

Visitors' report

Name of education provider	Coventry University
Programme name	Foundation Degree in Paramedic Science
Mode of delivery	Full time
Relevant part of the HCPC Register	Paramedic
Date of visit	3 – 4 February 2016

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Executive summary

The Health and Care Professions Council (HCPC) approve educational programmes in the UK which health and care professionals must complete before they can apply to be registered with us. We are a statutory regulator and our main aim is to protect the public. We currently regulate 16 professions. All of these professions have at least one professional title which is protected by law. This means that anyone using the title 'paramedic' must be registered with us. The HCPC keep a register of health and care professionals who meet our standards for their training, professional skills, behaviour and health.

The visitors' report which follows outlines the recommended outcome made by the visitors on the approval of the programme. The education provider has until 24 March 2016 to provide observations on this report. This is independent of meeting any conditions. The report and any observations received will be considered by the Education and Training Committee (Committee) on 20 May 2016. At this meeting, the Committee will accept, reject or vary the visitors' recommended outcome. If necessary, the Committee may decide to vary the conditions.

The education provider is due to redraft and resubmit documentary evidence in response to the conditions outlined in this report by 4 April 2016. The visitors will consider this response and make a separate recommendation to the Committee on the approval of the programme. It is anticipated that this recommendation will be made to the Committee on 12 May 2016.

Introduction

The HCPC visited the programme at the education provider as it was a new programme which was seeking HCPC approval for the first time. This visit assessed the programme against the standards of education and training (SETs) and considered whether those who complete the programme meet the standards of proficiency (SOPs) for their part of the Register.

This visit was an HCPC only visit. The education provider did not validate or review the programme at the visit and the professional body did not consider their accreditation of the programme. The education provider supplied an independent chair for the visit.

Visit details

Name and role of HCPC visitors	Mark Nevins (Paramedic) Susan Boardman (Paramedic) Ian Prince (Lay visitor)
HCPC executive officer	Amal Hussein
Proposed student numbers	36 per cohort, 3 cohorts per year
Proposed start date of programme approval	1 July 2016
Chair	Helen Barker (Coventry University)

Sources of evidence

Prior to the visit the HCPC reviewed the documentation detailed below, sent by the education provider:

	Yes	No	N/A
Programme specification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Descriptions of the modules	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mapping document providing evidence of how the education provider has met the SETs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mapping document providing evidence of how the education provider has met the SOPs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice placement handbook	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student handbook	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curriculum vitae for relevant staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External examiners' reports from the last two years	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

The HCPC did not review external examiner reports prior to the visit as there is currently no external examiner as the programme is new.

During the visit the HCPC saw the following groups or facilities:

	Yes	No	N/A
Senior managers of the education provider with responsibility for resources for the programme	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Programme team	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Placements providers and educators / mentors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service users and carers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist teaching accommodation (eg specialist laboratories and teaching rooms)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The HCPC met with students from the Foundation Degree in Paramedic Science Full time as the programme seeking approval currently does not have any students enrolled on it.

Recommended outcome

To recommend a programme for approval, the visitors must be satisfied that the programme meets all of the standards of education and training (SETs) and that those who complete the programme meet our standards of proficiency (SOPs) for the relevant part of the Register.

The visitors agreed to recommend to the Education and Training Committee that a number of conditions are set on the programme, all of which must be met before the programme can be approved.

The visitors agreed that 38 of the SETs have been met and that conditions should be set on the remaining 20 SETs.

Conditions are requirements that the education provider must meet before the programme can be approved. Conditions are set when certain standards of education and training have not been met or there is insufficient evidence of the standard being met.

The visitors have also made a recommendation for the programme.

Recommendations are observations on the programme or education provider which do not need to be met before the programme can be approved. Recommendations are made to encourage further enhancements to the programme, normally when it is felt that the particular standard of education and training has been met at, or just above the threshold level.

Conditions

2.1 The admissions procedures must give both the applicant and the education provider the information they require to make an informed choice about whether to take up or make an offer of a place on a programme.

Condition: The education provider must provide evidence, such as revisions to the advertising materials, which demonstrates how students' are aware of the bridging module as well as the 20 credit module at level 4.

Reason: Prior to the visit the visitors saw references to admissions requirements in the programme specification. At the visit the visitors were made aware that admissions materials will be made available via the East Midlands Ambulance Service (EMAS) intranet page. In discussions with the programme team, the visitors noted that all students will be expected to undergo a bridging module and a 20 credit module at level 4 before being eligible to apply for this programme. The visitors noted that this information was not reflected in the documentation and in particular advertising materials. As such, the visitors were unsure how students and applicants to the programme are aware that they are expected to undergo a bridging module as well as the 20 credit module at level 4 before they begin their programme at level 5. The visitors therefore require the programme team to provide further evidence, such as amended advertising materials, to demonstrate how students and applicants to the programme are made aware of the requirement to undertake the bridging module and 20 credit module at level 4 before being eligible to apply for this programme. In this way, the applicant can have the necessary information to make an informed choice about whether to take up an offer of a place on a programme.

2.2 The admissions procedures must apply selection and entry criteria, including evidence of a good command of reading, writing and spoken English.

Condition: The programme team must provide further clarity on the selection and entry criteria that will be used in relation to applicants' command of English, and how this will be assessed in applications.

Reason: Discussions with the programme team highlighted that the admissions entry test is the main way the programme team ensures that entrants are able to communicate clearly and accurately in spoken and written English. However the visitors were unclear what criteria would be used to measure this. It was also not clear if, or what, International English Language Testing System (IELTS) level was required for entry to the programme for applicants whose first language is not English. The visitors therefore require the education provider to revisit programme documentation to clearly state what measures will be used to ensure that the English language requirements needed for entry to the programme are met.

2.6 The admissions procedures must apply selection and entry criteria, including accreditation of prior (experiential) learning and other inclusion mechanisms.

Condition: The education provider must provide further information about the admissions procedure for this programme and how it ensures that it applies selection and entry criteria including accreditation of prior (experiential) learning (AP(E)L) and other inclusion mechanisms.

Reason: From the documentation provided, and from discussions at the visit, the visitors were clear that the primary entry route to the programme is via the AP(E)L process, with applicants being employed by EMAS. Applicants via this route will be exempt from completing certain elements of the programme due to their prior learning and experience with EMAS. The documentation submitted prior to the visit detailed the AP(E)L policy for the programme and for the institution. The visitors also noted that the programme specification has listed 5 modules at level 5 which equate to 120 credits. However, the schedule indicates two level 4 modules in year 2 followed by 6 modules at level 5.

The presentation given to the visitors during the programme team meeting highlighted that applicants employed by EMAS will be assessed on an individual basis for entry onto the programme against the AP(E)L policy. The programme team stated that most applicants should gain about 80 credits at Level 4 as a result of the prior experience and learning acquired at EMAS, which includes classroom learning. The visitors did not see the content of the training provided by EMAS, and noted that the education provider are not involved in the delivery, content, or quality assurance of this training.

The visitors were provided with an AP(E)L mapping exercise of the EMAS IHCD technician course against the year 1 modules on the Foundation programme. In assessing this document, the visitors noted that the mapping document made very broad references, rather than specific references to the modules and did not map onto the learning outcomes. Therefore, the visitors were unclear how each of the module learning outcomes linked to each of the SOPs, to ensure that a student completing the programme can meet the SOPs for Paramedics. In addition to this, the visitors noted that applicants could hold 'other units of learning' but were not provided with further information on this. The visitors were therefore unable to determine how these applicants' prior learning would be mapped against the necessary learning outcomes to exempt them from completing certain parts of the programme. The visitors were also unclear how the education provider would make quality judgements about the evidence provided by students, or maintain quality through the AP(E)L process. Therefore, the visitors require further information to demonstrate how the education provider ensures the quality of decisions made through its AP(E)L process.

3.1 The programme must have a secure place in the education provider's business plan.

Condition: The education provider must demonstrate that the programme has a secure place in the education provider's business plan.

Reason: From documentation provided prior to the visit the visitors could not discern how the education provider will ensure that the programme has, and will continue to have, a secure plan in the education provider's business plan. In scrutinising evidence, the visitors noted that proportion of the programme will be delivered offsite, however the

business plan statement made no reference to the education provider's commitment to support this model of training. At the visit, the visitors met with the senior team and learnt that the programme has a secure place in the education provider's business plan. Discussions covered financial security of the programme and security for students if the programme was deemed no longer viable. However, because this was not documented, the visitors require further evidence to be satisfied that the programme can meet this standard. The visitors were provided with information on the security of the programme on the second day of the visit, but did not have sufficient time to review the evidence. As such, the visitors therefore require further evidence which documents the education providers' commitment to this programme and model of study through its secure place in the business plan of the institution.

3.2 The programme must be effectively managed.

Condition: The education provider must provide further evidence to clearly articulate areas of responsibility across all areas of the programme to demonstrate that the programme is effectively managed.

Reason: From the documentation the visitors were unable to gain a clear understanding of the lines of responsibility for the education provider and the staff at the training sites based in the partnership ambulance services. In discussions at the visit it was articulated that the education provider would have overall responsibility for the programme. When the visitors asked for clarification about the roles and responsibilities of the different people delivering the programme they were provided with a partnership agreement. However, the partnership agreement did not provide detail about the roles and responsibilities of staff contracted by the education provider to deliver the programme at the partner ambulance trusts. As such, and without evidence of who is accountable for the delivery of each aspect of the programme, the visitors were unable to identify how the programme will be effectively managed. The visitors were also unable to tell how the delegation of responsibility to ambulance service staff would ensure that the education provider has the information it needs to maintain overall responsibility for every aspect of the programme. The visitors therefore require further evidence to determine what aspects of programme delivery are delegated to staff at partner organisations and how this is delegation will work to provide the education provider the information they require to effectively manage the programme.

3.4 There must be a named person who has overall professional responsibility for the programme who must be appropriately qualified and experienced and, unless other arrangements are agreed, be on the relevant part of the Register.

Condition: The programme team need to clarify the person who has overall professional responsibility for the management of the programme and ensure that they are consistently referenced throughout the programme documentation.

Reason: From a review of the documentation prior to the visit, the visitors noted that that Stef Cormack and Miriam Perry will be jointly responsible for the programme and have overall professional responsibility. During discussions with the programme team the visitors were told that Stef Cormack will be the sole named person who will have overall professional responsibility for the programme. However, from the documentation the visitors were unable to determine that Stef Cormack is the sole named person who has overall professional responsibility for this programme. Moreover, throughout the

documentation there is reference to joint management of the programme between Stef and Miriam. The visitors therefore require the programme team to confirm who has overall professional responsibility for the management of the programme and ensure that they are consistently referenced throughout the programme documentation.

3.5 There must be an adequate number of appropriately qualified and experienced staff in place to deliver an effective programme.

Condition: The education provider must provide further evidence to demonstrate that an appropriate number of appropriately qualified and experienced staff will be in place at the training sites to deliver an effective programme.

Reason: From the initial documentation provided and the information provided regarding staff profiles, the visitors could not determine how the education provider will ensure that an adequate number of appropriately qualified and experienced staff will be in place at the training sites to deliver an effective programme. In scrutinising evidence, such as the programme handbook and staff CV's the visitors were aware of the number of academic staff at the university. However, the visitors learned that a proportion of the programme (25 per cent) will be delivered offsite by contracted staff members who will be practice educators, currently employed by the partnership ambulance trusts, as agreed in the partnership agreement contract. The visitors were not provided with any evidence about the number of staff that will be available to deliver this programme at the training centres hosted by the trusts. As such, the visitors were unable to identify the number of staff who would be contracted by the education provider to determine if an adequate number of staff are in place to deliver an effective programme.

Furthermore, the visitors are aware that the education provider intends to approve three different training sites. However, the visitors were not provided with information around the recruitment of staff at these training sites and associated timelines and in particular the visitors were not provided with information regarding the criteria the education provider will use to ensure that the staff at the sites are appropriately qualified and experienced to deliver the required aspect of the programme. In addition to this, the visitors were unable to determine what contingency plans were in place if staff are unable to deliver aspects of the programme due service pressures. As such, the visitors require further evidence which clarifies the number of staff in place at the practice placement setting. In addition to this the visitors require further evidence which demonstrates how the education provider will ensure that the number of appropriately qualified and experienced staff in place at the training sites will be sufficient to deliver the programme effectively.

3.6 Subject areas must be taught by staff with relevant specialist expertise and knowledge.

Condition: The education provider must provide further evidence of the mechanisms in place for staff recruitment at training sites.

Reason: From the initial documentation provided the visitors were unable to determine how the education provider will ensure that subject areas being delivered offsite will be taught by staff with relevant specialist expertise and knowledge. In scrutinising evidence, such as the partnership agreement and staff curriculum vitae the visitors were unable to identify the recruitment process in place for offsite staff and in particular how the education provider will ensure that staff contracted by the education provider

will be appropriately qualified to deliver aspects of the programmes. Furthermore, the visitors were not provided with information regarding what aspect of the programme will be delivered by staff and at which training sites. As such, the visitors were unable to make a judgement on whether subject areas being delivered offsite will be taught by staff with relevant specialist expertise and knowledge and further evidence will be needed to demonstrate that the programme can meet this standard.

3.8 The resources to support student learning in all settings must be effectively used.

Condition: The education provider must provide further evidence of the process undertaken to ensure training sites have resources in place to support student learning in all settings.

Reason: From the documentation provided, the visitors were made aware that, upon confirmation of approval from the HCPC, the programme team intend to approve three training sites at partnership ambulance trusts. The visitors were provided with a document titled 'asset register' and 'University Education Strategy' to support this. In discussions with the programme team the visitors heard that the programme team would approve training sites to ensure that they have appropriate resources in place to support student learning before sending students to the sites. However, the visitors could not determine from the evidence provided how approval of training sites would be conducted and how the education provider would ensure that processes were in place to identify if students at certain training sites lacked access to any resources, such as equipment to support clinical study. The visitors were also unclear how these processes would ensure parity of access to resources for students across all placement areas, and what the team would do to address any issues about resource access should they arise. The visitors therefore require further evidence to demonstrate how the programme team ensures that all students have access to the resources they require in order to support their learning. They also require further detail of the process in place that will enable the programme team to ensure that students across training sites have resources in place to support student learning in all settings.

3.8 The resources to support student learning in all settings must be effectively used.

Condition: The education provider must submit programme documentation that has been revised to meet the conditions set by the board of study.

Reason: Through discussions at the visit, and from the final conclusions of the visit, it was clear that revisions have been made to the programme documentation since submission to the HCPC by the board of study. The visitors consider programme documentation that students routinely refer to as important resources to support student learning. The board of study has made changes to the programme specification and student handbook. To ensure the programme meets this standard the visitors need to review the revised documents to ensure the resources to support student learning are effectively used. Therefore the visitors require the education provider to submit the revised programme documentation, including the programme specification and student handbook.

3.10 The learning resources, including IT facilities, must be appropriate to the curriculum and must be readily available to students and staff.

Condition: The education provider must provide further information about how they ensure that the resources, including IT facilities, across training sites are appropriate to the curriculum and are readily available to students and staff.

Reason: From the evidence provided the visitors were aware of the learning resources including IT facilities that are being offered by the education provider such as an online library and an academic skills community. However, the majority of this programme will be delivered either remotely via an online learning environment (OLE) or at training site centres. During discussions with the programme team, the visitors were informed that the programme team would approve training site centres to ensure that they have appropriate resources, including IT facilities. However, the visitors could not determine how approval of training sites would be conducted and how the education provider would ensure that processes were in place to ensure that resources across all training site centres are appropriate to the curriculum and readily available to student and staff. Therefore, the visitors require further evidence as to how the audit process conducted by the programme team ensures that there are sufficient resources, including IT facilities, across all training site centres. The visitors also require evidence to demonstrate how the programme team will ensure that the resources are appropriate to the curriculum and are readily available to students and staff across all training site centres. In this way the visitors can determine how the resources to support student learning are being effectively used and how the programme may meet this standard.

5.2 The number, duration and range of practice placements must be appropriate to support the delivery of the programme and the achievement of the learning outcomes.

Condition: The education provider must provide further evidence of the range of placement settings that students will experience to support the delivery of the programme and the achievement of the learning outcomes

Reason: From the documentation provided the visitors understood that the majority of placements would take place in an ambulance service setting. This was confirmed in meetings with the programme team and with placement providers. These discussions also clarified that students would have the opportunity to experience placements in alternative (non-ambulance) settings, such as the accident and emergency department of a hospital. However, the visitors could not identify how non-ambulance placements would be sourced and allocated to the large number of students for this programme. The visitors were unable to gain a clear understanding of the different placement settings, such as the non-ambulance setting, that were on offer to students, and which of these settings students would be required to attend. Therefore, the visitors require further evidence to show how the education provider ensures an appropriate range of placements to support the delivery of the programme, and the achievement of the learning outcomes.

5.3 The practice placement settings must provide a safe and supportive environment.

Condition: The education provider must provide evidence to demonstrate how they ensure a safe and supportive environment at alternative (non-ambulance) placement settings.

Reason: From the documentation provided the visitors understood that the majority of placements would take place in an ambulance service setting. This was confirmed in meetings with the programme team and with placement providers. These discussions also clarified that students would have the opportunity to experience placements in alternative (non-ambulance) settings, such as the accident and emergency department of a hospital. The visitors were provided with an audit process which demonstrated that placements provided by EMAS provide a safe and supportive environment for students. However, the visitors did not see evidence to show there is a process to ensure a safe and supportive environment at placements in alternative (non-ambulance) settings. The programme team informed visitors that there are similar processes in place for placements in alternative (non-ambulance) settings as the ones in place for placements at EMAS, but the visitors did not see these processes reflected in the documentation, and were therefore unable to judge whether they were appropriate. The visitors noted that there may be differences in policies for ambulance service and non-ambulance service placements, due to the nature of the placement experience. Therefore, the visitors require evidence to demonstrate how the education provider ensures a safe and supportive environment at alternative (non-ambulance) settings.

5.4 The education provider must maintain a thorough and effective system for approving and monitoring all placements.

Condition: The education provider must provide evidence to demonstrate how they maintain a thorough and effective system of approving and monitoring placements in alternative (non-ambulance) settings.

Reason: From the documentation provided the visitors understood that the majority of placements would take place in an ambulance service setting. This was confirmed in meetings with the programme team and with placement providers. These discussions also clarified that students would have the opportunity to experience placements in alternative (non-ambulance) settings, such as the accident and emergency department of a hospital. The visitors were provided with an audit process intended to demonstrate that the education provider maintains a thorough and effective system for approving and monitoring all placements at EMAS. However, the visitors did not see evidence to show that the education provider maintains a thorough and effective system for approving and monitoring placements in alternative (non-ambulance) settings. The programme team informed visitors that there are similar processes in place for placements in alternative (non-ambulance) settings as the ones in place for placements at EMAS, but the visitors did not see these processes reflected in the documentation, and were therefore unable to judge whether they were appropriate. The visitors noted that there may be differences in policies for ambulance service and non-ambulance service placements, due to the nature of the placement experience. Therefore, the visitors require evidence to demonstrate how the education provider maintains a thorough and effective system for approving and monitoring placements at alternative (non-ambulance) settings.

5.5 The placement providers must have equality and diversity policies in relation to students, together with an indication of how these will be implemented and monitored.

Condition: The education provider must provide evidence to demonstrate how they ensure equality and diversity policies are in place at alternative (non-ambulance) placement settings.

Reason: From the documentation provided the visitors understood that the majority of placements would take place in an ambulance service setting. This was confirmed in meetings with the programme team and with placement providers. These discussions also clarified that students would have the opportunity to experience placements in alternative (non-ambulance) settings, such as the accident and emergency department of a hospital. The visitors were provided with an audit process which demonstrated that equality and diversity policies are in place for practice placements at EMAS. However, the visitors did not see evidence to show that there is a process to ensure there are equality and diversity policies at alternative (non-ambulance) settings. The programme team informed visitors that there are similar processes in place in alternative (non-ambulance) settings as the ones in place for placements at EMAS, but the visitors did not see these processes reflected in the documentation, and were therefore unable to judge whether they were appropriate. The visitors noted that there may be differences in policies for ambulance service and non-ambulance service placements, due to the nature of the placement experience. Therefore, the visitors require evidence to demonstrate how the education provider ensures that equality and diversity policies are in place at alternative (non-ambulance) settings.

5.6 There must be an adequate number of appropriately qualified and experienced staff at the practice placement setting.

Condition: The education provider must provide evidence to demonstrate how they ensure placements in alternative (non-ambulance) settings have an adequate number of appropriately qualified and experienced staff.

Reason: From the documentation provided the visitors understood that the majority of placements would take place in an ambulance service setting. This was confirmed in meetings with the programme team and with placement providers. These discussions also clarified that students would have the opportunity to experience placements in alternative (non-ambulance) settings, such as the accident and emergency department of a hospital. In discussions with the placement providers, the visitors learnt the audit process conducted by EMAS to ensure that there are an adequate number of appropriately qualified and experienced staff in place in practice placements. However, the visitors did not see evidence to show there is a process in place to ensure an adequate number of staff in alternative (non-ambulance) settings placements, who are appropriately qualified and experienced. The programme team informed visitors that there are similar processes in place for placements in alternative (non-ambulance) settings as the ones in place for placements at EMAS, but the visitors did not see these processes reflected in the documentation, and were therefore unable to judge whether they were appropriate. The visitors noted that there may be differences in policies for ambulance service and non-ambulance service placements, due to the nature of the placement experience, and due to the background of the staff at these placements. Therefore, the visitors require evidence to demonstrate how the education provider ensures an adequate number of appropriately qualified and experienced staff are in place within placements at alternative (non-ambulance) settings.

5.7 Practice placement educators must have relevant knowledge, skills and experience.

Condition: The education provider must provide evidence to demonstrate how they ensure practice placement educators in alternative (non-ambulance) settings have relevant knowledge, skills and experience.

Reason: From the documentation provided the visitors understood that the majority of placements would take place in an ambulance service setting. This was confirmed in meetings with the programme team and with placement providers. These discussions also clarified that students would have the opportunity to experience placements in alternative (non-ambulance) settings, such as the accident and emergency department of a hospital. In discussions with the placement providers, the visitors learnt the audit process conducted by EMAS to ensure that practice placement educators have the relevant knowledge, skills and experience in practice placements. However, the visitors did not see evidence to show there is a process to ensure staff at alternative (non-ambulance) settings have relevant skills, knowledge and experience. The programme team informed visitors that there are similar processes in place in alternative (non-ambulance) settings as the one in place for placements at EMAS, but the visitors did not see these processes reflected in the documentation, and were therefore unable to judge whether they were appropriate. The visitors noted that there may be differences in policies for ambulance service and non-ambulance service placements, due to the nature of the placement experience, and due to the background of the staff at these placements. Therefore, the visitors require evidence to demonstrate how the education provider ensures practice placement educators at alternative (non-ambulance) settings have relevant knowledge, skills and experience.

5.8 Practice placement educators must undertake appropriate practice placement educator training.

Condition: The programme team must provide evidence to demonstrate how they ensure that practice placement educators in alternative (non-ambulance) settings have undertaken appropriate placement educator training.

Reason: From the documentation provided the visitors understood that the majority of placements would take place in an ambulance service setting. This was confirmed in meetings with the programme team and with placement providers. These discussions also clarified that students would have the opportunity to experience placements in alternative (non-ambulance) settings, such as the accident and emergency department of a hospital. In discussions with the placement providers, the visitors learnt the audit process conducted by EMAS to ensure that practice placement educators at EMAS undertake appropriate practice placement educator training. However, the visitors did not see evidence to show a process to ensure that practice placement educators will undertake appropriate practice placement educator training in alternative (non-ambulance) settings. The programme team informed visitors that there are similar processes in place in alternative (non-ambulance) settings as the one in place for placements at EMAS but the visitors did not see these processes reflected in the documentation, and were therefore unable to judge whether they were appropriate. The visitors noted that there may be differences in policies for ambulance service and non-ambulance service placements, due to the nature of the placement experience, and due to the background of the staff at these placements. Therefore, the visitors require evidence to demonstrate how the education provider ensures practice placement educators at alternative (non-ambulance) settings undertake appropriate practice placement educator training.

5.9 Practice placement educators must be appropriately registered, unless other arrangements are agreed.

Condition: The programme team must provide evidence to demonstrate how they ensure that practice placement educators in alternative (non-ambulance) settings are appropriately registered, unless other arrangements are agreed with the HCPC.

Reason: From the documentation provided the visitors understood that the majority of placements would take place in an ambulance service setting. This was confirmed in meetings with the programme team and with placement providers. These discussions also clarified that students would have the opportunity to experience placements in alternative (non-ambulance) settings, such as the accident and emergency department of a hospital. In discussions with the placement providers, the visitors learnt the audit process conducted by EMAS to ensure practice placement educators at EMAS are appropriately registered. However, the visitors did not see evidence to show that the education provider has a process in place to ensure that practice placement educators are appropriately registered in alternative (non-ambulance) settings. The programme team informed visitors that there are similar processes in place in alternative (non-ambulance) settings as the one in place for placements at EMAS, but the visitors did not see these processes reflected in the documentation, and were therefore unable to judge whether they were appropriate. The visitors noted that there may be differences in policies for ambulance service and non-ambulance service placements, due to the nature of the placement experience, and due to the background of the staff at these placements. Therefore, the visitors require evidence to show how the education provider ensures that practice placement educators are appropriately registered, unless other arrangements are agreed.

5.11 Students, practice placement providers and practice placement educators must be fully prepared for placement which will include information about an understanding of:

- **the learning outcomes to be achieved;**
- **the timings and the duration of any placement experience and associated records to be maintained;**
- **expectations of professional conduct;**
- **the assessment procedures including the implications of, and any action to be taken in the case of, failure to progress; and**
- **communication and lines of responsibility.**

Condition: The programme team must provide further evidence which demonstrates how the learning outcomes, methods of assessment and alignment of modules for non-ambulance placements are effectively communicated and understood by students and practice educators.

Reason: The visitors noted from discussions with the programme team that there will be placements in non-ambulance service settings. From the documentation it was clear that the East Midlands Ambulance Service (EMAS) will be providing the core placements for this programme but students will also experience working as a paramedic in an urban area. The visitors noted the importance of ensuring students have sufficient exposure to a variety of situations such as within hospital settings and other non NHS placements. However, the visitors could not find further detail in the documentation to support these placement experiences, specifically regarding how these placements will be integrated with the programme, or information of the learning

outcomes and associated assessments. The visitors therefore require further evidence that the students and placement educators in non-ambulance placement settings are given sufficient information to understand the learning outcomes to be achieved, and are therefore fully prepared for placement in non-ambulance settings.

6.10 Assessment regulations must clearly specify requirements for a procedure for the right of appeal for students.

Condition: The education provider must submit further evidence to clearly demonstrate that the assessment regulations and programme documentation clearly specify requirements for a procedure for the right of appeal for students.

Reason: From the documentation provided the visitors could not determine where in the assessment regulations and programme documentation it clearly specify the right of appeal for students. In discussion with the programme team, the visitors could not determine how the programme team ensured that students understood what the appeal procedure for this programme is. The visitors were provided with information on assessment regulations for the programme on the second day of the visit, but did not have sufficient time to review the evidence. As such, the visitors did not see any documentation which defined how the programme could meet this standard. As a result of this, the visitors require documentation to allow them to consider whether this programme meets this standard. The visitors therefore require evidence that the assessment regulations and programme documentation clearly specifies the requirements for a procedure for the right of appeal for students and how this procedure will be communicated to students. In this way the visitors will be able to consider how the programme can meet this standard

Recommendations

3.12 There must be a system of academic and pastoral student support in place.

Condition: The visitors recommend the education provider provide further clarification for students in the programme handbook of the different support in place.

Reason: From the discussions at the visit, and in particular with the students, the visitors were satisfied there was a system in place for academic and pastoral student support and therefore considered this standard to be met. Discussions indicated the mentors, personal tutors, practice educators, module leads and other programme team staff were all available for student support. It was clear students had support available to them however the visitors perceived the students could be confused as to who was the best person to approach if support was needed. The programme is very time intensive and due to the necessity for timely support, the visitors recommend the education provider provide further clarification for students in the programme handbook of the different roles available for support.

Mark Nevins
Susan Boardman
Ian Prince

Observations Regarding the Visitors Report

HCCPC Visit 3 - 4th February 2016

Coventry University Foundation Degree Paramedic Science part time route

SET 2.1

There is an inaccurate statement in relation to SET 2.1 within the visitors report as follows:

'In discussions with the programme team, the visitors noted that all students will be expected to undergo a bridging module and a 20 credit module at level 4 before being eligible to apply for this programme'

The above statement is not correct. The actual process presented was that candidates who receive a 'conditional' offer of a place on the Foundation Degree course will be required by their employer (East Midlands Ambulance Service) to undertake the 'bridging module'. Thus, the bridging module is not an admissions criteria.

Candidates receive a 'conditional offer' if they meet the admissions criteria, have DBS and OH clearance, are successful at the Values Based Interview event and have the support of their employer.

The level 4 module referred to in the extract above from the Visitors report is part of the Foundation Degree course and all individuals who enrol on the Foundation Degree will complete it. As such, it is not an admissions criteria.

SET 2.6

There are two inaccurate statements in relation to SET 2.6 within the visitors report as follows:

'The presentation given to the visitors during the programme team meeting highlighted that applicants employed by EMAS will be assessed on an individual basis for entry onto the programme against the AP(E)L policy.'

As stated at the approval event, EMAS staff who have successfully completed the East Midlands Ambulance Service IHCD Technician course will have their learning automatically APLed as part of the credit rating agreement. A signed copy of this agreement will be submitted in our formal 'Response to Conditions' document. As previously identified, applicants who have not undertaken their IHCD Technician course at EMAS or those with other qualifications will be assessed on an individual basis.

‘The programme team stated that most applicants should gain about 80 credits at Level 4 as a result of the prior experience and learning acquired at EMAS, which includes classroom learning.’

We would like to correct this statement. It was Mark Nevins (one of the HCPC visitors) who stated that this was the situation at Teeside University. The Coventry University mapping of the East Midlands Ambulance Service IHCD Technician course against year 1, Paramedic Science Foundation Degree modules, will allow ‘accreditation of prior experiential learning’ (APEL) against 100 credits at level 4.

Further detail of this will be provided in our ‘Response to Conditions’ document.

SET 3.5

We wish to clarify the following statements included in the visitors report:

‘the visitors learned that a proportion of the programme (25 per cent) will be delivered offsite by contracted staff members who will be practice educators, currently employed by the partnership ambulance trusts,’

‘the visitors were not provided with information around the recruitment of staff at these training sites and associated timelines

The above statement refers to the fact that up to 25% of the Paramedic Science Foundation Degree course will be taught by EMAS Education staff at the EMAS education site. We wish to clarify that these education staff are already employed by EMAS and are employed as Clinical Education Development Specialists and Clinical Practice Tutors. Coventry University will not manage the recruitment of EMAS education staff. However, we have established specific criteria which we have applied to select the most appropriate EMAS education staff to support the education of students on the Foundation Degree. We will clarify these criteria in our formal ‘Response to Conditions’ document.

SET 3.8

We note there are two sections within the visitors report which have a subheading of 3.8. We would like to clarify the precise SET which is being referred to in each instance.

Visitors' report

Name of education provider	Outreach Rescue and Medical Skills
Validating body / Awarding body	The Robert Gordon University
Programme name	Diploma of Higher Education Paramedic Practice – Remote and Hazardous Environments
Mode of delivery	Part time
Relevant part of the HCPC Register	Paramedic
Date of visit	1 – 2 March 2016

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Executive summary

The Health and Care Professions Council (HCPC) approve educational programmes in the UK which health and care professionals must complete before they can apply to be registered with us. We are a statutory regulator and our main aim is to protect the public. We currently regulate 16 professions. All of these professions have at least one professional title which is protected by law. This means that anyone using the title 'paramedic' be registered with us. The HCPC keep a register of health and care professionals who meet our standards for their training, professional skills, behaviour and health.

The visitors' report which follows outlines the recommended outcome made by the visitors on the approval of the programme. The education provider has until 27 April 2016 to provide observations on this report. This is independent of meeting any conditions.

The report and any observations received will be considered by the Education and Training Committee (Committee) on 20 May 2016. At that meeting, the Committee may accept, reject or vary the visitors' recommended outcomes, including the recommended conditions or recommendations.

If the visitors' recommended outcomes are accepted by the Committee, the visitors have made a recommendation that a further visit is required to enable appropriate scrutiny of the response to the conditions to be undertaken. The visitors consider that the nature of the proposed conditions mean that a further visit would be the most appropriate method of scrutinising any further evidence provided, enabling further discussions to be conducted with key stakeholders of the programme. If the Committee makes the decision to require a further visit, the education provider will need to redraft and resubmit documentation at an appropriate time before the date of the visit. The visit, if required, will be considered the education provider's first attempt to meet any conditions imposed. If, after the further visit, there are any conditions, the education provider will be given a further opportunity to submit documentation in response to those outstanding conditions.

Introduction

The HCPC visited the programme at the education provider as it was a new programme which was seeking HCPC approval for the first time. This visit assessed the programme against the standards of education and training (SETs) and considered whether those who complete the programme meet the standards of proficiency (SOPs) for their part of the Register.

This visit was part of a joint event. The education provider and validating body validated the programme. The education provider and the HCPC formed a joint panel, with an independent chair and secretary, supplied by the education provider. Whilst the joint panel participated in collaborative scrutiny of the programme and dialogue throughout the visit; this report covers the HCPC's recommendations on the programme only. As an independent regulatory body, the HCPC's recommended outcome is independent and impartial and based solely on the HCPC's standards. A separate report, produced by the education provider, outlines their decisions on the programme's status.

Visit details

Name and role of HCPC visitors	Vincent Clarke (Paramedic) Mark Woolcock (Paramedic) Diane Whitlock (Lay visitor)
HCPC executive officer (in attendance)	Alex Urquhart
HCPC observer	Benjamin Potter (Education Manager)
Proposed student numbers	20 per cohort, one cohort per year
Proposed start date of programme approval	1 September 2016
Chair	Elizabeth Hancock (The Robert Gordon University)
Secretary	Luck Jack (The Robert Gordon University)
Members of the joint panel	Annette Murray (The Robert Gordon University) Kevin Armstrong (Edge Hill University) Keith Best (RAF Valley)

Sources of evidence

Prior to the visit the HCPC reviewed the documentation detailed below, sent by the education provider:

	Yes	No	N/A
Programme specification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Descriptions of the modules	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mapping document providing evidence of how the education provider has met the SETs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mapping document providing evidence of how the education provider has met the SOPs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice placement handbook	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student handbook	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curriculum vitae for relevant staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External examiners' reports from the last two years	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The HCPC reviewed the external examiners' reports for the last two years from the currently approved programme Hazardous Environment Medicine Paramedic Award.

During the visit the HCPC saw the following groups or facilities:

	Yes	No	N/A
Senior managers of the education provider with responsibility for resources for the programme	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Programme team	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Placements providers and educators / mentors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service users and carers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Learning resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist teaching accommodation (eg specialist laboratories and teaching rooms)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The HCPC met with students from the Hazardous Environment Medicine Paramedic Award, as the programme seeking approval currently does not have any students enrolled on it.

The HCPC did not meet with the service users and carers as they were unable to attend the visit.

Recommended outcome

To recommend a programme for approval, the visitors must be satisfied that the programme meets all of the standards of education and training (SETs) and that those who complete the programme meet our standards of proficiency (SOPs) for the relevant part of the Register.

The visitors agreed to recommend to the Education and Training Committee that:

- a number of conditions are set on the programme, all of which must be met before the programme can be approved;
- and that a further visit is required to make an appropriate assessment of the response to the conditions.

Any further visit would need to focus on the SETs on which conditions have been set. This would include meetings with the programme team, senior team, placement educators and service users and carers but there would be no need for any explicit requirement to meet with the students and conduct a tour of facilities. The Committee is also asked to make a decision on the timescale for any further visit.

The visitors agreed that ten of the SETs have been met and that conditions should be set on the remaining 48 SETs.

Conditions are requirements that the education provider must meet before the programme can be approved. Conditions are set when certain standards of education and training have not been met or there is insufficient evidence of the standard being met.

The visitors have also made a recommendation for the programme.

Recommendations are observations on the programme or education provider which do not need to be met before the programme can be approved. Recommendations are made to encourage further enhancements to the programme, normally when it is felt that the particular standard of education and training has been met at, or just above the threshold level.

Conditions

2.1 The admissions procedures must give both the applicant and the education provider the information they require to make an informed choice about whether to take up or make an offer of a place on a programme.

Condition: The education provider is required to provide further evidence to demonstrate how the admissions procedures give both the applicant and the education provider the information they require to make an informed choice about whether to take up or make an offer of a place on a programme.

Reason: For this standard the visitors were directed to the programme webpages and the course document which contained the information available to potential applicants. During the meeting with the programme team the visitors were informed of information about the application process and the programme which was not in the documentation available to potential applicants. The visitors considered that the following information would be essential for a potential applicant in order to make an informed choice about whether to take up an offer on the programme:

- Information about the required placement arrangements for the programme and the responsibility of the applicant and the sponsoring organisation to arrange the placements for the programme;
- Information about the expectations for a student to make arrangements for any travel and accommodation when on the programme;
- Information about how applications are handled between The Robert Gordon University (RGU) and Outreach Rescue Medic Services (ORMS);
- Information that ensures that potential applicants are aware of the award that enables a graduate to apply for registration; and
- Information about the delivery of the programme, including the location of taught aspects of the programme.

The visitors note that without the above information an applicant could potentially not have all the information required to make an informed choice about whether to take up an offer on the programme. Therefore the education provider is required to provide further evidence to demonstrate how the admissions procedures give both the applicant and the education provider the information they require to make an informed choice about whether to take up or make an offer of a place on a programme.

2.2 The admissions procedures must apply selection and entry criteria, including evidence of a good command of reading, writing and spoken English.

Condition: The education provider is required to revise the relevant documentation to clarify the expected entry requirements regarding reading, writing and spoken English.

Reason: For this standard the visitors were directed to page 83 of the student handbook which states “Students whose first language is not English and are not nationals of a country within the European Economic Area or Switzerland will be required by the HCPC to provide evidence that they are able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5”. The visitors note that this is an incorrect statement because the HCPC does not specify the IELTS score for students whose first language is not English as part of the entry criteria. Therefore the education provider is required

to revise the documentation to clarify the expected entry requirements regarding reading, writing and spoken English.

2.3 The admissions procedures must apply selection and entry criteria, including criminal convictions checks.

Condition: The education provider is required to provide further evidence to demonstrate how criminal conviction checks are processed as part of the application process.

Reason: For this standard the visitors were directed to the course specification document which states that an applicant must provide a satisfactory Disclosure and Barring Service (DBS) check on application at their own expense and be prepared to complete further DBS checks for placements. However during the meeting with the programme team it was stated that the applicant is required to present the criminal conviction checks undertaken for their sponsor organisation or employing organisation. The visitors note that it is unclear how and when an applicant should provide a DBS check for entrance to the programme. Therefore the visitors require further evidence as to how the education provider will process DBS checks from applicants in alignment with the RGU policies regarding criminal conviction checks.

2.4 The admissions procedures must apply selection and entry criteria, including compliance with any health requirements.

Condition: The education provider is required to provide further evidence to demonstrate how the relevant health checks are carried out and processed as part of the admission process.

Reason: For this standard the visitors were directed to the course specification which stated that "Health screening and immunisation is carried out at the commencement of the course and will be the responsibility of ORMS", in addition any health check needs to comply with the School of Nursing and Midwifery health screening and immunisation policy. However during the meeting with the programme team it was stated that the applicant is required to provide evidence of a satisfactory occupational health check as part of the application process. The visitors were unclear about how ORMS ensures applicants have a satisfactory health clearance, including the requirements of the School of Nursing and Midwifery health screening and immunisation policy as a requirement of the course. Therefore the visitors require further evidence to demonstrate how the relevant health checks are carried out and processed as part of the admission process.

2.5 The admissions procedures must apply selection and entry criteria, including appropriate academic and / or professional entry standards.

Condition: The education provider is required to provide more evidence to clarify the selection and entry criteria, including appropriate academic and / or professional entry standards.

Reason: For this standard the visitors were directed to the course specification document which states that an applicant must normally possess 5 GCSEs and 2 A levels. During the meeting with the programme team it was stated that an applicant could apply to the programme with the equivalent of the requirements set out in the

course documentation. The visitors note that use of the term normally is different to the term equivalent and could be potentially misleading to applicants. As such the visitors require written clarification as to the academic entry requirements. Therefore the education provider is required to provide further evidence to clarify the selection and entry criteria, including appropriate academic and / or professional entry standards.

2.6 The admissions procedures must apply selection and entry criteria, including accreditation of prior (experiential) learning and other inclusion mechanisms.

Condition: The education provider is required to provide further evidence to demonstrate how the admissions procedures apply selection and entry criteria, including accreditation of prior (experiential) learning and other inclusion mechanisms.

Reason: For this standard the visitors were directed to the course specification which stated that Recognition of Prior Learning (RPL) or Recognition of Prior (Experiential) Learning (RP(E)L) is accepted for entering the programme and that application process carried out by ORMS will adhere to the RGU RP(E)L policy. During the meeting with the programme team it was clarified that RP(E)L would be considered on an individual basis and that a maximum of 50 per cent of the programme credits could be awarded via RP(E)L. However when looking at the modules for the first year of the programme the visitors noted that placement modules would be considered by RP(E)L. The programme team stated that an applicant would provide a portfolio to demonstrate how they have met the learning outcomes for the modules they wish to access the programme by RP(E)L. However from this the visitors could not determine how the programme team could ensure that someone who will RP(E)L onto the programme can demonstrate how they have met the learning outcomes that are met by placement modules in the first year of the programme. Therefore the education provider is required to provide further evidence to demonstrate how the admissions procedures apply selection and entry criteria, including accreditation of prior (experiential) learning and other inclusion mechanisms.

2.7 The admissions procedures must ensure that the education provider has equality and diversity policies in relation to applicants and students, together with an indication of how these will be implemented and monitored.

Condition: The education provider is required to provide further evidence to demonstrate equality and diversity policies in relation to applicants and students are in place, together with an indication of how these will be implemented and monitored.

Reason: For this standard the visitors were directed to the course specification document which states that RGU has equality and diversity policies which ORMS must adhere to as part of the admissions process. However the visitors did not see how these policies would be implemented a part of the admission process, or how ORMS would feedback equality and diversity data to RGU. Therefore the education provider is required to provide further evidence to demonstrate equality and diversity policies in relation to applicants and students are in place, together with an indication of how these will be implemented and monitored, specifically how data is feedback to RGU.

3.1 The programme must have a secure place in the education provider's business plan.

Condition: The education provider is required to provide further evidence to demonstrate that the proposed programme has a secure place in the education provider's business plan.

Reason: For this standard the visitors were directed to the business plans for the School of Nursing and Midwifery at RGU and the business plan for ORMS. The visitors were unable to find sufficient information about the assurances that the proposed programme would commit to fulfilling any cohort that starts. Owing to the fact that the BSc programme takes six years to complete and the Dip HE takes four years, the visitors could not determine how the education provider and validating body would ensure that any cohort that starts would run its full length. Furthermore the visitors note that students will self-fund the programme, as such the visitors could not determine that if the programme has a smaller than expected cohort, the education provider would continue to run and fulfil any commenced cohort. Therefore the education provider is required to provide further evidence to demonstrate that the proposed programme has a secure place in the education provider's business plan.

3.2 The programme must be effectively managed.

Condition: The education provider is required to provide further evidence to demonstrate how the programme will be effectively managed.

Reason: For this standard the visitors were directed to the overview and resource document which explained how the programme would be managed on a day to day basis, however the visitors could not determine how the programme would be managed at an management level. During the visit the education provider tabled the Agreement for Educational for Educational Services which is an agreement between ORMS and RGU outlining the overall management of the programme. The visitors were unable to review the document in full to determine if the programme would be effectively managed. Furthermore the visitors were unable to determine how the contract would be managed and maintained as the programme commenced and developed. Therefore the education provider is required to provide further evidence to demonstrate how the programme will be effectively managed.

3.2 The programme must be effectively managed.

Reason: The education provider is required to provide further evidence to demonstrate how there would be regular interaction between RGU and ORMS in order to ensure that the programme will be effectively managed.

Reason: For this standard the visitors were directed to the overview and resource document which explained how the programme would be managed on a day to day basis, however the visitors could not determine how the programme would be managed at an management level. During the visit the education provider tabled the Agreement for Educational for Educational Services which is an agreement between ORMS and RGU outlining the overall management of the programme. The visitors were unable to review the document in full to determine if the programme would be effectively managed. Furthermore the visitors were unable to determine how regularly ORMS and RGU would meet to ensure the programme would continue to be effectively managed.

Therefore the education provider is required to provide further evidence to demonstrate how there would be regular interaction between RGU and ORMS in order to ensure that the programme continued to be effectively managed.

3.2 The programme must be effectively managed.

Condition: The education provider is required to provide further evidence to demonstrate how the ORMS management team will successfully implement and maintain the RGU policies used throughout the programme.

Reason: Throughout the documentation the visitors noted reference made to RGU policies, on aspects of the programme such as equality and diversity, academic and assessment regulations. However the visitors were unable to determine how all such policies would be implemented and maintained throughout the programme, specifically in the cases where they would be implemented alongside current ORMS policies. Therefore the education provider is required to provide further evidence to demonstrate how the ORMS management team will successfully implement and maintain the RGU policies used throughout the programme.

3.2 The programme must be effectively managed.

Reason: The education provider is required to provide further evidence to demonstrate the roles and responsibilities of each member of the programme team to ensure that the programme was effectively managed.

Reason: For this standard the visitors were directed to the overview and resource document which explained how the programme would be managed on a day to day basis, however the visitors could not determine the exact roles and responsibilities of all the staff on the programme. Without this information the visitors note were unable to determine how the programme would be managed on a day to day basis and be effectively managed. Therefore the education provider is required to provide further evidence to demonstrate the roles and responsibilities of each member of the programme team to ensure that the programme was effectively managed.

3.3 The programme must have regular monitoring and evaluation systems in place.

Condition: The education provider is required to provide further evidence to demonstrate how RGU will oversee the regular monitoring and evaluation of the programme, carried out by ORMS.

Reason: For this standard the visitors were directed to the RGU monitoring and evaluation policies. During the visit the programme team discussed the monitoring and evaluation systems in place at the ORMS site. However the visitors were unable to determine how ORMS would implement the RGU policies in line with their own monitoring and evaluation policies. The visitors note that the processes carried out by ORMS need to be overlooked by the validation body to ensure the quality of the programme. Therefore the education provider is required to provide further evidence to demonstrate how RGU will oversee the regular monitoring and evaluation of the programme, carried out by ORMS.

3.5 There must be an adequate number of appropriately qualified and experienced staff in place to deliver an effective programme.

Condition: The education provider is required to provide further evidence to demonstrate that there are an adequate number of appropriately qualified and experienced staff in place to deliver an effective programme.

Reason: For this standard the visitors were directed to the module guides and staff curriculum vitae which outlined the module leaders and teaching staff. From this information the visitors could not determine how there was an adequate number of appropriately qualified and experienced staff in place to deliver an effective programme. During discussions with the programme team it was apparent that there are additional staff delivering the programme who are not included in the documentation. The visitors were not presented with the documentation to support the additional staff on the programme. Therefore the visitors could not determine that there was an adequate number of appropriately qualified and experienced staff in place to deliver an effective programme and require further evidence to demonstrate this.

3.6 Subject areas must be taught by staff with relevant specialist expertise and knowledge.

Condition: The education provider is required to provide further evidence to demonstrate that the subject areas are taught by staff with relevant specialist expertise and knowledge.

Reason: For this standard the visitors were directed to the module guides and staff curriculum vitae which outlined the teaching staff and module leaders and their relevant expertise and knowledge. However during the meeting with the programme team it became apparent that there were subject specialists who did not have the relevant teaching qualifications. The visitors were not presented with the documentation to support the expertise and knowledge of the additional staff on the programme. As such the visitors were unable to determine that the subject areas would be taught by staff with relevant specialist expertise and knowledge. Therefore the visitors require further evidence to demonstrate how the education provider will quality assure the teaching of the programme in alignment with the RGU policies and procedures in order to ensure that subject areas are taught by staff with relevant specialist expertise and knowledge.

3.7 A programme for staff development must be in place to ensure continuing professional and research development.

Condition: The education provider is required to provide further evidence to demonstrate the programme for staff development that is in place.

Reason: For this standard the visitors were directed to overview and review document which outlined the requirement for all staff at ORMS to have annual personal development plans as part of their employment with ORMS. However during the meeting with the programme team it was stated that teaching staff also had to adhere to the programme of staff development at RGU University. With this information the visitors could not determine how the programme for staff development would work in practice, specifically how the RGU staff development would be incorporated or how

RGU would oversee and quality assure the programme for staff development teaching at ORMS. Therefore the education provider is required to provide further evidence to demonstrate the programme for staff development that is in place to ensure professional and research development.

3.7 A programme for staff development must be in place to ensure continuing professional and research development.

Condition: The education provider is required to provide further evidence to demonstrate the funding arrangements in place for staff development.

Reason: For this standard the visitors were directed to overview and review document which outlined the requirement for all staff at ORMS to have annual personal development plans as part of their employment with ORMS. However during the meeting with the programme team it was stated that teaching staff also had to adhere to the programme of staff development at RGU University. This included undertaking professional qualifications, attending conferences and other professional development activities. In light of this information the visitors were unable to determine how this programme for staff development at RGU would be funded. Therefore the education provider is required to provide further evidence to demonstrate the funding arrangements in place for staff development.

3.11 There must be adequate and accessible facilities to support the welfare and wellbeing of students in all settings.

Condition: The education provider is required to provide further evidence to demonstrate how students at ORMS will be able to access the facilities to support the welfare and wellbeing of students at RGU.

Reason: For this standard the visitors were directed to the RGU website which outlined the facilities to support the welfare and wellbeing of students. The visitors noted that a majority of these services can only be accessed at RGU and that a majority of students on the programme would be based throughout the United Kingdom and therefore may not be able to travel to RGU. In light of the information provided, the visitors were unable to determine how students on the programme would access the facilities to support the welfare and wellbeing of students at RGU. Therefore the education provider is required to provide further evidence to demonstrate how students at ORMS will be able to access the facilities to support the welfare and wellbeing of students at RGU.

3.12 There must be a system of academic and pastoral student support in place.

Condition: The education provider is required to provide further evidence to demonstrate how students at ORMS will be able to access the system of academic and pastoral student support in place.

Reason: For this standard the visitors were directed to the RGU website which outlined the system of academic and pastoral student support in place. The visitors noted that this system can only be accessed at RGU and that a majority of students on the programme would be based throughout the United Kingdom and therefore may not be able to travel to RGU. In light of the information provided, the visitors were unable to determine how students on the programme would access system of academic and pastoral student support in place at RGU. Therefore the education provider is required

to provide further evidence to demonstrate how students at ORMS will be able to access the system of academic and pastoral student support in place at RGU.

3.13 There must be a student complaints process in place.

Condition: The education provider is required to provide further evidence to demonstrate information from practice placements and distance learning aspects of the programme would feed into the student's complaints process at RGU.

Reason: For this standard the visitors were directed to the student complaints procedure at RGU. Considering the complaints procedure is owned by RGU the visitors could not determine how information from practice placements or distance learning aspects of the programme would feed into this procedure if a complaint was to arise. Therefore the education provider is required to provide further evidence to demonstrate how information for practice placements and distance learning feeds into the student's complaints process at RGU.

3.14 Where students participate as service users in practical and clinical teaching, appropriate protocols must be used to obtain their consent.

Condition: The education provider is required to provide further evidence to demonstrate the protocols used to obtain consent when students participate as service users in practical and clinical teaching.

Reason: For this standard the visitors were directed to the consent form which outlined the process for obtaining consent when students participate as service users in practical and clinical teaching. However the consent form did not outline the right a student has to withdraw consent for any practical or clinical teaching sessions or how alternative teaching and learning methods would be arranged to ensure how the learning outcomes would be met. During the meeting with the programme team it was clarified that a student could withdraw consent from teaching sessions and alternative teaching and learning methods would be arranged to ensure the learning objectives would be arranged. In light of this information the visitors felt that this was not clear in the consent form or any relevant student guidance. Therefore the education provider is required to provide further evidence to demonstrate the protocols used to obtain consent when students participate as service users in practical and clinical teaching.

3.15 Throughout the course of the programme, the education provider must have identified where attendance is mandatory and must have associated monitoring mechanisms in place.

Condition: The education provider is required to provide further evidence to demonstrate the attendance requirements and the associated monitoring mechanisms in place for all aspects of learning.

Reason: For this standard the visitors were directed to the student handbook which stated that all components of the programme are compulsory and attendance will be monitored by a register. However, considering the blended learning element of the programme the visitors could not determine how attendance would be monitored in all aspects of the programme, especially for online learning. Therefore the education provider is required to provide further evidence to demonstrate the attendance

requirements and the associated monitoring mechanisms in place for all aspects of learning.

3.16 There must be a process in place throughout the programme for dealing with concerns about students' profession-related conduct.

Condition: The education provider is required to provide further evidence to demonstrate how information from practice placements and distance learning aspects of the programme would feed into the process for dealing with concerns about students' profession related conduct at RGU.

Reason: For this standard the visitors were directed to School of Nursing and Midwifery Fitness to Practice (FTP) Policy at RGU. Considering that the FTP procedure is owned by RGU the visitors could not determine how information from placements or distance learning aspects of the programme would feed into this procedure if a concern was to arise. Therefore the education provider is required to provide further evidence to demonstrate how information for practice placements and distance learning feeds into the FTP process at RGU. Therefore the education provider is required to provide further evidence to demonstrate how information from practice placements and distance learning aspects of the programme would feed into the process for dealing with concerns about students' profession related conduct at RGU.

3.17 Service users and carers must be involved in the programme.

Condition: The education provider is required to provide further evidence to demonstrate how services users and carers are involved in the programme.

Reason: For this standard the visitors were directed to the ORMS service user and carer document which defined the services users and carers of ORMS as organisations that use the training services of ORMS. The visitors did not consider this as an appropriate definition of a service user as they are service users of ORMS and not service users of a paramedic. During the meeting with the programme team it was explained that there were plans to involve service users and carers in the interview process for the programme and send students to national conferences to meet with service users and carers. The visitors note that this involvement is more appropriate, however could not determine how this would be implemented and how the service users would be recruited, supported and trained for their involvement on the programme. Therefore the education provider is required to provide further evidence to demonstrate how services users and carers are involved in the programme.

4.1 The learning outcomes must ensure that those who successfully complete the programme meet the standards of proficiency for their part of the Register.

Condition: The education provider is required to provide further evidence to demonstrate that the learning outcomes met at stage two of the programme ensure that those who successfully complete the programme meet the standards of proficiency (SOPs) for their part of the Register.

Reason: For this standard the visitors were directed to the SOPs mapping document which demonstrate how the learning outcomes map against the standards of proficiency. However some of the learning outcomes mapped against the SOPs are part of modules that run in stage three of the programme which leads to the BSc award.

During the meeting with the senior team it was stated that someone who completes and exits the programme at stage two will receive a PGDip award which allows eligibility to apply for registration with the HCPC. In light of this information the visitors could not determine if the learning outcomes in stages one and two of the programme ensure that those who successfully complete the programme meet the standards of proficiency for their part of the Register. Therefore the education provider is required to provide further evidence to demonstrate that the learning outcomes met at stages one and two of the programme ensure that those who successfully complete the programme meet the standards of proficiency (SOPs) for their part of the Register.

4.2 The programme must reflect the philosophy, core values, skills and knowledge base as articulated in any relevant curriculum guidance.

Condition: The education provider is required to provide further evidence to demonstrate how the programme reflects the philosophy, core values, skills and knowledge base as articulated in any relevant curriculum guidance.

Reason: For this standard the visitors were directed to the Mapping to HCPC standards for proficiency for Paramedics, Mapping to the College of Paramedics curriculum guide and mapping to QAA. The visitors noted that only some of the College of Paramedics curriculum guide was mapped to the curriculum of the programme. In light of this evidence the visitors could not determine that the programme reflects the philosophy, core values, skills and knowledge base as articulated in any relevant curriculum guidance and require further evidence to demonstrate how the standard is met.

4.3 Integration of theory and practice must be central to the curriculum.

Condition: The education provider is required to provide further evidence to demonstrate how the programme, in the context of a spiral curriculum and blended learning, ensures that theory and practice are central to the curriculum.

Reason: For this standard the visitors were directed to the course specification document and the module guides which outline the delivery of the curriculum and learning outcomes for the programme. The visitors noted that the programme was delivered using a spiral curriculum and taught by blended learning. In the context of the spiral curriculum and blended learning the visitors could not determine how theory and practice were integrated in the curriculum. Therefore the education provider is required to provide further evidence to demonstrate how the programme, in the context of a spiral curriculum and blended learning, ensures that theory and practice are central to the curriculum.

4.4 The curriculum must remain relevant to current practice.

Condition: The education provider is required to provide additional evidence to demonstrate how the curriculum will remain relevant to current practice.

Reason: For this standard the visitors were directed to the course specification document and the module guides which outline the delivery of the curriculum and learning resources for the modules, including the indicative reading list which listed the key readings for the modules. The visitors noted that the reading lists included the expected reading for the module topics but did not have the expected reading resources that provide information about the latest guidelines, for example guidelines published

by the National Institute of Clinical Excellence (NICE). During the meeting with the programme team meeting it was stated that the module guides only have the five key textbooks and that the module handbooks would have further reading including reading related to current practice. The visitors note that these handbooks were not part of the visit documentation submitted. In light of this information the visitors could not determine that the curriculum would remain relevant to current practice. Therefore the education provider is required to provide additional evidence to demonstrate how the curriculum will remain relevant to current practice.

4.5 The curriculum must make sure that students understand the implications of the HCPC's standards of conduct, performance and ethics.

Condition: The education provider is required to provide further evidence to demonstrate how the curriculum will make sure that students understand the implications of the HCPC's standards of conduct, performance and ethics (SCPEs).

Reason: For this standard the visitors were directed to the module guides which demonstrate how the curriculum ensures students understand the implications of the HCPC's SCPEs. The visitors noted that the module guides refer to the SCPEs but not the guidance for students on the standards of conduct, performance and ethics. In light of this and considering stage three of the programme requires HCPC registration, the visitors could not determine how the programme team managed the understanding the students' relationship of the SCPEs as they progress through the programme from a student to a registrant. Therefore the education provider is required to provide further evidence to demonstrate how the curriculum will make sure that students understand the implications of the HCPC's standards of conduct, performance and ethics.

4.7 The delivery of the programme must encourage evidence based practice.

Condition: The education provider is required to demonstrate how the delivery of the programme at stage one and two encourage evidence based practice.

Reason: For this standard the visitors were directed to the module guides which outline the learning outcomes. The visitors noted that only modules delivered at stage three involved elements that encourage evidence based practice, for example module NU3994 practice project encourages the student to research evidence and apply to a practice environment. The visitors note that a student who completes the programme and exits the programme after completion of stage two will be awarded a Diploma of Higher Education in paramedic practice and will be eligible to apply for registration with the HCPC. In light of this the visitors could not determine how in stages one and two the programme would encourage evidence based practice. Therefore education provider is required to demonstrate how the delivery of the programme at stage one and two encourage evidence based practice.

4.8 The range of learning and teaching approaches used must be appropriate to the effective delivery of the curriculum.

Condition: The education provider is required to provide further evidence to demonstrate how the range of learning and teaching approaches used are appropriate for the effective delivery of the curriculum.

Reason: For this standard the visitors were directed to the course specification document and the module guides where the range of learning and teaching approaches used were outlined. The visitors were also directed to the programme timetable which outlines the blended learning element of the programme. However from the information provided the visitors could not determine how the learning and teaching approaches were to be used in the context of blended learning. Furthermore the visitors could not determine when the programme would be delivered at the ORMS site or when the programme would be delivered online. In light of this information the visitors could not determine that range of learning and teaching approaches used are appropriate for the effective delivery of the curriculum. Therefore the education provider is required to provide further evidence to demonstrate how the range of learning and teaching approaches used are appropriate for the effective delivery of the curriculum.

4.9 When there is interprofessional learning the profession-specific skills and knowledge of each professional group must be adequately addressed.

Condition: The education provider is required to provide further evidence to demonstrate that where there is interprofessional learning how there will be paramedic input into the learning and demonstrate how the profession-specific skills and knowledge of each professional group will be adequately addressed.

Reason: For this standard the visitors were directed to the course specification document which stated that the programme recognises the demands of a paramedic's interaction with other health and care professionals, and that this is embedded in various modules on the programme. However from this evidence the visitors could not determine the extent of this interprofessional learning, or how the modules allowed students to interact with other professionals in a learning environment. In light of this the visitors could not determine how the profession-specific skills and knowledge of each professional group would be adequately addressed within these modules. Therefore the education provider is required to provide further evidence to demonstrate that where there is interprofessional learning how there will be paramedic input into this learning and how the profession-specific skills and knowledge of each professional group will be adequately addressed.

5.2 The number, duration and range of practice placements must be appropriate to support the delivery of the programme and the achievement of the learning outcomes.

Condition: The education provider is required to provide further evidence that demonstrates how ORMS will ensure that there is a sufficient number, duration and range of practice placements that are appropriate to support the delivery of the programme and the achievement of the learning outcomes.

Reason: For this standard the visitors were directed to the course specification document which stated, on Page 8, that "Students will spend significant time in practice learning placements in their employers/sponsors' normal operational environment." During the meeting with the programme team the visitors were told that students would have the opportunity to do ambulance placements with the local service in North Wales. The visitors noted that these were conflicting statements and therefore could not determine that the proposed number, duration and range of practice placements would be appropriate to support the delivery of the programme and the achievement of the learning outcomes. The visitors were further unsure what would

happen if a student could not get an appropriate placement at their employing or sponsoring organisations' normal operational environment and whether this would impact their ability to continue or apply to the programme. Therefore the education provider is required to provide further evidence that demonstrates how ORMS will ensure that there is a sufficient number, duration and range of practice placements that are appropriate to support the delivery of the programme and the achievement of the learning outcomes.

5.3 The practice placement settings must provide a safe and supportive environment.

Condition: The education provider is required to provide further evidence to demonstrate how the practice placement settings provide a safe and supportive environment.

Reason: For this standard the visitors were directed to the ORMS Educational Audit for Placements document. This document outlines the process that ensures that a placement site continues to meet the set criteria. However from this evidence and considering the fact that the placement locations are not clear, the visitors could not determine that the placement settings provide a safe and supportive environment. Therefore the education provider is required to provide further evidence to demonstrate how the practice placement settings provide a safe and supportive environment.

5.4 The education provider must maintain a thorough and effective system for approving and monitoring all placements.

Condition: The education provider is required to provide further evidence to demonstrate that there is a thorough and effective system for approving and monitoring all placements.

Reason: For this standard the visitors were directed to the RGU online regulations and the ORMS Educational Audit for Placements. However from this evidence the visitors could not determine the process by which placements are approved and monitored. During the visit this was discussed. The programme team explained that the placement site would be visited prior to the placement. However, as the placements will run at the students employing or sponsoring organisations' normal operational environment the visitors were unsure when this initial visit would happen and what impact this would have on a student starting the programme. Therefore the visitors could not determine the system for approving and monitoring all placements and require further evidence to demonstrate that there is a thorough and effective system for approving and monitoring all placements.

5.5 The placement providers must have equality and diversity policies in relation to students, together with an indication of how these will be implemented and monitored.

Condition: The education provided is required to provide further evidence to demonstrate the equality and diversity policies in place in relation to students, together with an indication of how these will be implemented and monitored.

Reason: For this standard the visitors were directed to the ORMS policy document which includes the Conduct Equality and Diversity Policy. However the visitors noted that this policy made no specific reference to how it would be implemented at the placement setting. During the meeting with the programme team it was stated that the practice placement provider would be expected to have equality and diversity policies in place. However the visitors could not see how this reflected in the documentation and could not be assured that the placement providers have equality and diversity policies in relation to students. Therefore the education provider is required to provide further evidence to demonstrate the equality and diversity policies in place in relation to students, together with an indication of how these will be implemented and monitored.

5.6 There must be an adequate number of appropriately qualified and experienced staff at the practice placement setting.

Condition: The education provider is required to provide further evidence to demonstrate that there is an adequate number of appropriately qualified and experienced staff at the practice placement setting.

Reason: For this standard the visitors were directed to the ORMS Educational Audit for Placements as a means to ensure that there are an adequate number of appropriately qualified and experienced staff at the practice placement setting. The visitors noted that the audit collected information about the number of HCPC registered staff, however this does not include other staff at the placement setting. The visitors also noted that the audit form did not allow ORMS to stipulate any requirements for the number of staff at the placement setting. As such the visitors could not determine how ORMS would ensure that there would be an adequate number of appropriately qualified and experienced staff at the practice placement setting. Therefore the education provider is required to provide further evidence to demonstrate that there is an adequate number of appropriately qualified and experienced staff at the practice placement setting.

5.7 Practice placement educators must have relevant knowledge, skills and experience.

Condition: The education provider is required to provide further evidence to demonstrate that practice placement educators have the relevant knowledge, skills and experience.

Reason: For this standard the visitors were directed to the ORMS Educational Audit for Placements as a means to ensure that Practice placement educators have the relevant knowledge, skills and experience. The visitors noted that the audit collected information about then number if HCPC registered staff, however this does not include information about other relevant knowledge, skills and experience of other practice placement educators. The visitors also noted that the audit form did not allow ORMS to stipulate any requirements for the relevant knowledge, skills and experience of practice placement educators. As such the visitors could not determine how ORMS would ensure that practice placement educators have the relevant knowledge, skills and experience. Therefore the education provider is required to provide further evidence to demonstrate that practice placement educators have the relevant knowledge, skills and experience.

5.8 Practice placement educators must undertake appropriate practice placement educator training.

Condition: The education provider is required to provide further evidence to demonstrate how ORMS will ensure practice placement educators undertake appropriate practice placement educator training.

Reason: For this standard the visitors were directed to the course specification what stated that practice placement educators undergo training provided by ORMS. However the visitors could not find any information about this training, specifically, what the training would involve, where it would be delivered and how often it would be required. As such the visitors could not determine how ORMS ensured all practice placement educators underwent the appropriate practice placement educator training. Therefore the education provider is required to provide further evidence to demonstrate how ORMS will ensure practice placement educators undertake appropriate practice placement educator training.

5.9 Practice placement educators must be appropriately registered, unless other arrangements are agreed.

Condition: The education provider is required to provide further evidence to demonstrate how ORMS ensures that practice placement educators must be appropriately registered, unless other arrangements are agreed.

Reason: For this standard the visitors were directed to the course specification which stated that a practice placement educator would have HCPC registration. The visitors were also directed to the ORMS Educational Audit for Placement which collected information about then number if HCPC registered staff, however did not stipulate that the practice educator was required to have HCPC registration. This was discussed at the meeting with the programme team who confirmed that a practice placement educator must have HCPC registration as a paramedic. However the visitors were unable to determine that the documentation and the process ensured that all practice placement educators would have relevant registration. Therefore the education provider is required to provide further evidence to demonstrate how ORMS ensures that practice placement educators must be appropriately registered, unless other arrangements are agreed.

5.10 There must be regular and effective collaboration between the education provider and the practice placement provider.

Condition: The education provider is required to provide further evidence to demonstrate how regular and effective collaboration between the education provider and the practice placement provider is facilitated by ORMS.

Reason: For this standard the visitors were directed to information about the course moderator who's role it is to oversee the collaboration between RGU and ORMS, however this information did not specify how there would be effective collaboration between ORMS and the practice placement providers, considering that the practice placement providers are the employing or sponsor organisation of the individual student the visitors could not determine how there would be effective collaboration between the education provider and the practice placement provider. Therefore the education provider is required to provide further evidence to demonstrate how regular and effective collaboration between the education provider and the practice placement provider is facilitated by ORMS.

5.11 Students, practice placement providers and practice placement educators must be fully prepared for placement which will include information about an understanding of:

- **the learning outcomes to be achieved;**
- **the timings and the duration of any placement experience and associated records to be maintained;**
- **expectations of professional conduct;**
- **the assessment procedures including the implications of, and any action to be taken in the case of, failure to progress; and**
- **communication and lines of responsibility.**

Condition: The education provider is required to provide further evidence to demonstrate how the procedures and policies that ORMS and RGU use ensure that students, practice placement providers and practice placement educators are fully prepared for placement.

Reason: For this standard the visitors were directed to the information available to students, practice placement providers and practice placement educators about the placements, including module guides and practice placement handbook. The visitors noted that these document provided the relevant procedures and policies for placement. However considering that the practice placement providers are the employing or sponsor organisation of the individual student the visitors could not determine how students, practice placement providers and practice placement educators would receive this information during the process of application. Therefore the visitors could not determine how procedures and policies that ORMS and RGU use ensure that students, practice placement providers and practice placement educators are fully prepared for placement. As such, the education provider is required to provide further evidence to demonstrate how the procedures and policies that ORMS and RGU use ensure that students, practice placement providers and practice placement educators are fully prepared for placement.

5.13 A range of learning and teaching methods that respect the rights and needs of service users and colleagues must be in place throughout practice placements.

Condition: The education provider is required to provide further evidence to demonstrate how ORMS ensures that the range of learning and teaching methods used respect the rights and needs of service users and colleagues are in place throughout practice placements.

Reason: For this standard the visitors were directed to documents about the practice placement aspect of the programme. This documentation explained that students would do their practice placements in their employing or sponsoring organisations' normal operational environment, however the visitors could not locate any information or guidance to demonstrate how students are able to identify themselves as students on placement, or whether students would be supernumerary when on placement. This was discussed at the programme meeting where it was explained that uniforms are provided which state that they are a student. However it was also stated that students would not be supernumerary. Therefore the visitors were concerned that when on placement a student may not be in a situation where they have an opportunity to meet the learning objectives because they are not in a capacity of a student. Therefore the visitors could

not determine how ORMS ensure that the range of learning and teaching methods used respect the rights and needs of service users and colleagues are in place throughout practice placements.

6.1 The assessment strategy and design must ensure that the student who successfully completes the programme has met the standards of proficiency for their part of the Register.

Condition: The education provider is required to provide further evidence to demonstrate that the assessment strategy and design at stage two of the programme ensures that those who successfully complete the programme has met the standards of proficiency (SOPs) for their part of the Register.

Reason: For this standard the visitors were directed to the SOPs mapping document which demonstrated how the assessment strategy and design ensure that those who successfully complete the programme has met the standards of proficiency for their part of the Register. However these assessment strategy and design included learning outcomes in modules that run in stage three of the programme which leads to the BSc award. During the meeting with the senior team it was stated that someone who completes and exits the programme at stage two will receive a Diploma of Higher Education which allows eligibility to apply for registration with the HCPC. In light of this information the visitors could not determine if the assessment strategy and design in stages one and two of the programme ensure that those who successfully complete the programme has met the standards of proficiency for their part of the Register. Therefore the education provider is required to provide further evidence to demonstrate that the assessment strategy and design at stages one and two of the programme ensure that those who successfully complete the programme has met the standards of proficiency (SOPs) for their part of the Register.

6.2 All assessments must provide a rigorous and effective process by which compliance with external-reference frameworks can be measured.

Condition: The education provider is required to provide further evidence to demonstrate how all assessments within the first two years provide a rigorous and effective process by which compliance with external-reference frameworks can be measured.

Reason: For this standard the visitors were directed to the academic affairs assessment policy, guidance and procedures. During the visit the programme team stated that ORMS would set and carry out the assessments that adhere to the policies set by RGU. The visitors considered the RGU assessment regulations to be the external framework that needs to be complied with. From this information the visitors could not determine how all the assessments carried out by ORMS would adhere to and feed into the academic affairs assessment policy, guidance as set by RGU. Therefore the education provider is required to provide further evidence to demonstrate how all assessments within the first two years provide a rigorous and effective process by which compliance with external-reference frameworks can be measured.

6.4 Assessment methods must be employed that measure the learning outcomes.

Condition: The education provider is required to provide further evidence to demonstrate how the assessment methods employed measure the learning outcomes.

Reason: For this standard the visitors were directed to the module descriptors which outline the assessment methods employed to measure the learning outcomes. However the visitors noted that the information about the assessment methods did not clearly articulate the extent of the assessment methods. For example Module NU1995 Working in healthcare stated that the only component is an examination. The visitors noted that more information such as the type of examination or duration of examination would be required in order to determine that the assessment methods employed measure the learning outcomes. Therefore the education provider is required to provide further evidence to demonstrate how the assessment methods employed measure the learning outcomes.

6.5 The measurement of student performance must be objective and ensure fitness to practise.

Condition: The education provider is required to provide further evidence to demonstrate how objective structured clinical examinations (OSCEs) will be used to ensure objectivity and fitness to practise.

Reason: For this standard the visitors were directed to the module descriptors which state that OSCEs will be used as assessment methods throughout the programme. However the visitors could not find any information about how the OSCEs would be used in practice and used to ensure objectivity. The visitors noted that without this information about how OSCEs would be used to assess students, they could not determine how the assessment of OSCEs would ensure objectivity and fitness to practise. Therefore the Education provider is required to provide further evidence to demonstrate how objective structured clinical examinations (OSCEs) will be used to ensure objectivity and fitness to practise.

6.6 There must be effective monitoring and evaluation mechanisms in place to ensure appropriate standards in the assessment.

Condition: The education provider is required to provide further evidence to demonstrate how there will be effective monitoring and evaluation mechanisms in place that ensure appropriate standards in the assessment.

Reason: For this standard the visitors were directed to RGU policies that outline the assessment policies and the role of the moderator in the monitoring and evaluation mechanisms which are in place to ensure appropriate standards in the assessment. From this information the visitors noted that a course moderator had been appointed to overlook the monitoring and evaluation mechanisms in place to ensure appropriate standards in the assessment. However from discussions with the programme team at the visit it became apparent the course moderator is located at RGU and to carry out this role would require significant investment in time to fulfil the expected requirements of a course moderator. Therefore the visitors could not determine how the course moderator located at RGU would be able to facilitate the effective monitoring and evaluation mechanisms in place that ensure appropriate standards in the assessment at the ORMS site. Therefore the education provider is required to provide further evidence to demonstrate how there will be effective monitoring and evaluation mechanisms in place that ensure appropriate standards in the assessment.

6.7 Assessment regulations must clearly specify requirements for student progression and achievement within the programme.

Condition: The education provider is required to provide further evidence to demonstrate how students are informed of their progression through the programme and at what point students will be able to exit the programme and apply for registration with the HCPC.

Reason: For this standard the visitors were directed to the course specification which outlined the possible exit awards in the programme, the visitors were also directed to the SETs mapping which outlined how the SOPs map against the curriculum. The visitors noted that completion of stage two of the programme entitled a student to the award of Diploma of Higher Education Paramedic Practice and apply for registration with the HCPC. It was also stated during the visit that a prerequisite for continuing onto stage three of the programme was HCPC registration. In light of this the visitors noted that a student could exit stage two of the programme and apply for registration with the HCPC. However, a student that completes the programme at stage three with a BSc could not apply for registration with the HCPC as the student would already have HCPC registration in order to have started stage three of the programme. The visitors therefore note that the assessment regulations do not clearly specify requirements for student progression and achievement within the programme. Therefore the education provider is required to provide further evidence to demonstrate how students are informed of their progression through the programme and at what point students will be able to exit the programme and apply for registration with the HCPC.

6.8 Assessment regulations, or other relevant policies, must clearly specify requirements for approved programmes being the only programmes which contain any reference to an HCPC protected title or part of the Register in their named award.

Condition: The education provider is required to provide further evidence to demonstrate that all the relevant policies clearly specify the requirements for approved programmes being the only programmes which contain any reference to an HCPC protected title or part of the Register in their named award.

Reason: For this standard the visitors were directed to the course specification which outlined the final award and the possible exit awards for the programme. However this document did not explicitly state which awards would allow a student who completes the programme to apply for registration. During the visit it was made clear that the Diploma of Higher Education Paramedic Practice completed at stage two would allow eligibility to apply to the Register. It was also stated during the visit that a prerequisite for continuing onto stage three was HCPC registration as a paramedic. As a result someone who completes the programme at level three would not be able to apply for registration with the HCPC as a student would already have HCPC registration as a paramedic. Considering this information the visitors noted that the assessment regulations do not reflect the fact that Diploma of Higher Education Paramedic Practice is the programme the HCPC is. Therefore the education provider is required to provide further evidence to demonstrate that all relevant policies clearly specify the requirements for approved programmes being the only programmes which contain any reference to an HCPC protected title or part of the Register in their named award.

6.10 Assessment regulations must clearly specify requirements for a procedure for the right of appeal for students.

Condition: The education provider is required to provide further evidence to demonstrate how students on the programme can access the academic appeals process at RGU and how ORMS staff escalate and feed information about an appeal into the RGU policy.

Reason: For this standard the visitors were directed to the academic regulations at the RGU website, these regulations include the student's right to appeal. The visitors note that Regulation A3: Section 1: Student Appeals (Awards and Progression) Procedure is the procedure used by RGU for students studying at RGU, from the information provided the visitors could not determine how students would access this process when they are studying as an ORMS student. During the visit the programme team stated that appeals would be fed into the RGU process by the ORMS staff, however the visitors could not determine this process in the documentation. Therefore the visitors could not determine how a student would access the appeals process or how the ORMS staff would escalate an appeal to the RGU policy. Therefore the education provider is required to provide further evidence to demonstrate how students on the programme can access the academic appeals process at RGU and how ORMS staff escalate and feed information about an appeal into the RGU policy.

6.11 Assessment regulations must clearly specify requirements for the appointment of at least one external examiner who must be appropriately experienced and qualified and, unless other arrangements are agreed, be from the relevant part of the Register.

Condition: The education provider is required to provide further evidence to demonstrate that the assessment regulations must clearly specify requirements for the appointment of at least one external examiner who is from the relevant part of the Register

Reason: For this standard the visitors were directed to the RGU assessment regulations online which state the requirements for an external examiner for the programme. From the information provided the visitors could not determine whether an external examiner for the programme would be required to have HCPC registration. During the visit the programme team confirmed that the external examiner for the programme would be required to have HCPC registration as a paramedic. The visitors note that without this requirement being in the assessment regulations there is potential for an external examiner being appointed who is not appropriately experienced and qualified and, unless other arrangements are agreed, be from the relevant part of the Register. Therefore the education provider is required to provide further evidence to demonstrate that the assessment regulations must clearly specify requirements for the appointment of at least one external examiner who is from the relevant part of the Register

Recommendations

3.8 The resources to support student learning in all settings must be effectively used.

Recommendation: It is recommended that the education provider keep under review the availability of resources for all students in all settings.

Reason: In meeting this standard the visitors were directed to the learning resources available to students in all settings, specifically at the ORMS site. The visitors agreed that the resources were appropriate for the programme and the standard was met at threshold level. However the visitors note that ORMS propose to run this programme alongside a current approved programme and that the parallel running of the programmes may impact the availability of resources available to all students in all settings as the new programme is phased in. For this reason it is recommended that the education provider keep under review the availability of resources for all students in all settings.

Vince Clarke
Diane Whitlock
Mark Woolcock



BSc Paramedic – Hazardous Environment, Robert Gordon University, FT (Full Time)

Visit Dates: 1-2 March 2016

Observation on Conditions

Please see in the table below the observations on the conditions from the HCPC approval event in March 2016.

Title Page inaccuracy:
Name of the education provider: Outreach Rescue and Medical Skills. The actual name of the provider is: <i>Outreach Rescue Medic Skills (ORMS)</i>
Page 4 – Visit details:
Proposed student numbers: Should be 3 intakes of 45 per year (total per year 135 students).
Condition 2.1 (Page 7)
Within the 3 rd bullet of the 'Reason' again there is an inaccuracy within the education provider name. It is stated as Outreach Rescue Medic Services, where the correct name as stated above is: <i>Outreach Rescue Medic Skills (ORMS)</i> .
Condition 5.2 (Page 18)
Within the 'Reason', it states that, "During the meeting with the programme team the visitors were told that students would have the opportunity to do ambulance placements with the local service in North Wales". The discussion was around <i>hospital placements</i> in North Wales and not ambulance placements.

Visitors' report

Name of education provider	Queen Margaret University / NHS Education for Scotland
Awarding body	Queen Margaret University
Programme name	Podiatric Surgery Training Programme
Mode of delivery	Work based learning
Relevant entitlement	Podiatrists practising podiatric surgery
Date of visit	10 – 11 February 2016

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Executive summary

The Health and Care Professions Council (HCPC) approve educational programmes in the UK which health and care professionals must complete before they can apply to be registered with us. We are a statutory regulator and our main aim is to protect the public. We currently regulate 16 professions. All of these professions have at least one professional title which is protected by law. This means that anyone using a protected title must be registered with us. The HCPC keep a register of health and care professionals who meet our standards for their training, professional skills, behaviour and health.

As well as approving educational programmes for people who want to join the Register, the HCPC also approve a small number of programmes for those already on the Register. The post-registration programmes we currently approve include supplementary prescribing programmes (for chiropodists / podiatrists, radiographers and physiotherapists), independent prescribing programmes (for chiropodists / podiatrists and physiotherapists) and podiatric surgery programmes for podiatrists practicing podiatric surgery.

The HCPC standards for approving podiatric surgery programmes set out the systems and processes an education provider is expected to have in place to deliver a podiatric surgery programme, as well as the knowledge, understanding and skills we expect a podiatrist practising podiatric surgery to achieve on completing the programme.

The visitors' report which follows outlines the recommended outcome made by the visitors on the approval of the programme. The education provider has until 8 April 2016 to provide observations on this report. This is independent of meeting any conditions.

The report and any observations received will be considered by the Education and Training Committee (Committee) on 20 May 2016. At that meeting, the Committee may accept, reject or vary the visitors' recommended outcomes, including the recommended conditions or recommendations.

If the visitors' recommended outcomes are accepted by the Committee, the visitors have made a recommendation that a further visit is required to enable appropriate scrutiny of the response to the conditions to be undertaken. The visitors consider that the nature of the proposed conditions mean that a further visit would be the most appropriate method of scrutinising any further evidence provided, enabling further discussions to be conducted with key stakeholders of the programme. If the Committee makes the decision to require a further visit, the education provider will need to redraft and resubmit documentation at an appropriate time before the date of the visit. The visit, if required, will be considered the education provider's first attempt to meet any conditions imposed. If, after the further visit, there are any conditions, the education provider will be given a further opportunity to submit documentation in response to those outstanding conditions.

Introduction

The HCPC visited the programme at the education provider as it was a new programme which was seeking HCPC approval for the first time. This visit assessed the programme against the standards for approving podiatric surgery programmes and professionals who complete it will be able to achieve the standards for podiatrists practising podiatric surgery.

This visit was an HCPC only visit. The education provider did not validate or review the programme at the visit and the professional body did not consider their accreditation of the programme. The education provider supplied an independent chair and secretary for the visit.

Visit details

Name and role of HCPC visitors	Andrew Robinson (Podiatric Surgeon) James Pickard (Chiropodist / Podiatrist) Kathleen Taylor (Lay visitor)
HCPC executive officer	Amal Hussein
Proposed trainee numbers	X per cohort, X cohort per year
Proposed start date of programme approval	September 2016
Chair	Ian McMillian (Queen Margaret University)
Secretary	Shelia Adamson (Queen Margaret University)

Sources of evidence

Prior to the visit the HCPC reviewed the documentation detailed below, sent by the education provider:

	Yes	No	N/A
Programme specification	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Descriptions of the modules	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mapping document providing evidence of how the education provider has met the standard for approving podiatric surgery programmes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice placement handbook	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainees handbook	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curriculum vitae for relevant staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External examiners' reports from the last two years	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

The HCPC did not review external examiners' reports prior to the visit as there is currently no external examiner as the programme is new.

During the visit the HCPC saw the following groups or facilities:

	Yes	No	N/A
Senior managers of the education provider with responsibility for resources for the programme	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Programme team	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Placements providers and educators / mentors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service users and carers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist teaching accommodation (eg specialist laboratories and teaching rooms)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommended outcome

To recommend a programme for approval, the visitors must be assured that the programme meets all of the standards for approving podiatric surgery programmes and professionals who complete it will be able to achieve the standards for podiatrists practising podiatric surgery.

The visitors agreed to recommend to the Education and Training Committee that:

1. a number of conditions are set on the programme, all of which must be met before the programme can be approved; and
2. that a further visit is required to make an appropriate assessment of the response to the conditions.

Due to the level of evidence required, the visitors also recommend that any further visit would need to focus on all of the standards for podiatrists practising podiatric surgery. This would include meetings with the programme team, the senior team, students, and practice placement providers and practice placement educators. The Committee is also asked to make a decision on the timescale for any further visit.

The visitors agreed that 32 of the standards have been met and that conditions should be set on the remaining 19 standards.

Conditions are requirements that the education provider must meet before the programme can be approved. Conditions are set when certain standards of education and training have not been met or there is insufficient evidence of the standard being met.

The visitors did not make any recommendations for the programme.

Recommendations are observations on the programme or education provider which do not need to be met before the programme can have its ongoing approval reconfirmed. Recommendations are made to encourage further enhancements to the programme, normally when it is felt that the particular standard of education and training has been met at, or just above the threshold level.

Conditions

A.1 The admissions procedures must give both the applicant and the education provider the information they require to make an informed choice about whether to take up or make an offer of a place on a programme.

Condition: Further evidence must be provided to articulate how the education provider receives the information they need to make an informed choice about making offers to applicants who wish to take up a place on the programme.

Reason: From the evidence provided prior to the visit the visitors were made aware of the responsibilities of both NHS Education for Scotland (NES) and Queen Margaret University (QMU) in respect of the effective delivery of this programme. They were also made aware that QMU are to act as the education provider (Memorandum of understanding p 5) and that the academic board of the health sciences school at QMU has overall responsibility for the quality assurance of the programme (Programme document p 57). However, in discussions with the senior team at the visit the visitors were made aware that QMU and NES would jointly act as the education provider and that the admissions process for this programme is managed jointly with decisions about applicants' suitability to take up a place on the programme being made by QMU, NES and clinical supervisors. This was broadly in line with the information provided in the documentation provided prior to the visit. However, the visitors were aware that clinical supervisors were not involved in the recruitment of the current trainee but that they will be involved in further recruitment of trainee at the interview stage. From the evidence provided the visitors could not determine how the process of assessing potential applicant's suitability for the programme would be managed. In particular the visitors were unclear as to how the process would be managed if anyone required to make a decision was unavailable or what would happen if there was disagreement about a potential applicants' suitability for the programme. As such the visitors require further evidence of how the process for assessing applicants' suitability will be managed, what role each organisation has in this and how this information will be fed back to the relevant committees at QMU to ensure the relevant policies and procedures have been followed.

A.1 The admissions procedures must give both the applicant and the education provider the information they require to make an informed choice about whether to take up or make an offer of a place on a programme.

Condition: The education provider must revisit all programme documentation, including the trainee job advert, to ensure that potential applicants are able to make an informed choice regarding whether to apply.

Reason: In the documentation provided the visitors saw references to admissions requirements including a trainee job advert. In discussion with the programme team, the visitors heard that the trainee job advert, which details the requirements the trainee needs to meet before being short listed has been further developed. However, the visitors were not provided with the latest version of the job advert or how the education provider intends to communicate these changes to potential applicants. The visitors therefore require further evidence that key information will be provided to potential applicants including the revised trainee job advert. This will ensure that applicants are given the information they require to make an informed choice about whether to take up an offer of a place on the programme.

B.1 The programme must have a secure place in the education provider's business plan.

Condition: The education provider must demonstrate that the programme has a secure place in the education provider's business plan.

Reason: From the evidence provided prior to the visit the visitors were made aware of the responsibilities of both NHS Education for Scotland (NES) and Queen Margaret University (QMU) in respect of the effective delivery of this programme. They were also made aware that QMU are to act as the education provider (Memorandum of understanding p 5) and that the academic board of the health sciences school at QMU has overall responsibility for the quality assurance of the programme (Programme document p 57). However, in discussions with the senior team at the visit the visitors were made aware that QMU and NES would jointly act as the education provider. To manage the partnership working it was clarified that the programme is overseen by a joint board of studies, involving QMU and NES staff and the nominated podiatric surgical training programme lead will change regularly to rotate between members of staff of each organisation. However, from documentation provided prior to the visit the visitors could not discern how the education provider will ensure that the programme has, and will continue to have, a secure place in the education provider's business plan. In discussions with the senior team, the visitors were told that this programme intends to have 10 trainees per cohort per year. The business plan statement made no reference to 10 trainees for this programme or the education provider's commitment to support 10 trainees on this programme. As such, the visitors were unable to determine how the education provider ensures that the programme has a secure place in the education provider's business plan and the number of trainees required to ensure sustainability of the programme and the model of training. The visitors therefore require further evidence which documents the education providers' commitment to this programme and model of study through its secure place in the business plan of the institution.

B.2 The programme must be effectively managed.

Condition: The education provider must provide further evidence as to the how the roles and responsibilities of the partner organisations will be governed to ensure that all elements of the programme are being delivered as required.

Reason: From the evidence provided prior to the visit the visitors were made aware of the responsibilities of both NHS Education for Scotland (NES) and Queen Margaret University (QMU) in respect of the effective delivery of this programme. They were also made aware that QMU are to act as the education provider (Memorandum of understanding p 5) and that the academic board of the health sciences school at QMU has overall responsibility for the quality assurance of the programme (Programme document p 57). However, in discussions with the senior team at the visit the visitors were made aware that QMU and NES would jointly act as the education provider. To manage the partnership working it was clarified that the programme is overseen by a joint board of studies, involving QMU and NES staff and the nominated podiatric surgical training programme lead will change regularly to rotate between members of staff of each organisation. There are also three members of staff at QMU who have responsibility for aspects of the academic programme and one member of NES staff, responsible for the practice elements of the programme. From the evidence provided

the visitors were unclear how the management systems or governance arrangements in place will ensure that the partners can exchange information to ensure the effective delivery of the programme. In particular the visitors were unclear as to who has overall responsibility to quality assure all aspects of the programme and assure the fulfilment of each organisation's obligations as described in the memorandum of understanding. They therefore were unclear how the academic board of the health sciences school would be able to determine how trainees had progressed on the programme and determine if they could successfully graduate. As such the visitors were unclear, from the evidence provided, how the arrangements in place allow the committee structure described to manage all aspects of the programme effectively and to take overall responsibility for the quality assurance of the programme. The visitors therefore require further evidence of the management or governance structures that are in place to ensure the effective management of the programme.

B.2 The programme must be effectively managed.

Condition: The education provider must provide further evidence as to how these roles and responsibilities of the partner organisations will be governed to ensure that all aspects of the programme are appropriately quality assured by the education provider.

Reason: From the evidence provided prior to the visit the visitors were made aware of the responsibilities of both NHS Education for Scotland (NES) and Queen Margaret University (QMU) in respect of the effective delivery of this programme. They were also made aware that QMU are to act as the education provider (Memorandum of understanding p 5) and that the academic board of the health sciences school at QMU has overall responsibility for the quality assurance of the programme (Programme document p 57). However, in discussions with the senior team at the visit the visitors were made aware that QMU and NES would jointly act as the education provider. To manage the partnership working it was clarified that the programme is overseen by a joint board of studies, involving QMU and NES staff and the nominated podiatric surgical training programme lead will change regularly to rotate between members of staff of each organisation. There are also three members of staff at QMU who have responsibility for aspects of the academic programme and one member of NES staff, responsible for the practice elements of the programme. From the evidence provided the visitors were unclear how the management systems or governance arrangements in place will ensure that the partners can exchange information and work together to effectively quality assure all elements of the programme. In particular the visitors were unclear as to how the arrangements in place allow those responsible for the programme to assure the quality of the placement experience that trainees would be receiving as this responsibility had been devolved elsewhere in NES. They were also unclear how the academic board of the health sciences school would be able to determine how the experience trainees receive on placement is sufficient to allow them to achieve the required learning outcomes. As such the visitors were unclear, from the evidence provided, how the arrangements in place allow the committee structure described to manage all aspects of the programme effectively. The visitors therefore require further evidence of the management or governance structures that are in place to ensure the effective management of the practice placement elements of the programme.

B.2 The programme must be effectively managed.

Condition: The education provider must provide further evidence as to the how these roles and responsibilities of the partner organisations will be governed to ensure that any issues with trainees progress and achievement are dealt with.

Reason: From the evidence provided prior to the visit the visitors were made aware of the responsibilities of both NHS Education for Scotland (NES) and Queen Margaret University (QMU) in respect of the effective delivery of this programme. They were also made aware that QMU are to act as the education provider (Memorandum of understanding p 5) and that the academic board of the health sciences school at QMU has overall responsibility for the quality assurance of the programme (Programme document p 57). However, in discussions with the senior team at the visit the visitors were made aware that QMU and NES would jointly act as the education provider. To manage the partnership working it was clarified that the programme is overseen by a joint board of studies, involving QMU and NES staff and the nominated podiatric surgical training programme lead will change regularly to rotate between members of staff of each organisation. There are also three members of staff at QMU who have responsibility for aspects of the academic programme and one member of NES staff, responsible for the practice elements of the programme. From the evidence provided the visitors were unclear how the management systems or governance arrangements in place will ensure that the partners can exchange information and work together to effectively deliver the programme. In particular the visitors were unclear as to how the arrangements in place will allow any issues in either the academic or practice placement settings regarding resourcing or trainees' progression to be raised effectively and dealt with. They therefore were unclear how the academic board of the health sciences school would be able to determine how trainees had progressed on the programme and determine if they could successfully graduate. As such the visitors were unclear, from the evidence provided, how the arrangements in place allow the committee structure described to manage the programme effectively and to deal with issues regarding resourcing or trainees progression. The visitors therefore require further evidence of the management or governance structures that are in place to ensure that any issues that arise as the programme is delivered will be dealt with quickly and effectively.

B.3 The programme must have regular monitoring and evaluation systems in place.

Condition: Further evidence must be provided to further articulate when, and how frequently, the collaborative arrangements in place will feed into the established quality assurance procedures at the Health Science Academic Board.

Reason: The visitors noted, in the documentation provided, the contractual agreements between each of the collaborative partner organisations which articulated the responsibilities each has in respect of the effective delivery of the programme. In particular the visitors were aware that the Health Sciences School Academic Board (HSSAB) has overall responsibility for quality assuring the programme through the application of their established quality assurance (QA) procedures. In discussion with the programme team, and from the additional documentation provided, it was highlighted that governance arrangements would be put in place to manage the flow of information from programme leader to NES – QMU Joint Board of Studies and finally over to HSSAB. In particular the visitors were made aware that assessment boards, a

portfolio executive committee, portfolio executive group and evaluation committees would be instituted to receive and collate relevant information and feed this into the QA processes of HSSAB. However, the visitors were unsure of the mechanisms that are in place to ensure that the information required, such as any relevant trainees feedback or information gathered by clinical supervisors about practice placement, would be fed back into these mechanisms and then back into the QA procedures. They were also unclear as to how frequent this feedback would be, and how this would ensure the programme could meet HSSAB's QA requirements. The visitors therefore require further evidence of the regular monitoring and evaluation systems that are in place for this programme. They also require further evidence of how frequent this feedback will be and how this will ensure it satisfies the established QA procedures of HSSAB.

B.5 There must be an adequate number of appropriately qualified and experienced and, where required, registered staff in place to deliver an effective programme.

Condition: The education provider must provide further evidence of the mechanisms in place to ensure that there are an adequate number of appropriately qualified and experienced and, where required, registered staff in place to deliver an effective programme.

Reason: From the evidence provided prior to the visit the visitors were made aware of the responsibilities of both NHS Education for Scotland (NES) and Queen Margaret University (QMU) in respect of the effective delivery of this programme. They were also made aware that QMU are to act as the education provider (Memorandum of understanding p 5) and that the academic board of the health sciences school at QMU has overall responsibility for the quality assurance of the programme (Programme document p 57). However, in discussions with the senior team at the visit the visitors were made aware that QMU and NES would jointly act as the education provider. To manage the partnership working it was clarified that the programme is overseen by a joint board of studies, involving QMU and NES staff and the nominated podiatric surgical training programme lead will change regularly to rotate between members of staff of each organisation. There are also three members of staff at QMU who have responsibility for aspects of the academic programme and one member of NES staff, responsible for the practice elements of the programme. From the evidence provided the visitors were unclear how the management systems or governance arrangements in place will ensure there are an adequate number of appropriately qualified and experienced and, where required, registered staff in place to deliver an effective programme. In discussions at the visit with the senior team, the visitors heard that the number of trainees for this programme will increase from one to possibly ten trainee per year per cohort. However, the visitors were not provided with any evidence of the mechanism in place to ensure that there are an adequate number of appropriately qualified and experienced staff in place to deliver an effective programme for ten trainees.

B.6 Training must be delivered by staff with relevant specialist expertise and knowledge.

Condition: The education provider must provide further evidence of the mechanisms in place to ensure that training is being delivered by staff with relevant specialist expertise and knowledge.

Condition: From the evidence provided prior to the visit the visitors were made aware of the responsibilities of both NHS Education for Scotland (NES) and Queen Margaret University (QMU) in respect of the effective delivery of this programme. They were also made aware that QMU are to act as the education provider (Memorandum of understanding p 5) and that the academic board of the health sciences school at QMU has overall responsibility for the quality assurance of the programme (Programme document p 57). However, in discussions with the senior team at the visit the visitors were made aware that QMU and NES would jointly act as the education provider. To manage the partnership working it was clarified that the programme is overseen by a joint board of studies, involving QMU and NES staff and the nominated podiatric surgical training programme lead will change regularly to rotate between members of staff of each organisation. There are also three members of staff at QMU who have responsibility for aspects of the academic programme and one member of NES staff, responsible for the practice elements of the programme. From the evidence provided the visitors were unclear how the management systems or governance arrangements in place will ensure that training is being delivered by staff with relevant specialist expertise and knowledge. In discussions at the visit with the senior team, the visitors heard that the number of trainee for this programme will increase from one to possibly ten trainee per year per cohort. However, the visitors were not provided with any evidence of the mechanism in place to ensure that with this increase in number trainees, there are procedures in place to ensure that training is delivered by staff with relevant specialist expertise and knowledge.

B.8 The resources to support trainee learning in all settings must be effectively used.

Condition: The education provider must provide further evidence of the process undertaken to ensure health boards have resources in place to support trainees learning in all settings.

Reason: From the evidence provided prior to the visit the visitors were made aware of the responsibilities of both NHS Education for Scotland (NES) and Queen Margaret University (QMU) in respect of the effective delivery of this programme. They were also made aware that QMU are to act as the education provider (Memorandum of understanding p 5) and that the academic board of the health sciences school at QMU has overall responsibility for the quality assurance of the programme (Programme document p 57). However, in discussions with the senior team at the visit the visitors were made aware that QMU and NES would jointly act as the education provider. To manage the partnership working it was clarified that the programme is overseen by a joint board of studies, involving QMU and NES staff and the nominated podiatric surgical training programme lead will change regularly to rotate between members of staff of each organisation. There are also three members of staff at QMU who have responsibility for aspects of the academic programme and one member of NES staff, responsible for the practice elements of the programme. From the discussions at the visit, the visitors heard that trainees could be do their placement across a number of different health boards. However, the visitors could not find any evidence of overarching policies, systems and procedures in place for quality assuring the different health boards. As such the visitors were unclear, from the evidence provided, how the arrangements in place allow the committee structure described to manage the programme effectively and to deal with issues regarding resourcing at the different health boards. The visitors therefore require further evidence of the process undertaken

to ensure different health boards have resources in place to support trainees learning in all settings.

B.8 The resources to support trainee learning in all settings must be effectively used.

Condition: The programme team must revisit the programme documentation to ensure the terminology used is reflective of HCPC as the regulatory body that annotates the register for podiatrist practising podiatric surgery.

Reason: The visitors noted that the programme documentation submitted by the education provider included a number references to the General Medicine Council (GMC). For example, in the placement handbook (page 4) “all placement supervisor must met the training standards determined by the GMC” and “GMC Standards for Training – The Trainee Doctor” (page 29). Similarly the final exam will be based around the Intercollegiate Speciality Examination in Trauma and Orthopaedics, this in turn is based on the orthopaedic Intercollegiate Surgical Curriculum programme, which is regulated by the GMC. The visitors noted that there was little or no reference to HCPC standard such as the standards on conduct and ethics for trainees. The visitors consider the lack of HCPC reference to be misleading for trainees as successful completion of this programme leads to eligibility for annotation on the HCPC register. The visitors therefore require the education provider to revisit the programme documentation to ensure the terminology used is reflective of the HCPC as the regulatory body that annotates the register for podiatrists practising podiatric surgery.

B.9 The resources to support trainee learning in all settings must effectively support the required learning and teaching activities of the programme.

Condition: The education provider must provide further evidence of the process undertaken to ensure health boards have resources in place to support the required learning and teaching activities of the programme.

Reason: From the evidence provided prior to the visit the visitors were made aware of the responsibilities of both NHS Education for Scotland (NES) and Queen Margaret University (QMU) in respect of the effective delivery of this programme. They were also made aware that QMU are to act as the education provider (Memorandum of understanding p 5) and that the academic board of the health sciences school at QMU has overall responsibility for the quality assurance of the programme (Programme document p 57). However, in discussions with the senior team at the visit the visitors were made aware that QMU and NES would jointly act as the education provider. To manage the partnership working it was clarified that the programme is overseen by a joint board of studies, involving QMU and NES staff and the nominated podiatric surgical training programme lead will change regularly to rotate between members of staff of each organisation. There are also three members of staff at QMU who have responsibility for aspects of the academic programme and one member of NES staff, responsible for the practice elements of the programme. From the discussions at the visit, the visitors heard that trainees could be do their placement across a number of different health boards. However, the visitors could not find any evidence of overarching policies, systems and procedures in place for quality assuring the different health boards. As such the visitors were unclear, from the evidence provided, how the arrangements in place allow the committee structure described to manage the programme effectively and to deal with issues regarding resourcing at the different

health boards. The visitors therefore require further evidence of the process undertaken to ensure different health boards have resources in place to support trainees learning in all settings.

B.13 There must be a trainee complaints process in place.

Condition: The education provider must provide further information regarding the trainees' complaints process, and how trainees are clearly informed about the process.

Reason: The visitors noted, in the documentation provided, the contractual agreements between each of the collaborative partners which articulated the responsibilities each has in respect of the effective delivery of the programme. The visitors were also informed that QMU has a complaints process in place and NES has a complaint process that applies to all their staff. However the visitors could not determine, from the evidence provided, how the trainee complaints process, both at QMU and NES, would work in tandem to ensure that any complaint raised by a trainee would be dealt with. They were also unsure how any complaints, if they arose, would be flagged and who would be responsible for dealing with this complaint. In discussions at the visit, the visitors heard that the trainee would use the Health Board systems in order to make a complaint and not the complaint process presented in the documentation.

The visitors were also unclear as to how the potential outcomes of the complaints process are communicated to trainees so that they are aware that this would not have an effect on their progress through the programme. The visitors therefore require further evidence of the trainees' complaints process, how it is made easily accessible to trainees, and how trainees are informed that they can make a complaint regarding the programme. In this way the visitors will be able to consider how this standard can be met by the programme.

C.4 The curriculum must remain relevant to current practice.

Condition: Further evidence must be provided to articulate how the collaborative arrangements in place to manage the programme will inform the curriculum and ensure that it reflects current practice.

Reason: From the evidence provided, the visitors noted the statement that a number of stakeholders including the Royal College of anaesthetists, the Royal College of radiologist and the vascular society have consulted on the curriculum for this programme. However, the visitors were not provided with any evidence to support this statement. In addition, the visitors were not provided with evidence of the process in place for ensuring that the curriculum continues to remain relevant to current practice.

In discussion with the programme team at the visit the visitors were made aware that all partners had some input into the creation of the curriculum. However, from the evidence provided the visitors were unclear as to how feedback from colleagues in practice and from trainees would be fed back to the programme team to ensure that the curriculum remains relevant to current practice. In particular the visitors could not determine what arrangements are in place and what mechanisms would allow this feedback to influence the development of the curriculum. Therefore the visitors require further evidence of the mechanisms that are in place to gather relevant feedback from practice colleagues and trainees to ensure that the curriculum remains relevant to current practice. In this way the visitors will be able to consider how the programme can meet this standard.

D.2 The number, duration and range of practice placements must be appropriate to support the delivery of the programme and the achievement of the learning outcomes.

Condition: The education provider must provide further evidence of the range of placement settings that trainees will experience to support the delivery of the programme and the achievement of the learning outcomes

Reason: From the evidence provided prior to the visit the visitors were made aware of the responsibilities of both NHS Education for Scotland (NES) and Queen Margaret University (QMU) in respect of the effective delivery of this programme. They were also made aware that QMU are to act as the education provider (Memorandum of understanding p 5) and that the academic board of the health sciences school at QMU has overall responsibility for the quality assurance of the programme (Programme document p 57). However, in discussions with the senior team at the visit the visitors were made aware that QMU and NES would jointly act as the education provider. The visitors were also told, in discussion with the programme team, that no member of the academic programme team would play a role in the quality assurance of practice placements as this responsibility would be devolved to different organisations within the NHS or NES. The visitors noted from discussions with the programme team that there will be placements in non-podiatric surgery settings. These placements will consist of plastic surgery, vascular surgery and additional non-podiatric surgery placements. The visitors noted the importance of ensuring trainees have sufficient exposure to a variety of placements. However, the visitors could not find further detail in the documentation to support these placement experiences, in particular how these placement will be integrated within the programme and information on the learning outcomes which have been agreed achieved with their placement providers. In addition, the visitors were unable determine the number, duration and range of the non-podiatric surgery placements. The visitors therefore, require further evidence to show how the education provider ensures an appropriate number, duration and range of placements to support the delivery of the programme, and the achievement of the learning outcomes.

D.4 The education provider must maintain a thorough and effective system for approving and monitoring all placements.

Condition: Further evidence must be provided to demonstrate how the collaborative arrangements in place to manage the programme, ensure that the education provider's system for approving and monitoring all placements is thorough and effective.

Reason: From the evidence provided prior to the visit the visitors were made aware of the responsibilities of both NHS Education for Scotland (NES) and Queen Margaret University (QMU) in respect of the effective delivery of this programme. They were also made aware that QMU are to act as the education provider (Memorandum of understanding p 5) and that the academic board of the health sciences school at QMU has overall responsibility for the quality assurance of the programme (Programme document p 57). However, in discussions with the senior team at the visit the visitors were made aware that QMU and NES would jointly act as the education provider. The visitors were also told, in discussion with the programme team, that no member of the programme team would play a role in the quality assurance of practice placements as this responsibility would be devolved to different organisations within the NHS or NES. From the evidence provided the visitors were unclear how the management systems or

governance arrangements would ensure that the practice placements would be suitable for trainees on this programme. In particular the visitors were unclear as to how the education provider will be able to identify suitable practice placements, verify the quality of the experience trainees receive on those placements or deal with any issues as they arise on practice placements. As such the visitors were unclear, from the evidence provided, how the arrangements in place allow the education provider to approve and monitor practice placements effectively. The visitors therefore require further evidence of the structures in place that ensure the education provider can maintain a thorough and effective system for approving and monitoring all practice placements.

D.5 There must be an adequate number of appropriately qualified and experienced and, where required, registered staff in practice placements.

Condition: The education provider must provide further evidence of the process in place for ensuring there are an adequate number of appropriately qualified and experience and, where required, registered staff in practice placement.

Reason: From the evidence provided prior to the visit the visitors were made aware of the responsibilities of both NHS Education for Scotland (NES) and Queen Margaret University (QMU) in respect of the effective delivery of this programme. They were also made aware that QMU are to act as the education provider (Memorandum of understanding p 5) and that the academic board of the health sciences school at QMU has overall responsibility for the quality assurance of the programme (Programme document p 57). However, in discussions with the senior team at the visit the visitors were made aware that QMU and NES would jointly act as the education provider. The visitors were also told, in discussion with the programme team, that no member of the programme team would play a role in the quality assurance of practice placements as this responsibility would be devolved to different organisations within the NHS or NES. However the visitors could not determine, from the evidence provided, how the management systems or governance arrangements in place will ensure that there are an adequate number of appropriately qualified and experience and, where required, registered staff in practice placement. The visitors noted that currently there are three appropriately qualified, experienced and registered clinical supervisors in place for the one trainee. However, in discussions with the senior the visitors heard that the number of trainee for this programme will increase from one, to possibly ten trainees per year per cohort. With this information, the visitors were unsure of the processes in place to ensure that the increase in trainee numbers will continue to be balanced with an adequate number of appropriately qualified and experienced and, where required, registered staff in practice placement. The visitors therefore had insufficient evidence to make a judgment about whether this standard is met, and require further information to demonstrate how the education provider will ensure that there are an adequate number of appropriately qualified and experienced and, where required, registered staff in practice placement.

D.6 Clinical supervisor must have relevant knowledge, skills and experience.

Condition: The education provider must provide further evidence to demonstrate how they ensure all clinical supervisor have the relevant knowledge, skills and experience.

Reason: From the evidence provided prior to the visit the visitors were made aware of the responsibilities of both NHS Education for Scotland (NES) and Queen Margaret University (QMU) in respect of the effective delivery of this programme. They were also

made aware that QMU are to act as the education provider (Memorandum of understanding p 5) and that the academic board of the health sciences school at QMU has overall responsibility for the quality assurance of the programme (Programme document p 57). However, in discussions with the senior team at the visit the visitors were made aware that QMU and NES would jointly act as the education provider. The visitors were also told, in discussion with the programme team, that no member of the programme team would play a role in the quality assurance of practice placements as this responsibility would be devolved to different organisations within the NHS or NES. However the visitors could not determine, from the evidence provided, how the management systems or governance arrangements in place will ensure that all clinical supervisors have the relevant knowledge, skills and experience. From the evidence, the visitors were unable to determine the processes in place to ensure that clinical supervisors have the relevant knowledge, skills and experience. The visitors noted that currently there are three clinical supervisors in place for this programme. The visitors were satisfied with the knowledge, skills and experience of all three clinical supervisors. However, in discussions with the senior the visitors heard that the number of trainees for this programme will increase from one to possibly ten trainees per year per cohort. With this information, the visitors were unsure how the management systems or governance arrangements in place will ensure that all clinical supervisors have the relevant knowledge, skills and experience required. The visitors therefore had insufficient evidence to make a judgment about whether this standard is met, and require further information to demonstrate how the education provider will ensure all clinical supervisors have the relevant knowledge, skills and experience to supervise trainees from this programme.

D.7 Clinical supervisor must undertake appropriate educator training.

Condition: The education provider must provide further evidence to demonstrate how they ensure that all clinical supervisors have undertaken the appropriate educator training.

Reason: From the evidence provided prior to the visit the visitors were made aware of the responsibilities of both NHS Education for Scotland (NES) and Queen Margaret University (QMU) in respect of the effective delivery of this programme. They were also made aware that QMU are to act as the education provider (Memorandum of understanding p 5) and that the academic board of the health sciences school at QMU has overall responsibility for the quality assurance of the programme (Programme document p 57). However, in discussions with the senior team at the visit the visitors were made aware that QMU and NES would act jointly as the education provider. The visitors were also told, in discussion with the programme team, that no member of the programme team would play a role in the quality assurance of practice placements as this responsibility would be devolved to different organisations within the NHS or NES.

From the evidence provided the visitors were unclear how the management systems or governance arrangements would ensure that the clinical supervisors will undertake appropriate educator training. The visitors noted that support will be made available for clinical supervisors however from the evidence the visitors were unable to determine the process in place to ensure that all clinical supervisors have undertaken the appropriate educator training. The visitors therefore had insufficient evidence to make a judgment about how the management systems or governance arrangements would ensure that clinical supervisors would have undertaken appropriate educator training.

Therefore the visitors require further evidence to demonstrate how the programme can meet this standard.

D.8 Clinical supervisor must be appropriately registered.

Condition: The education provider must provide further evidence of their processes to ensure clinical supervisors are appropriately registered.

Reason: From the evidence provided prior to the visit the visitors were made aware of the responsibilities of both NHS Education for Scotland (NES) and Queen Margaret University (QMU) in respect of the effective delivery of this programme. They were also made aware that QMU are to act as the education provider (Memorandum of understanding p 5) and that the academic board of the health sciences school at QMU has overall responsibility for the quality assurance of the programme (Programme document p 57). However, in discussions with the senior team at the visit the visitors were made aware that QMU and NES would jointly act as the education provider. The visitors were also told, in discussion with the programme team, that no member of the programme team would play a role in the quality assurance of practice placements as this responsibility would be devolved to different organisations within the NHS or NES. From the evidence provided, the visitors were satisfied that the current clinical supervisors in place are appropriately registered. However, if the number of trainees increases from one, the visitors were unable to determine how the management systems or governance arrangements in place will ensure all clinical superiors will be appropriately registered. To ensure that this standard is met, the visitors require further evidence of the process in place for ensuring clinical supervisors are appropriately registered.

D.9 There must be regular and effective collaboration between the education provider and the practice placement provider.

Condition: The education provider must provide further evidence of the regular and effective collaboration between the education provider and the practice placement provider.

Reason: From the evidence provided prior to the visit the visitors were made aware of the responsibilities of both NHS Education for Scotland (NES) and Queen Margaret University (QMU) in respect of the effective delivery of this programme. They were also made aware that QMU are to act as the education provider (Memorandum of understanding p 5) and that the academic board of the health sciences school at QMU has overall responsibility for the quality assurance of the programme (Programme document p 57). However, in discussions with the senior team the visitors were made aware that QMU and NES would jointly act as the education provider. The visitors were also told, in discussion with the programme team, that no member of the programme team would play a role in the quality assurance of practice placements as this responsibility would be devolved to different organisations within the NHS or NES. The documentation states that QMU and NES will meet 'regularly' with practice placement providers. However, the visitors were unable to determine how regularly meetings will take place, or identify the programme team members who will be in place to facilitate this collaboration. From the evidence provided the visitors were unclear how the management systems or governance arrangements in place will ensure that the partners can exchange information and work together to effectively quality assure all elements of the programme. In addition, the visitors heard that trainees may come from

different health boards in Scotland. The visitors were unsure if this was to happen, what clear systems of communication would be in place to ensure that each placement provider had an opportunity to contribute to the programme. As such, the visitors were unable to determine how this standard is met. The visitors therefore require further evidence that the collaboration and joint work between the education provider and practice placement provider will be regular and effective.

D.10 Trainees and clinical supervisors must be fully prepared for placement environment which will include information about:

- the learning outcomes to be achieved;
- the timings and the duration of any placement experience and associated records to be maintained;
- expectations of professional conduct;
- the assessment procedures including the implications of, and any action to be taken in the case of, failure to progress; and
- communication and lines of responsibility.

Condition: The programme team must provide further evidence which demonstrates how the learning outcomes, methods of assessment and alignment of modules for non-podiatric surgery placements are effectively communicated and understood by trainees and clinical supervisors.

Reason: The visitors noted from discussions with the programme team that there will be placements in non-podiatric surgery settings. These placements will consist of plastic surgery, vascular surgery, and additional non-podiatric surgical placements. The visitors noted the importance of ensuring trainees have sufficient exposure to a variety of placements. However, the visitors could not find further detail in the documentation to support these placement experiences, specifically regarding how these placements will be integrated within the programme, or information of the learning outcomes and associated assessments. Similarly the final exam will be based around the Intercollegiate Speciality Examination in Trauma and Orthopaedics, this in turn is based on the orthopaedic Intercollegiate Surgical Curriculum programme, which is regulated by the GMC. The visitors therefore require further evidence that trainees and clinical supervisors in non-podiatric surgery placement settings are given sufficient information from the collaborating professions to understand the learning outcomes to be achieved, and are therefore fully prepared for placement in non-podiatric surgery settings.

D.10 Trainees and clinical supervisors must be fully prepared for placement environment which will include information about:

- the learning outcomes to be achieved;
- the timings and the duration of any placement experience and associated records to be maintained;
- expectations of professional conduct;
- the assessment procedures including the implications of, and any action to be taken in the case of, failure to progress; and
- communication and lines of responsibility.

Condition: The education provider must provide further evidence to demonstrate how trainees will be prepared for placement through the clear articulation of who is responsible for which aspects of their placement, and what lines of communication they can utilise to communicate with the people responsible for their placement experience.

Reason: From their scrutiny of the documentation provided, and from their discussion with the practice placement providers and clinical supervisors at the visit, the visitors were aware of the people who will support the trainee while they are undertaking their practical experience. This included, but is not limited to, educational and clinical supervisors, academic tutors and other staff at the practice placement. The visitors noted that each person had roles and responsibilities in relation to ensuring that trainees receive the experience they require while they are on placement. However, from the evidence provided, the visitors were unclear as to how trainees are made aware with whom they should communicate with if they are experiencing issues on a placement, and the lines of responsibility that exist for the different aspects of the placement experience. Furthermore, the visitors were unclear if there were scheduled meetings between trainees and those involved in the placement experience. As such the visitors were unsure how the programme team fully prepare trainees for the placement experience by informing them of who best to communicate with, should different issues arise and which person would be responsible for the different aspects of the placement experience. Therefore the visitors require further evidence of how the programme team inform trainees of the methods of communicating issues that arise, and what the lines of responsibility are in relation to the different aspects of the placement experience.

E.7 Assessment regulations must clearly specify requirements for trainee progression and achievement within the programme.

Condition: The education provider must provide further evidence to demonstrate the requirements for trainee progression and achievement within the programme.

Reason: From the evidence provided prior to the visit the visitors were made aware of the responsibilities of both NHS Education for Scotland (NES) and Queen Margaret University (QMU) in respect of the effective delivery of this programme. They were also made aware that QMU are to act as the education provider (Memorandum of understanding p 5) and that the academic board of the health sciences school at QMU has overall responsibility for the quality assurance of the programme (Programme document p 57). However, in discussions with the senior team at the visit the visitors were made aware that QMU and NES would jointly act as the education provider. To manage the partnership working it was clarified that the programme is overseen by a joint board of studies, involving QMU and NES staff and the nominated podiatric surgical training programme lead will change regularly to rotate between members of staff of each organisation. There are also three members of staff at QMU who have responsibility for aspects of the academic programme and one member of NES staff, responsible for the practice elements of the programme. From the evidence provided the visitors were unclear how the management systems or governance arrangements in place will ensure that the partners can exchange information and work together to ensure that trainees progress through the programme. In particular the visitors were unclear as to how the arrangements in place will allow any issues in either the academic or practice placement settings regarding trainees' progression to be raised effectively and dealt with. They therefore were unclear how the academic board of the health sciences school would be able to determine how trainees had progressed on the programme and determine if they could successfully graduate. The visitors therefore require further evidence to demonstrate the requirements for trainee progression and achievement within the programme.

Andrew Robinson

James Pickard
Kathleen Taylor

Education provider observations on visit report

Name of education provider	Queen Margaret University / NHS Education for Scotland
Awarding body	Queen Margaret University
Programme name	Podiatric Surgery Training Programme
Mode of delivery	Work based learning
Relevant entitlement	Podiatrists practising podiatric surgery
Date of visit	10 – 11 February 2016

A.1 The admissions procedures must give both the applicant and the education provider the information they require to make an informed choice about whether to take up or make an offer of a place on a programme.

Condition: The education provider must revisit all programme documentation, including the trainee job advert, to ensure that potential applicants are able to make an informed choice regarding whether to apply.

Reason: [In discussion with the programme team, the visitors heard that the trainee job advert...]

Education provider's observation: There has been no change to the job advert and we are not quite sure what this comment refers to.

B.3 The programme must have regular monitoring and evaluation systems in place.

Condition: Further evidence must be provided to further articulate when, and how frequently, the collaborative arrangements in place will feed into the established quality assurance procedures at the Health Science Academic Board.

Reason: [In particular the visitors were made aware that assessment boards, a portfolio executive committee, portfolio executive group and evaluation committees...]

[systems that are in place for this programme. They also require further evidence of how frequent this feedback will be...]

Education provider's observation: This terminology is not what is used in the programme document and there appears to be a misunderstanding around reporting lines. The Joint Board of Studies is a quality committee and reports into the School

Academic Board. The ARCP panel is an assessment board which reports into the QMU exam board.

The mechanisms employed for QA of placements are set out in the Deanery guidance (link provided in the programme document). Trainees and placement providers are surveyed annually. At the event, the panel were advised that feedback from the placement setting would be discussed by the team at the meetings held every 3 months.

D.2 The number, duration and range of practice placements must be appropriate to support the delivery of the programme and the achievement of the learning outcomes.

Condition: The education provider must provide further evidence of the range of placement settings that trainees will experience to support the delivery of the programme and the achievement of the learning outcomes.

Reason: [In addition, the visitors were unable determine the number, duration and range of the non-podiatric surgery placements...]

Education provider's observation: This is in Appendix 4 of the Programme Document.

D.9 There must be regular and effective collaboration between the education provider and the practice placement provider.

Condition: The education provider must provide further evidence of the regular and effective collaboration between the education provider and the practice placement provider.

Reason: [The documentation states that QMU and NES will meet 'regularly with practice placement providers...]

Education provider's observation: At the event the panel were advised that these meetings would take place every 3 months.

D.10 Trainees and clinical supervisors must be fully prepared for placement environment which will include information about:

- the learning outcomes to be achieved;
- the timings and the duration of any placement experience and associated records to be maintained;
- expectations of professional conduct;
- the assessment procedures including the implications of, and any action to be taken in the case of, failure to progress; and
- communication and lines of responsibility.

Condition: The programme team must provide further evidence which demonstrates how the learning outcomes, methods of assessment and alignment of modules for non-podiatric surgery placements are effectively communicated and understood by trainees and clinical supervisors.

Reason: [Specifically regarding how these placements will be integrated within the programme, or information of the learning outcomes and associated assessments...]

Education provider's observation: This is set out in Appendix 4 of the programme document.