

HCPC approval process report

Education provider	The University of Buckingham
Name of programme(s)	BSc (Hons) Podiatric Medicine, Full time accelerated
Approval visit date	15-16 January 2020
Case reference	CAS-14984-D9N6C0

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Executive Summary

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

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

Section 1: Our regulatory approach

Our standards

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

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

How we make our decisions

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

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

HCPC panel

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

Manoj Mistry	Lay
James Pickard	Chiropodist / podiatrist Independent Prescribing, POM – Administration, POM - Sale / Supply (CH)
Wendy Smith	Chiropodist / podiatrist POM – Administration
Rabie Sultan	HCPC executive
Tracey Samuel-Smith	HCPC executive (observer)

Other groups involved in the approval visit

There were other groups in attendance at the approval visit as follows. Although we engage in collaborative scrutiny of programmes, we come to our decisions independently.

Karol Sikora	Independent chair (supplied by the education provider)	The University of Buckingham
Liz Riley	Secretary (supplied by the education provider)	The University of Buckingham
Alison Hart	Professional body representative	The College of Podiatry - Representative
Stuart Baird	Professional body representative	The College of Podiatry - Representative
Sally Abey	Professional body representative	The College of Podiatry - Representative

Section 2: Programme details

Programme name	BSc (Hons) Podiatric Medicine
Mode of study	FTA (Full time accelerated)
Profession	Chiropodist / podiatrist
Entitlement	POM – Administration, POM - Sale / Supply (CH)
First intake	01 September 2020
Maximum learner cohort	Up to 25
Intakes per year	1
Assessment reference	APP02152

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

Section 3: Requirements to commence assessment

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

Type of evidence	Submitted
Completed education standards mapping document	Yes
Information about the programme, including relevant policies and procedures, and contractual agreements	Yes
Descriptions of how the programme delivers and assesses learning	Yes
Proficiency standards mapping	Yes
Information provided to applicants and learners	Yes
Information for those involved with practice-based learning	Yes
Information that shows how staff resources are sufficient for the delivery of the programme	Yes

We also usually ask to meet the following groups at approval visits, although there may be some circumstances where meeting certain groups is not needed. In the table below, we have noted which groups we met, along with reasons for not meeting certain groups (where applicable):

Group	Met	Comments
Learners	Yes	The learners were from the CertHE Medical Sciences (Pre-Med, 1-year) programme.
Service users and carers (and / or their representatives)	No	The HCPC panel spoke to a service user over the phone as it was more convenient as he was based in the Buckingham campus.
Facilities and resources	Yes	
Senior staff	Yes	
Practice educators	Yes	
Programme team	Yes	

Section 4: Outcome from first review

Recommendation of the visitors

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

Conditions

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

We expect education providers to review the issues identified in this report, decide on any changes that they wish to make to programmes, and then provide any further evidence to demonstrate how they meet the conditions. We set a deadline for responding to the conditions of 02 April 2020.

2.1 The admissions process 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 ensure that appropriate information about the programme is provided to potential applicants, allowing them to make an informed decision about taking up a place on a programme.

Reason: For this standard, the education provider evidenced the programme specification and web link document which outlined the criteria for admissions in relation to the proposed programme. The visitors also reviewed the 'Buckingham course accreditation document' which contained information regarding admissions for this programme. The visitors noted that there was conflicting information in the documentation relating to health requirements, practice-based learning costs (including travel) and qualifications for entry. For example: the programme specification stated that at least one science subject pass at minimum of Grade B is required for A Levels. The web link stated 'UK A-levels, they should have or be likely to obtain before the podiatry course begins a minimum of grades BBB in three A-levels excluding general studies. At least one Science, Biology or Chemistry preferred. In the case of applicants who do not have Biology at A-Level, they should have studied the subject to AS level (or equivalent) and achieved at least a grade B/C'. The website also stated the minimum IELTS requirement is an overall score of 7.0. In comparison with the 'Buckingham course accreditation document', visitors noted on page 26 ' a minimum of Grades BBB in three A-Levels including Chemistry, one from Maths or Biology and a third subject that may be any except General Studies', and IELTS minimum score requirement is 6.5.

The visitors also noted information in the Doc F Pre course student agreement document, which the education provider stated should be made available to applicants to ensure they can make an informed decision regarding application to the programme. Although this is entitled a pre course agreement, as it currently stands, this is a document that learners have access to once they have enrolled onto the programme. The visitors had conveyed to the programme team, that all important relevant information in this document should be made available to applicants at the time of admissions.

The programme team confirmed that they will be updating the web links and documents appropriately to reflect the correct admissions criteria. Due to the inconsistency in information relating to admissions, the visitors could not determine if this standard has been met, because it was not clear which relevant source is the correct information to be considered by applicants at the point of admissions. Therefore, the education provider must update the relevant documents and web links to ensure there is consistency in the information regarding the admissions criteria. In this way the visitors can determine whether applicants have all the information they require in order to be able to make an informed choice when deciding whether to take up a place on this programme.

2.4 The admissions process must assess the suitability of applicants, including criminal conviction checks.

Condition: The education provider must demonstrate the clarity of the process in place for assessing the suitability of applicants, including criminal conviction checks.

Reason: The education provider stated in their evidence that they will accept a Disclosure and Barring Service (DBS) certificate from applicants who have one that is less than six months old. If applicants do not possess a DBS certificate, then they are referred to the web link provided and follow the steps as detailed within the document 'DOC R – Working with vulnerable individuals, criminal convictions and DBS Checks Code of Practice'. From reviewing the evidence provided, the visitors noted there was no information suggesting at what point of the application process the DBS check is carried out, who pays for the check and whom applicants should contact if there is a query regarding this process. Additionally, it was not clear who will pay for learners to renew their certificate during the programme if they already had an existing certificate at the point of admission. The programme team clarified that applicants for the proposed programme will be responsible for paying for the DBS costs. The programme team also stated that they intend to update the information provided in the documentation to reflect the DBS process, including information about costs. Without reviewing the content of the proposed updates to the DBS process, the visitors were unable to determine if the process allows the provider to assess the suitability of applicants. Therefore, the visitors require the education provider to demonstrate the clarity of the process in place, ensuring the availability of the relevant information, including costs, as part of the admissions process.

3.1 The programme must be sustainable and fit for purpose.

Condition: The education provider must demonstrate how their partnership agreements with practice education providers will ensure sustainability of the programme.

Reason: For this standard, the education provider evidenced the programme specification, programme handbook, staff curriculum vitae and professional body's curriculum mapping. The education provider stated in the mapping document that learners will attend external placements within NHS services and private practices, as part of their practice-based learning (PBL). The education provider also mentioned about intending to have signed memorandums of understanding (MOUs) in place with a number of practice education providers. The visitors noted that the submitted MOU was relevant to the medical school and allied health profession programmes, however, the programmes were not specified, nor was the MOU signed. From reviewing these documents, the visitors were unclear about the formal commitment with any practice education providers to provide sufficient support and resources to meet learners' needs for the proposed BSc (Hons) Podiatric Medicine programme.

Practice educators informed visitors at the visit that they have not been involved in the design of this programme, but they had had been involved in discussions with the programme team following the development of the programme around various aspects such as practice educators' training and PBL capacity on the proposed programme. The programme team stated, that there are ongoing discussions with various PBL providers whilst more surrounding areas will also be explored, to expand the number of practice-based learning providers. Due to this, the visitors were not certain if definite

commitments have been made by partner organisations to provide resources and support to deliver this programme. This meant that visitors could not be certain what support will be provided for learners as part of their PBL experience, which is a key component for this programme. From this, the visitors could not determine if the programme will be sustainable, as this links with possible concerns around education provider's ability in managing possible risks or threats to the delivering the programme. Therefore, the education provider must provide evidence confirming formal agreements with practice education providers who will be responsible for providing support to learners on this programme.

3.6 There must be an effective process in place to ensure the availability and capacity of practice-based learning for all learners.

Condition: The education provider must ensure that there is an effective process to ensure that all learners have access to practice-based learning which meets their learning needs.

Reason: The education provider evidenced Appendix 11 and Appendix 14 for this standard. From reviewing these documents, the visitors noted the floor plan for the development of the onsite clinical facility and recruitment plans for the programme. The mapping document also stated the education provider's aim to provide approximately 50 percent of their placement capacity onsite, whilst they are also exploring service level agreements with local trusts. The visitors noted that the onsite delivery would be undertaken in the Apollo building which was due to be refurbished over the summer. The education provider also provided a list of the practice education providers it intends to have signed MOUs with. From this, the visitors could not determine if and which practice education providers will be providing placements to learners for the proposed programme or how the onsite delivery contributes to availability of practice-based learning. The visitors therefore could not find any information of the process in place to ensure there is sufficient capacity and availability of practice-based learning for learners on this programme.

At the approval visit, the practice educators confirmed that they will be able to take on a small number of learners from the proposed programme, however they also take learners from the University of Salford. These figures quoted would not meet the proposed learner numbers of the programme. The programme team stated that they will ensure there will be sufficient capacity as they are currently in discussion with practice education providers in East Cheshire, North Staffordshire and Shropshire. The programme team confirmed that these discussions are at the early stages and nothing has been finalised as of the visit. From this, the visitors could not determine if plans have been formalised to accommodate the first cohort of 25 learners for practice-based learning. Additionally, it was also not clear as to the maximum capacity for PBL at a time by the relevant practice education providers to accommodate learners on this programme.

Therefore, the visitors were not clear about how the capacity of PBL will be determined and availability will be managed for learners in year one, along with learners who join the programme in the second year. Due to this, the visitors could not determine if the standard has been met. Therefore, the education provider must demonstrate the process in place for confirming the availability of sufficient PBL capacity for the proposed number of approved learners, whether onsite or within the local Trusts, to

ensure availability and capacity of practice-based learning for all learners, on the proposed BSc (Hons) Podiatric Medicine programme.

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

Condition: The education provider must demonstrate how they plan to involve service users and carers so they contribute to the overall quality and effectiveness of the programme.

Reason: From reviewing the service user and carer strategy document provided before the visit, the visitors noted the overall rationale, strategy and purpose of monitoring and reviewing service user and carer involvement. The visitors however could not find information regarding how exactly service user and carers will be involved and contribute to the proposed programme. The mapping document mentioned about an anonymised survey that will be available for completion by service users and carers who will attend the on-site podiatry clinic, and that the survey will focus on the care they had received in the clinic.

At the approval visit, the service user whom the HCPC panel spoke to over the phone claimed he had no involvement in the development of the proposed BSc (Hons) Podiatric Medicine programme. The programme team confirmed they currently do not have any service users and carers involved in the programme, though they have started to have discussions with fellow colleagues within the university making formalised plans. The programme team mentioned this could be during admissions, recruitment or teaching on the programme. Additionally, they also intend to have service users and carers contribute to the programme by being part of a governance panel. Without having information on the formulised plans, the visitors were therefore unclear about how service users and carers contributed to the overall quality and effectiveness of the programmes to ensure that learners completing the programme, would be fit to practise. Therefore, the education provider must provide evidence demonstrating how service users and carers will be involved so they contribute to the overall quality and effectiveness of the programme.

3.8 Learners must be involved in the programme.

Condition: The education provider must provide evidence of how learners are involved and their plans to ensure continued involvement of learners in the programme.

Reason: The education provider evidenced 'DOC H – UOB terms of reference of staff student liaison committee' for this standard. The visitors noted the student staff liaison committee (SSLC) committee will consist of various stakeholders which includes six learners and the academic lead for Podiatric Medicine. The document further outlined the responsibilities of learner representatives and that the SSLC should meet once a term, and the agenda, including the minutes of this meeting, will be circulated by the programme team. However, the visitors could not see any information suggesting how learner feedback or the points raised in the SSLC meeting will be managed and acted on by the education provider to ensure the quality and effectiveness of the programme.

Additionally, the education provider also stated in the documentation that they aim to have peer assisted learning where learners on the second year of the programme will provide support to learners on the first year of the programme during practice-based learning. At the visit, the visitors queried from the programme team about how this could

be achieved on an accelerated programme given that learners on year two of the programme will need to complete their own study in the compressed time frame. In addition, the visitors were unclear whether using learners on year two of the programme as clinical mentors will be considered as part of the total proposed clinical learning hours on the programme, or whether this will be in excess to the proposed clinical hours. The visitors also queried what support will be offered to the learners who join the first cohort of the programme from September 2020 as there will be no senior learners to support them. The programme team said that they are aiming to use various options such as putting the first cohort learners on mentor training where they will be timetabled for two days on mentorship training supervised by clinical staff. The other option they might consider might be to invite senior learners from another education provider to peer assist learners on the first cohort of the programme. However, this had not been finalised by the time of the visit. From this, the visitors were not clear what plans will be in place and could not determine how learners will be involved or contribute to the overall quality and effectiveness of the programme.

The education provider must therefore provide further evidence of how any feedback gathered from the SSLC meetings will be effectively actioned, ensuring learners' contribution to the programme. Additionally, the education provider must also provide clarity on how peer assisted learning will take place at practice-based learning during the first year of the programme. From this, the visitors will be able to determine how learners will be involved in the programme.

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

3.10 Subject areas must be delivered by educators with relevant specialist knowledge and expertise.

Condition: The education provider must demonstrate that there is an adequate number of appropriately qualified and experienced staff, with relevant specialist knowledge and expertise, in place to deliver this programme.

Reason: For these standards, the education provider submitted the proposed programme structure and curriculum vitae (CVs) of staff. From reviewing these documents and the mapping document, the visitors noted the education provider currently has a suitably qualified professional in place to lead the programme, whilst a senior lecturer and three lecturers are to be recruited. However, from reviewing the staffing plan, the visitors noted proposals to recruit four lecturers and a visiting lecturer. In addition, the CVs provided were of two current senior lecturers on the existing Biomedical Sciences and CertHE Medical Sciences programme. However, the visitors could not see information regarding in what capacity these two members of staff would be involved in the programme.

The senior team stated they will be interviewing candidates for the senior lecturer position towards the end of January 2020 and aim to have someone in post by March 2020. They also stated the other lecturer recruitments will take place in phases throughout 2020. However, the visitors did not receive job descriptions, confirmation of when this recruitment was due to take place or final numbers due to be recruited. No reassurances or information were provided to show that funding for the proposed recruitment of staff had been identified or ring-fenced. Without having further information regarding the details of the senior staff recruitment and further lecturers yet

to be recruited, the visitors were not sure if and whether there would be an adequate number of appropriately qualified staff with the necessary knowledge and expertise to deliver their parts of the programme effectively.

At the visit, visitors queried the contingency plans in place, should the required number of lecturers with the required expertise and knowledge not be recruited in time for September 2020 start of this programme. The senior team informed the visitors that they intend to use existing staff who are teaching on the Biomedical Sciences programme however such staff had no podiatric expertise. The programme team recognised that at the time of the visit, there was limited contingency in place in case they were unsuccessful in recruiting sufficient numbers of appropriately qualified and experienced staff. The programme team also recognised that should the current member of staff be unavailable for an extended period of time, such as long term sick, the programme would not run.

As it was not clear how many staff were due to be recruited, their qualifications and experience, the visitors were unable to determine how the programme would be effectively delivered across all aspects of the programme. Due to this, the visitors could not determine if the standards have been met. Therefore, the education provider must demonstrate:

- how they will ensure that there is an adequate number of staff in place to deliver an effective programme for all learners by September 2020 start. Evidence must confirm the recruitment numbers;
- timelines by when they expect to recruit staff for this programme and what contingency plans will be in place, should they not recruit staff in time for September 2020 start;
- in what capacity the new to be recruited lecturers and staff on the Biomedical programme will be involved for the proposed programme.

3.12 The resources to support learning in all settings must be effective and appropriate to the delivery of the programme, and must be accessible to all learners and educators.

Condition: The education provider must demonstrate that the facilities to support learning in all settings are effective and appropriate to the delivery of the programme.

Reason: For this standard, the education provider evidenced relevant pages of the accreditation document which mentioned that learners on the proposed programme will undertake general podiatry clinical training in the onsite clinical facilities. During the facilities tour at the visit, the visitors were shown around the two buildings from which one will be used for teaching in classrooms, whilst the Apollo building will be used for the onsite clinical practice.

The visitors noted that most of the lecture rooms were on the first or second floor but there was no way of accessing the first or second floor other than by the stairs. The visitors were unclear how learners with accessibility or mobility issues would access these lecture rooms. The programme team stated they could consider timetabling the relevant cohort which contained any learners with accessibility issues, on the ground floor. However, the visitors noted there are also existing learners from the Biomedical Science programmes and future cohorts of the BSc (Hons) Podiatric Medicine who will also use this building. This meant that if each cohort had at least one learner with an

accessibility issue, it will be difficult to manage timetabling lectures only on the ground floor. The programme team did acknowledge this could be a potential resource issue and will look into it. Additionally, the programme team also stated that all the lecture rooms shown will undergo refurbishment in terms of new furniture and equipment for teaching. As the visitors were not provided any further information regarding resources to be included in the lecture rooms, or the timelines on when this might be achieved, they could not determine if all the relevant equipment and furniture will be in place by the time the programme commences. The visitors also did not receive information about the contingency plans about planning for a learner with a disability consideration or should the lecture rooms not be updated in time for the programme to start. The visitors were therefore unclear about how all learners would be able to access the teaching facilities.

The visitors were also shown around the adjacent Apollo building, which is the proposed site where the education provider aims to have an onsite clinical premise in place for this programme. The education provider has recently acquired this building currently due for refurbishment. The visitors were given a flooring plan and were shown where the programme team wishes to have the relevant clinical teaching facilities which includes clinical teaching suites, manufacturing suites, consultation rooms, reception and clinical educators' offices. The visitors were told that the education provider has recently sought quotations from firms to undertake the refurbishment so the clinical site would be ready in time for a September 2020 start. However, the visitors did not receive further information on when the refurbishment work will start nor a contingency plan should the clinical skills facility not be ready for the September 2020 start. The visitors therefore considered there was risk to the effective and appropriate delivery of the onsite clinical skills. Due to this, the visitors were unable to determine if the clinical skills onsite facility will be ready in time for September 2020 start.

Therefore, the education provider must provide evidence demonstrating:

- How learners with accessibility issues will have access to the relevant teaching lecture rooms in the main building or appropriate resources elsewhere.
- The plans or process in place to source the required furniture and equipment for the lecture rooms in time for the September 2020 start.
- The plans in place to demonstrate the clinical skills onsite facilities ready in time for September 2020 start.
- Contingency plans in place if the teaching and clinical skills onsite facilities are not ready by the September 2020 start.

From this, the visitors will be able to determine if the programme will be sufficiently and adequately resourced, to support the required learning and teaching activities of the programme.

3.12 The resources to support learning in all settings must be effective and appropriate to the delivery of the programme, and must be accessible to all learners and educators.

Condition: The education provider must demonstrate that the resources to support learning in all settings are effective and appropriate to the delivery of the programme.

Reason: From their review of the documentation, the visitors noted that a number of the documents made reference to the Biomedical Science programme (for example, the programme specification) and Medical programme (for example the Code of Practice).

The programme team acknowledged this as they utilised existing documents from these programmes. They also stated that they will make updates and changes to ensure information relates to the proposed programme only. To ensure that learners have accurate and appropriate information for the proposed programme, which supports their required learning and teaching activities, the visitors require the education provider to submit updated documentation which demonstrates how the resources to support learning in all settings are effective and appropriate to the delivery of the programme.

3.14 The programme must implement and monitor equality and diversity policies in relation to learners.

Condition: The education provider must provide evidence of how equality and diversity policies, in relation to the dress code of learners, are implemented and monitored.

Reason: Prior to the visit, the visitors were directed to documents that highlighted the education provider's equality and diversity policies and support for learners in PBL. However, the visitors noted the statement under section 5 dress code of the 'DOC F Student Agreement' which stated, 'I will not wear clothing obscuring my face in clinical and academic areas, except when required for health and safety reasons, because it interferes with effective communication'. From this, the visitors were not clear how this will, in any manner, affect learners who might require face covering based on cultural or religious beliefs.

The programme team confirmed that this information has been mapped onto the General Medical Council's code of conduct for the Biomedical Sciences programme. The visitors queried how this would ensure an impartial, fair and supportive environment will be provided to learners who might not be able to follow this aspect of the dress code agreement due to cultural or religious beliefs. The programme team confirmed that they will consider this and will revisit the documentation and revise it if necessary. As the visitors did not have sight of the revised documentation or clarity if and what aspects of the document might be revised they could not determine how learners will be assessed or accommodated should they not be able to follow this dress code based on individual beliefs. In addition, how will it be ensured that this will not prevent them from having access to sufficient learning in all settings. Without seeing information on what aspects of the policy the education provider will reconsider or alternative arrangements which might be put in place, the visitors could not determine if this standard has been met. The visitors therefore require further evidence to show how the dress code policy will be fairly implemented and monitored in relation to this programme.

3.18 The education provider must ensure learners, educators and others are aware that only successful completion of an approved programme leads to eligibility for admission to the Register.

Condition: The education provider must review the documentation to ensure it is clear to learners that only completion of an approved programme provides eligibility to apply for admission to the Register.

Reason: In their review of the 'Buckingham Course specification (accreditation documents)' document, the visitors noted the following statement on page 41 regarding the criteria to be eligible for the award of a BSc (Hons) Podiatric Medicine degree: 'after successful completion of the Preliminary Stage (Level 4), taken and completed assessment for Level 5 and 6 modules with a minimum value of 225 units, of which at

least 105 units must be completed at Level 6, of which a minimum of 90 units must be passed. (BSc (Hons) Podiatry students will therefore be able to discount their worst performing module of up to 30 credits at level 5 or 6)'. From reviewing the above mentioned statement they could not determine which credit at Level 5 or 6 the learners can choose to discount. This is because all the level 5 and 6 modules listed on pages 42 and 43 are either a 10 or 20 credit module, except for Podiatric Medicine 4 at Level 6 which is a 30 credit module. Additionally, the visitors noted that as per the mentioned statement, 225 units plus 105 units could be interpreted as adding up to 330 credits for a BSc (Hons) degree classification. The visitors were therefore unclear whether a learner with 330 credits could gain the award which would lead to eligibility to apply for the Register.

The programme team confirmed that learners can discount all clinical modules starting with 'P' and that clinical modules count and that learners have to pass everything to gain the award classification. The visitors commented that using, Level 5 as an example, it consisted of Pharmacology (POM-S), and Podiatric Medicine 3 (block placement). The visitors were unclear whether both of these modules were clinical modules. Based on these observations, the visitors were not clear how it was made clear to learners in the documentation, which ones are the clinical modules and which ones they can discount at Level 5 or 6.

In addition, the visitors conveyed to the programme team that this can potentially cause confusion to learners whether they are allowed to discount an individual module up to 30 credits, or can it be a mixture of 20 and 10 credits at Level 5 or 6. Due to this, the visitors noted there was lack of clarity regarding a BSc (Hons) degree classification and what modules can be discounted. The programme team confirmed they will update and revise this information in the documentation so that it's clear to learners.

As visitors did not have sight of the proposed changes, they could not determine if this standard had been met. Therefore, the visitors require that the documentation is amended to reflect the correct information demonstrating:

- The minimum number of credits required to obtain the BSc (Hons) Podiatric Medicine degree which can lead to eligibility for admission to the Register;
- Clarity regarding which modules are clinical modules;
- How many and which modules can be discounted, including clarity if a mixture of 20 and 10 credits can be discounted or not

4.1 The learning outcomes must ensure that learners meet the standards of proficiency for the relevant part of the Register.

Condition: The education provider must demonstrate how they will ensure that the learning outcomes enable learners to meet the standards of proficiency for podiatry.

Reason: The education provider stated in the mapping document that learning outcomes for this programme have been mapped against the standards of proficiency (SOPs) for podiatry profession. The education provider evidenced the SOPs mapping document, programme specification, programme handbook and approval documentation for this standard. From reviewing the approval documentation, the visitors noted on page 66 under section 3.10 a table, which outlined the learning outcomes for podiatrists. The visitors noted that the table consisted of required competencies for podiatrists, mapped against the expected knowledge, skills and abilities that should be attained by learners at the time of completing their programme.

However, the visitors noted the required competencies which a learner can achieve, consisted of either 'Emerging', 'Appropriate Competency for Level (ACL)' or 'Competent' as potential outcomes. From reviewing this, the visitors were not clear if a learner can be allowed to progress with achieving an 'Emerging' competency against a learning outcome. Additionally, it was not clear to the visitors how a learner with an 'Emerging' competency can be confirmed as having achieved all the learning outcomes. In addition, it was not clear to the visitors what ACL means as it was not defined within the documentation and how it is different from 'Competent'.

The programme team confirmed that all competencies must be met at a 'Competent' level to ensure every learner completing the programme can meet all of the SOPs. From these discussions, the visitors could not determine if the standard has been met because it was not clear in the documentation at what expected level of competency learners must achieve the learning outcomes, to ensure all of the SOPs for this profession are met. The programme team confirmed they will revise the terminologies within the documentation to ensure it is clear to learners what is expected of them on this programme. Therefore the education provider must revise the documentation to demonstrate clear information to learners regarding the minimum competence level, to achieve the relevant learning outcomes for this profession to ensure that every learner completing the programme can meet all of the SOPs.

4.9 The programme must ensure that learners are able to learn with, and from, professionals and learners in other relevant professions.

Condition: The education provider must demonstrate how learners will be able to learn with, and from, learners in other relevant professions.

Reason: In their review of the documentation, the visitors noted there will be inter-professional collaboration with NHS colleagues for learners on the proposed programme during their practice-based learning. The visitors considered the proposals were for PBL and could therefore it could not be guaranteed that all learners would experience the same interaction with other learners from different professions. In addition, they could not see any information regarding what how learners will learn with, and from, and learners in other relevant professions whilst on campus.

The programme team stated that they aim to run timetabled sessions for learners on this programme with the Biomedical Sciences learners, however they are in discussions about how this will be done. An example provided by the programme team suggested that medicine and physiology will be delivered in a formal teaching style with learners mixed up and working on case studies in groups. No further information about why learners from this profession would be most relevant to the proposed programme was provided. From the information provided, the visitors could not see how and when this will be formalised as part of the programme. The education provider must therefore provide evidence, which demonstrates how the programme will ensure that learners are able to learn with, and from, learners in other relevant professions, and must also define why these other professions are appropriate to the programme.

4.10 The programme must include effective processes for obtaining appropriate consent from service users and learners.

Condition: The education provider must provide evidence of the formal process in place for obtaining appropriate consent from service users.

Reason: One of the documents evidenced for this standard demonstrated the learner agreement highlighting expected standards learners must follow on this programme, whilst the other document demonstrated the learners' statement of consent to role play and engagement in practical activities. From reviewing these documentations, the visitors noted there is a clear process for obtaining consent from learners but could not find any information regarding how learners obtained consent from service users.

At the visit, the programme team confirmed that there was not currently a written process on obtaining consent from service users for the proposed BSc (Hons) Podiatric Medicine programme, however they do have one in place for the Biomedical Sciences programme. The programme team stated they will develop a policy surrounding procedures and confidentiality, with the aim of having patients as service users and carers for BSc (Hons) Podiatric Medicine programme. The visitors could not determine if the standard has been met as they were unable to review a formal policy around ensuring service users and carers are aware learners are involved in providing care, treatment or services (for example, in practice-based learning). The visitors therefore require the education provider to demonstrate the process regarding how they will get appropriate consent from service users who interact with learners, including consent gained in practice-based learning environments.

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

Condition: The education provider must demonstrate there is a system in place for approving and monitoring all practice-based learning.

Reason: The education provider stated in the mapping document that the placement lead will be responsible for the day to day running of the placement component of the programme. It also stated that the placement lead will be carrying out visits to practice-based learning (PBL) locations to ensure that they are suitable for the education of learners on the BSc (Hons) Podiatric Medicine. The education provider evidenced page 42 of the 'clinical educator's handbook', which the visitors noted is a placement visit report which should be completed by the academic tutor during their visit to learners in the PBL environment. The academic tutor then notes down any concerns if raised by the learner. From this, it was unclear to the visitors what processes were in place to respond to any concerns or issues raised by learners including the follow up process.

The visitors noted the North West Learning Environment Educational Audit which the visitors understood to be the document used when approving practice-based learning sites in the North West. However, the visitors were unaware of at what point this audit would be undertaken to ensure the quality of the practice-based learning. In addition, the visitors were unclear how practice-based learning outside of the North West region, such as Shropshire, would be undertaken. From this, the visitors were unclear of the processes used by the education provider to approve and monitor the quality of PBL and act upon any feedback or concerns raised by learners. As such the visitors require further clarity around the system used to approve and ensure the quality of all practice-based learning and how the education provider ensures it is thorough and effective, to determine whether that this standard is met.

5.5 There must be an adequate number of appropriately qualified and experienced staff involved in practice-based learning.

Condition: The education provider must demonstrate that there is an adequate number of appropriately qualified and experienced staff involved in practice-based learning for the number of learners on the programme.

Reason: For this standard, the education provider evidenced the clinical educator's handbook which demonstrated guidance for practice educators supporting learners on placements, relevant to the proposed BSc (Hons) Podiatric Medicine programme. From reviewing the documentation, the visitors could not see any information regarding how many practice educators will be in place for this programme. The education provider mentioned in the mapping document that they have started to have discussions with practice education providers around the local area who have experience of taking learners from other education providers. As mentioned under conditions for SET 3.1 and 3.4, the programme team confirmed during the visit that they are yet to sign MOUs with practice education providers. Based on this information, the programme team were not assured if there will be adequate number of practice educators to effectively support learners' learning needs on this programme. The visitors could therefore not determine if the standard has been met and therefore require further evidence of whether there is an adequate number of appropriately qualified and experienced staff involved in practice-based learning.

5.6 Practice educators must have relevant knowledge, skills and experience to support safe and effective learning and, unless other arrangements are appropriate, must be on the relevant part of the Register.

Condition: The education provider must demonstrate that practice educators have the relevant knowledge, skills and experience to support learners on this programme.

Reason: The evidence mapped for this standard demonstrated the criteria for identification of practice educators by the education provider. The education provider outlined in the documentation the minimum expected knowledge, skills and experience for practice educators to be able to provide support to learners on this programme. However, the visitors could not see any information demonstrating what system or process was in place via which the education provider will ensure the suitability of practice educators. In particular, the visitors noted the points raised in under standards 3.1 & 5.4 meant that, currently, the education provider does not have formal agreements with practice based learning partners, and there is a lack of clarity around how the quality of learning environments, including those providing supervision, will be assessed and monitored.

The practice educators informed visitors they do not use the medicines available under the annotation for prescription only medicines – sale/supply (POM-S).. The visitors discussed this with the programme team and emphasised the importance of learners receiving training in this area as it is an integral part of meeting the SOPs for this profession. The programme team stated they will be working with the relevant practice education providers to influence change and upskill staff to allow learners to use their theoretical knowledge of POM-S within the practice environment. The programme team would therefore be taking this into consideration when finalising the MOUs with the practice education providers. Based on these discussions, the visitors were not clear if there are clear processes in place to check the professional appropriateness of practice educators, relevant to the proposed programme. From this, the visitors could not

determine if practice educators will have the relevant knowledge to support learners during their PBL in achieving the learning outcomes and SOPs, for this programme.

Therefore, the education provider must demonstrate and provide further evidence of the systems and criteria they will have in place for suitable practice educators. This must demonstrate how the education provider will ensure practice educators have the relevant knowledge, skills and expertise to support and develop learners in a safe and effective way, including, the ability to support learning around the practise of POM-S.

5.7 Practice educators must undertake regular training which is appropriate to their role, learners' needs and the delivery of the learning outcomes of the programme.

Condition: The education provider must demonstrate how they ensure practice educators undertake regular training appropriate to the programme.

Reason: For this standard, the education provider evidenced the clinical educator handbook which provided guidance for practice educators to support learners during PBL. From reviewing this document, the visitors could not find any information demonstrating how practice educators are appropriately prepared or what training do they undertake to help in delivering the learning outcomes and individual needs of learners at PBL for the BSc (Hons) Podiatric Medicine programme.

At the visit, practice educators told the visitors that they do have access to training as part of their role within the PBL provider they work for, but nothing has been formalised with the programme team on how and what type of training will be undertaken, relevant to the BSc (Hons) Podiatric Medicine programme. Due to this, the visitors could not determine if the standard has been met because it was not clear what training will take place, how relevant will it be and how regular will it and how will it be monitored. From this they could not determine how learners will be supported and assessed effectively whilst at PBL. Therefore, the education provider must demonstrate how they will ensure all practice educators who will be involved in this programme, will receive appropriate training to support learners achieve the delivery outcomes of the programme during PBL.

6.3 Assessments must provide an objective, fair and reliable measure of learners' progression and achievement.

Condition: The education provider must show how the assessment strategy provides an objective, fair and reliable measure of learners' progression and achievement.

Reason: The education provider evidenced 'MAP C Assessment matrix' and 'DOC A Assessment code of practice' documents for this standard. From reviewing the assessment matrix, the visitors noted some differences in the way assessments are carried out. For example, the Lower Limb Kinematics module and Podiatric Dermatology, both include an assessment of a two hour exam, with the first one being a 20 credit module, whilst the second is a 10 credit module. The visitors noted there is a difference of balance the way same assessment method is carried out for different credit weightage modules. Another example noted by the visitors was that out of the four Podiatric Medicine modules, only the first at Level 4 (Podiatric Medicine 1) had an assessment of 1500 word essay, whilst the other three modules did not contain any written assignment assessments. With this difference, the visitors could not judge how

this ensures assessments are consistent and thorough enough to measure how learners achieve the learning outcomes.

The visitors queried these two examples with the programme team at the visit. The programme team acknowledged the points made by the visitors and stated the information could have been mixed up in the assessment matrix when this was initially written, and is therefore probably not up to date. Based on these discussions however, the programme team also confirmed to the visitors they will need to make changes to the module descriptors to correct inaccurate information regarding module credit weightings and the assessment criteria as a result, in addition to the information which is to also be updated on the assessment matrix.

Given these findings, the visitors were not satisfied the assessments throughout the programme, as currently drafted, will provide an objective, fair and reliable measures of learners' progression and achievement. Therefore, the visitors require further evidence of the revised module descriptors and assessment matrix in order to determine whether this standard is met.

6.4 Assessment policies must clearly specify requirements for progression and achievement within the programme.

Condition: The education provider must clarify requirements for progression and achievement within the programme.

Reason: The education provider evidenced the programme specification for this standard. On review of the document, the visitors could not see any information regarding what modules, if any, were pre-requisites for progressing on the programme. This was particularly noted in the module specifications, where some modules stated what the pre-requisites are whilst some did not. For example: it was stated in the module specification for Level 5 Musculoskeletal Assessment: 'Normally all level 4 modules as a minimum', mentioned in the Applied Anatomy and Physiology module. From reviewing this, the visitors were not clear if the word 'normally' means all level four modules. As such, the visitors could not determine what modules learners should pass to progress further onto the programme.

The visitors also noted this sentence on page one under progression section: 'All module assessments must be passed at the required standard and compensation is not permitted within a module'. However, as noted above under condition SET 3.18, it was mentioned in the 'Buckingham Course specification (accreditation documents)' document that learners can discount their worst performing module of up to 30 credits at level 5 or 6. Due to the disparity in information regarding this, the visitors were not clear whether learners can or cannot receive compensation for any modules. Additionally, as noted under condition for SET 3.18 visitors were unclear regarding the aspect of degree classification adding up to 330 credits, which the visitors felt could be misleading with regards to number of credits required to achieve a BSc (Hons) Podiatric Medicine programme. The programme team had confirmed it will update and revise documentations to reflect accurate information to provide clarity regarding progression and achievement within the programme.

As such, the visitors require further evidence that clearly clarifies:

- the modules which are pre-requisites and therefore must be completed before learners can progress,
- whether modules can be compensated or not, and
- the minimum number of credits required to achieve the final BSc (Hons) award.

From this evidence, the visitors will be able to determine whether requirements for profession and achievement within the programme are clearly specified, in order to determine whether this standard is met.

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

Condition: The education provider must show how the revised assessment methods are appropriate to, and effective at, measuring the learning outcomes.

Reason: The education provider evidenced module specifications containing learning outcomes and a module mapping of learning outcomes. Taking module 'Applied Anatomy and Physiology' at Level four as an example, the visitors noted there were nine intended learning outcomes, but under the assessment strategy section it stated learners will be assessed on learning outcomes one, two, three, four and five. When queried by visitors, the programme team stated that the intention is to have at least five learning outcomes assessed per module. The visitors were unclear how this approach would ensure all module learning outcomes had been effectively assessed.

As noted under condition for SET 6.3, the programme team confirmed they intend to revise and update the module descriptors and assessment criteria matrix. Given these findings, the visitors were unable to make a judgement about whether the revised assessment strategy would ensure that the methods of assessment would be appropriate to measure the learning outcomes, and in turn the SOPs. The visitors therefore require further evidence to be satisfied this standard is met, including any further revisions to the assessment strategy and module descriptors. Any further evidence submitted must demonstrate that the assessment methods used can ensure that learners who complete the programme meet the learning outcomes, and can practise safely and effectively in their profession.

Recommendations

We include recommendations when standards are met at or just above threshold level, and where there is a risk to that standard being met in the future. Recommendations do not need to be met before programmes can be approved, but they should be considered by education providers when developing their programmes.

6.3 Assessments must provide an objective, fair and reliable measure of learners' progression and achievement.

Recommendation: The education provider should consider the resit period currently provided for learners on the programme.

Reason: The visitors noted the proposed period of two weeks for learners to resit assessment on the programme. Whilst satisfied this arrangement was both suitable and necessary to support the programme's accelerated design, the visitors recommend the programme team monitor its' effectiveness and consider opportunities to lengthen

this time period, and mechanism to support learners appropriately to progress on the programme.

Section 5: Outcome from second review

Second response to conditions required

The education provider responded to the conditions set out in section 4. Following their consideration of this response, the visitors were satisfied that the conditions for several of the standards were met. However, they were not satisfied that the following conditions were met, for the reasons detailed below. Therefore, in order for the visitors to be satisfied that the following conditions are met, they require further evidence.

2.1 The admissions process 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 ensure that appropriate information about the programme is provided to potential applicants, allowing them to make an informed decision about taking up a place on a programme.

Reason condition not met at this time: The education provider referenced the programme specification document along with an online brochure and frequently asked questions (FAQ) web link, as the conditions response for this standard. The visitors noted that some relevant updates had been made to reflect consistency in information between the document and web link, regarding the admissions criteria for this programme. The visitors read this statement in the mapping document “For applicant offering a degree – they should have a Bachelor degree in a subject cognate to Medicine, Nursing or Allied Health”. However, the website mentioned the requirement for potential applicants to be able to qualify for enrolment on this programme is to have a Bachelor degree in a subject cognate to Medicine only, but there was no mention of Nursing or Allied Health. The visitors also could not find this information in the online brochure and FAQ web link. Based on this, the visitors were not clear whether applicants should have a Bachelor degree in a subject cognate to Medicine only, or whether a degree in Nursing and Allied Health will be an acceptable entry requirement for admissions onto the programme. Due to this inconsistency in information between the document and website, the visitors could not determine if this standard has been met. This is because it was not clear whether applicants will have the correct information to consider at the point of admissions. Therefore, the education provider must update the information contained in the document and web link, ensuring there is consistency in information relating to entry requirements for the proposed programme.

Suggested documentation: The education provider must update relevant documents and the web link clarifying the entry requirements for the programme. The evidence must ensure there is consistency and accuracy in the information provided, so that applicants will have the information they require to make an informed choice about whether to take up an offer of a place on the programme.

2.4 The admissions process must assess the suitability of applicants, including criminal conviction checks.

Condition: The education provider must demonstrate the clarity of the process in place for assessing the suitability of applicants, including criminal conviction checks.

Reason condition not met at this time: The visitors reviewed the evidence provided as conditions response for this standard, which included an offer letter and documentation highlighting information about the Disclosure and Barring Service (DBS) process. The visitors noted it was clear from the documentation at which point of the admissions process a DBS check is carried out, who pays for it, how much it costs, and who applicants should contact if there is a query regarding the DBS process. However, the visitors noted the majority of the documentation stating learners need to obtain DBS clearance before September, whilst 'Doc S Clearance checklist' mentions January instead. Based on this the visitors were not clear whether learners need to get DBS clearance by January or September.

Additionally, in the 'DocR PGMAH DBS Checks Code of Practice' document, the visitors noted on page two that applicants who fail to disclose information will result in Fitness to Practice (FTP) proceedings in accordance with HCPC guidelines. The visitors were unclear which HCPC guidelines the document referred to, however, they noted that the education provider potentially might be referring to the 'Guidance on conduct and ethics for students' HCPC has produced. The visitors were also not clear why this reference had been made in the document. This was because the HCPC has no remit to be involved in assessing or making decisions regarding the FTP of none registrants ie applicants to programmes. Therefore, the visitors would like to receive further information about the education provider's FTP proceedings during admissions, and how this is applicable to applicants who fail to disclose information during the DBS check. As per the requirement for this standard, it is expected that education providers will have processes to consider making a judgement regarding an applicant's suitability and ability during the DBS process to be able to join the programme. This means that HCPC expects education providers to have their own guidelines, involve partner organisations or possibly follow the DBS website guidelines for dealing with applicants who fail to disclose any information. Considering the information provided, the visitors could not determine if this standard has been met because it was not clear whether applicants will be made aware of the consequences regarding failure to disclose information, as part of the DBS checks. Therefore, the education provider must update their documentation demonstrating by when applicants need to obtain DBS clearance and clarify the process for dealing with applicants who fail to disclose information during the DBS process.

Suggested documentation: The education provider must confirm whether applicants wanting to enrol onto the programme need to obtain DBS clearance by January or September. Additionally, the education provider must clarify the procedure for dealing with applicants who fail to disclose information during the DBS process, during the admissions process.

3.1 The programme must be sustainable and fit for purpose.

Condition: The education provider must demonstrate how their partnership agreements with practice education providers will ensure sustainability of the programme.

Reason condition not met at this time: The education provider provided memorandum of understanding (MOU) contract documents with 11 different practice

education providers. These are the practice education providers who have shown interest in providing support for the proposed BSc (Hons) Podiatric Medicine programme. The visitors noted that only the MOU with Mid Cheshire NHS Trust was a signed agreement, whilst all other MOUs are still in draft form with no signature from any stakeholder or evidence that they were being considered by the relevant practice education providers. The education provider confirmed in the mapping document that negotiations with some practice education providers have slowed down due to the impact of the ongoing COVID-19 pandemic. Though the visitors understood the challenges and hurdles caused by the COVID-19 pandemic, as a regulator, the HCPC requires assurances that the partnership agreements will be in place to ensure there are sufficient placements for all learners and therefore the sustainability of the programme.

As almost all the MOUs are in draft form, the visitors could not take assurances that partnership agreements with practice educators have been confirmed or sufficiently progressed. Additionally, the visitors noted that all MOUs made reference to the partnership agreement between both stakeholders stating they both “may co-operate in establishing closer links”. The visitors were not clear if the wording meant that establishing closer links will be mandatory or optional, between both stakeholders. It was also not clear to what extent “closer links” implies within the MOU. Based on seeing this statement, the visitors could not gather if this MOU will still constitute as a secure practice-based learning (PBL) partnership agreement even after being signed off. The two email communications provided as additional evidence showed the intention of two practice education providers to sign the agreement, but still does not constitute as any formal commitment. From seeing one formally signed agreement and no information around timescales of securing other partnership agreements, the visitors could not take assurances that this will be sufficient to manage the proposed learner numbers getting the required access to PBL resources as part of their learning, for this programme. Due to this, the visitors were not certain if definite commitments have been made by partner organisations to provide resources and support to deliver this programme. Due to this, the visitors were not clear if learners will be provided the required support, as part of their PBL experience for this programme.

Additionally, the visitors could not see any back up plans should the education provider be unable to secure formal agreements before the September start date. Due to this, the visitors could not determine how this will ensure that there will be sufficient resources to deliver this programme specifically around PBL. The visitors felt not having confirmed arrangements about this posed concerns around the programme’s ability to deal with any possible risks or threats. Based on this, the visitors could not determine how the programme will be sustainable. Therefore, the education provider must provide evidence confirming the formal agreements with practice education providers. Additionally, the education provider must clarify the wording used in the MOUs to confirm what support will be provided to learners, timelines of securing formal agreements and any back up plans should the formal MOU agreements not be finalised for September 2020 start.

Suggested documentation: The education provider must provide assurances that learners will have access to the necessary PBL and resources to ensure sustainability of the programme. Evidence might include:

- signed MOUs with relevant practice education providers;

- clarify the wording used in the MOUs, so it ensures that practice-based learning providers will provide the necessary support and resources to learners on this programme; and
- realistic timelines of securing formal agreements, including any back up plans, in case the education provider has not secured signed MOUs in time for a September 2020 start.

3.6 There must be an effective process in place to ensure the availability and capacity of practice-based learning for all learners.

Condition: The education provider must ensure that there is an effective process to ensure that all learners have access to practice-based learning which meets their learning needs.

Reason condition not met at this time: The education provider evidenced MOUs with practice education providers and layout plans for the proposed onsite clinical skills site (Apollo building), as the conditions response for this standard. The education provider also stated in the mapping document that negotiations are ongoing with practice education providers to further develop capacity for learners on this programme. As mentioned earlier, under the second condition for standard 3.1, the draft MOUs did not confirm any formal partnership agreement with practice education providers. In addition, no information was provided which demonstrated any back up plans if the MOU agreements were not signed in time. In addition, as there was no information provided regarding the time lines for completion of the onsite clinical teaching facility, the visitors were not clear whether learners starting in September 2020 will be able to access the onsite teaching facility. This meant that visitors were not clear if there will be adequate availability and capacity for learners to access the onsite skills facility, as part of their PBL experience.

Apart from the draft MOUs provided, there was no further information to demonstrate which practice education providers will be providing placements to learners for the proposed programme. Additionally, the visitors could not see any information regarding how the education provider will ensure all learners will have access to PBL at the practice education provider's premises. There was also no information provided regarding the education provider plans to manage availability of PBL for learners in year one, along with learners who join the programme in the second year. Based on these findings, the visitors could not determine the process in place for determining capacity and availability of PBL for learners, either within the on site clinical teaching facility or the practice education providers' premises. Therefore, the visitors could not determine how this standard has been met.

Suggested documentation: The education provider must demonstrate:

- how will it be ensured there is a process in place ensuring adequate capacity and availability for all learners joining the September 2020 cohort, to access the onsite clinical teaching facility; and
- how they will ensure there is a process in place there is sufficient capacity and availability of PBL for all learners to access at the practice education providers' premises.

3.8 Learners must be involved in the programme.

Condition: The education provider must provide evidence of how learners are involved and their plans to ensure continued involvement of learners in the programme.

Reason condition not met at this time: From reviewing the 'DocX PGMAH Always Listening Policy' document provided in the conditions response for this standard, the visitors noted there is a clear policy on the methods to be used by the education provider to take learners' feedback.

From reviewing the second document 'DocH PGMAH Terms of Reference of SSLC', the visitors noted it provided the information requested regarding how feedback will be gathered from student staff liaison committee (SSLC) meetings ensuring learners' contribution to the programme. However, the visitors noted that the last page of this document had no date mentioned under the document version information section. This suggested that this document might not have been finalised or signed off by the education provider. Based on this finding, the visitors could not determine if the document provided is the final version confirming the terms of reference of SSLC meetings, and whether this has been signed off through the education provider quality procedures. Therefore, the visitors could not determine whether feedback gathered from SSLC meetings will be actioned, ensuring learners' contribution to the programme.

Additionally, the education provider stated in the mapping document that due to changes in the timetable, Level 6 learners will peer assist learners who will be doing their first PBL module at Level 5. It was also stated in the mapping document that page 99 of the course specification document addresses the details regarding how peer assisted learning will take place and how it will be monitored and supported by the academic team. From reviewing the course specification document, the visitors noted it only contained information regarding the purpose and expectations of peer assisted learning. Without seeing any further information, the visitors were not clear how peer assisted learning will be monitored and how learners will be supported by the academic team. Therefore, the education provider must clarify whether terms of reference of SSLC meetings have been finalised, and how peer assisted learning will be monitored and supported by the programme team. From this, the visitors will be able to determine if the standard has been met.

Suggested documentation: The education provider must clarify and demonstrate:

- whether the 'DocH PGMAH Terms of Reference of SSLC' document is the final agreed version; and
- how peer assisted learning will be monitored, including information on the support provided to learners.

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

3.10 Subject areas must be delivered by educators with relevant specialist knowledge and expertise.

Condition: The education provider must demonstrate that there is an adequate number of appropriately qualified and experienced staff, with relevant specialist knowledge and expertise, in place to deliver this programme.

Reason condition not met at this time: In their conditions response, the education provider confirmed that a senior lecturer has been appointed, whilst advertisements for

the post of three lecturers will be undertaken following HCPC approval of the programme. From reviewing the 'Buckingham Course specification' document as evidenced in the mapping document, the visitors noted the recruitment timeline plans provided on page 110. The visitors noted the provisional plans include expectations that job vacancies for lecturers will be posted around the end of June 2020, with interviews likely to take place around August 2020. From reviewing this, the visitors were not sure if candidates interviewed in August will be able to start by September 2020. For those candidates who are appointed, and start at a later date, it was not clear how will this ensure that relevant modules taught during the first term will be delivered in a timely manner. The visitors could not ascertain whether staff members who need to contribute to teaching modules in the first term, will be able to do so if their employment start date does not commence by September 2020.

The education provider also evidenced the 'MAPG Crewe Risk Register' excel spreadsheet, highlighting contingency plans and risk factors for the programme. In that document the education provider recognised there are possible risks of failing to recruit new staff due to various factors, mainly due to financial and job security impacts of COVID-19, which meant it could lead to the programme's inability to run. One plan involved advertising vacancies earlier, and another was to look at the possibility of having the programme start in January 2021 or September 2021. As this approval process is being undertaken for a September 2020 start, based on the evidence provided, the visitors could not see any information showing what definite arrangements will be in place to review staff numbers to provide support for the proposed learner numbers of up to 25 per cohort. If the education provider is considering a start date in January or September 2021, the education provider must confirm their intentions so that the visitors can make appropriate judgements regarding these standards in line with the education provider's decision.

Based on this, the visitors could not determine if there will be adequate staff in place for a September 2020 start. Though it is clear that the education provider intends to recruit three more lecturers, it was not possible to determine their suitability without seeing information regarding the processes in place to review the necessary knowledge and expertise required for the proposed programme. As noted under the condition for these standards, the visitors still could not see any information regarding what capacity the two current senior lecturers on the existing Biomedical Sciences programme will have to be involved in the proposed programme. Due to this, the visitors could not determine whether staff for this proposed programme will have the required relevant specialist knowledge and expertise. Therefore the visitors could not determine if the standards have been met.

Suggested documentation: The education provider must:

- demonstrate how they will ensure staff recruitment will be done in a timely manner, ensuring adequate staff are in place for a September 2020 start. Additionally the backup plans should the lecturers be unable to start for September 2020;
- clarify their intention of the programme's start date. If it is going to be in 2021, then they must demonstrate their plans for staff recruitment on this programme;
- demonstrate what processes will be in place to review the necessary knowledge and expertise, to ensure the programme is staffed by individuals with the required specialist knowledge and expertise; and
- clarify in what capacity the two current senior lecturers on the existing Biomedical Sciences programme will be involved in the programme.

3.12 The resources to support learning in all settings must be effective and appropriate to the delivery of the programme, and must be accessible to all learners and educators.

Condition: The education provider must demonstrate that the facilities to support learning in all settings are effective and appropriate to the delivery of the programme.

Reason condition not met at this time: The education provider evidenced documentation showing quotation costs for clinical equipment and confirmation of a bidding award by Health Education England. The visitors noted the bidding award confirmation was an email confirming the education provider to get funding of the amount £95,895.00 for this programme. The education provider confirmed this amount will be used to cover the cost for getting the relevant equipment to furnish the onsite clinical facility. The education provider also evidenced the proposed floor layout plans for the refurbishment of the onsite clinical teaching space. However, the visitors could not see any information confirming whether refurbishment works have started, to get the onsite clinical skills facility ready for a September 2020 start. With regards to the quotation costs provided for clinical equipment, the visitors could not identify any information confirming if there was an agreement in place to purchase these items ensuring the equipment will be available from when the programme commences. Additionally, the visitors noted some of the items such as 'Susol pod set' and 'Susol nails surgery' to be purchased will be single use items. The volume of disposable instrumentation indicated was small and visitors could not see any information showing the education provider's plans for restocking this equipment once they have been depleted. The visitors could also not see if the education provider had a budget to replenish the single use and other consumable clinical items. Based on this, the visitors were not clear how stock for learners to use once the initial purchase items had depleted would be funded.

Additionally, from the response the visitors were not provided with information confirming how learners with accessibility issues, such as those who cannot use stairs, would be able to access relevant teaching rooms in the Delaney building. The education provider's contingency plans suggested that there are currently lots of restrictions in continuing the building works due to the impact of the ongoing COVID-19 pandemic, and if this continues to cause delays, they will intend to delay the start of the programme to a January 2021 or September 2021 start. As it was not clear regarding the education provider's intentions regarding the programme's start date, it was not possible for visitors to make a judgement on the resources for this programmes.

Based on these findings, the visitors were unable to determine whether there would be sufficient resources available and accessible for learners and educators, by the time the programme commences in September 2020. Therefore, the visitors could not determine if this standard has been met because it was not clear whether this programme will have adequate and sufficient resources to support the learning and teaching activities of the programme.

Suggested documentation: The education provider must:

- confirm whether refurbishment works, to develop the onsite clinical facility, have commenced, and whether it will be ready for learners to access by the September 2020 intake. Additionally they must confirm the contingency plans if the clinical skills onsite facility is not ready by a September 2020 start date;

- clarify whether an agreement has been made to purchase the equipment costs, for which the quotation costs were provided;
- confirm if there are plans or budget in place to replenish the single use items, to ensure there will always be items available for learners to use; and
- provide evidence demonstrating how learners with accessibility issues will have access to the relevant teaching rooms in the main building.

3.12 The resources to support learning in all settings must be effective and appropriate to the delivery of the programme, and must be accessible to all learners and educators.

Condition: The education provider must demonstrate that the resources to support learning in all settings are effective and appropriate to the delivery of the programme.

Reason condition not met at this time: The education provider stated in the mapping document that all documentation has been revised and updated to ensure it reflects accurate information related to the programme. The education provider confirmed it has updated information in two documents which were highlighted as examples under the first condition for this standard. From their review of these documents, the visitors noticed there are still some incorrect references made regarding the profession or education provider name. For example the 'Clinical Educators Handbook' makes reference to 'physiotherapy' three times on different pages. Another example is 'Appendix 1 Risk Assessment' document, which makes reference to the University of Salford. The visitors also noted references made to the University of Salford in other documents, which might possibly suggest that the documents have not been quality assured internally, to confirm this as a finalised document. Due to inaccuracies in some of the documentation, the visitors could not determine whether the documentary resources to support learning and teaching are up to date and ready to be used by all learners and educators. Therefore, the visitors require the education provider to ensure all relevant documentation reflects correct information regarding the proposed programme, relevant profession, the education provider's name, and have been approved by the education provider and signed off internally.

Suggested documentation: Documentation which contains correct and up to date information, and which have been signed off internally.

4.10 The programme must include effective processes for obtaining appropriate consent from service users and learners.

Condition: The education provider must provide evidence of the formal process in place for obtaining appropriate consent from service users.

Reason condition not met at this time: The visitors' remaining issue for this condition relates to the learning and teaching that will take place on the Crewe campus, in the on-site clinic. In this clinic, learners will be involved in providing care and treatment to members of the public as part of the proposed programme. This will be under the supervision of senior registered podiatrists. From reviewing the 'DocW PGMAH Consent Policy' document, the visitors noted the policies and procedures with regards to obtaining consent from service users who will be patients at the clinic. The visitors noted there are three standard consent forms which were part of the patient agreement, whilst the other five forms were for patients to take part in some named activities. The

visitors noted the inclusion of consent form 3 on page 43, which is used ‘for adults who are unable to consent to investigation or treatment’ because they lack capacity.

The visitors recognised the importance and difficulty of seeking consent from adults in this category. However, they could not see any reference or guidance to how the safeguarding issues outlined in relevant legislation, particularly the Mental Capacity Act (2005), would be considered in these cases. The visitors note that these safeguarding issues are intimately linked to gaining consent in these cases, for this particularly vulnerable groups of service users. For example, the visitors could not see any reference to the application of the principle of “evaluating capacity”, “working in the patients best interest”, nor reference to staff training and regular update in the specialised area to support the decision making processes as outlined in the Mental Capacity Act 2005 for use at this clinical site.

The visitors were also unclear:

- whether there were staff in place at this clinic with the required professional expertise to support individual patients from this group. They noted that if appropriate staff were not in place, then learners would not be supported in understanding the process of taking consent from these groups.
- how learners will be made aware of the issues and process of gaining consent from patients who lack capacity is identified within the programme structure, so that they are enabled to highlight to staff where consenting issues of this type might arise when managing patients in the clinic.

For the reasons noted above, it was not clear to visitors whether there is a system in place to ensure service users in this group are properly supported in the consenting process. Therefore, they were not clear how the provider would obtain appropriate consent from this group of service users

Therefore, the visitors could not determine whether this standard has been met. They require clarity on what process the education provider has put in place at the on-site clinic to support the staff working in the clinic, the adults who are unable to consent to investigation or treatment, and learners working with service users from this group.

Suggested documentation: The education provider must demonstrate:

- what support will be available to adult patients who are unable to consent to investigation or treatment, as part of consent form 3;
- how learners would be supported and made aware of what to do when dealing with adult patients who are unable to consent to investigation or treatment; and
- the process in place to support the decision making when assessing adult patients, who are unable to consent to investigation or treatment.

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

Condition: The education provider must demonstrate there is a system in place for approving and monitoring all practice-based learning.

Reason condition not met at this time: The visitors noted there was no evidence mapped for this standard in the conditions response, however they noted document ‘PGMAH WBPL Approval procedure’ contained information regarding the processes for approving PBL. This document contained detailed information showing the steps

involved in pre-placement preparation and post-placement approval. There was mention of two possible scenarios, one where the education provider sources the PBL and a second where the learner is responsible for securing the PBL. On page three, the visitors noted that learners who have applied for or obtained a PBL opportunity should ask the practice education provider to fill out the relevant forms and submit them to the Placement Tutor. The Placement Tutor then makes the final decision regarding the suitability of each practice education provider. From reading this information, the visitors were not clear when this situation would be applicable, as from their understanding of the programme, the draft MOUs provided suggest that those named practice education providers, would provide PBL for all learners on the programme.

Additionally, the visitors noted in the 'DOCY PGMAH Practice based learning policy' document on page 15, section 11.6, that every practice education provider is given approval before learners can commence on the programme. However, the visitors could not confirm if these arrangements are final because the document makes reference to University of Salford. Therefore, the visitors were not clear if learners are able to supply a practice education provider, or whether this document relates to PBL quality assurance approval processes for the University of Buckingham. Additionally, visitors noted in the 'DOCY PGMAH Practice based learning policy' document, page 25 had a section regarding monitoring and evaluation of PBL. However, from reviewing the contents of this section the visitors could not find any information demonstrating the steps and processes, regarding how the education provider will monitor and evaluate the quality of PBL. Due to this, the visitors could not make a judgement if this standard has been met, because they could not determine whether the education provider has an effective system in place for approving and monitoring the quality of PBL.

Suggested documentation: The education provider must:

- demonstrate and provide clarity around the system used to approve and monitor the quality of all PBL; and
- clarify if learners are able to find their own PBL placements, including information regarding how will this be communicated to them.

5.5 There must be an adequate number of appropriately qualified and experienced staff involved in practice-based learning.

Condition: The education provider must demonstrate that there is an adequate number of appropriately qualified and experienced staff involved in practice-based learning for the number of learners on the programme.

Reason condition not met at this time: From reviewing the mapping document, the visitors noted there was no evidence provided as the conditions response for this standard. Previously, the visitors reviewed the 'Clinical Educators Handbook' but it did not suggest any information regarding the number of practice educators required for this programme. As noted above under the condition for SET 3.1, draft MOUs show that formal agreements are yet to be agreed between the education provider and relevant practice education providers. Additionally, the draft MOUs did not contain confirmation of the numbers of practice educators at each site and the visitors did not see any further evidence to show whether there have been discussions to finalise how many practice educators will be needed for this programme. Based on these findings, the visitors were not clear if considerations have been made to ensure a suitable number of practice educators for this programme. Due to this, the visitors could not determine if this standard has been met because it was not clear if there will be adequate number of

appropriately qualified and experienced staff involved in PBL, to support the proposed cohort of up to 25 learners on this programme.

Suggested documentation: The education provider must demonstrate how it will ensure there are adequate practice educators in place for this programme, by the time this programme commences.

5.6 Practice educators must have relevant knowledge, skills and experience to support safe and effective learning and, unless other arrangements are appropriate, must be on the relevant part of the Register.

Condition: The education provider must demonstrate that practice educators have the relevant knowledge, skills and experience to support learners on this programme.

Reason condition not met at this time: From reviewing the mapping document, the visitors noted there was no evidence provided in the conditions response for this standard. However, the visitors reviewed the 'Clinical Educators Handbook' provided, and noted that it mentions the role of the practice educator and placement lead during PBL. There was also mention of the requirement for practice educators to have completed a relevant training programme, have a minimum of one year of work experience and attend a session organised by the education provider to gain awareness of the programme. From this information, the visitors were not clear what relevant training programme the education provider would expect practice educators to have undertaken to be able to support and assess learners effectively. It was also not clear to visitors what level of work experience practice educators should have, in addition to whether they need to be on the relevant part of the HCPC Register.

Additionally, the visitors noted this document makes reference to the physiotherapy profession on certain pages. Within the same document, the visitors noted there were certain pages which had tables consisting of missing information (for example, page one and page four). Based on reviewing this document, the visitors could not determine if this is a complete and final document, relevant to the proposed programme or whether this document has been through the appropriate education provider quality assurance processes. Additionally, as noted under the first condition the visitors could not see information ensuring how the education provider will ensure practice educators will have the relevant knowledge to support learning at PBL around the practise of prescription only medicines – sale/supply (POM-S). Therefore, the visitors could not determine if this standard has been met. This is because they could not find any information suggesting how it will be ensured that practice educators have the relevant skills and experience, to support safe and effective learning to support learners on this programme.

Suggested documentation: The education provider must demonstrate:

- the systems and criteria they will have in place to ensure practice educators have the relevant knowledge, skills and experience to support safe and effective learning;
- what level of work experience practice educators must have, and whether they should be on the relevant part of the HCPC Register or not; and
- how they will ensure practice educators have the relevant knowledge to support learning at PBL around the practise of POM-S.

5.7 Practice educators must undertake regular training which is appropriate to their role, learners' needs and the delivery of the learning outcomes of the programme.

Condition: The education provider must demonstrate how they ensure practice educators undertake regular training appropriate to the programme.

Reason condition not met at this time: From reviewing the mapping document, the visitors noted there was no evidence provided in the conditions response for this standard. The visitors reviewed the 'Clinical Educators Handbook' document and noted, on page 37, the requirement for practice educators to undertake clinical education training and an update course every five years. However, the visitors could not see any further information regarding what the training involves, the format and length of the training, how it is relevant to the proposed programme and how attendance would be monitored. As mentioned above, under the second condition reasoning for SET 5.6, the visitors were not sure if the 'Clinical Educators Handbook' was a relevant document as there is mention of the physiotherapy profession on certain pages. Based on this, the visitors could not determine how practice educators will be appropriately prepared to support learning and assess learners effectively, on the proposed programme. Therefore, the visitors could not make a judgement if this standard is met. To ensure practice educators support learning and assess learners effectively, they require more information regarding the training practice educators must undertake in a timely manner appropriate to their role for this programme.

Suggested documentation: The education provider must provide more information regarding the training practice educators must undertake, including aspects that are specific to the programme such as content, format and length. The education provider must also clarify how regular the training will be and how will it be monitored.

6.4 Assessment policies must clearly specify requirements for progression and achievement within the programme.

Condition: The education provider must clarify requirements for progression and achievement within the programme.

Reason condition not met at this time: The visitors noted there was no evidence mapped against this standard, as first conditions response. However, the visitors reviewed the 'Doc A PGMAH Assessment Code of Practice' document provided as part of the conditions response. The visitors noted information in this document addressed some of the queries raised, with regards to whether modules can be compensated or not and the minimum number of credits required to achieve the final BSc (Hons) award. However, on page 12 of this document, the visitors noted this statement "A student may not proceed carrying failures or deferrals in modules with a total value of more than 90 units whether the student has the opportunity to re-sit the examination in those modules or not". On the same page, there was also mention of special regulations requiring learners to pass a specified module or modules as a condition of progression to the next stage of the programme. The visitors could not find any information within the document about the special regulations policy, or which modules learners cannot take forward, as part of their failed credits to the next resit opportunity. Given the accelerated nature of the programme, the visitors also noted that carrying forward a maximum of 90 failed credits to the next resit opportunity might prevent a learner from progressing. The visitors determined this could potentially act as a hurdle to learners' achievement on this

programme, which in turn means learners not being able to meet the learning outcomes and therefore the SOPs for this programme.

Though under SET 6.3 on the mapping document the education provider clarified that the resit period is extended from two to six weeks, the visitors did not receive a copy of the special regulations. It was therefore not clear how learners can still progress if they need to resit modules especially if it amounted to more than 90 credits. Based on these findings, the visitors were not clear what can and cannot prevent a learner from progressing, what are the special regulations policy and how learners are informed regarding the progression policies.

Additionally, the visitors noted there is reference to a University of Salford weblink on page 22 of the 'Doc A PGMAH Assessment Code of Practice' document although there were references to the proposed programme on the title page. Due to this disparity in information, the visitors could not determine if this document has been through the quality assurance process of the University of Buckingham, and therefore whether it has been agreed and finalised. Based on the inconsistencies and lack of clear progression requirements, the visitors could not determine how the programme team will ensure learners understand what is expected of them at each stage of the programme. Therefore, the education provider must demonstrate and provide information clarifying the progression requirements, special regulations and resit criteria. With this information, the visitors will be able to make a judgement whether the assessment policies for this programme clearly specifies the progression and achievement within this programme.

Suggested documentation: The education provider must:

- clearly specify the progression requirements for learners on this programme;
- outline the special regulations which can prevent learners from carrying any modules, on to the next term; and
- outline the criteria for the basis of how and when learners can choose not to attempt a resit, how they can progress based on this and how this is communicated to them.

Section 6: Visitors' recommendation

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

This report, including the recommendation of the visitors, will be considered at the 12 November 2020 meeting of the ETC. Following this meeting, this report should be read alongside the ETC's decision notice, which are available [on our website](#).

Section 7: Future considerations for the programme(s)

We include this section to note areas that may need to be considered as part of future HCPC assessment processes. Education providers do not need to respond to this section at this time, but should consider whether to engage with the HCPC around these areas in the future.

The visitors considered that the conditions were now met at a threshold level. The visitors noted that the education provider has provided plans, timelines, quotations costs and relevant evidence regarding the refurbishment works for the onsite clinical facility. It was noted that funds will be released to commence refurbishment once HCPC approves this programme, with works to be completed by September 2021.

The visitors also noted that there are plans to expand the placement provision for this programme in the next five to eight years, with regional support from Health Education England North West. The visitors noted therefore there are plans in place to increase learners on this programme, over the coming years.

The education provider should consider whether these changes will impact on the way the programme continues to meet the SETs, and if appropriate submit a major change notification form. The visitors wished to highlight these areas for those visitors looking at future assessments.