Approval process report

Buckinghamshire New University, Diagnostic Radiography, 2024-25

Executive Summary

This is a report of the ongoing process to approve the Diagnostic Radiography programme at Buckinghamshire New University. This report captures the process we have undertaken to assess the institution and programme against our standards, to ensure those who complete the proposed programme are fit to practice.

We have
- Reviewed the institution against our institution level standards and found our standards are met in this area
- Reviewed the programme against our programme level standards and found our standards are met in this area
- Decided all standards are met, and that the programme is approved

Through this assessment, we have noted:
- The programme meets all the relevant HCPC education standards and therefore should be approved.

Previous consideration	Not applicable. This approval was not referred from another process.
Decision	The Education and Training Committee (Panel) is asked to decide: • whether the programme is approved
Next steps	Outline next steps / future case work with the provider: • The provider's next performance review will be in the 2026-27 academic year • The programme has been approved and will be delivered by the education provider from September 2025.

Included within this report

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 detailed in this report meet our education standards. The report details the process itself, evidence considered, outcomes and recommendations made regarding the programme 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:

Helen Best	Lead visitor, Diagnostic Radiographer
Shaaron Pratt	Lead visitor, Diagnostic Radiographer
Saranjit Binning	Education Quality Officer

Section 2: Institution-level assessment

The education provider context

The education provider currently delivers 13 HCPC-approved programmes across five professions. It is a higher education institution and has been running HCPC approved programmes since 2011. This includes two post-registration programmes for independent prescribing and supplementary prescribing annotations.

The education provider engaged with the performance review process in 2021-22 where they achieved a five-year review period. This was due to the education provider's performance, indicating a low risk to the quality of the programmes and the education provider had appropriate and well-planned strategies moving forward. Therefore, their next engagement with the performance review process will be in 2026-27.

The education provider engaged with the approval process in 2023 to seek approval for the BSc (Hons) Diagnostic Radiography (Degree Apprenticeship), BSc (Hons) Occupational Therapy and BSc (Hons) Occupational Therapy – Apprenticeship programmes. Following the stage 1 review, the Executive noted the Education Provider had not established school-wide policies to manage inter-professional learning. There were plans to establish these policies which would be applied to the new programmes. This area was referred to the education provider's next performance review process in the 2026-27 academic year or their next approval process. At the meeting in February 2024 the Education and Training Committee agreed that there was sufficient evidence to demonstrate that our standards were met, and the programmes were approved.

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 2 of this report.

	Practice area	Delivery level		Approved since
Pre-registration	Occupational therapy	☒Undergraduate	☐Postgraduate	2024
	Operating Department Practitioner	☒Undergraduate	☐Postgraduate	2018
	Paramedic	☒Undergraduate	☐Postgraduate	2021
	Physiotherapist	☒Undergraduate	☒Postgraduate	2022
	Radiographer	☒Undergraduate	☒Postgraduate	2023
Post-registration	Independent Prescribing / Supplementary prescribing			2017

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	Bench-mark	Value	Date	Commentary
Total intended learner numbers compared to total enrolment numbers	381	391	2024	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 provider is proposing through the new provision.
Learners – Aggregation of percentage not continuing	3%	8%	2020-21	This data was sourced from summary data. This means the data is the provider-level public data.

The data point is above the benchmark, which suggests the provider is performing below sector norms.

When compared to the previous year's data point, the education provider's performance has dropped by 1%.
We explored this through SET 2.1 and sought clarification about whether all learners were interviewed |

				despite not meeting entry requirements. Visitors considered this may have had an impact on this data point, however, they were reassured through the clarification received.
Graduates – Aggregation of percentage in employment / further study	92%	96%	2021-22	This data was sourced from summary data. This means the data is the provider-level public data. The data point is above the benchmark, which suggests the provider is performing above sector norms. When compared to the previous year's data point, the education provider's performance has dropped by 1%. We did not explore this data point through this assessment because no impact on SETs was considered.
Teaching Excellence Framework (TEF) award	N/A	Silver	2023	The definition of a Silver TEF award is "Provision is of high quality, and significantly and consistently exceeds the baseline quality threshold expected of UK Higher Education." We did not explore this data point through this assessment because no impact on SETs was considered.
National Student Survey (NSS) positivity score	78.7%	90.7%	2024	This data was sourced at the subject level. This means the data is for HCPC-related subjects.

| | | | | The data point is above the benchmark, which suggests the provider is performing above sector norms.

When compared to the previous year's data point, the education provider's performance has improved by 2%.

We did not explore this data point through this assessment because no impact on SETs was considered. |
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| HCPC performance review cycle length | N/A | 2026-27 | 5 years | The education provider has engaged with the HCPC previously and a five-year review period was agreed. |

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 policy and procedure outlines the institution wide policies covering information for applicants. In addition to this, there are programme specific policies which apply to individual disciplines. This information is available on the education providers website.
  - The information includes programme specific applicant guides, programme information and programme specifications.
  - These policies and procedures are institution wide and will apply to the proposed programme. This is in line with how we understand the

education provider to operate and aligns with their existing approved programmes.

- **Assessing English language, character, and health** –
  - The Admissions policy and procedure relating to this area is institution wide and applies to all programmes. For some programmes it is adjusted to accommodate the profession specific requirements such as health and Disclosure and Barring Service (DBS) check requirements. Relevant entry requirements are outlined on the education provider's website, which include English language requirements.
  - In addition to the institution level policies, the BSc (Hons) Diagnostic Radiography applicant guide would also apply to the proposed programme and applicants would be required to meet the criteria outlined.
  - These policies and procedures are institution wide and will apply to the proposed programme. This is in line with how we understand the education provider to operate and aligns with their existing approved programmes.
- **Prior learning and experience (AP(E)L)** –
  - The Accreditation of Prior Learning Policy and Procedure is an institution wide policy and applies to all programmes. This policy functions as the standard for accreditation of certified learning and accreditation of experiential learning.
  - This policy will apply to the proposed programme.
- **Equality, diversity and inclusion** –
  - The education provider demonstrates they are committed to equality, diversity and inclusion and has an Equality, Diversity and Inclusion policy, which applies across the institution. It is also included in the Admissions Policy.
  - To ensure the admissions processes are applied fairly and appropriately all applications are reviewed annually. This enables the education provider to identify any trends and update processes and procedures to reflect these.
  - These policies and procedures are institution wide and will apply to the proposed programme. This is in line with how we understand the education provider to operate and aligns with their existing approved programmes.

Non-alignment requiring further assessment: None.

<u>Management and governance</u>

Findings on alignment with existing provision:
- **Ability to deliver provision to expected threshold level of entry to the Register[1]** –

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[1] 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

- o There are institution wide policies covering the delivery of the provision to the expected threshold level of entry to the Register.
- o The Academic Qualifications Framework sets out the framework for qualifications, academic level credit and structural requirements and the Academic Assessment Regulations cover requirements for achievement of credit and awards by individual learners.
- o External Examiners are appointed to confirm standards of achievement. They are also involved with all assessment processes and regular reviews of the programmes.
- o These policies and procedures are institution wide and will apply to the proposed programme. This is in line with how we understand the education provider to operate and aligns with their existing approved programmes.
- **Sustainability of provision** –
  - o The Annual Monitoring Policy is an institution wide policy and ensures the sustainability of the provision.
  - o They also have Student Protection Plans in place. These policies assess the risks to programmes and where necessary action plans are created.
  - o These policies and procedures are institution wide and will apply to the proposed programme. This is in line with how we understand the education provider to operate and aligns with their existing approved programmes.
- **Effective programme delivery** –
  - o To ensure effective delivery of the programme, there are institution level policies in place. The Academic Qualifications Framework, Annual Monitoring Policy and External Examiner Policy ensure programmes are effectively supported and managed.
  - o All members of staff within the diagnostic radiography team are qualified Diagnostic Radiographers and are registered with the HCPC. This includes the programme leader who is responsible for leading and managing the programme.
  - o A range of policies ensure that learners are supported when raising concerns about the safety and wellbeing of service users. This includes the Student Complaints procedure and the Student Wellbeing Service. The Student Complaints procedure enables learners to raise concerns about the safety and wellbeing of service users. This policy is accessible on the education providers website and learners are also signposted to it in the programme handbook.
  - o The Academic Qualifications Framework outlines the framework and credit requirements for all programmes required to successfully complete the programme.
  - o These policies and procedures are institution wide and will apply to the proposed programme. This is in line with how we understand the education provider to operate and aligns with their existing approved programmes.

- **Effective staff management and development** –
  - The Performance Development Review Policy and the Learning and Development Policy outline the education provider's commitment to providing training and development opportunities to their staff.
  - The Learning and Development Policy is specifically designed to ensure all staff are provided with the relevant support to undertake their duties. In addition to this, all staff are required to engage with the annual performance development review using the Bucks Academic Framework.
  - These policies and procedures are institution wide and will apply to the proposed programme. This is in line with how we understand the education provider to operate and aligns with their existing approved programmes.
- **Partnerships, which are managed at the institution level** –
  - The Placement Learning Policy is an institution wide policy and covers core principles, academic quality, responsibilities and insurance.
  - The Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) is a key stakeholder. In addition to this, the education provider collaborates with clinical sites across the Thames Valley region and Bucks Academy.
  - These policies and procedures are institution wide and will apply to the proposed programme. This is in line with how we understand the education provider to operate and aligns with their existing approved programmes.

Non-alignment requiring further assessment: None.

Quality, monitoring, and evaluation

Findings on alignment with existing provision:
- **Academic quality** –
  - The Academic Qualifications Framework, Annual Monitoring Policy, Fitness to Practise Procedure, Programme Approval and Amendment Policy and Personal Tutoring Policy are institution wide policies.
  - The External Examiner policy ensures they are involved with reviewing all programmes and providing input into all aspects of assessments.
  - These policies and procedures ensure academic quality and continuous improvement on all programmes and will apply to the proposed programme.
  - The Attendance and Engagement Policy outlines the education providers expectations and processes in relation to attendance. It also provides details of how they monitor and record learner attendance and what the consequences are if there are concerns relating to a learner's attendance.
  - These policies and procedures are institution wide and will apply to the proposed programme. This is in line with how we understand the

education provider to operate and aligns with their existing approved programmes.

- **Practice quality, including the establishment of safe and supporting practice learning environments** –
  - o There are several policies and procedures set at institution level to ensure practice quality and a safe and supportive practice learning environment. Some of these include Student Bullying and Harassment, Student Complaints procedure and the Placement Learning Policy.
  - o The programme handbook provides details of the support and information available for learners and practice educators to prepare them for practice-based learning.
  - o These policies and procedures are institution wide and will apply to the proposed programme. This is in line with how we understand the education provider to operate and aligns with their existing approved programmes.
- **Learner involvement** –
  - o Student Representation Policy supports and encourages learner involvement on all programmes and is an institution wide policy. In addition to this, the Learning Contract ensures learners are involved with the specific programme.
  - o These policies and procedures are institution wide and will apply to the proposed programme. This is in line with how we understand the education provider to operate and aligns with their existing approved programmes.
- **Service user and carer involvement** –
  - o Diagnostic Radiography Placement Educators and Expert By Experience Involvement Strategy is a profession specific policy and will be written specifically for the proposed programme.
  - o The Experts by Experience Handbook provides details of the process for obtaining consent from service users. The Placement Handbook outlines the process for learners to obtain consent.
  - o The education provider is also working on introducing an institutional expert by experience strategy and this will be an institution wide policy.

Non-alignment requiring further assessment: The education provider is currently in the process of developing the Expert By Experience Involvement Strategy, which will be a profession specific policy. This should be explored further through stage 2 of this process and the exploration should include a timeframe on when this policy will be developed.

It is noted they are also in the process of developing an institutional strategy for Expert By Experience Involvement, however they have not indicated a timeframe within which this will be completed. This strategy should therefore be considered further and referred to the education provider's next performance review in 2026-27.

Learners

Findings on alignment with existing provision:

- **Support** –
  - The education provider offers a range of services to support the wellbeing and learning needs of their learners. Some of these services include the Student Health and Wellbeing Service, Academic Registry Helpdesk and Academic Advice and Student Learning and Achievement Unit.
  - Other policies include the Personal Tutor Policy, which ensures learners are provided with the appropriate pastoral and academic support. This includes referral to specific support services.
  - These policies and procedures are institution wide and will apply to the proposed programme. This is in line with how we understand the education provider to operate and aligns with their existing approved programmes.

- **Ongoing suitability** –
  - The ongoing suitability of learners is considered through the Fitness to Practise Procedure and Personal Tutor Policy. In addition to this the suitability of learners to continue with programmes is also considered at programme board meetings.
  - These policies and procedures are institution wide and will apply to the proposed programme. This is in line with how we understand the education provider to operate and aligns with their existing approved programmes.

- **Learning with and from other learners and professionals (IPL/E)** –
  - Inter-professional learning policies are currently programme specific and a specific policy will be developed for the proposed programme. In addition to this, as part of the curriculum 2023 project, the education provider is working on establishing a school-wide policy, which will embed inter-professional learning within the school and provide some consistency across the programmes.
  - This policy will apply to the proposed programme and will be considered through stage 2.

- **Equality, diversity and inclusion** –
  - The Equality, diversity and inclusion policy, Mitigating Circumstances policy and Interruption Withdrawal and Transfer procedure are all institution wide policies and procedures. These policies and procedures ensure equality, diversity and inclusion across all programmes.
  - These policies and procedures are institution wide and will apply to the proposed programme. This is in line with how we understand the education provider to operate and aligns with their existing approved programmes.

Non-alignment requiring further assessment: We acknowledge the education provider is the process of developing a programme specific inter-professional

learning policy, however no timeframe has been specified for this. This should therefore be explored further through stage 2 of this process.

It is noted they are also working on developing a school-wide interprofessional learning policy as part of the curriculum 2023 project but they have not indicated when this policy will be finalised. The development of this policy should be considered further and referred to the education provider's next performance review in 2026-27.

Assessment

Findings on alignment with existing provision:
- **Objectivity** –
    - To ensure assessments are objective, all programmes follow the guidance set out in the Assessment and Feedback policy, Academic Assessment regulations and External Examiner policy. This ensures consistency and transparency with assessments and marking across all programmes.
    - External Examiners are involved with all elements of assessments and provide independent input into the assessments to ensure quality and academic standards are maintained.
    - These policies and procedures are institution wide and will apply to the proposed programme. This is in line with how we understand the education provider to operate and aligns with their existing approved programmes.
- **Progression and achievement** –
    - All assessment processes comply with the Assessment and Feedback policy and Academic Assessment regulations.
    - These policies and procedures are institution wide and will apply to the proposed programme. This is in line with how we understand the education provider to operate and aligns with their existing approved programmes.
- **Appeals** –
    - The appeals procedure is an institution wide policy and allows learners to appeal their marks.
    - These policies and procedures are institution wide and will apply to the proposed programme. This is in line with how we understand the education provider to operate and aligns with their existing approved programmes.

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.

We noted the policies for inter-professional learning and Experts by Experience were currently in the process of being developed, however no timeframe was specified. The development of these policies will therefore be considered further and referred to the education provider's next performance review in 2026-27.

Education and training delivered by this institution is underpinned by the provision of the following key facilities:
- o Currently, there is a 1.0 whole time equivalent (WTE) Associate Professor and 2.0 (WTE) Senior Lecturer involved with the programme. There are plans to recruit additional staff and funding for this has been agreed.
- o The education provider offers a range of facilities to support the programme. These include the virtual learning environment (VLE), information technology, books and journals and teaching spaces for lectures and seminars. There are two X-ray imaging suites and 2 mobile X-ray Topaz units. In addition to this there are a range of anatomical and skeletal imaging models, which are used for simulation training. Additional funding has also been agreed to purchase new equipment.

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	Full time	Diagnostic radiographer	10 learners, 1 cohort	29/09/2025

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.

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 .

<u>Quality theme 1 – ensuring there are an adequate number of staff to deliver the programme over the next three years</u>

Area for further exploration: The education provider submitted staff CVs, which provided an overview of the teams' qualifications and experience to deliver the programme. Visitors acknowledged these and noted there were an adequate number of staff to deliver the programme, however sought further clarification on how staffing would be managed with the growth in learner numbers. Visitors therefore requested further information to understand how staffing would be increased through the duration of the programme and how this would be monitored alongside intake numbers.

Quality activities agreed to explore theme further: We agreed to explore this area further by requesting a narrative from the education provider. We considered the narrative would be the most effective method to understand how the education provider ensured there would be an adequate number of experienced staff to deliver all areas of the programme over the three years.

Outcomes of exploration: In their response, the education provider informed us they currently had three full-time equivalent (FTE) senior lecturers and had recently appointed another senior lecturer who was expected to start in June 2025. There would therefore be four FTE senior lecturers to deliver the proposed programme in September 2025. In addition to this, there would also be two associate lecturers and a range of guest lecturers to support the learning.

Visitors acknowledged the response provided and noted the education providers explanation on the current position regarding staffing levels. The information provided, however, did not outline how staffing levels would be managed and increased through the duration of the programme. Visitors therefore requested further information from the education provider to explain how staffing would be managed with the growth in learner numbers and how this would be monitored.

Quality activity 2
Quality activities agreed to explore theme further: We agreed to explore this area further by requesting a narrative from the education provider. We considered the narrative would be the most effective method to understand the mechanisms the education provider had in place to monitor the learner intake numbers and increase staff to support the additional learners.

Outcomes of exploration: In their response and as previously mentioned, the education provider explained how they currently had three FTE senior lecturers and had appointed another senior lecturer to deliver the Diagnostic Radiography suite of programmes. They explained how they currently had 23 learners on the approved MSc programme and five apprentices to approved degree apprenticeship programme. In September 2025 they were expecting to recruit 16 learners onto the proposed programme .

In the narrative provided, the education provider also explained how they review staffing levels with the Head of School to ensure there are an adequate number of staff to deliver the programmes. When reviewing these levels they consider their own staff:student ratio, which is 15:1, and review the projected learner numbers six months prior to the staff:student ratio increasing. This approach enables the education provider to maintain an appropriate level of staffing for the programme and recruit more staff as the learner numbers increase.

Visitors acknowledged the additional information supplied by the education provider and confirmed they were satisfied the education provider had appropriate processes in place to ensure there were an adequate number of experienced staff to deliver the proposed programmes over three years.

<u>Quality theme 2 – ensuring there are an adequate number of staff to support practice-based learning across the Diagnostic Radiography programmes</u>

Area for further exploration: Visitors acknowledged the importance of the practice learning environment audits and how these were central to ensuring the quality of the practice-based learning experience. It was clear the audits assessed the environment, resources and learning opportunities available for learners. In the information provided it was not clear to visitors how the current levels of staff supporting practice-based learning at the practice-based learning sites for learners on the MSc and degree apprenticeship programme, were adequate to support this additional programme. Visitors therefore requested further information to explain how the practice-based learning for the MSc, degree apprenticeship and BSc (Hons) programmes will coincide and what provision is in place to ensure the staffing levels in the completed audits are adequate to absorb this additional programme.

Quality activities agreed to explore theme further: We agreed to explore this area further by requesting a narrative from the education provider. We considered the narrative would be the most effective method to understand how the education provider ensured there would be an adequate number of staff to support learners with practice-based learning across the MSc, degree apprenticeship and BSc (Hons) programmes.

Outcomes of exploration: In their response, the education provider informed us there would be no overlap between the year groups on the programmes. This was because the course schedule had been designed to ensure there was no overlap and that only one cohort of learners would be undertaking practice-based learning at

a time. This approach enabled the education provider to manage capacity and meant there would be no clashes between the cohorts on the different programmes, and it would therefore also not impact the clinical and practice-based staff.

Visitors acknowledged the response provided by the education provider and noted the education provider had designed the programmes to ensure there was no overlap and managed capacity through this approach. The information provided, however, did not explain how the education provider would ensure the staffing levels at the practice-based learning sites were adequate to support learners with practice-based learning across the MSc, degree apprenticeship and BSc programmes. Further information was therefore requested to explain how the education provider would ensure the staffing levels on placement sites were adequate to absorb this additional programme, alongside the MSc and degree apprenticeship programmes.

Quality activity 2
Quality activities agreed to explore theme further: We agreed to explore this area further by requesting a narrative from the education provider. We considered the narrative would be the most effective method to understand how the education provider would ensure there were an adequate number of staff at the practice-based learning sites to support learners with practice-based learning across the suite of Diagnostic Radiography programmes.

Outcomes of exploration: In their response, the education provider clarified that NHS Trusts were responsible for deciding which staff would support learners during practice-based learning. These decisions were made locally, after which the Trusts would offer the education provider a specified number of placement opportunities. This offer directly influenced how many learners the education provider could recruit to the programme. To ensure recruitment did not exceed placement capacity, a 'student rota' was prepared in advance in collaboration with the practice-based learning provider. If any adjustments were required to these figures, these would be discussed with the relevant Trusts accordingly.

Visitors acknowledged the additional information supplied by the education provider and confirmed they were satisfied the education provider had appropriate processes in place to ensure there were an adequate number of staff to support practice-based learning across the Diagnostic Radiography programmes.

Quality theme 3 – rotating through placement sites to gain specialist practice-based learning experience to meet the standards of proficiency

Area for further exploration: Visitors acknowledged a range of placements were offered, however noted Practice Managers indicated they 'prefer not to have their allocated students rotated through other specialist sites due to variations they have seen in practice and the preference was to train their own students in all modalities and specialisms.' This was stated in the Practice Manager meeting – BSc Direct entry placement consultation that took place on 4 March 2024. Visitors were therefore not clear on how learners would gain practice-based learning for more

specialist practice if their base placement did not provide the required opportunities and experience. Visitors therefore requested further information to understand how they would ensure all learners had access to the opportunities and experiences required for them to achieve the standards of proficiency (SOPs).

Quality activities agreed to explore theme further: We agreed to explore this area further by requesting a narrative from the education provider. We considered the narrative would be the most effective method to understand how the education provider ensured learners had access to the opportunities and experiences required for them to achieve the SOPs.

Outcomes of exploration: In their response, the education provider stated that they had consulted with practice educators to highlight the importance of rotating learners through specialist placement sites. As a result of these discussions, the placement schedule now includes rotations across all areas of radiology, ensuring that learners gain the necessary experience to achieve their learning outcomes and meet the required SOPs.

Visitors noted the response provided by the education provider, however requested some further evidence providing details of the rotation plan and the various sites where learners will be provided with the experience in specialist areas. Alongside this they also requested evidence of the discussions the education provider had with practice educators regarding the rotation.

Quality activity 2
Quality activities agreed to explore theme further: We agreed to explore this area further by requesting a narrative from the education provider. We considered the narrative would be the most effective method to understand how the education provider ensured learners had access to the opportunities and experiences required for them to achieve the standards of proficiency.

Outcomes of exploration: In their response, the education provider submitted a rotation plan outlining the specialist sites and the areas they covered, offering reassurance that learners would gain experience in these key settings. They further explained that during the mentor and assessor training workshop held in September 2024, as well as through subsequent 'meet and greet' sessions, the significance and rationale behind rotating learners were discussed and agreed upon by practice educators. These engagements demonstrated that the rotation of learners had been thoughtfully considered and that appropriate measures were in place to provide access to the experiences necessary to meet the standards of proficiency.

The visitors reviewed this additional information and confirmed they were satisfied that the education provider had an effective plan to ensure learner access to specialist placement sites.

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.

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 selection and entry criteria are clearly articulated and set at an appropriate level for the proposed programme. The entry criteria is available on the education provider's website and is accessible to applicants. The information available includes academic grade requirements and criminal and health check requirements.
  - The evidence confirmed appropriate academic and professional entry standards would be applied fairly and consistently.
  - Through clarification, we noted the statement 'If prospective learners do not meet the entry requirements they may, if they have relevant professional experience, still be invited for an interview, where they will be required to demonstrate the necessary knowledge and understanding for entry onto the course' in the BSc (Hons) Diagnostic Radiography Direct Entry Context Document. This was a generic statement included on the generic programme specification document. We received reassurances from the education provider that all candidates that were interviewed for the diagnostic radiography programmes met the entry requirements. We acknowledged this statement was included as part of the education providers commitment to widening participation.
  - The visitors therefore considered the relevant standard within this SET area met.
- **SET 3: Programme governance, management and leadership** –
  - There was evidence of regular collaboration between the programme team and practice partners where they met to discuss capacity, facilities and the learning experience. It was noted the education provider maintained ongoing communication with practice partners through visits and informal catch ups with practice educators. This approach enabled them to maintain regular communication with the practice partners and enhance the learning experience for learners.
  - Visitors acknowledged there was a process in place to ensure the availability and capacity of practice-based learning. This process was

outlined in the placement audit. This was further supported by the completed Practice Placement Agreements the education provider had in place with practice partners.

- o We noted the education provider worked closely with practice partners to manage the availability and capacity of practice-based learning across the diagnostic radiography programmes. We recognised capacity and availability were determined by the NHS Trusts and managed by the practice educators. This ensured there was sufficient capacity to meet the learner numbers and reduced the risk of a shortage of practice-based learning. The course design also contributed to ensuring there was sufficient practice-based learning, as it had been designed to avoid any overlaps with the cohorts.
- o Visitors noted the education provider had an adequate number of staff to deliver the programme and were in the process of recruiting one more senior lecturer prior to the programme starting. Through Quality theme 1 we explored how staffing levels would be managed and increased through the duration of the programme and how the education provider would ensure there were an adequate number of staff to deliver the programme as it grows.
- o Visitors acknowledged the CVs submitted and noted staff had a range of clinical practice expertise and academic qualifications in a range of radiography backgrounds. It was noted guest lecturers, and associate lecturers would also be involved with the delivery of the programme. In addition to this they would also be using non-diagnostic radiography experts to deliver some parts of the programme to enhance the teaching experience for learners.
- o There were a wide range of resources available to support the effective delivery of the proposed programme. These included access to a range of simulation facilities with a variety of software, two non-ionising mobile x-ray units, an x-ray mobile patient trolley and a fully digital x-ray imaging suite where learners could undertake practical simulation training. Alongside this there were a range of radiographic and positioning equipment, skeletons and anatomical models. Other resources included the virtual learning environment and library resources, which were also available for learners to access electronically.
- o The visitors therefore considered the relevant standard within this SET area met.
- **SET 4: Programme design and delivery** –
  - o The learning outcomes were mapped against the Standards of Proficiency (SOPs) mapping document and outlined in the module descriptors. The structure of the modules ensured learners met the SOPs.
  - o Learners were supported to meet the HCPC standards of professional behaviours, which included the standards of conduct, performance and ethics. Visitors acknowledged these were embedded throughout the

programme within the programme learning outcomes in the clinical practice and placement modules and the academic modules.

- o The proposed programme is comprehensive and addresses the philosophy, core values, skills and knowledge base of the profession as articulated in the College of Radiographers Education and Career Framework. Visitors noted the fours pillars of practice from the framework were embedded within each module.
- o There were a range of processes to review and update the curriculum to ensure it remained up to date and relevant. This included engagement with stakeholders including clinical partners, service users/experts by experience, learners and professional external advisors to review the course content regularly. It was also noted how the learning outcomes were designed with flexibility to allow for regular updates to ensure they remain current and relevant.
- o The structure of the programme ensured the integration of theory and practice. Visitors noted how clearly clinical practice was integrated with theoretical learning through the four placement blocks. The modules were designed to ensure the academic modules linked to the clinical modules, which supported the transfer of knowledge and skills across the programme. This design therefore ensures the integration of theory and practice throughout the programme.
- o There was evidence of a variety of learning and teaching methods being used, which were evidenced in the learning and teaching strategy. These included a combination of lectures, workshops, practical sessions, seminars and tutorials were used throughout the programme. Alongside this clinical observations and clinical practice placements were used to develop clinical skills.
- o It was noted how the learning outcomes enabled learners to develop their autonomous and reflective thinking skills throughout the programme. There was clear evidence of opportunities for learners to do this through teaching, practice-based learning and simulation activities. Learners were encouraged to engage in critical self-reflection and self-evaluation for ongoing learning and personal development through the programme. Visitors also acknowledged how the Professional Practice and Becoming an Autonomous Practitioner modules supported learners to develop autonomous and reflective thinking.
- o We recognised evidence-based practice was integrated throughout the programme. To support this further, there were also three modules that focused on developing evidence-based practice. These were Professional Practice, Evidence Based Practice and Independent Evidence Based Practice.
- o The visitors therefore considered the relevant standard within this SET area met.
- **SET 5: Practice-based learning** –
  - o Visitors noted the clear integration of practice-based learning in the programme. Practice-based learning was delivered in four blocks

across the programme and structured around the teaching element of the programme. This approach enabled learners to build on their learning and develop their skills.

- Through Quality theme 2, we explored the process for ensuring there were an adequate number of appropriately qualified and experienced staff in place within practice-based learning to support learners across the suite of diagnostic radiography programmes.
- Practice Educators receive comprehensive support and training, including induction sessions and access to online resources such as webinars and face-to-face workshops. This provision ensures a clear understanding of programme learning outcomes and promotes the use of inclusive teaching strategies that respect the rights and needs of service users. Additional support is available through professional development programmes. In addition to this, the programme team delivers a structured staff development initiative comprising seminars and workshops for mentors and assessors. These sessions include both initial training and ongoing update training to maintain and enhance mentoring and assessment practices.
- There was evidence to demonstrate the structure, duration and range of practice-based learning was appropriate to enable learners to meet the SOPs and achieve the learning outcomes. Through Quality theme 3, we noted the education provider had a rotation plan in place, which provided details of the specialist sites and the areas they covered. This provided reassurance that learners would have access to the opportunities and experiences required for them to achieve the standards of proficiency.
- The visitors therefore considered the relevant standard within this SET area met.

- **SET 6: Assessment** –
  - The programme was mapped against the HCPC standards of proficiency and the assessment strategy ensured learners met these. The range of assessments were summarised in the Programme Specification. We noted from the evidence provided that all learning outcomes were assessed and learners were required to pass all modules.
  - Professional behaviours, including adherence to the Standards of Conduct, Performance and Ethics, are embedded within various assessments. These include the Practice Placement Portfolios in Years 1 and 2, and Clinical Practice modules 1 and 2. The module descriptors outline the content, learning outcomes and appropriate assessment methods to demonstrate professional behaviour, including the standards of conduct, performance and ethics.
  - Assessment methods were clear and appropriate and were outlined in the module descriptors and the SOPs mapping document. It was noted the assessment methods were varied and included written examinations, viva voce, essay assignments and oral presentations.

This demonstrated there were a range of assessment methods used to assess the learning outcomes.
- o The visitors therefore considered the relevant standards within this SET area met.

Risks identified which may impact on performance: None.

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:
- All standards are met, and therefore the programme should be approved.

Education and Training Committee decision

Education and Training Committee considered the assessment panel's recommendations and the findings which support these. The education provider was also provided with the opportunity to submit any observations they had on the conclusions reached.

Based on all information presented to them, the Committee decided that:
- The programme is approved.
- The education provider's next engagement with the performance review process should be in the 2026-27 academic year.

Reason for this decision: The Education and Training Committee Panel accepted the visitor's recommendation that the programme should receive approval.

Appendix 1 – summary report

If the education provider does not provide observations, only this summary report (rather than the whole report) will be provided to the Education and Training Committee (Panel) to enable their decision on approval. The lead visitors confirm this is an accurate summary of their recommendation, and the nature, quality and facilities of the provision.

Education provider	Case reference	Lead visitors	Quality of provision	Facilities provided
Buckinghamshire New University	CAS-01621-H2Q6D3	Helen Best Shaaron Pratt	Through this assessment, we have noted: • The programme meets all the relevant HCPC education standards and therefore should be approved.	o Currently, there is a 1.0 whole time equivalent (WTE) Associate Professor and 2.0 (WTE) Senior Lecturer involved with the programme. There are plans to recruit additional staff and funding for this has been agreed. o The education provider offers a range of facilities to support the programme. These include the virtual learning environment (VLE), information technology, books and journals and teaching spaces for lectures and seminars. There are two X-ray imaging suites and 2 mobile X-ray Topaz units. In addition to this there are a range of anatomical and skeletal imaging models, which are

				used for simulation training. Additional funding has also been agreed to purchase new equipment.

Programmes		
Programme name	**Mode of study**	**Nature of provision**
BSc (Hons) Diagnostic Radiography	FT (Full time)	Taught

Appendix 2 – list of open programmes at this institution

Name	Mode of study	Profession	Modality	Annotation	First intake date
BSc (Hons) Diagnostic Radiography	FT (Full time)	Radiographer	Diagnostic radiographer		23/09/2024
BSc (Hons) Diagnostic Radiography (Degree Apprenticeship)	FT (Full time)	Radiographer	Diagnostic radiographer		23/09/2024
BSc (Hons) Occupational Therapy	FT (Full time)	Occupational therapist			02/09/2024
BSc (Hons) Occupational Therapy – Apprenticeship	WBL (Work based learning)	Occupational therapist			02/09/2024
BSc (Hons) Operating Department Practice	FT (Full time)	Operating department practitioner			01/09/2018
BSc (Hons) Operating Department Practice – Apprenticeship	WBL (Work based learning)	Operating department practitioner			01/08/2019
BSc (Hons) Operating Department Practice with Foundation Year	FT (Full time)	Operating department practitioner			01/09/2018
BSc (Hons) Paramedic Science (Uxbridge)	FT (Full time)	Paramedic			01/02/2022
BSc (Hons) Paramedic Science (High Wycombe)	FT (Full time)	Paramedic			01/09/2021
BSc (Hons) Physiotherapy	FT (Full time)	Physiotherapist			19/09/2022
Dip (HE) Operating Department Practitioner	FT (Full time)	Operating department practitioner			01/09/2011

Graduate Certificate Non-Medical Prescribing	PT (Part time)			Supplementary prescribing; Independent prescribing	01/09/2017
MSc Diagnostic Radiography (Pre-Registration)	FT (Full time)	Radiographer	Diagnostic radiographer		01/09/2023
MSc Physiotherapy (pre-registration)	FT (Full time)	Physiotherapist			01/09/2021
Postgraduate Certificate Non-Medical Prescribing	PT (Part time)			Supplementary prescribing; Independent prescribing	01/09/2017