programme documentation to correct all instances of inconsistent or out-of-date terminology, to ensure that students are clearly informed about the programme and the current setting of regulation. In this way the visitors can determine how the resources to support student learning are being effectively used.

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

Condition: The education provider must further demonstrate that there are appropriate protocols to obtain explicit consent where students participate as service users in practical and clinical teaching.

Reason: The SETs mapping document provided stated "Appropriate protocols are in place for students using the Simulation centre, with regards Health and Safety, and wearing appropriate attire." At the visit, the visitors asked students from the DipHE Operating Department Practice and the programme team about how students give their informed consent to participate in practical teaching as service users. The students said that they gave their consent verbally for sessions as necessary, though the programme team's discussion indicated that there were no formal protocols to gain consent in this way. When enquiring about this at the visit, the visitors were also provided with two consent forms for the simulation centre; one referred to permission for filming in the simulation centre, and the other pertained to health and safety issues and any risks of physical health conditions of students. However, the visitors could not see how students were informed about the nature of participating in activities such as role plays as service users, the personal or cultural elements that could emerge, and any impact on their academic progression if they chose to opt out of participating. The visitors therefore require further evidence of how students on the programme are able to give informed consent to participate in practical and clinical teaching activities, when they are acting as service users.

5.6 There must be an adequate number of appropriately qualified and experienced staff at the practice placement setting.

Condition: The programme team must further demonstrate how they will ensure that there is an adequate number of appropriately qualified and experienced staff at the practice placement setting.

Reason: The SETs mapping directed the visitors to the 'Link Lecturer Standards' and 'Clinical Audit Policy Summary', as evidence against this standard. The documentation outlines the policies in place where placement providers are responsible for maintaining their own mentor registers. It also outlines the feed-in processes of the mentor registers from placement providers to the programme team as part of Annual Quality Monitoring at the education provider. The visitors were provided with an example of a mentor register at the visit, but could not determine how many operating department practitioner 'live' mentors were on the list, what the placement setting was, or what qualifications and experience the placement staff have. The visitors therefore could not see from this document how the knowledge, skills and experience of mentors would be checked and monitored by the education provider. They therefore require further evidence as to how this SET will be met.

5.9 Practice placement educators must be appropriately registered, unless other arrangements are agreed.

Condition: The programme team must further demonstrate how they will ensure and monitor that the practice educators (mentors) are appropriately registered, unless other arrangements are agreed.

Reason: As for SET 5.6, the SETs mapping directed the visitors to the 'Link Lecturer Standards' and 'Clinical Audit Policy Summary', as evidence against this standard. The documentation outlines the policies in place where placement providers are responsible for maintaining their own mentor registers. It also outlines the feed-in processes of the mentor registers from placement providers to the programme team as part of Annual Quality Monitoring at the education provider. The visitors were provided with an example of a mentor register at the visit, but could not determine that there were any operating department practitioner 'live' mentors on the list. One column on the mentor register provided contained registration details for the Nursing and Midwifery Council, but only a small proportion of the mentors listed had any information in this column. The document also did not appear to detail the role of the mentors, as operating department practitioners or other positions or professions as appropriate. The visitors therefore could not see from this document that there were any records of mentors' HCPC Registration or detail of how mentor registration will be checked and monitored by the education provider. They therefore require further evidence as to how this SET will be met.

5.11 Students, practice placement providers and practice placement educators must be fully prepared for placement which will include information about an understanding of:
- **the learning outcomes to be achieved;**
- **the timings and the duration of any placement experience and associated records to be maintained;**
- **expectations of professional conduct;**
- **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 programme team must ensure that the placement assessment documentation distinguishes between the assessment of core competencies and optional additional skills that may be accumulated in specialist areas of practice.

Reason: On page 18 of the 'Post Anaesthetic Care Clinical Competencies' document, the visitors noted that there is space provided should the placement educator (mentor) feel that there are any other competencies that need to be addressed in this specific area but have not been included. The document states that this is optional and should only be used when a tripartite agreement between the assessor, the student and the module leader or specific UWL link tutor for the clinical area has been reached. However, discussions with placement educators and students from the DipHE Operating Department Practice indicated that there was some inconsistency and confusion as to the way in which these additional competency spaces were used, the impact on overall assessment of the placement and the involvement of the link tutor from the programme team. Discussion indicated that some mentors had introduced additional competencies for students without tripartite agreement with the programme

team. Inconsistency in the way that this is used could lead to misconceptions of the learning outcomes and assessment procedures on placements. The visitors acknowledge the value for students of having a way of recording any additional, specific skills they have achieved in placement settings, however, the competencies and learning outcomes to be achieved in placement must be clear to students and mentors and consistently applied for parity of student experience and assessment. The visitors therefore require evidence that the programme team will ensure that any additional skills achieved in placements are recorded separately (such as in the form of certificates), from the competencies which must be achieved for all students. In this way they can be sure that this standard is met.

Recommendations

5.11 Students, practice placement providers and practice placement educators must be fully prepared for placement which will include information about an understanding of:
- **the learning outcomes to be achieved;**
- **the timings and the duration of any placement experience and associated records to be maintained;**
- **expectations of professional conduct;**
- **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.**

Recommendation: The programme team are advised to ensure terminology for performance criteria is clear to mentors and students in any guidance produced.

Reason: At the visit, the programme team outlined the way in which they will prepare practice placement educators (mentors) for assessing students on the programme against the required clinical competencies, as outlined in the clinical handbooks. The programme team also highlighted that once all the documentation for placements had been finalised, they intended to develop further guidance for both placement educators and students to more explicitly outline what performance criteria students need to demonstrate in the placement setting, possibly in the form of cribsheets or posters. The visitors advise that this guidance includes clear information as to what the terms used in the clinical competencies documents mean, such as 'discuss', 'describe' and 'demonstrate'. In this way, the mentors and students will have a clear understanding of the expectations of the clinical competencies, ensuring consistency of assessment across the board.

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Julie Weir
Andrew Steel

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