Approval process report

Birmingham City University, Therapeutic Radiography, 2021-22

Executive summary

This report covers our review of the MSc Therapeutic Radiography (pre-registration) programme at Birmingham City University. Through our review, we did not set any conditions on approving the programme, as the education provider demonstrated it met our standards through documentary evidence and the quality activity. This report will now be considered by our Education and Training Panel, who make the final decision on programme approval, on 30 November 2022.

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 observation they had on the conclusions reached. Based on all information presented to them, the Committee decided that the programmes are approved.

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(s) detailed in this report meet our education standards. The report details the process itself, evidence considered, outcomes and recommendations made regarding the programme(s) ongoing approval.

Our standards

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

Our regulatory approach

We are flexible, intelligent and data-led in our quality assurance of programme clusters and programmes. Through our processes, we:
- enable bespoke, proportionate and effective regulatory engagement with education providers;
- use data and intelligence to enable effective risk-based decision making; and
- engage at the organisation, profession and programme levels to enhance our ability to assess the impact of risks and issues on HCPC standards.

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

The approval process

Institutions and programmes must be approved by us before they can run. The approval process is formed of two stages:
- Stage 1 – we take assurance that institution level standards are met by the institution delivering the proposed programme(s)
- Stage 2 – we assess to be assured that programme level standards are met by each proposed programme

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

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

How we make our decisions

We make independent evidence based decisions about programme approval. For all assessments, we ensure that we have profession specific input in our decision making. In order to do this, we appoint partner visitors to design quality assurance assessments, and assess evidence and information relevant to the assessment. Visitors make recommendations to the Education and Training Committee (ETC). Education providers have the right of reply to the recommendation. If an education provider wishes to, they can supply 'observations' as part of the process.

The ETC make the decisions about the approval and ongoing approval of programmes. In order to do this, they consider recommendations detailed in process reports, and any observations from education providers (if submitted). The Committee takes decisions through different levels depending on the routines and impact of the decision, and where appropriate meets in public. Their decisions are available to view on our website.

The assessment panel for this review

We appointed the following panel members to support this review:

Jane Day	Lead visitor, Therapeutic Radiographer
Beverley Ball	Lead visitor, Therapeutic Radiographer
Niall Gooch	Education Quality Officer
John Archibald	Education Quality Officer
Tracey Samuel-Smith	Education Manager

Section 2: Institution-level assessment

The education provider context

The education provider currently delivers 26 HCPC-approved programmes across six professions in addition to Independent and Supplementary Prescribing programmes which are also HCPC approved. It is a Higher Education provider and has been running HCPC approved programmes since 1993.

Practice areas delivered by the education provider

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

	Practice area	Delivery level		Approved since
Pre-registration	Dietitian	☐Undergraduate	☒Postgraduate	2018
	Operating Department Practitioner	☒Undergraduate	☐Postgraduate	2016
	Paramedic	☒Undergraduate	☐Postgraduate	2014
	Physiotherapist	☐Undergraduate	☒Postgraduate	2018
	Radiographer	☒Undergraduate	☐Postgraduate	1993
	Speech and language therapist	☒Undergraduate	☒Postgraduate	2001
Post-registration	Independent Prescribing / Supplementary prescribing			2007

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	1567	1117	2022	There is a disparity here with the value below the expected learner figures. The visitors did not flag any issues around enrolment, cohort sizes or recruitment.
Learners – Aggregation of percentage not continuing	3%	4%	2019-2020	The disparity of 1% here is not of a scale that should raise concerns. The visitors did not raise any concerns about this.

Graduates – Aggregation of percentage in employment / further study	94%	92%	2019-2020	This is 2% below benchmark and, as above, there were no specific issues identified by the visitors or the provider relating to HCPC provision specifically.
Teaching Excellence Framework (TEF) award	N/A	Silver	June 2017	Silver suggests a high level of teaching quality.
National Student Survey (NSS) overall satisfaction score (Q27)	73.8%	48.5%	2022	The value is over 20% lower than the benchmark. The visitors considered this as part of their review and identified no specific issues relating to learner feedback.

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** – This information is provided on the institution's website and outlines all the necessary information an applicant may need. Open Days are held to provide information for applicants. This aligns with our understanding of how the institution delivers existing programmes, including approved MSc programmes. We determined the proposed programme would be managed in a way that is consistent with the definition of their institution.
- **Assessing English language, character, and health** – The education provider has defined the policies, procedures and processes that apply to the programmes delivered within it. Individual programmes have some of their own policies depending on professional requirements. This aligns with our understanding of how the institution runs. We determined the proposed programme would be managed in a way that is consistent with the definition of their institution.
- **Prior learning and experience (AP(E)L)** – The institution has a defined Recognition of Prior Learning Policy and Process. This aligns with our understanding of how the institution runs. We determined the proposed programme would be managed in a way that is consistent with the definition of their institution.

- **Equality, diversity and inclusion** – At an institutional level, the BCU Access and Participation Plan 2020/21 – 2024/25 and BCU Equality, Diversity and Inclusion Plan 2020 – 2025 apply. This aligns with our understanding of how the institution runs. We determined the proposed programme would be managed in a way that is consistent with the definition of their institution.

Non-alignment requiring further assessment: None.

Management and governance

Findings on alignment with existing provision:
- **Ability to deliver provision to expected threshold level of entry to the Register[1]** – The education provider has a range of policies, procedures and processes that apply to the programmes delivered within it. For example, BCU Course Approval / Re-approval Policy and Procedures. This aligns with our understanding of how the institution runs. We determined the proposed programme would be managed in a way that is consistent with the definition of their institution.
- **Sustainability of provision** – The institution has defined the policies, procedures and processes (such as Course Monitoring and Enhancement (CME) Policy and Procedures) that apply to the programmes delivered within it. We determined the proposed programme would be managed in a way that is consistent with the definition of their institution.
- **Effective programme delivery** – The institution has defined the policies, procedures and processes (such as Course Monitoring and Enhancement (CME) Policy and Procedures) that apply to the programmes delivered within it. We determined the proposed programme would be managed in a way that is consistent with the definition of their institution.
- **Effective staff management and development** – Periodic reviews are undertaken every five years to assess the work of individual Schools (this is an institution wide policy). There are clear expectations laid out in the Individual Performance Review Policy and the Staff Learning and Development Policy around support for and development of staff. These are used to monitor, develop and improve performance. We determined the proposed programme would be managed in a way that is consistent with the definition of their institution.
- **Partnerships, which are managed at the institution level** – The institution wide Academic Partnership Handbook sets out the structures and procedures used by the university to manage collaboration and partnership, overseen by a Collaborative Partnerships Committee. There are different approaches for NHS and non-NHS placements. We determined the proposed programme would be managed in a way that is consistent with the definition of their institution.

Non-alignment requiring further assessment: None.

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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

<u>Quality, monitoring, and evaluation</u>

Findings on alignment with existing provision:
- **Academic quality** – There is a large suite of institution wide procedures, processes and mechanisms in place, including the following: Course Monitoring and Enhancement Policy and Procedure, Course Quality Day Events, Academic Appeals Process, and the Assessment and Feedback Policy. We determined the proposed programme would be managed in a way that is consistent with the definition of their institution.
- **Practice quality, including the establishment of safe and supporting practice learning environments** – The institutional audit process has been designed with the input of internal quality experts and with external bodies with a relevant interest, for example professional and statutory bodies. It is designed to be multidisciplinary and to give the learners clear guidance on what to do in a range of situations. We determined the proposed programme would be managed in a way that is consistent with the definition of their institution.
- **Learner involvement** – This is monitored and developed by the institution wide CME Policy and Procedure, the Course Quality Day Events and the guidelines governing learner feedback within programme documentation. We determined the proposed programme would be managed in a way that is consistent with the definition of their institution.
- **Service user and carer involvement** – There is an institutional Service User and Carer Involvement Process. This governs all aspects of service user and carer involvement and ensures that individual programmes are doing what needs to be done to maintain high quality involvement. We determined the proposed programme would be managed in a way that is consistent with the definition of their institution.

Non-alignment requiring further assessment: None.

<u>Learners</u>

Findings on alignment with existing provision:
- **Support** – The education provider has a range of defined institutional policies, procedures and processes in place to support learners (such as the Student Disability and Mental Health Policy). This aligns with our understanding of how the institution runs. We determined the proposed programme would be managed in a way that is consistent with the definition of their institution.
- **Ongoing suitability** – The key institution wide policies in this area are the Fitness to Practice Procedure, the Student Disciplinary Procedure, and Academic Misconduct Policy. We determined the proposed programme would be managed in a way that is consistent with the definition of their institution.
- **Learning with and from other learners and professionals (IPL/E)** – Although there is not a specific School-level policy in this area, individual programmes' approaches form the model for the new programme. This means the shape of IPL/E on the proposed programme will be aligned with what the HCPC has already approved.
- **Equality, diversity and inclusion** – There is an institution wide policy in this area which all programmes are expected to follow. Access and Participation

Plans are in place for all faculties. Centralised support facilities are available for individual programmes to draw upon, just as with the existing HCPC-approved provision. We determined the proposed programme would be managed in a way that is consistent with the definition of their institution.

Non-alignment requiring further assessment: None.

Assessment

Findings on alignment with existing provision:
- **Objectivity** – Centralised academic regulations underlay the institutional approach. There is an Assessment and Feedback Policy in place, with a particular focus on taught provision, which acts in concert with the academic regulations. Fairness and inclusivity are central to the design of these regulations. At the school level, codes of practice are used to set out principles of best assessment practice. We determined the proposed programme would be managed in a way that is consistent with the definition of their institution.
- **Progression and achievement** – The institutional CME Policy and Procedure is used to ensure that learners are progressing through programmes appropriately and they are being given appropriate opportunities to show they have learned the necessary parts of the curriculum. We determined the proposed programme would be managed in a way that is consistent with the definition of their institution.
- **Appeals** – These are managed, governed and guided by an Academic Appeals Procedure and an Extenuating Circumstances Procedure, in line with existing HCPC understanding. We determined the proposed programme would be managed in a way that is consistent with the definition of their institution.

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.

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
MSc Therapeutic Radiography (pre-registration)	FT (Full time)	Radiography, Therapeutic Radiography	15, 1 cohort per year	01/01/2023

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.

Quality theme 1 – capacity of equitable practice-based learning for all learners

Area for further exploration: From the submission, the visitors noted the processes in place to scope the capacity of, and audit, practice-based learning. These were based upon the processes used within the already approved BSc programmes and set at an institution level. However, the visitors were unable to determine whether:
- capacity had been increased to account for the MSc programme;
- how the programme ensured an adequate number of appropriately quality and experienced staff in practice-based learning; and
- how placement settings provided an equitable experience for all learners, i.e. around support in place.

Although we do not specify the number of placement places for programmes, we expect to see how additional learners will be accommodated. We also expect to see how the practice-based learning sites ensure an appropriate and equitable experience for all learners.

Quality activities agreed to explore theme further: We requested further information via a virtual meeting. We recognised this information could have been requested via email or documentary channels. However, a virtual meeting was deemed the most appropriate channel as it was considered possible the queries

would need some further clarification. Hence a meeting was arranged to explore areas noted above via one quality activity.

The Education Executive met with the education provider to discuss the themes. During this meeting, the Executive was shown examples of the audits undertaken which demonstrated the increased capacity and how the audits ensured adequate and appropriate numbers of staff and resources. Following the meeting, the Executive fed back to the visitors and documentary confirmation of the audits was requested.

Outcomes of exploration: The education provider confirmed there is no increase in total learner numbers across the two programmes. The learner numbers on the BSc Radiotherapy and MSc Therapeutic Radiography (pre-registration) programmes remain constant at 35 learners. Typically, this means 20-25 undergraduate learners and 10-15 postgraduate learners with space for flexibility.

The visitors reviewed the additional sample audits submitted. From these, the visitors identified how the education provider ensured the number of learners and practice educators within these practice-based learning sites. This demonstrated to the visitors the education provider had accounted for the increase in learner numbers and how they ensured an adequate number of appropriately staff at the placement sites.

The visitors also noted a narrative provided by the education provider about how they ensured equitable treatment for all learners in practice-based learning. This explained how Practice Education Leads, in each department, support learners and meet / liaise with Personal Tutors. Personal Tutors also ensure that practice assessors in their department are appropriately trained and ready for learners. Evaluations of each practice-based learning is undertaken after each block of learning and audits undertaken. Where any concerns are raised, a tripartite meeting is held to address the issue. If appropriate, these concerns can be referred to the Fitness to Practice process.

Following their review of the additional documentation, the visitors considered the quality activity adequately addressed the issues raised.

Quality theme 2 – learning and teaching methods

Area for further exploration: From the submission, the visitors noted how the modules were delivered through a blended learning approach (face to face or through online learning platforms). The visitors reviewed the module descriptors and were unable to clearly identify the teaching and learning methods for the different activities to be undertaken by learners.

Quality activities agreed to explore theme further: We requested further information via a virtual meeting. We recognised this information could have been requested via email or documentary channels. However, a virtual meeting was deemed the most appropriate channel as it was considered possible the queries would need some further clarification. Hence a meeting was arranged to explore the themes via one quality activity.

The Education Executive met with the education provider to discuss the themes. During this meeting, the range of teaching and learning methods was outlined. Following the meeting, the Executive fed back to the visitors and documentary confirmation of the audits was requested.

Outcomes of exploration: From the narrative provided, the visitors noted how a wide range of learning and teaching methods are used across the programme. To support the practical elements of the programme, this included facilitated sessions using the radiotherapy treatment system, the precise treatment couch and Virtual Environment for Radiotherapy Training (VERT). Lectures, seminars, escape room activities, workshops (using anatomical models) and mock interviews, are some of the ways the academic elements of the programme will be supported. For interprofessional learning, problem-based learning and discussions will be utilised. Following their review of the additional documentation, the visitors considered the quality activity adequately addressed the issues raised.

Section 4: Findings

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

Conditions

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

The visitors were satisfied that no conditions were required to satisfy them that all standards are met. The visitors' findings, including why no conditions were required, are presented below.

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** –
  - Selection and entry criteria are set at an appropriate level for a Masters programme, and include occupational health clearance, vaccination requirements, enhanced Disclosure and Barring Service (DBS) checks.

These requirements are made clear to potential applicants on the website, and via an Open day.
- o The visitors identified sufficient evidence to determine that selection and entry criteria would allow learners to be able to meet the standards for proficiency upon successful completion of the programme.
- o The visitors therefore considered the relevant standards in this area were met.

- **SET 3: Programme governance, management and leadership** –
  - o There was evidence of regular collaboration between the education provider and practice-based learning sites, both through informal (such as personal tutor calls) and formal channels (such as bi-annual clinical placement liaison group meetings).
  - o There was evidence of appropriate teaching staff, including Casual workers (deliver sessions on a sessional basis) and Visiting teachers (contracted for a set number of hours per year). This demonstrated the programme will be adequately staffed.
  - o Staff curriculum viteas demonstrated they would have the right mix of knowledge and experience to develop and deliver the programme effectively.
  - o Through the quality activity, the programme demonstrated the range of learning and teaching activities which would be utilised with the practice environment. They also clarified the wide range of resources available for the learning and teaching of learners in the academic setting, including a 3D fully immersive virtual learning environment.
  - o The visitors therefore considered the standards in this area were met.

- **SET 4: Programme design and delivery** –
  - o The programme ensures that successful graduates can meet our standards of proficiency for therapeutic radiographers. The programme also ensures they will understand the expectations and responsibilities of being a registered professional.
  - o The structure and delivery of the programme reflects the core philosophy and associated core values, skills and knowledge base.
  - o The programme reviews the indicative content on yearly basis to ensure the curriculum, within the academic and placement environments, remains relevant to current practice.
  - o The design of the two-year programme integrates theory and practice by alternating academic learning and relevant practice-based learning via a modular approach.
  - o Through the quality activity, it was confirmed that the range of learning and teaching methods are appropriate to the design and delivery of the programme.
  - o Evidence based enquiry skills, autonomous and reflective thinking and evidence-based practice are embedded through the curriculum.
  - o The visitors identified sufficient evidence that demonstrated the design and delivery of the programme allows learners, who successfully complete the programme, to meet the relevant standards of proficiency.
  - o The visitors therefore considered the standards in this area were met.

- **SET 5: Practice-based learning** –
    - The structure and duration of practice-based learning, as well as the types of placements, demonstrate learners are able to achieve the learning outcomes and the standards of proficiency for radiographers.
    - Through the quality activity, the visitors were satisfied how the education provider ensures an appropriate number of suitably qualified and experienced staff in place at the placement sites.
    - The visitors were satisfied that practice-based learning is a central part of the programme and there are effective systems and processes in place to support its delivery.
    - The visitors therefore considered the relevant standards in this area were met.

- **SET 6: Assessment** –
    - The assessment strategy is designed to help learners demonstrate they have gained the necessary skills and knowledge to be eligible, on completion of the programme, to apply to the Register.
    - The expectations and assessment of professional behaviours, including the standards of conduct, performance and ethics, are embedded through the programme and reflected upon through their clinical evidence portfolio.
    - A range of assessment tools are utilised through the programme, which reflect the development of the learner's skills and knowledge as they progress in the programme to ensure they meet the standards of proficiency.
    - The visitors therefore considered the relevant standards in this area were 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).

Referrals to next scheduled performance review

Audits of practice-based learning – closing the feedback loop

Summary of issue: From the sample audits received as part of the quality activity, the visitors noted that four had not been updated to reflect upon the actions identified within the noted deadlines. The visitors recognised that determining whether the process for auditing practice-based learning was not part of their remit during Stage 2. However, they considered the provider should reflect on the actions identified through the audit process and how the feedback loop has been closed as part of their next performance review.

We are currently in the process of finalising the providers 2018-21 performance review. Once this has been completed, we will confirm the next performance review period.

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 observation they had on the conclusions reached.

Based on all information presented to them, the Committee decided that:
- The programmes are approved
- The issues identified for referral through this review should be carried out through the education provider's next performance review

Reason for this decision: The Panel accepted the visitor's recommendation that the provider and its programmes should receive continued approval.

Appendix 1 – list of open programmes at this institution

Note – this list is valid as of 14 November 2022. It does not contain those programmes who are going to the education and training committee meeting of 30 November 2022 for approval.

Name	Mode of study	Profession	Modality	Annotation	First intake date
MSc Dietetics (pre-registration)	FT (Full time)	Dietitian			01/01/2018
BSc (Hons) Operating Department Practice	FT (Full time)	Operating department practitioner			01/08/2016
BSc (Hons) Operating Department Practice (South West) Degree Apprenticeship	FT (Full time)	Operating department practitioner			01/03/2021
BSc (Hons) Operating Department Practice Degree Apprenticeship	FT (Full time)	Operating department practitioner			01/03/2021
BSc Hons Operating Department Practice (South West)	FT (Full time)	Operating department practitioner			01/01/2020
DipHE Operating Department Practice	FT (Full time)	Operating department practitioner			01/09/2001
DipHE Operating Department Practice (South West)	FT (Full time)	Operating department practitioner			01/01/2018

BSc (Hons) Paramedic Science	FT (Full time)	Paramedic			01/09/2014
Dip HE Paramedic Science	FT (Full time)	Paramedic			01/09/2012
MSc Physiotherapy (pre-registration)	FT (Full time)	Physiotherapist			01/01/2018
BSc (Hons) Diagnostic Radiography	FT (Full time)	Radiographer	Diagnostic radiographer		01/09/1993
BSc (Hons) Diagnostic Radiography	PT (Part time)	Radiographer	Diagnostic radiographer		01/09/1993
BSc (Hons) Radiotherapy	FT (Full time)	Radiographer	Therapeutic radiographer		01/01/2003
BSc (Hons) Radiotherapy	PT (Part time)	Radiographer	Therapeutic radiographer		01/09/2003
BSc (Hons) Speech and Language Therapy	FT (Full time)	Speech and language therapist			01/09/2001
BSc (Hons) Speech and Language Therapy	PT (Part time)	Speech and language therapist			01/09/2001
MSc Speech and Language Therapy (pre-registration)	FT (Full time)	Speech and language therapist			01/01/2020
Non-medical Prescribing for Allied Health Professionals	FT (Full time)			Supplementary prescribing	01/09/2007
Non-medical Prescribing for Allied Health Professionals	PT (Part time)			Supplementary prescribing	01/09/2007
Non-Medical Prescribing for Allied Health Professionals (Undergraduate)	FT (Full time)			Supplementary prescribing; Independent prescribing	01/02/2014

Non-Medical Prescribing for Allied Health Professionals (Undergraduate)	PT (Part time)			Supplementary prescribing; Independent prescribing	01/02/2014
Non-Medical Prescribing for Allied Health Professionals (Undergraduate) (Conversion)	PT (Part time)			Supplementary prescribing; Independent prescribing	01/02/2014
Principles of Prescribing for Allied Health Professionals (Post Graduate)	FT (Full time)			Supplementary prescribing; Independent prescribing	01/02/2014
Principles of Prescribing for Allied Health Professionals (Post Graduate)	PT (Part time)			Supplementary prescribing; Independent prescribing	01/02/2014
Principles of Prescribing for Allied Health Professionals (Post Graduate) (Conversion)	PT (Part time)			Supplementary prescribing; Independent prescribing	01/02/2014
Principles of Prescribing for Health Care Professionals	FT (Full time)			Supplementary prescribing	01/10/2010
Principles of Prescribing for Health Care Professionals	PT (Part time)			Supplementary prescribing	01/10/2010