

90. There are no concerns about the rigour of the assessment process. Assessment criteria are clearly stated in module guides and the programme specifications detail the necessary criteria for progression. Individual assessment criteria indicate the level required for each category of achievement. Levels of achievement for clinical work relate to supervisor dependency, with increasing independence required as the student progresses.
91. There is good practice in the moderation of assessment. This involves double-marking all work that counts towards the degree. However, this considerable burden on staff can bring about a delay of six weeks before feedback on assessments is received. This negates its formative function, a criticism made to the reviewers by students. Students receive feedback on their examination performance, which is unusual and valuable. The feedback provided for students on their assignments was detailed and would provide students with good formative information for development of both generic writing skills, specialist professional knowledge and skills, and their level of performance.
92. Students can submit draft assessments for comment. At postgraduate level, this is for one module only. At the end of each year students have an academic tutorial for a progress report, but students can discuss individual assessments through the normal tutorial system. Placement assessments are monitored by clinical placement tutors. This enables a prompt response to any issues. Improvements in placement feedback have been recently made. Recommendations are made on the end of placement assessments of areas for future development.

### **Student achievement**

93. The review of student work revealed good standards of performance across a wide range of assessment tasks in all radiography programmes. Student work demonstrated appropriate knowledge and skills, the ability to integrate theory and practice to reflect on practice and use relevant research to inform their work. Standards match benchmark statements, and the requirements of the Joint Validation Committee of the Radiographers Board (JVC) of the HPC and COR. The reviewers share the external examiners' satisfaction with the overall standards being achieved.
94. The student learning experience is judged by the external examiners to be of a high standard. Similarly, the reviewers considered a wide range of student work and were satisfied with the overall standard of the achievement of learning outcomes demonstrated. It is also fully in line with the expectations of the wider community. The work sampled demonstrated progression from taught learning to a student guided/independent approach. Students are prepared for future employment throughout their course. In their final year, pre-registration students are encouraged to use a variety of ways to prepare them that they find very useful, such as mock interviews, presentations, portfolios and CVs.
95. Students are successful in gaining employment after graduation and there is an almost 100 per cent employment record. First post-competency audits indicate students generally score highly, and are deemed to compare favourably with, or are better than, those from other institutions. Employers gave positive feedback about the students they employ and expressed a high degree of satisfaction with the preparedness of students for purpose and for practice. Most students seek employment locally and are welcomed by employers, as visits by the reviewers to placements and discussion with employers and the WDC confirmed.
96. Students in the early stages of postgraduate programmes did not always demonstrate that they are adequately prepared for study and assessment at masters level. External examiners comments concur with the reviewers judgement that student work shows that this level is ultimately achieved in the later stages of the programme. The achievement of the development of clinical competence at MSc level was evident in relevant assessments scrutinised by the reviewers, in documentary evidence relating to the assessment of practice, and supported by the views of the external examiners.

### **Summary of academic and practitioner standards in radiography in relation to the emerging health professions framework**

With respect to academic and practitioner standards, the reviewers conclude that in radiography:

- the learning outcomes are clearly specified and documented, appropriately reflect specific programme aims and satisfy the overall aims of the subject provision;
- the somewhat dated 1996 curriculum has been replaced by one with a strong emphasis on the acquisition of scientific knowledge and subject-specific clinical skills, reflecting the principal aims of the provision;
- students engage in portfolio work throughout the programmes to assist in the integration of theory and practice.
- the good practice in the moderation of assessments is somewhat countered by its considerable burden on staff that can bring about a delay of six weeks before feedback on assessments is received by students, negating its formative function;
- students receive feedback on their examination performance, which is unusual and valuable;
- standards match benchmark statements and the requirements of the JVC, HPC and COR;
- although students in the early stages of postgraduate programmes do not always demonstrate that they are adequately prepared for study and assessment at masters level, this level is ultimately achieved.

**Overall, the reviewers have confidence in the academic standards achieved by the programmes in radiography at the University of Beeston.**

## **C Quality of learning**

### **Teaching and learning**

97. As with assessment, the School does not have a teaching and learning strategy to promote a coherent approach to teaching development and the dissemination of good practice. Currently, student feedback questionnaires offer the only systematic means by which the School can evaluate the quality of its teaching and identify areas for improvement. It is not possible therefore to confirm that existing procedures enable teaching and learning to be effectively monitored.
98. A range of teaching methods is used across the provision, including lectures, seminars, workshops, tutorials and other small-group activities. There is good evidence for interprofessional learning at level 1, in which collaborative problem-solving is encouraged. There is discernible progression through the physiotherapy and radiography programmes from traditional classroom teaching to more student-centred and independent work. In both subjects students progress from traditional taught modules at level 1 through laboratory work, practicals and computer-aided learning (CAL), often with self-assessment. In the final year students undertake an independent research project. Progressive development of each student is successfully monitored through the students' professional portfolios which are, for example, formative in physiotherapy, pass or fail in radiography and summative in occupational therapy, with plans in place to have cross-School uniformity. There are, however, some effective collaborative arrangements between subjects. This is evident in some examples of preparing quality reading and research materials used for effective teaching and learning.
99. Undergraduate programmes favour EBL approaches with a view to producing graduates who can reflect and innovate. In the postgraduate programmes, negotiated learning and student-led approaches are highlighted in the programme specifications. MSc Physiotherapy students commented that the practice-based learning nature of the course had allowed them to explore individual learning styles, allowing each student to maximise their achievement of learning outcomes in a self-directed way. There are examples of innovative delivery in some modules. For example, on BSc Radiography, the level 3 Integrative Practice uses a carefully constructed fictitious case study from which students create reports, construct press releases and submit technical appraisals to justify equipment selection. Some examples of good practice are disseminated effectively, such as the internet-based Headstart in Biology course for student nurses.

100. Some pre-registration nursing students expressed concern that it was possible to complete the programme without attending lectures in contrast to the NMC standards and European Directives requirements of 4,600 curricula hours. Unlike attendance at practice placements, lecture attendance is only managed by random checks undertaken by module leaders. While the School acknowledges that some tension exists between balancing attendance monitoring and recognising the principles of adult learning, programme committees may wish to consider a more proactive stance.
101. The use of innovative information technology (IT) teaching is being encouraged. The use of the University's developing interactive package based on the managed learning environment Blackboard is in its early stages. Some staff make excellent use of IT, exemplified by the delivery of interactive tutorial sessions on the internet. However, this appears to be the result of individual initiative rather than reflecting a coherent School strategy.
102. Curriculum documents provide evidence of the development of frameworks to enable interprofessional learning to take place. Postgraduate students studied interprofessional modules, though their written work remained focused on their own discipline. Interprofessional learning takes place in placements, although this is dependent on the particular placement venue. Examples of good interprofessional learning opportunities were reported in occupational therapy, nursing, and midwifery.
103. Academic learning is carried successfully into the practice placement settings. There is good evidence that students in placement are required to apply their knowledge and to reason clinically. Learning contracts are being used in all subjects to develop autonomous and self-directed learners. These are well understood by staff, placement educators and students and facilitate a structured approach to learning in clinical environments. Clinically-based staff attend assessor/supervisor training days that allow for updating as well as the exchange of ideas that support the development of clinical learning opportunities.
104. Teaching is informed by lecturers' academic background and clinical experience, and is enhanced by staff development. Effective partnership exists between the WDC and the School and several practice staff have honorary contracts with the University. In a complementary fashion, academic members of staff undertake practice secondments and a joint appointment exists at executive level in mental health. Practice assessors/supervisors are well prepared for their roles, and have a wide range of clinical expertise. They are required to attend an annual update to remain on the live register. New academic members of staff undertake an induction programme and are supported and guided during their first year by a named experienced mentor. All new staff are expected to hold or to undertake a teaching qualification. However, peer observation is not consistently practised and the School should give high priority to the establishment a system that will ensure consistent good practice.
105. The provision enables the intended outcomes to be achieved, but improvement is needed to overcome weaknesses.

**The quality of teaching and learning is approved, but**

- in the absence of a coherent learning and teaching strategy, it is not possible to confirm that the School's existing procedures enable teaching and learning to be effectively monitored;
- in view of problems with nursing student lecture attendance, programme committees may wish to consider a more proactive stance to ensure compliance with NMC standards and European directives;
- peer observation is not consistently practised and the School should give high priority to the establishment a system that will ensure consistent good practice.

## Student progression

106. Potential students can gain initial information about the programmes through the University's prospectus, web page, open days, summer school and, after acceptance, through induction events. Students found this range of activity particularly helpful and the staff they came in contact with very informative. Information is received promptly following initial enquiry. Students commented very positively on the usefulness of the student handbooks.
107. The School's recruitment strategy is effective at maintaining a wide entry gate to programmes of study. In line with broader University strategy, it is committed to widening access. The School recognises previous academic study or experience by accreditation of prior learning (AP(E)L) and there is clear guidance for this process with adequate reviews illustrating good practice. Collaborative strategy development with Ashburton WDC and service providers is ongoing. Trusts are involved with the recruitment and selection of pre-registration students. All interviewing staff are required to attend in-house preparation for involvement in recruitment and selection. The interview process is rigorous, informative and in accord with the University's equal opportunities policy.
108. For pre-registration DipHE nursing, the ratio of applicants to contract places is 3.8:1 and the ratio of interviews to contract places is 2:1. The ratio of applications for midwifery programmes is 2.4:1 for diploma programmes and 2:1 for degree programmes, and there has been an increase in international applications to them. All contracted places have been fully recruited. Student recruitment in physiotherapy, health visiting and occupational therapy is buoyant, in radiography it is not, in all cases mirroring the national position. The gender distribution of students admitted reflects national figures and a high proportion of students from ethnic minorities reflects the local population and the diversity of patients that they encounter during clinical placement. Employers second post-registration students onto the programmes. Information about the masters programmes is sent to the enquirer's home. Postgraduate programmes also recruit well, although uptake is limited, due to lack of suitable placement experience. Over 60 per cent of students entering the postgraduate radiography programme do not hold a first degree, having qualified before the profession became graduate entry. There are strategies and learning resources in place to adequately prepare these students for study at this level.
109. A working group is established to map NVQ/Cadet programmes against pre-registration nursing programmes. This is in line with the recommendations of *Making A Difference* (UKCC), allowing students to step on and off at appropriate times on the pre-registration programme. Arrangements for intercalating/student returnees to the programme following a period of absence is dependent upon resource and place availability. Such students are therefore told that there is no guarantee of re-entry when they wish.
110. Students on all programmes are provided with a one-week induction at the beginning of their courses and, during the first year, the undergraduates are given guidance in self-directed study. Induction for students is clear, informative and concise. They are actively encouraged to become familiar with the University through the use of 'site trails', the services available to them, how to access them and what is expected of them on their chosen programmes. Each student pack is individual to the student.
111. A large majority of students progress successfully and complete their programme. However, while attrition rates appear high in nursing, they remain at between 12 and 15 per cent. At exit interview, students cite personal or financial difficulties, rather than academic ones, as reasons for failure to complete. Some students withdraw for a year and then return. Staff, however, keep in touch with these students to support them. Students undertake a mid-placement assessment of their progress that allows them to make changes to their clinical programme to ensure successful completion. In the allied health profession undergraduate programmes, in keeping with national trends, attrition rates are highest in radiography, and lowest in physiotherapy (less than 10 per cent), with occupational therapy between. The University has implemented new strategies to address these differences, including an attempt to attract a stronger entry profile for radiography. There is also evidence of partnership between the WDC and the School managing and reducing student attrition. Early indicators show these strategies to be effective and, if this proves to be so in the long term, they could be disseminated to the wider profession. For example in 2000-01, 11 students entered the BSc (Hons) Pre-Registration Therapeutic Radiography degree, with only six progressing to level 2; in 2001-02 17 students entered the programme and, by June 2002, only one student had withdrawn.
112. The reviewers raised an issue concerning stated student progression and the flexibility of pathway transfer within the pre-registration DipHE nursing programmes. Applicants for the DipHE and BSc

programmes are admitted following joint open days. The DipHE students without university entry qualifications commence at level 1 and take 120 credits in their first year, the same number and level as for the BSc programme. Academic staff report that these students are able to cope well with their studies and often perform better than those on the degree programme. Some students interviewed stated that students were more likely to select the DipHE route than the degree because of differences in funding arrangements. At the end of level 1, degree programme students with 120 credits automatically progress to level 2. However, there is a different and considerably higher standard set for students on the DipHE who might wish to transfer to the degree programme. The regulations for these student groups should be revised to offer equal opportunities to both diploma and degree nursing students completing level 1.

113. The pre-registration programmes benefit from increased contract numbers in adult and mental health nursing and midwifery. A significant feature of the DipHE in 2001 was that 83 per cent of adult branch nurses, 59 per cent of the mental health branch and 100 per cent of midwifery students completed their programmes successfully and entered the appropriate part of the NMC Professional Register. Figures for diagnostic radiography show that the average completion rate for students graduating in the years 1999 to 2001 was 78 per cent. Some 9 per cent of adult branch nurses, 30 per cent of mental health and 35 per cent of midwives achieved a Distinction. There is a decrease in the number of post-registration students accessing the BSc programmes but a slight increase in the number accessing the postgraduate programme. A significant feature of these undergraduate programmes is that over 50 per cent of graduates between 1998 and 2001 achieved Upper Second or First class degrees. Student attainment in occupational therapy is good, with over half the graduates in an average year obtaining First and Upper Second class degrees, while in physiotherapy is particularly good, with 75 per cent consistently achieving First or Upper Second class degrees.
114. Arrangements for pastoral support are diverse and well documented. Staff and most students understand them well. All students are allocated a personal tutor. Students are encouraged to communicate with staff in a variety of ways, in person, by email, voice mail and telephone. Staff have an open-door policy, in addition to formal tutorial arrangements. The quality and commitment to academic support appears to vary, with occupational therapy students, for example, valuing a consistent commitment from academic staff, whilst students from within mental health nursing expressed concern that arrangements were ad hoc and dependent on individual personalities within the academic team.
115. The role of both academic and clinical staff in supporting clinical education is clearly explained in student handbooks. The support of students in practice is by the link lecturer, practice educator and mentor/assessor/supervisor. Students are consistently well supported in practice. When problems are identified on placement, clinical staff can readily access university tutorial support, and effective resolution is swiftly implemented. University tutors visit all placements. The time allocated to the visits varies from programme to programme, but is adequate and meets the needs of students. In some instances, for example in midwifery, lecturers work alongside the student and there are examples of lecturers meeting the students in the clinical area at the weekend. Students are aware of how to contact the link teacher or practice educator if required.
116. Peer support is encouraged, particularly through 'Blackboard', which is monitored by appropriate staff who intervene as necessary. The University through its Student Services provides additional, well-documented support for students with special learning needs. A disability coordinator is employed by the School. A funded project in 2001 reviewed a whole cohort of student nurses, of whom 4 per cent were found to have dyslexia. Such students are properly assisted.
117. The provision contributes substantially to the achievement of the intended outcomes, with most elements demonstrating good practice.

**The quality of student progression is commendable.**

118. The provision enables the intended outcomes to be achieved, but improvement is needed to overcome weaknesses.

**The quality of student progression in the pre-registration DipHE in Nursing programmes is approved, but**

- regulations for these students should be revised to ensure that equal opportunities are offered to all nursing students completing level 1.

## Learning resources and their effective utilisation

119. The School's learning resources strategy sets objectives for a five-year period (1999 to 2004). The School has an adequate number of 90 academic staff, giving a favourable 12:1 student:staff ratio in line with national objectives, and 64 administrative and technical staff. Most academic staff are from a clinical background and all hold an appropriate range of qualifications. Teachers are supported through individual performance reviews to obtain postgraduate qualifications. This has improved the academic profile of the department. A staff development policy is in place, which has the long-term expectation of all staff achieving masters degrees. In addition, all new staff complete the Higher Education Staff Development Association (HESDA) course to develop their teaching skills. Over 80 per cent of the School's staff are qualified teachers and 12 are members of the Institute of Learning and Teaching. Administrative and technical staff are an integral part of the School's resources. They are highly rated by their academic colleagues.
120. In clinical practice, clinical supervisors/practice educators/assessors are all registered by their professional bodies. They have a good relationship with the School's academic staff and feel well supported by them. Accreditation of clinical placements and staff is in place for most programmes, but in a variety of formats including audit of all clinical placements for nursing, validation of clinical placements for radiography, and accreditation of clinical supervisors for occupational therapy. Staff supervising placements in mental health, adult nursing and occupational therapy have a programme of assessors' updates. However, some students reported a lack of adequate training because some placement assessors were unable to attend the training sessions and meetings.
121. All staff are supported in the development of their own portfolios and take part in continuing professional development (CPD) through attendance at courses and in self-managed time, and also through direct supervision of students in clinical practice. Associate lecturers in clinical practice have access to the same support mechanisms, such as mentoring and staff development. The School has been awarded 'Investors in People' status.
122. The School's new building has substantially improved the quality of the teaching and learning environment, and also increased its capacity to meet the demand of a higher number of students. This also enhanced learning resources and the promotion of interprofessional learning. The current teaching facilities are nevertheless sound and enable the proper development of students' skills. Despite some student dissatisfaction, the central room allocation system appears to work well.
123. The occupational therapy, radiography and physiotherapy skills laboratories, clinics and placement locations are at least adequate for purpose. Of particular note is the excellent teaching facility for occupational therapy, where teaching areas reflect a variety of bathroom, kitchen and bedroom settings. However, the nursing clinical skills laboratory at Station Road General Hospital was of an inadequate standard, with insufficient space or equipment for the number of students observed on the visit by the review team. The School has put a recovery plan into place so that students have sufficient opportunity for practising clinical skills before going onto placements. Funding to improve this facility is now in place. Students have access to adequate and suitably-equipped clinical skills laboratories on all other sites, although there are plans to build new facilities shared with medical colleagues at Grove and Barton Hospitals. Local study centres satisfactorily reduce time and travel for students and offer basic learning resources.
124. Students other than in nursing have the opportunity to choose where they undertake their placement, including the opportunity for overseas placements for physiotherapy and radiography BSc students. Although attempts are made to locate students in easily accessible placements, there are variations in the number and type of opportunities available. Students report that pressure on local placements can mean travelling further afield which can impact on students with childcare responsibilities, even though special consideration is given to students with special needs such as carers and parents of young children. It is of particular concern that the occupational therapy programme does not have sufficient placements available in the vicinity of Beeston. Indeed, students expressed concern that they signed a disclaimer indicating that they might be offered a placement anywhere in the UK and noted that attending placements some distance from Beeston had a negative effect on their learning experience. The University will wish to work in partnership with Ashburton WDC towards a strategic solution.



125. Students and staff have access to a learning centre (LC) on the University campus with excellent library and study facilities and a modern, well-organised and dynamic environment. The LC has close involvement with curriculum planning and ensures that provision supports curriculum delivery. The library stock is accessible, appropriate and up to date. In response to postgraduate student requests, more journals were ordered and made available. Students also commented that lecturers would lend their own books and journals if access is a problem. For postgraduate radiographers, there is access to a range of learning resources, including an Image Library.
126. Students have adequate access to IT facilities (240 PCs), small group study rooms equipped with technology for preparing presentations, larger group study rooms, printing and photocopying facilities. In term-time students have 24-hour access to the library through the internet. All students receive an induction to the LC facilities and there are support mechanisms in place for students with disabilities, students on placements (distance learning) and specific training for improving students' IT skills. The LC conducts an annual user survey of all its services and facilities. The 2001 survey shows a very high degree of user satisfaction, a big decrease in the use of private study areas and a large increase in the use of PCs, Internet and videos. The LC staff are aware of the difficulty that some students have in accessing PCs at busy times and have introduced solutions. However, the problem will worsen as the number of students increases. All subjects have a library liaison officer who links with LC staff regularly in order to sort out issues or develop new opportunities. Students reported that some NHS libraries do not offer placement students borrowing, an equal opportunities issue that the School should attempt to remedy.
127. The School makes use of Blackboard as an electronic learning tool. Its use is being developed across a range of courses. It is highly rated by those students and staff who use it. This facility is well supported by appropriate technical staff. IT is widely used in teaching and all students have access to the Internet and email. These facilitate learning and communication with school staff. In clinical placements the quality of access to effective learning resources is variable. The LC has many agreements with local libraries and therefore students have access to those facilities. Not all students have access to the internet and email whilst on placements. Ashburton WDC is, however, starting a project to examine the issue of equitable learning resources in clinical placements.
128. It is difficult for the University to keep pace with an ever-changing health service. From discussion with both university staff and students it is evident that every effort is made by the University to progress and develop in line with NHS development. Examples of this are the Allied Health Professions Modernisation Pilot Scheme; the provision of an advanced radiotherapy skills laboratory, and the recent funding obtained to introduce common learning across the professional groups.
129. The provision contributes substantially to the achievement of the intended learning outcomes, with most elements demonstrating good practice.

**The quality of learning resources and their effective utilisation is commendable.**

130. The provision enables the intended learning outcomes to be achieved, but improvement is needed to overcome weaknesses.

**The quality of learning resources and their effective utilisation of the pre-registration BSc (Hons) Occupational Therapy programme is approved, but**

- the BSc Occupational Therapy programme does not have sufficient placements available in the vicinity of Beeston.

## D Summary of practice

131. Learning and experience in clinical placements is a key feature of all subjects at all the levels to which it applies, contributing in a major way to the attainment of the aims and outcomes. Observation of practice at various clinical placements took place in each of the disciplines. The practice learning environment is academically led, in keeping with the *Code of Practice on Placement Learning*. The School has successfully integrated clinical work into the curriculum. Learning and experience in placement allows students to show intellectual progression and provides a vehicle for the integration of theory and practice, as well as the development of subject-specific, transferable and personal skills. There is a discernible progression of aims and outcomes. The sequence of placements is considered appropriate to student learning objectives.
132. The partnership between the School and Ashburton WDC is articulated physically with the presence of a number of practice staff with honorary university contracts and, on the other hand, by academic staff on practice secondment. Clinically-based staff attend clinical educator training days for updating as well as for the exchange of ideas that support the development of clinical learning opportunities. Clinical staff in all subject areas said that they were well supported by their managers, and that appropriate staff development opportunities are in place. They are encouraged and supported to undertake the teaching practitioner's and other postgraduate courses at the University.
133. Placement coordination is carried out by practice educators under the School's strategic guidance. The distribution of placements among NHS Trusts is generally satisfactory, except in occupational therapy. In view of the national changes within HEFCE and the NHS Trusts, the University and Ashburton WDC need to develop their strategy for the allocation of placements further so that it fully addresses the key principles of *Practice in Focus*. There are indications that some student attrition is due to the travel and time commitments necessitated by practice placements. Practice educators work closely with the WDC, Trust staff, academics and students to support the learning experience and are involved in curricula development as well as in the assessment of students. It is an innovative role and is viewed by all employers as a key to the enhancement of the provision and the support of students, enabling them to achieve and develop clinical skills. There is strong evidence to suggest that the role is a definite strength of the provision. Practice educators also prepare practice mentors. Support arrangements for placements are offered by both practice educators and link lecturers, but there is some confusion between their respective roles amongst some mentors and students. Practice educator posts are only funded until February 2003, but current talks are ongoing between the School and the WDC, with a view to extending their lifespan.
134. Academic learning is consistently carried successfully into the clinical settings across all subjects. There is good evidence that students in placement are required to apply their knowledge and to clinically reason. Students have the opportunity to experience a variety of practice areas and to work with other professions while on placement, thereby promoting interprofessional learning. Clinical education and practice are structured through the negotiation of the clinical learning objectives between student and supervisor as a key feature of the progressive attainment of skills and knowledge.
135. Assessment of practice is achieved through the use of learning contracts, reflection and practice portfolios. Scrutiny of student work demonstrated acquisition of relevant scientific knowledge and the ability to apply this in the clinical environment. Students reported that assessors are aware of the assessment process and the learning outcomes being assessed. Some assessment is innovative in combining theory and practice. The University trains and updates all clinical supervisors and assessors for their role. Clear guidance and descriptors are provided to support consistent good practice in the assessment of students. External examiners' reports are positive, and noted a good variety of appropriate assessment methods. Maintaining the quality of the assessment of practice and the involvement of external examiners is the subject of ongoing debate between the University, Ashburton WDC and the partner NHS Trusts.
136. Students are well prepared for placement and well supported through their practice-based learning experience. They acknowledge the good quality of tutorial support available from staff both in the academic and clinical environments. The role of both academic and clinical staff in supporting clinical education is clearly explained in student handbooks. Practice learning packs are produced for each placement which contain a range of documentation to support the student on placement. Support is offered by both practice educators and link lecturers, but there is some confusion about their respective roles amongst some assessors, mentors and students. This point notwithstanding, assessor and



supervisors indicated that they knew how to obtain support and that such support was always readily available. Students negotiate their learning contract with the supervisor/assessor with responsibility for accessing other professionals to experience varied models of care delivery. Students undertake a mid-placement assessment of their progress that allows them to make changes to their clinical programme to ensure successful completion.

137. Learning resources in practice settings are of variable quality, with some areas well resourced, such as in midwifery, but less good in some other settings. Information about the availability of IT resources is documented in the student resource boxes in each practice area. Where IT is not directly accessible, students have clear guidelines about how to communicate with the University. Library facilities at placement sites are generally good. All students have access to relevant books and journals.
138. Overall, the practice placements are managed effectively with clear evidence that the quality and standard of the practice environment is being maintained.

## **E Maintenance and enhancement of standards and quality**

139. The operational management of the School is overseen by a senior team that has already achieved a number of key successes. The School's Academic Standards Committee oversees the maintenance and enhancement of academic standards. The senior management team is continuing to demonstrate pro-activity and effectiveness in working in partnership with a range of stakeholders. It is supported by the robust and effective framework of University policies, regulations and procedures for the management, maintenance and enhancement of quality. The good practice demonstrated by these arrangements has been recorded in previous subject reviews and institutional audits.
140. Professional body annual monitoring reports were generally supportive and positive. Rollover contract arrangements with the WDC were agreed, following a major review, three years ago. The key actions identified then for quality enhancement have been successfully implemented. Members of the WDC express satisfaction with the current standards of contract delivery and with the existing and developing arrangements for partnership working. This effective partnership has also led to successful and innovative academic partnership arrangements with healthcare providers, to enhance existing and future curricula and interprofessional teaching and learning opportunities.
141. Programme committees include academic staff, practice assessors/supervisors, students and other stakeholders. These committees coordinate and review the operation and quality of the programmes and produce the annual programme reviews. Module leaders have responsibility for the academic standards of their modules and, with their teams, meet to coordinate and review delivery in the light of the student evaluations and other developments. Module reports feed in to the annual programme review process. It leads to the formulation of an action plan for the forthcoming year, although students and external examiners report that timely action is often taken as problems arise. This system is both active and effective and has been instrumental in ensuring comparable learning experiences for students across the range of programmes. This comparability of standards is recognised as a key issue in quality management and external examiners recognise and comment on this commitment. External examiners' reports are generally positive about the probity of the systems in place and the responses of programme teams to their comments. Nevertheless, the reviewers found a range of different practice in the assessment process of different subjects. While the integrity and probity of assessment is not in doubt, it is timely that the School is developing assessment criteria and marking protocols which, when fully developed, will eventually result in consistency of good practice.
142. Student evaluative feedback on their learning experience is obtained through a variety of means at University, School, programme and module level. Student views are represented effectively through a School-wide Student Council. At subject and course level there is reliance on more informal mechanisms in order to ensure a rapid response to emerging issues. These appear to work variably and there may be scope for developing more formal local arrangements as student numbers increase. Evaluative comment is generally positive and students and practice partners speak highly of the responsiveness of School academic staff. Module evaluations include some assessment of the students' practice experience. However, while there are generally effective arrangements in place for the audit and monitoring of the clinical learning environments, the generic nature of evaluation, and the long time lag between the collection of the data and the results of the analysis being available, have caused problems.

143. The School's SED offered a clear articulation of the subject aims and a comprehensive evaluation of the provision. Practice partners and students had attended workshops to discuss and influence the SED's content and were satisfied with the outcomes. The analytical presentation made by the subject team at the start of the review also contained useful material and the reviewers appreciated the helpful system of reference documents provided by the subject team. The latter system had the effect of streamlining the process of searching for evidence with positive results.

144. The comprehensive quality assurance procedures in place give the reviewers full confidence in the ability of the University to maintain and enhance academic standards in this subject area. Through all of these mechanisms there is demonstration of openness and responsiveness to feedback.