

HCPC approval process report

Education provider	University of Gloucestershire
Name of programme(s)	BSc (Hons) Diagnostic Radiography, Full time
Approval visit date	16 September 2020
Case reference	CAS-15898-H3P8Z6

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Executive Summary

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

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

Section 1: Our regulatory approach

Our standards

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

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

How we make our decisions

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

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

HCPC panel

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

Linda Mutema	Radiographer - Diagnostic radiographer
Mark Widdowfield	Radiographer - Diagnostic radiographer
Rabie Sultan	HCPC executive

Other groups involved in the virtual approval visit

There were other groups involved with the approval process as follows. Although we engage in collaborative scrutiny of programmes, we come to our decisions independently.

Andrea Chalk	Independent chair (supplied by the education provider)	University of Gloucestershire
Anita Suarez	Secretary (supplied by the education provider)	University of Gloucestershire
Helen Best	Professional body representative	College of Radiographers
Jacque Vallis	Professional body representative	College of Radiographers

Section 2: Programme details

Programme name	BSc (Hons) Diagnostic Radiography
Mode of study	FT (Full time)
Profession	Radiographer
Modality	Diagnostic radiographer
First intake	01 January 2021
Maximum learner cohort	Up to 30 (shared with Diagnostic Radiography Degree Apprenticeship)
Intakes per year	1
Assessment reference	APP02204

We undertook this assessment of new programmes proposed by the education provider via the approval process. This involved consideration of documentary evidence and a virtual approval visit, to consider whether the programme meet our standards for the first time.

Section 3: Requirements to commence assessment

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

Type of evidence	Submitted
Completed education standards mapping document	Yes
Information about the programme, including relevant policies and procedures, and contractual agreements	Yes
Descriptions of how the programme delivers and assesses learning	Yes
Proficiency standards mapping	Yes
Information provided to applicants and learners	Yes
Information for those involved with practice-based learning	Yes
Information that shows how staff resources are sufficient for the delivery of the programme	Yes
Internal quality monitoring documentation	Not Required, because the programme has not started yet

Due to the COVID-19 pandemic, the education provider decided to move this event to a virtual (or remote) approval visit. In the table below, we have noted the meeting held, along with reasons for not meeting certain groups (where applicable):

Group	Met	Comments
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Learners	Yes	The panel met a learner from Nursing and Allied Health programme.
Service users and carers (and / or their representatives)	Not Required	As this was a virtual visit and, given the current situation around the Covid-19 pandemic, we decided that it was unnecessary to meet with this group
Facilities and resources	Not Required	As the visit was virtual and the visitors were able to determine through the programme documentation, that many of the standards had been met, they decided it was unnecessary to have a virtual tour of the facilities and resources
Senior staff	Yes	
Practice educators	Yes	
Programme team	Yes	

Section 4: Outcome from first review

Recommendation of the visitors

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

Conditions

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

We expect education providers to review the issues identified in this report, decide on any changes that they wish to make to programmes, and then provide any further evidence to demonstrate how they meet the conditions. We set a deadline for responding to the conditions of 09 November 2020.

4.11 The education provider must identify and communicate to learners the parts of the programme where attendance is mandatory, and must have associated monitoring processes in place.

Condition: The education provider must clarify the attendance monitoring processes in place for both the programmes and how these will be communicated to learners.

Reason: The education provider evidenced a weblink and relevant pages of 'Appendix O - BSc (Hons) Diagnostic Radiography student course handbook' for this standard. From their review, the visitors noted the minimum attendance requirement for the BSc

(Hons) Diagnostic Radiography programme was 100 percent for practice-based learning clinical hours and 80 percent for all taught lectures. The document stated that attendance requirements for the degree apprenticeship programme will be the same. There were clear university-wide policies regarding mitigating circumstances and fitness to practice procedures mentioned in the documentation. However the visitors could not see any information regarding how attendance for both proposed programmes for lectures conducted on campus or self-directed study online will be monitored, and who follows up with learners if poor attendance shows up on their record.

From the practice educators meeting, the visitors learnt that attendance during practice-based learning is noted by them manually via sign in sheets which are passed onto the education provider. From the learner, the visitors learnt that all learners swipe their card when entering the practice-based learning premises and that is how their attendance is electronically recorded. The visitors were therefore unclear as to the exact procedure to monitor learners' attendance during practice-based learning.

Additionally, the documentation did not address what the consequences would be for learners who do not attend the minimum attendance requirement for the academic or practice-based learning elements of both the programmes. As such, the visitors could not determine that the attendance monitoring processes were clear in all essential parts of the programme and how will this be communicated to learners. Therefore, the education provider must provide evidence demonstrating:

- how attendance of lectures conducted on campus are recorded and monitored for both the programmes;
- how learners' attendance are recorded and monitored during practice-based learning on both the programmes, including information on how this record will be communicated to the education provider; and
- the consequences of not attending the mandatory parts of both the programmes and how will this get communicated to learners.

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

Condition: The education provider must demonstrate the system in place for approving and monitoring all practice-based learning for both the programmes.

Reason: For the BSc (Hons) Diagnostic Radiography programme, the education provider evidenced Supporting document 8 - UoG Placement audit process, which mentioned a placement team member and a placement lead for the relevant region who work collaboratively to approve a practice-based learning site. It also stated, that if the practice-based learning site has been previously approved by another education provider, then a local agreement allows for those audits to be shared between education providers. The visitors noted on page one: "The audit tool can be found in Appx 1", however they could not locate this document. Without any further information provided, the visitors could not determine what activities or steps were taken as part of the collaborative approach between the placement lead and member of the placement team to make a decision on whether to approve or not approve a practice-based learning site. Additionally, it was also not clear where the local agreements between practice education providers, existed and how the decision to approve a site will go ahead if such a local agreement did not exist. The visitors understood the information provided was a generic university-wide process of approving practice-based learning

settings and it was stated at the visit that this process is used for other existing HCPC approved programmes. However, with the lack of information provided regarding the steps that are taken to grant or not grant an approval, the visitors were not clear about the process in relation to this programme. Additionally, the visitors could not determine whether the same process will apply for the Diagnostic Radiography Degree Apprenticeship programme, when the practice education provider could possibly be an organisation that will be working with the education provider for the first time.

On page one of Supporting document 8 - UoG Placement audit process, it was stated "Audits will be completed as a minimum on a biannual basis". On page 78 of Appendix F -Programme Specification and page 10 of Appendix P - Diagnostic Radiography Placement Handbook, it was noted that audits of practice-based learning takes place annually and this was confirmed during the meeting with practice educators. Due to this discrepancy, it was not clear how regular the audit of practice-based learning will take place for both the proposed programmes.

The evidence submitted also mentioned regular meetings between the education provider and practice education providers. However, the visitors could not find any information suggesting how relevant feedback gathered during these meetings or from other feedback gathering mechanisms will be routinely shared and discussed. There was also no information to suggest what follow-on steps or mechanisms the education provider will use to analyse or act on the feedback gathered, as part of the practice-based learning audit. Based on this, the visitors could not determine if there was a robust and effective system in place to ensure the feedback is used for quality assurance across all practice-based learning sites. Therefore, the visitors could not determine if this standard has been met because they were unclear of the processes used by the education provider to approve the quality of practice-based learning and how feedback gathered was used to act upon as part of regular monitoring. As such the visitors require the education provider to demonstrate:

- what activities or steps are part of the collaborative approach between the placement lead and member of the placement team to make a decision on whether to approve or not approve a practice-based learning site;
- how approval of new practice education providers sponsoring learners for the degree apprenticeship programme will take place;
- confirmation if audits of practice-based learning will be held annually or bi-annually for both the proposed programmes; and
- how feedback in practice-based learning is gathered and how it will be used for quality assurance across all practice-based learning sites.

6.2 Assessment throughout the programme must ensure that learners demonstrate they are able to meet the expectations of professional behaviour, including the standards of conduct, performance and ethics.

Condition: The education provider must demonstrate how they ensure that learners on both the programmes demonstrate that they are able to meet the expectations of professional behaviour, including the standards of conduct, performance and ethics.

Reason: The education provider mentioned in the mapping document which assessment activity, as part of academic modules, will assess the relevant competencies for both of the programmes. From their review, the visitors noted the under Section 2 of Appendix Q – Placement Assessment Documents a formal appraisal

as part of the examination will take place during practice-based learning. The visitors noted the appraisal section contained a list of competencies to be assessed during practice-based learning and once these competencies were completed, it was added to the learner's practice portfolio. No further explanation was provided within the logbooks of how these competencies will be assessed by the practice educators. Additionally, within the same document, the visitors noted specific activities that needed to be completed as part of learning during practice-based learning and how these linked to the relevant module and learning outcomes. For example: Activity 8 Communication is identified as part of module RG4003 (Practice Based Learning 1: Foundations of Essential skills) and links with learning outcome four. Learning outcome 4 was not outlined in the Appendix Q. From reviewing the RG4003 module descriptor, the visitors noted various different assessment methods stated but it was not clear which of these will be used to assess Activity 8 Communication. Without any information provided regarding which assessment method will be used to assess the specific activities, the visitors could not determine how learners will understand what they are required to demonstrate to the expectations of professional behaviour during practice-based learning. Therefore, the visitors were unable to determine this standard is met. As such, the education provider must demonstrate how learners are assessed to meet the expectations of professional behaviour, including the standards of conduct performance and ethics during practice based learning on both the programmes.

6.5 The assessment methods used must be appropriate to, and effective at, measuring the learning outcomes.

Condition: The education provider must demonstrate how the assessments methods on both the programmes are appropriate to, and effective at, measuring the learning outcomes.

Reason: For this standard, the visitors were directed to various supporting documents which demonstrated the assessment strategy, marking grid and learning outcomes mapped against each module. The visitors reviewed the portfolio element of the clinical modules, which required learners to undertake assessments in order to pass a module. Taking module RG4003 (Practice Based Learning 1: Foundations of Essential skills) as an example, the visitors noted the module descriptor mentioned three assessment methods with the clinical portfolio being one of them. From reviewing Appendix Q – Placement Assessment Documents, the visitors noted eight different activities which formed part of the clinical portfolio assessment for module RG4003. Each of these activities was a different assessment such as a reflective exercise or presentation. As part of these activities, the visitors noted that five learning outcomes were to be achieved more than once. For example:

- Activity 1 - Self Evaluation and Action Plan: will be used to ensure all the learning outcomes are met;
- Activity 2 - Case Study Presentation: will be used to ensure learning outcomes one, two, three and four are met;
- Activity 3- Radiographic critique of three images that had to be repeated: will be used to ensure learning outcome three is met;
- Activity 4 - Ward Reflection: will be assessing learners to ensure they meet learning outcomes four and five;
- Activity 6 - Infection Control: will be used to ensure learning outcome 5 is met and
- Activity 8 – Communication: will be assessing learners to ensure they meet learning outcome four.

The visitors noted this pattern was repeated across all of the clinical placement modules. The visitors noted that a learner could fail activity 8 but have passed activity 1. They were unclear whether, overall, this meant the learner had met the learning outcome. Therefore the visitors were unsure how using these different assessment activities to determine the same learning outcomes in the same practice-based learning setting, would effectively measure whether the learners met the learning outcomes for the programme. From querying this with the programme team, the visitors could not gather the rationale for multiplicity of assessment methods and how this will ensure the development of learner, to achieve the learning outcomes as they progress on the programme.

In addition the visitors noted that some assessment methods within the clinical portfolio would not demonstrate the associated learning outcome. For example with module RG4003:

- Activity 1 - Self Evaluation and Action Plan. This activity does not address all the learning outcomes for module RG4003, as this is an activity that allows learners to develop lifelong learning skills;
- Activity 3- Radiographic critique of three images that had to be repeated: The prescribed nature of this activity also involves elements of reflection and a future action plan, which means this will exceed the remit of learning outcome three;
- Activity 4 - Ward Reflection. It is not clear how appropriate or effective this is in allowing learners to meet learning outcome four or five, as this activity is dependent on the interpretation of patient care being used in this module;
- Activity 9 End of Placement Reflection. This is not mapped to all the learning outcomes does not map over to RG4003 all learning outcomes.

This meant the visitors were unclear how the assessment methods will ensure the learning outcomes, and therefore the standards of proficiency (SOPs), will be met for both the programmes. As such, the education provider must demonstrate and articulate that the assessment methods are appropriate to, and effective at, measuring the learning outcomes.

Section 5: Visitors' recommendation

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

This report, including the recommendation of the visitors, will be considered at the 03 December 2020 meeting of the ETC. Following this meeting, this report should be read alongside the ETC's decision notice, which are available [on our website](#).