Approval process report

Bournemouth University, Operating Department Practice, 2023-24

Executive Summary

This is a report of the approval process to approve BSc (Hons) Operating Department Practice (Apprenticeship) programmes at Bournemouth University. This report captures the process we have undertaken to assess the institution and programme(s) against our standards, to ensure those who complete the proposed programme(s) are fit to practice.

We have recommended all standards are met, and that the programme(s) should be approved.

We have:

- Reviewed the programme against our programme level standards and found our standards are met in this area
- Recommended all standards are met, and that the programme should be approved
- Decided that 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 is therefore approved.

Previous consideration	N / A as this case did not emerge from a previous process
Decision	The Education and Training Committee (Panel) is asked to decide whether the programme is approved.
Next steps	If the Education and Training Committee (Panel) approves the visitors' recommendation, the programme will be approved and added to the Register.

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) approval / 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:

Alexander Harmer	Lead visitor, Operating department practitioner
Joanna Finney	Lead visitor, Operating department practitioner
Niall Gooch	Education Quality Officer

Section 2: Institution-level assessment

The education provider context

The education provider currently delivers 6 HCPC-approved programmes across 4 professions and including 2 independent and supplementary prescribing programmes. It is a Higher Education provider and has been running HCPC approved programmes since 2005.

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	Occupational therapy	☒Undergraduate	☐Postgraduate	2005
	Operating Department Practitioner	☒Undergraduate	☐Postgraduate	2019
	Paramedic	☒Undergraduate	☐Postgraduate	2015
	Physiotherapist	☒Undergraduate	☐Postgraduate	2005
Post-registration	Independent Prescribing / Supplementary prescribing			2006

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	626	646	20/03/24	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%	3%	2020-21	This data was sourced from a data delivery. This means the data is a bespoke Higher Education Statistics Agency (HESA) data return, filtered bases on HCPC-related subjects. The data point is equal to the benchmark, which suggests the provider's performance in this area is in line with 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 there was no reason to consider that it was relevant to the assessment.
Graduates – Aggregation of percentage in employment / further study	93%	95%	2020-21	This data was sourced from a data delivery. This means the data is a bespoke HESA data return, filtered bases on 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 4%.

				We did not explore this data point through this assessment because it did not raise any concerns about the programme.
Learner satisfaction	77.2%	78.1%	2023-24	This National Student Survey (NSS) positivity score data was sourced at the subject level. This means the data is for HCPC-related subjects. The data point is broadly equal to the benchmark, which suggests the provider's performance in this area is in line with sector norms. We did not explore this data point through this assessment because it did not appear to raise any significant concerns about the programme.
HCPC performance review cycle length	2024-25			The education provider was given a recommendation for a three year review period during the 2021-22 performance review cycle.

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** –
  - o In their approval request form (ARF), the education provider noted all admissions arrangements, including the information for applicants, will be integrated with the institutional strategic plan. This will ensure applicants receive all the relevant information.
  - o Applicants for the new apprenticeship programme will have the same information as on the education provider's existing undergraduate programmes. The relevant webpages will explain the nature of the programme. Regarding the specific requirements related to the apprenticeship, there are individual webpages which set out the details and expectations of each programme offered by the education provider. Additionally, once applicants have accepted a place, they are required to sign a customised agreement that sets out expectations for both learner and the education provider.
  - o This aligns with our understanding of how the education provider operates. The approach is institution-wide and will apply to the proposed new programme. The institution-level standards are met.
- **Assessing English language, character, and health** –
  - o The approach for the programme set out in the approval request form is closely aligned to the approach already used at the education provider. It involves a specific proficiency test for English language skills, using the Common European Framework of Reference for languages (CEFR) and the International English Language Testing Service (IELTS). There is also a requirement for a Disclosure & Barring Service (DBS) check, and an occupational health assessment.
  - o This evidence shows that the education provider are meeting the relevant standard, because there is a defined pathway for assessing learners' language skills, character and health. The education provider has a clear mechanism for ensuring that applicants are suitable people to have on the programme.
  - o This aligns with our understanding of how the education provider operates. The institution-level standards are met.
- **Prior learning and experience (AP(E)L)** –
  - o There is an established mechanism at the education provider for assessing AP(E)L, governed by institutional policies. The policies set out general principles and procedures for how the education provider will approach recognising learners' prior experience and learning. They also explain which credit allowances will be made in which circumstances, meaning that the process is uniform and fair.
  - o The education provider submitted links to these policies as evidence which we reviewed. The detail of the policies aligns with our understanding of how the education provider operates. It is clear from the information provided that they will be able to make a reasonable judgment about applicants' experience. The institution-level standards are met.
- **Equality, diversity and inclusion (EDI)**–
  - o The education provider state that they have an institutional approach to EDI based on their institutional policies. They follow an Access and Participation Plan. There is real-time monitoring of admissions data, which

is analysed by the Faculty Quality Group and by the Academic Standards and Enhancement Group (ASEC). The aim of the monitoring is to enable the education provider to respond effectively and quickly to any EDI-related issues that arise in admissions.

- o The education provider explained and outlined these policies in some depth. Based on a review of these policies we can be confident that the education provider's institutional admissions processes are fair and open.
- o This approach to EDI will be applied to admissions on the new programme. The proposed approach for his programme is therefore closely aligned with the overall institutional approach. The institution-level standards are met.

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]** –
  - o There is an existing approved BSc (Hons) Operating Department Practice (ODP) at the education provider, on which this apprenticeship will be based. This program has run since 2019.
  - o The proposed apprenticeship is based on this existing provision and will incorporate many of the same modules and assessments. Because of this existing approved provision, we can be confident that the education provider has the staff, institutional infrastructure, and experience to deliver Level 6 education in ODP. Considering this information, we are confident that the education provider can deliver the new program at the appropriate level. The institution-level standards are met.
- **Sustainability of provision** –
  - o The education provider noted in a conversation at the start of the approval process that they have high level support for this programme from senior leadership. This is also supported by the narrative of the approval request form (ARF) and the accompanying evidence. They are a well-established provider who completed performance review in 2021-22. No issues around the sustainability of their HCPC provision were highlighted through that process. The ARF notes that senior staff have been involved in programme development. They have been consulted at key points during the development and the ARF evidence notes that they have supported recruitment of required new staff.
  - o The arrangements for maintaining programme sustainability are appropriate. We are confident of this based on the above information and on the recent performance review. The institution-level standards are met.
- **Effective programme delivery** –

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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 The education provider has been delivering ODP programmes at Level 6 or above for three decades. This means there is a large amount of institutional experience and expertise available, as well as the facilities to enable effective delivery of the programme. All programmes at the education provider are expected to submit annual reports to ensure their ongoing effectiveness and viability. These reports are reviewed at department and faculty level and used to generate improvement / development tasks for specific programmes.
  - o Defined data points are used by programme teams, Heads of Department and Heads of Faculties to monitor performance in specific domains. These data points include those related to learner achievement, learner feedback, and staff performance.
  - o Considering this information, we are confident that the new programme can be delivered effectively and align with existing approaches at the education provider. The institution-level standards are met.
- **Effective staff management and development** –
  - o The education provider note that Heads of Department (HODs) are line managers for academic staff and that there are well-established and thorough procedures for developing and monitoring staff and their performance. Staff must also undergo observation of teaching once a year.
  - o Established development and management systems at the education provider will be used for the new programme as well. This assessment is based on the information provided in the approval request form (ARF). In the ARF the education provider has linked to information about how the relevant management systems operate, and how the results of staff observations and monitoring are analysed.
  - o We are already familiar with these systems from previous approval processes and the education provider's performance review in 2021-22. The visitors in that review found that performance in staff management and development was strong.
  - o We can therefore be confident that the institution-level standards in this area are met.
- **Partnerships, which are managed at the institution level** –
  - o The evidence included as part of the approval request form (ARF) notes there is a specific member of the University Board who has strategic oversight of all partnerships used across the education provider. There is a Head Of External Engagement and University Executive Team has responsibilities for liaising with local partners. From the information provided it would appear that both roles provide strong direction and accountability for the education provider's relationships with their partners.
  - o We can be satisfied from past interactions and from the recent performance preview (which took place in 2021-22) that the mechanisms in place for managing partnerships are strong and appropriate. Decision-making about new partners and existing partners must proceed through defined processes and are subject to appropriate oversight by the roles noted above.

- o Considering this information, we are confident that partnerships for the new programme will be managed effectively and that the mechanisms for doing so align with existing approaches. The institution-level standards are met.

Non-alignment requiring further assessment: None.

Quality, monitoring, and evaluation

Findings on alignment with existing provision:
- **Academic quality** –
  - o The proposed new programme will follow all the established procedures at the education provider for monitoring and enhancing quality. These include regular structured feedback from a range of stakeholders, including learners, in both formal and informal channels. They have supplied relevant regulations and noted that a specific external examiner will be appointed for the proposed programme. This in line with their established approach. The procedure for the appointment of an external examiner has been provided.
  - o The approval request form (ARF) outlines the relevant institutional policies by which the education provider will monitor academic quality. These policies align with what was described in the recent performance review. This took place in 2021-22 and no issues were identified with the monitoring of academic quality or the implementation of quality-related feedback.
  - o Considering this information, we are confident that the quality of the new programme can be monitored effectively and that the mechanisms for doing so align with existing approaches. The institution-level standards are met.
- **Practice quality, including the establishment of safe and supporting practice learning environments** –
  - o The University Practice Learning Adviser team, working under the Faculty Head of Practice Education, is responsible for overseeing the quality of practice placements at the institutional level.
  - o The education provider sets out in some detail in the approval request form (ARF) how the arrangements to monitor practice quality work operationally. This will be done through training and development of staff, initial and regular audits, and contact between programme staff and practice staff. This matches our understanding from previous approval processes.
  - o These arrangements are aligned with existing quality practice at the education provider which have recently been assessed as appropriate through performance review (in 2021-22). The performance review identified that the education provider was performing well in this area.
  - o Considering this information, we are confident that practice quality on the new programme can be delivered effectively and will align with existing approaches. The institution-level standards are met.
- **Learner involvement** –

- o The approval request form (ARF) describes how similar mechanisms will be used to gather and implement learner feedback on the new programme as on the existing HCPC-approved provision. These include Unit-level feedback and opportunities for learners to discuss their progress with Faculty. The pathways by which this feedback will be gathered and disseminated are set out in the evidence provided.
  - o We can be satisfied with the alignment of the new programme and the existing arrangements at the education provider. Those arrangements are laid out in the baseline document and have been recently reviewed by the HCPC via performance review in 2021-22. Performance in this area was assessed to be good through that review. Learners have regular opportunities to feedback, through both informal and formal mechanisms. These include regular meetings with supervisors and tutors, and termly written surveys.
  - o Considering this information, we are confident that learners will be appropriately involved with the new programme. The institution-level standards are met.
- **Service user and carer involvement** –
  - o Individual programmes' use of service users is managed in co-ordination with the education provider's Public Involvement in Education and Research (PIER) team. The remit for this team, and the guidelines for its composition, are set out in the approval request form (ARF) and the associated evidence.
  - o The recent performance review in 2021-22 considered that use of service users by the education provider was effective and appropriate. There are particular roles within programmes who have particular responsibilities for working with PIER. It is clear from the information we have seen that the new programme will be aligned with these approaches.
  - o Considering this information, we are confident that the new programme can be delivered effectively and align with existing approaches. The institution-level standards are met.

Non-alignment requiring further assessment: None.

Learners

Findings on alignment with existing provision:
- **Support** –
  - o The approval request form (ARF) notes that learners on the new programme will have access to all the normal pathways for support. These include matters relating to study support, finance, and mental health. There are specific policies governing these areas, and members of staff with particular responsibilities. These policies have been described and provided through the ARF and the attached evidence.
  - o These arrangements are aligned with the existing arrangements at the provider which were considered appropriate and well-performing through performance review in 2021-22. That review did not highlight any issues with the way support for learners is organised at the education provider.

- o Considering this information, we are confident that learners on the new programme will be appropriately supported. The institution-level standards are met.
- **Ongoing suitability** –
  - o The approval request form (ARF) and the attached evidence notes that programme staff are required to monitor learners through both formal and informal mechanisms. For example, they will be involved in assessment and regular supervision but also in less structured discussions about learners' status.
  - o If there are significant concerns about academic performance or professional suitability, programme staff will be expected to escalate these concerns via the established process which is set out in the ARF. Additionally, the education provider requires learners to report on any changes in their fitness to practice status. Relevant health checks are carried out on an annual basis.
  - o These arrangements were considered as part of performance review in 2021-22 and have also been considered through previous approval processes. The new programme will be appropriately aligned with them. The institution-level standards are met.
- **Learning with and from other learners and professionals (IPL/E)** –
  - o The approval request form (ARF) notes that appropriate alignment with institutional approaches to IPL/E is a precondition of new programmes being granted internal approval. This expectation is set out in institutional policies referenced through the ARF.
  - o The education provider has provided extensive information about the remit, terms of reference, composition and meeting dates of their IPL/E Steering Group. The Steering Group has strategic oversight over all programmes' approaches to IPL/E, but also has a consultative role which enables experience and expertise to be shared across the education provider.
  - o It is clear from this evidence that the education provider have integrated interprofessional education into their programmes and that the proposed new programme will be part of this approach.
  - o The recent performance review found that IPE at the education provider was good. We can therefore be confident of appropriate alignment in this area. The institution-level standards are met.
- **Equality, diversity and inclusion** –
  - o The approval request form (ARF) notes that the approach to EDI at the programme level will be modelled on the use the education provider's existing approach.
  - o The education provider have an institution-level Equality and Diversity Committee which is part of the University Leadership Team. This Committee is responsible for ensuring that all programmes are meeting the relevant requirements around equality, diversity and inclusion. This includes appropriate monitoring of different groups' representation and achievement on the programme, and if necessary actions to be taken to address issues.

- These arrangements will be in place for the new programme. The 2021-22 performance review found that the education provider was performing well in this area. The institution-level standards are met.

Non-alignment requiring further assessment: None.

Assessment

Findings on alignment with existing provision:
- **Objectivity** –
  - The education provider set out their approach to maintaining high standards in assessment in the approval request form (ARF). These policies and approaches include regular programme reviews by internal and external staff, yearly reviews of programmes, and informal feedback on assessment strategies. The ARF states that the new programme will follow the same policies and approaches as on the existing provision.
  - No concerns were raised around assessment in the recent performance review for the education provider, in 2021-22. The education provider was found to be performing well. The ARF indicates that the program aligns with the education provider's established practices, as individual programs must adhere to these processes.
  - We can be confident that the education provider will ensure objectivity in assessment, because of the procedures in place. The institution-level standards are met.
- **Progression and achievement** –
  - According to the approval request form (ARF), the monitoring of learner progress on the new programme will involve the normal mechanisms in place at the education provider. These include regular meetings between learners and staff, and institution-level monitoring of learner progression and non-completion rates.
  - Assessment boards will be responsible for ensuring academic standards are maintained, and that marks given to learners are fair and accurate. These boards have the power to review individual learners' assessments and make determinations about what they have achieved.
  - The education provider's approach was considered through performance review in 2021-22 and the education provider was found to be performing well. The visitors in that review did not raise any concerns around progression and achievement.
  - The approach used for this area appears appropriate and will be aligned closely with existing provision. The institution-level standards are met.
- **Appeals** –
  - Learners will have access to appeals through the normal pathways governed by appropriate policies. These policies have been set out in the ARF. The new programme will not use different approaches in this area and therefore we can be confident that there is alignment between the new programme and the existing provision. Learners on the new programme will have appropriate access to a defined process if they wish to make

academic appeals. The 2021-22 performance review did not highlight any concerns in this area.
  - o The institution-level standards are met.

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.

Education and training delivered by this institution is underpinned by the provision of the following key facilities:
- There are two large libraries on the main campus with capacity for over 1300 individuals.
- The education provider has an anatomage virtual dissection table, and a number of simulation mannequins, as well as a virtual learning environment (VLE) accessible to both learners, staff and practice educators.
- The education provider also has a wide suite of education software available, with up to date licences, and has demonstrated evidence of sufficient teaching space.

Risks identified which may impact on performance: None.

Outstanding issues for follow up: None.

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) Operating Department Practice (Apprenticeship)	FT (Full time)	Operating Department Practitioner	20 learners, 1 cohort per year	03/09/2024

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 review, we did not consider that any quality activity was required.

We have reported on how the provider meets standards, including the areas below, through the Findings section.

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** –
  - The education provider set out their admissions requirements in the mapping exercise, referring to the more detailed information available in the programme specification document.
  - They stated that there were two steps in the admissions process, with an initial interview carried out at the university level
  - The visitors considered that the relevant standard was met, as the education provider was applying appropriate academic and

professional entry standards. This should enable those admitted to the programme to have a strong likelihood of completing the programme.

- **SET 3: Programme governance, management and leadership** –
  - The education provider set out their approach to this SET in their mapping document and supporting evidence.
  - Regarding SET 3.5, they noted that there will be a twice-yearly Perioperative Practice and Education Forum (PPEF). Many different stakeholders are invited to the PPEF, and the agenda will be agreed beforehand by the stakeholders. Additionally, a Programme Management and Team Meeting will take place at least twice yearly. Practice educators will be invited to this meeting.
  - At both of these meetings, matters relating to collaboration between the education provider and relevant practice partners can be discussed, and decisions made.
  - Regarding SET 3.6, the education provider have a defined process in place to review placement capacity, through regular audits and a high-level strategic approach for ensuring placement capacity. They supplied samples of the audits and linked to their institutional policy for managing, and where necessary increasing, placement capacity.
  - The education provider demonstrated through the submission of CVs, programme handbooks, and agreements with visiting staff that they are able to meet SETs 3.9 and 3.10. These SETs require education providers to have an appropriate number of staff and for those staff to have the necessary range of skills, knowledge and experience to deliver the programme.
  - With regards to providing support for learners and practice educators (3.12), the visitors saw evidence of a range of on-campus resources in a specific briefing document. They also understood that there was a clear strategy for ensuring access to resources for practice educators (PEs), and learners. Staff and PEs would have access to the clinical skills suite and other resources on campus, including study areas, libraries, and teaching rooms.
  - There was sufficient evidence to satisfy the visitors that all standards within this SET area have been met.
- **SET 4: Programme design and delivery** –
  - The education provider submitted a standards of proficiency (SOPs) mapping document which mapped how different SOPs would be integrated and assessed on the programme. These documents support the standard requiring alignment between learning outcomes and SOPs (SET 4.1).
  - The visitors were satisfied that the education provider had met the other standards within SET 4. A fitness to practice policy was included, to illustrate how learners adherence to the standards of conduct, performance and ethics (SCPEs) would be monitored. A Practice Assessment Document, a Briefing and Resources Document and module descriptors were used by the education provider to explain the nature of the programme. The education provider demonstrated that the programme would reflect the philosophy, core values, skills and

knowledge base of the profession. They had also shown that theory and practice would be appropriately integrated, and that there were mechanisms for ensuring that the programme continued to reflect current practice. The visitors saw evidence that a range of learning and teaching approaches would be used on the programme. The curriculum documents they reviewed demonstrated that evidence-based practice and autonomous working would be taught appropriately and integrated with the content of the programme.

- There was sufficient evidence to satisfy the visitors that all standards within this SET area have been met.

- **SET 5: Practice-based learning** –
  - The education provider demonstrated that practice-based learning was integral to the programme by citing the detail of the structure in the programme specification and the module descriptors. They also referred to the Briefing and Resources document, to provide additional detail for how the integration will function. They used some of the same evidence to demonstrate that the structure, duration and range of practice-based learning was appropriate.
  - SETs 5.5 and 5.6 require that education providers have an appropriate number of practice educators, and that they are sufficiently experienced and skilled to support programme learning and ensure a safe clinical environment. The documentation submitted by the education provider set out sample audits, the institutional practice education strategy and the audit tool, which showed how placements will be audited.
  - There was sufficient evidence to demonstrate to the visitors that all standards within this SET area are met. This was because the education provider had clear mechanisms to ensure that practice-based learning was fit for purpose, integrated with the other parts of the programme, and overseen by appropriate practice educators.

- **SET 6: Assessment** –
  - The education provider submitted a standards of proficiency (SOPs) mapping, a Practice Assessment Document, and module descriptors to support this standard.
  - They will meet the SET 6 standards through various means. One of the key mechanisms is the individualised assessment tools for each module. This tool works out by making it clear to learners and staff what is expected to be able to pass the module, and how individual learning outcomes relate to specific SOPs. An example of this tool was submitted in the programme documentation.
  - The education provider also set out in the documentation how individual assessors in all practice-based learning settings will be guided to make appropriate assessments, in line with SET 6.5.
  - The visitors considered that the evidence provided showed that all the standards in this area were met. This was because the education provider had a defined and clear approach to ensuring that learning outcomes were linked to the SOPs and the SCPEs, and that

assessment methods were appropriate to measure the learning outcomes.

Risks identified which may impact on performance: None.

Areas of good and best practice identified through this review: 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 observation they had on the conclusions reached.

Based on all information presented to them, the Committee decided that the programme is approved.

Reason for this decision: The 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
Bournemouth University	CAS-01460-L9M9K1	Alexander Harmer Joanna Finney	The programme meets all the relevant HCPC education standards and therefore should be approved.	- There are two large libraries on the main campus with capacity for over 1300 individuals. - The education provider has an anatomage virtual dissection table, and a number of simulation mannequins, as well as a virtual learning environment (VLE) accessible to both learners, staff and practice educators. - The education provider also has a wide suite of education software available, with up to date licences, and has demonstrated evidence of sufficient teaching space.

Programmes		
Programme name	**Mode of study**	**Nature of provision**
BSc (Hons) Operating Department Practice (Apprenticeship)	Full time	Apprenticeship

Appendix 2 – list of open programmes at this institution

Name	Mode of study	Profession	Modality	Annotation	First intake date
BSc (Hons) Occupational Therapy	FT (Full time)	Occupational therapist			01/09/2005
BSc (Hons) Operating Department Practice	FT (Full time)	Operating department practitioner			01/09/2019
BSc (Hons) Paramedic Science	FT (Full time)	Paramedic			01/09/2015
BSc (Hons) Physiotherapy	FT (Full time)	Physiotherapist			01/09/2005
Supplementary and Independent Prescribing for Allied Health Professionals	PT (Part time)			Supplementary prescribing; Independent prescribing	01/02/2019
Supplementary Prescribing for Allied Health Professionals (Non Medical Prescribing)	PT (Part time)			Supplementary prescribing	01/06/2006