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## Approval process report

University of East London, Occupational Therapy, 2021-22

### **Executive summary**

This report covers our review of the BSc (Hons) Occupational Therapy programme at the University of East London. Through our review, we did not set any conditions on approving the programme, as the education provider demonstrated it met our standards through documentary evidence and further review. This report will now be considered by our Education and Training Panel who will make a final decision on programme approval.

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## Section 1: About this assessment

### About us

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

This is a report on the approval process undertaken by the HCPC to ensure that the programme(s) detailed in this report meet our education standards. The report details the process itself, evidence considered, outcomes and recommendations made regarding the programme(s) approval.

### Our standards

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

### Our regulatory approach

We are flexible, intelligent and data-led in our quality assurance of programme clusters and programmes. Through our processes, we:

- enable bespoke, proportionate and effective regulatory engagement with education providers;
- use data and intelligence to enable effective risk-based decision making; and
- engage at the organisation, profession and programme levels to enhance our ability to assess the impact of risks and issues on HCPC standards.

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

### The approval process

Institutions and programmes must be approved by us before they can run. The approval process is formed of two stages:

- Stage 1 – we take assurance that institution level standards are met by the institution delivering the proposed programme(s)
- Stage 2 – we assess to be assured that programme level standards are met by each proposed programme

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

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

### **How we make our decisions**

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

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

### **The assessment panel for this review**

We appointed the following panel members to support this review:

Angela Ariu	Lead visitor - Occupational therapist
Joanna Goodwin	Lead visitor - Occupational therapist
Alistair Ward-Boughton-Leigh	Education Quality Officer

## **Section 2: Institution-level assessment**

### **The education provider context**

The education provider runs 9 HCPC-approved programmes across 4 professions. It is a Higher Education Institution and has been running HCPC approved programmes since 1991.

From the context setting and stage 1 of this case we gained some initial insight, which related to staffing and practice-based learning. In stage 1 no evidence relating to partnerships managed at the institution level was provided. The provider explained that this is because these are managed at the programme level and not at an institution level. Therefore, partnerships will need to be examined as part of the stage 2 submission. The second insight gained was, that the provider had stated that

some staff are in place but are recruiting for more. This insight was shared with the visitors in stage 2 of this case.

### Practice areas delivered by the education provider

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

	Practice area	Delivery level		Approved since
<b>Pre-registration</b>	Chiropodist / podiatrist	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2013
	Occupational therapy	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2021
	Physiotherapist	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	1994
	Practitioner psychologist	<input type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Postgraduate	1991
<b>Post-registration</b>	Independent Prescribing / Supplementary prescribing			2022

### Institution performance data

Data is embedded into how we understand performance and risk. We capture data points in relation to provider performance, from a range of sources. We compare provider data points to benchmarks, and use this information to inform our risk based decisions about the approval and ongoing approval of institutions and programmes.

This data is for existing provision at the institution, and does not include the proposed programme(s).

Data Point	Bench-mark	Value	Date	Commentary
Total intended learner numbers compared to total enrolment numbers	456	379	2022	This data indicates the 'value', which refers to the total number of learners currently enrolled, is lower than the benchmark. This refers to the total number of learners programmes were approved to run with. It is worth noting that this benchmark would have been 316, but the higher 456 number also includes recently approved programmes such as the PG Certificate Independent and Supplementary Prescribing (due to

				commence this autumn – exact learner numbers unknown at this time).
Learners – Aggregation of percentage not continuing	3%	4%	2019/20	These numbers refer to the percentage of learners who do not complete the programmes.  This data shows the provider is slightly above the average for this. This is worth noting but it is within a normal range and therefore means that 96% of learners do complete their programmes.
Graduates – Aggregation of percentage in employment / further study	93%	93%	2019/20	This data point shows the provider is performing as expected and meeting the benchmark.
Teaching Excellence Framework (TEF) award	N/A	Bronze	2019	The score of bronze is to the lower end of the TEF awarding system. However, it is worth noting that this was awarded in 2019 and circumstances may have changed since this was awarded.  Despite being lower than a Silver or Gold award this does mean that the TEF Panel judged that the higher education provider delivers teaching, learning and outcomes for its learners that meet rigorous national quality requirements for UK higher education.
National Student Survey (NSS) overall satisfaction score (Q27)	73.6%	83.7%	2021	This data point shows that the provider is performing above the benchmark. This is a positive result for the provider and shows a good level of learner satisfaction.
HCPC performance review cycle length	N/A	N/A	N/A	Currently engaging with the Performance Review process. This is the providers first time engaging with this process.

### The route through stage 1

Institutions which run HCPC-approved provision have previously demonstrated that they meet institution-level standards. When an existing institution proposes a new programme, we undertake an internal review of whether we need to undertake a full partner-led review against our institution level standards, or whether we can take assurance that the proposed programme(s) aligns with existing provision.

As part of the request to approve the proposed programme(s), the education provider supplied information to show alignment in the following areas.

## Admissions

### **Findings on alignment with existing provision:**

- **Information for applicants –**
  - In the executive-led stage 1 review of this case, the provider set out how their policies work in relation to this section in the baselining document and their approval request form. They said how there is a standard template that all programmes adhere to, but with specific programme level differences (profession level). This information is freely available and easily accessible externally on the providers website. They have demonstrated this in the baselining exercise by providing links to the relevant sections on the website. These policies apply to the new programme.
- **Assessing English language, character, and health –**
  - The providers policies address this area; their Admissions policy, general manual regulations, terms of admittance and their policy on criminal records and health which is also being updated. These will apply to the proposed programme as they are institution wide policies. In addition to the standard policies, occupational therapy programmes also require learners to complete a Disclosing Barring Service check.
  - The plans and policies in place as demonstrated by the baselining document.
- **Prior learning and experience (AP(E)L) –**
  - The providers APEL policy is an institution level policy, in place which applies to all programmes. Their 'manual of general regulations and admissions policies supports this. The provider has the discretion to admit applicants who are exempt from specific elements of the programme. This is due to these individuals having already fulfilled some of the progression and assessment requirements. This is defined in two forms, certified and non-certified. For certified learning, applicants must provide certificates and full transcripts for consideration by the relevant programme leader. Uncertificated learning includes experience and/or industrial training that can be assessed with sufficient accuracy and may lead to entry onto the programme with exemption from certain elements of the programme.
  - This is re-confirmed by the provider in their ongoing performance review, where they have stated that the same APEL policy remains in place and confirmed that it applies to all programmes.
- **Equality, diversity and inclusion –**
  - The Equality and Diversity policy supports this area and applies to all programmes. In their baselining document they have also provided a link so we can view the full policy and see how it connects to other policies such as their corporate plan and institutional philosophy. The policies demonstrate the providers dedication to equality, diversity and inclusion and sets out their plans to recruit a diverse staff and student body with equal opportunities for all.

- The policy is comprehensive and discusses how the policy would work in practise and how no-one will be treated less favourably or in a position of privilege based on their Sex, Race/Ethnicity/National Origin, Age, Sexual Orientation, Disability, Maternity and Pregnancy, Gender Reassignment, Religion & Belief (including philosophical and lack of any religion & belief).
- This policy also set out a list of objectives the provider is aiming to achieve to foster a fair and inclusive environment for all. This information is easily accessible externally but is given to us as evidence in their Baselineing document. The baselining document is a result of the baselining exercise we conducted with the provider to gain information and insight into how they operate.

**Non-alignment requiring further assessment:** None

Management and governance

**Findings on alignment with existing provision:**

- **Ability to deliver provision to expected threshold level of entry to the Register<sup>1</sup> -**
  - The provider has stated in their baselining document and approval request form that the programme team and external examiner are responsible for maintaining this standard. Additionally, the programme team will be HCPC registered occupational therapists and shall also be supported by other HCPC registered allied health professionals from other parts of the school. External examiners will also be HCPC registered and there are plans in place to recruit additional staff where required. External examiner's roles are defined by the provider as confirming that the academic standards are appropriate for the programme and supporting the provider in maintaining these standards. The examiner will support the provider in maintaining our standards at threshold level and enable graduate to complete programmes and be eligible to apply for registration.
  - This is in line with how we know the provider operates as this has also been reflected upon in their Performance review. The baselining

**Sustainability of provision** – The providers 'School expertise and portfolio' document and a narrative description demonstrates the providers policies and procedures for this area. These show how the new programme will join a roster of other well-established programmes in their School of Health Sport and Bioscience. This school is currently expanding and has a range of resources already available to it, including a Hospital and Primary Care Training Hub which includes dedicated occupational therapy suite.

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<sup>1</sup> This is focused on ensuring providers are able to deliver qualifications at or equivalent to the level(s) in SET 1, as required for the profession(s) proposed



We know this as they have detailed this in their baselining document as well as reflecting on it in their Performance Review portfolio (portfolio and baselining sections)

- **Effective programme delivery –**

- The programmes programme leader and wider programme team are responsible for the effective delivery of the programme. Additionally, the proposed programme will sit within the School of Health Sport and Bioscience. It will come under their management and existing departmental hierarchy and oversight. The proposed programme would be under the management of this school along with existing approved programmes in Podiatry and Physiotherapy. We know also that the provider has some staff in place (in stage 1) but are recruiting for more. This will be looked at further in stage 2 of this case.
- The narrative demonstrates the different management levels in place that will monitor the programme and ensure the programme is delivered effectively
- This is something they have mentioned in their baselining document, they have re-confirmed this in their approval request form and within the performance review process. This is in line with their other approval case that was granted approval earlier this year. We take assurances they these mechanisms that are in place will ensure overall effective delivery of the programme.

**Effective staff management and development –**

- This has already been reflected upon to an extent above with the various management systems and hierarchy of management being discussed. The provider has the following policies / individuals in place to support this section; Staff management policies, academic workload allocation model, performance development and review system (PDR), and Line managers. They have explained how all staff members have a line manager to report to, undergo probation, have an allocated workload model and undergo annual 'PDR'. We understand from the information submitted by the provider that these institution-wide policies will apply to the new provision.
- The provider has reflected upon this in their approval request form, confirmed it in their ongoing performance review but has also expanded slightly on this in their baselining document but adding that there is a staff management policies induction in place to support this.

- **Partnerships, which are managed at the institution level –**

- The provider has declared that there are not partnerships managed at an institutional level as previously mentioned. Partnerships are managed at a different level and shall be looked at via stage two of this process. Visitors were made aware of this in advance.

**Non-alignment requiring further assessment:** The baselining document indicates partnerships are managed at the programme level and not managed at the institutional. The standards for education and training assesses how partnerships are managed at the institution level, as they are not this will instead be reviewed during

the stage two programme level assessment. SET 5.3 is also looked at in the baselining section Practice quality, including the establishment of safe and supporting practice learning environments. The provider has close partnerships with local providers for HCPC registered programmes and a dedicated placement administration team in school of Health Sport and Bioscience. To be reviewed as part of stage 2 program level submission as partnerships are managed at program level.

### Quality, monitoring, and evaluation

#### **Findings on alignment with existing provision:**

**Academic quality** – There are frameworks and processes covering academic quality which are set at institution level. This includes their continuous monitoring process (CMP), their external examiner process, feedback mechanisms at both programme and module level, as well as the programme committees in place. Furthermore, staff follow the CPD process (continuing professional development) and external staff are utilised to ensure current practise.

This is referred to in their approval request form, but also in their baselining document and within the ongoing performance review.

**Practice quality, including the establishment of safe and supporting practice learning environments** – The provider explained how they have close partnerships with local NHS providers covering all HCPC approved programmes. Additionally, they have also discussed how they have a dedicated placement administration team in place for the School of Health Sport and Bioscience.

The provider confirms this in their programme handbook and also their 'Policy and Guidance on Placement and Work-based learning', this demonstrates that they have robust procedures in place to ensure the safe and supporting practise learning environments. This includes their following of the Quality Assurance Agency's Guiding principles to consider for work-based learning, which means recognising that individuals have unique needs within an organisation or workplace, and working to ensure opportunities are inclusive, safe and supported. The provider also states that it has a duty of care to all its learners in respect of the health and safety standards of a student's learning environment. Furthermore, that the placement provider must meet with Health and safety requirements

This is in line with how we know the provider operates as they have provided the same information and followed this consistence approach in their approval request form, their baselining document and within their ongoing performance review.

**Learner involvement** – The provider explained that learners are involved in their current processes through the programme level committees, their student representatives and through the feedback they provide at the module level. They expanded on this in their baselining document stating that Learners are able to feedback throughout the course via formal and informal feedback such as; 'course committees, NSS, Module feedback, pulse surveys, class discussions'. They state

also that learner feedback is used to inform enhancements as part of an integrated, evidence-based approach.

This is confirmed in their policy on 'student engagements in quality assurance and enhancement', where they discuss embedding student engagement opportunities into our quality assurance systems. This policy also discusses the students union involvement, with trained institutional and programme level representatives sitting on committees (programme and institutional level), working groups and project groups. These bodies also then contribute to the development of academic policy. The views of learners are also sought ahead of programme approval and re-approval in terms of design, delivery and outcomes of the programme.

This is consistent with their reflections across their approval case documents and performance review documentation and applies to all programmes. This is also consistent with previous approval cases such as their approval case for their new 'Post Graduate Certificate Independent and Supplementary Prescribing' programme that was approved earlier this year and is due to commence in September.

**Service user and carer involvement** – The provider stated that service users and carers (SU&Cs) are involved in the validation and development of programmes through their membership of steering groups. Furthermore, they are involved in interviewing and recruitment onto programmes and also in decision making processes. Additionally, service users and carers are involved in teaching sessions, designing sessions, inputting into teaching or inputting to the design of sessions. This applies across all their programmes that recruit to the NHS. Service users input through the initial development of the programme, through learner recruitment and ongoing development.

This is consistent across the approval case documentation and the provider has stated the same system and procedures is in place for other allied health profession programmes and their nursing programmes.

**Non-alignment requiring further assessment:** None

### Learners

#### **Findings on alignment with existing provision:**

**Support** – There are several mechanisms in place to support learners, including; academic advisors, module leaders, the 'Track my future' (TMF) system, the student HUB (My portal) and Library services. These are in place for all programmes and support all learners.

The provider submitted evidence of these mechanisms in their baseline document through a series of links, however these were non-accessible. Therefore, the schools Director of quality and compliance proposed to call the executive leading this case via Teams to explain the systems further. In this call they 'shared their screen' and presented the different mechanisms listed above. How they are accessed, how they look, how they can be used to structure a timetable of work and deadlines, reserve

book or other resources, contact lecturers and other members of the programme team and seek support from student services.

**Ongoing suitability** – There are several institution-wide policies which the provider noted are in place to ensure ongoing suitability of the new programme. For example the ‘Non-academic misconduct policy’, the scope and principles of this policy are set out in their baselining document and sets out the institutions standards of behaviour. These policies fall within the Providers Fitness to practise policies and apply to all programmes but bears special importance to allied health professions (AHP) and nursing programmes that have Professional Record Standards Body (PRSB) requirements.

This is in line with how we know the provider operates as they have provided the same information and followed this consistency approach in their approval request form, their baselining document and within their ongoing performance review.

**Learning with and from other learners and professionals (IPL/E)** – The provider reflected on this area and stated that learners learn with and from others in practical sessions and through the use of peer learning. Occupational Therapy learners will learn alongside those on nursing, physiotherapy and podiatry programmes. This is set out further in their validation document, where they describe how the allied health programmes share common learning modules across two levels. These being the ‘Level 4 professional practice mental health’ module and the ‘level 5 research’ module. Furthermore, their joint use of an inter-professional simulation suite equipped with augmented and virtual reality equipment and virtual placement software

The provider has confirmed this in their baselining exercise and their approval request form. But have expanded on it in the section of the same name in their Performance Review portfolio document. Here they have reflected on the introduction of the SET concerning IPE and are able to explain how they developed IPE, challenges they faced and areas they succeeded in introducing IPE with a vision to expand this going forward.

**Equality, diversity and inclusion** – The providers Equality and Diversity policy applies to all programme This sets out how learners can raise concerns regarding a breach of this policy or the ‘Personal Dignity Policy’ also in place. The provider has also reflected on Equality and Diversity in learning and teaching and have stated how they are committed to ensuring that all students, both actual and potential, enjoy equality of opportunity and are free from any experiences of any form of discrimination whether direct, indirect or through victimisation.

This is in line with how the provider operates as this has been reflected upon in their baselining exercise as well as their approval request form. This is an area that is also being examined as part of their ongoing performance review and we can see the policies detailed there.

**Non-alignment requiring further assessment:** None

Assessment

## **Findings on alignment with existing provision:**

**Objectivity** – The mechanisms in place to ensure assessment objectivity are set out in the ‘Assessment and feedback policy’. This applies to all programmes including currently approved programmes, but the provider has also stated that certain adaptations exist and can be applied to professional courses. This includes whereas the policy states that there will be no written examinations at level 3 and 4 in their assessment approaches section, but do caveat that if Professional, Statutory and Regulatory Body (PSRB) requirements state otherwise, then this be adhered to.

Additionally, within the ‘Alternative assessment provisions’ section the provider discusses alternative arrangements that can be made for those students who are unable to undertake standard assessments, due to circumstances such as disability, short term medical conditions, personal circumstances or pregnancy. The provider states that this policy applies standards and guidelines for assessment to ensure assessments are viable and robust proportionate.

This is in place and will apply to the proposed programme as described in the approval request form and baselining document.

**Progression and achievement** – The mechanisms and policies for progression and achievement are set out in the providers Manual of general regulations progressions section. This applies to all programmes and the provider has reflected on this, stating that this sets out regulations for progression and ensures that learners are treated fairly, that they cannot progress without engaging with their course and meeting set standards.

This aligns with how the provider operates as this has been reflected upon in their baselining exercise as well as their approval request form and the documents provided as part of their performance review portfolio.

**Appeals** – The Complaints and Appeals policy is an institution wide policy and allows learners to raise a complaint, or appeal a decision, if they feel they have been treated unfairly. This policy details the grounds upon which an appeal or complaint can be made. Including appeals being made due to illness, administrative error, material irregularity, the assessment not being carried out in accordance with the approved regulations among other factors.

This will apply to the proposed programme as indicated on their approval request form and baselining exercise. We know this to be the case as this policy is applied to all programmes as confirmed on said forms and also on the performance review portfolio document (baselining section). This is consistent with their reflection and documentation from their other approval case for their Independent and Supplementary Prescribing programme that gained approval earlier this year.

**Non-alignment requiring further assessment:** None

**Outcomes from stage 1**

We decided to progress to stage 2 of the process without further review through stage 1, due to the clear alignment of the new provision within existing institutional structures, as noted through the previous section.

### Section 3: Programme-level assessment

#### Programmes considered through this assessment

Programme name	Mode of study	Profession (including modality) / entitlement	Proposed learner number, and frequency	Proposed start date
BSc (Hons) Occupational Therapy	FT (Full time)	Occupational Therapist	30 learners in 1 cohort	03/10/2022

#### Stage 2 assessment – provider submission

The education provider was asked to demonstrate how they meet programme level standards for each programme. They supplied information about how each standard was met, including a rationale and links to supporting information via a mapping document.

#### Quality themes identified for further exploration

We reviewed the information provided, and worked with the education provider on our understanding of their submission. Based on our understanding, we defined and undertook the following quality assurance activities linked to the quality themes referenced below. This allowed us to consider whether the education provider met our standards.

#### **Quality theme 1 – Practice placement provider; assessment, collaboration, capacity and quality.**

**Area for further exploration:** The provider referred to their validation document in support of the standards relating to this area. In particular, the section on placements. From this, we gained a sense of the role and importance of placements in the programme. Furthermore, this also includes the Royal College of Occupational Therapists (RCOT) recommendations to the provider regarding placements, specifically the RCOT set out their standards of practise that the provider intends to uphold.

Following their review of the documents and reflections in support of this area, the visitors had outstanding questions regarding the arrangements between the provider and the practise placement providers. They could not see any evidence of meetings and collaboration that had occurred between the provider and placement providers. They also could not see what agreements were in place with the placement providers, how many learners the providers could support and what arrangements had been made for ongoing monitoring of the placements.

**Quality activities agreed to explore theme further:** The visitors and executive felt that a quality activity consisting of an additional documentary submission would be most appropriate to resolve this outstanding concern as this would allow the provider to submit any existing evidence of meetings and collaboration they have held with practise placement providers. Therefore, we requested evidence of collaboration, meetings held, and agreements made between the provider and the practise placement providers. Additionally, we requested the mapping of placements to show capacity for all learners currently and when programme plans to expand. Visitors also posed a point of clarification question regarding the 'emerging role', asking; "In module descriptor it states that placement 2 is role emerging for the entire cohort, is this the case?"

**Outcomes of exploration:** Following the submission of additional documents, the visitors noted that sufficient capacity is in place for placements and that arrangements are in place for these. These additional documents included a narrative response, within these details regarding the providers was provided, including regarding placement capacity. The provider has said that their process for the proposed Occupational Therapy programme will be in line with the process they use for their Physiotherapy and Podiatry programmes that are already in place for several years. They also confirmed several placements are already in place including the 'East London NHS Foundation trust' that have confirmed 10 to 12 placement places, Barts Health confirming 10 to 15 placements and the 'North East London Foundation Trust' who have confirmed 10 placements places.

The provider also advised that they have updated their 'appendix G' document that was provided as part of the quality activity. This gives details of the various placement providers (hospitals / trusts listed above) and also the RCOT. They have also stated that "These providers have been involved with the development from the preliminary stages and are highly supportive of both the apprentice and Undergraduate provision." The validation document demonstrates that placements are integral to the proposed programme and are embedded in the structure of the programme. The visitors stated after a review of the documents that this has demonstrated that the local trusts were supportive of the proposed programme and ensuring that they will provide the required placement capacity. The visitors are confident that the standards here are met and had no further concerns.

## **Quality theme 2 – Staffing, recruitment and resources.**

**Area for further exploration:** The providers SETs mapping document indicated that information supporting this theme was within the validation documents section on staffing. From this section we noted their narrative that explains the school the programme will sit in, operates under a Dean and each subject area has a cluster lead and course leaders. We also noted that all members of this cluster were declared to be HCPC registered and also that the course leader is a full-time member of staff. There are two supporting lecturers who are both part time and the provider said that guest lecturers will be utilised to support the programme too. The provider also stated that further staff recruitment is planned and will be in line with additional learner recruitment and progression. The visitors were found the information unclear about how the level of staffing would be sufficient for Furthermore, that a forward-looking plan for future recruitment and all resources are

in place. had a query around the second placement and the 'emerging' role mentioned in the module descriptor.

This same validation document was referenced to as explaining the resources in place to support the programme. This sets out that the learners will have access to resources across three campuses and that this includes areas specific for AHP (allied health professionals) and nursing learners. They also referenced a £2 million refurbishment that has commenced on the 'Hospital and Primary care training Hub' on their Stratford campus.

The visitors assessed from this that there was a good level of resources being discussed and lots being mentioned about the facilities but not the capacities of these. There were also a lot of programmes listed as using these facilities and they wanted to understand how the proposed programme will be allocated appropriate access / time / space. Additionally, we noted that this refurbishment was ongoing and requested a timeline regarding this.

**Quality activities agreed to explore theme further:** A quality activity was agreed upon consisting of both an additional documentary submission and also a point of clarification to be resolved via email or additional narrative. This options was suggested as the query can be resolved with either additional narrative or email clarification, it was felt that concerns around recruitment and staffing could be resolved by viewing documentation that was likely to already be available to the provider. The additional documents requested were a recruitment and staffing plan as well as a timeline for any additional recruitment that was required. For the point of clarification, the following question was posed to the provider "Does the proposed course leader have sufficient capacity and support to run both programmes?" (The proposed programme lead is already leading the existing Occupational Therapy degree apprenticeship programme at this provider).

The visitors also requested further information on the timetabling of the physical resources including the 'specialist room' used by other programmes and the capacity of the physical resources. A timeframe on the refurbishment programme was also requested.

**Outcomes of exploration:** The provider submitted the requested additional document that also explained the point of clarification. For this they submitted a narrative which explained that the refurbishment would be completed by September 2022. They also explained how the timetabling for the resource works and that no problems have been experienced as part of this.

An updated version of their validation document was submitted which included information from their RCOT approval event. This also discussed the learner numbers and that 30 learners would be aimed for but the provider stated that this number would not be reached by September (proposed start date of the programme) as they were aiming to start with a lower number and gradually increase the size of the cohort. They also submitted five staff curriculum vitae's to demonstrate staff capacity and levels of qualification and experience. The visitors were encouraged by the level of, and, quality of staff in place. They had one final query regarding learner numbers and staff management of the numbers and posed an additional point of



clarification. The questions they posed noted that the provider is anticipating 15 BSc learners and 8 apprentices but have requested approval for a total cohort of 30 learners. The visitors asked whether this number is the maximum capacity that can be delivered across both programmes (8 apprentices and 22 conventional learners) and whether the in-place resources can support this. Furthermore, would the programmes be 'capped' at this number?

The visitor responded via email explaining that the courses will be capped at the proposed numbers should the programme be approved by panel. The aim is to continue with a total of 25 learners per year for the apprenticeship programme and 30 for the proposed programme, leading to a maximum combined total of 55 learners. However, they are only intending for 8 learners to be recruited onto the apprenticeship programme and 15 for the proposed programme for this year and to gradually build up to the total proposed numbers over several years. They are asking to the total approved numbers to be higher to act as a maximum approved by HCPC. The numbers for this year are lower due to the development of the programme and to allow them to develop their staff and to allow for future recruitment of new staff. Their intention is that next year they would increase the target for recruitment and then increase again the following year with the aim of hitting the maximum target numbers by academic year 2025/26. They also clarified that the 'emerging role' previously mentioned has been 'shelved'

The visitors were satisfied with this response and could see that the levels of staffing is sufficient for the current intake and that an onward plan for future requirement, is in place. Visitors also take assurances that data and intelligence is continually looked at under the new education quality assurance model and changes can be monitored this way. Furthermore, that this area will be looked at during future performance reviews. Following the additional documentary submission, visitors were reassured that the resources in place were sufficient to support the learning outcomes. All standards for this area now found to be met at the threshold level.

### **Quality theme 3 – Practise placement educators, level of knowledge, qualification, skills, experience and support.**

**Area for further exploration:** The visitors reviewed all the supporting documents and the validation document's placement section. From their review, they found that the description of the placement staff job roles, did not fully explain the positions. The visitors wanted to be sure that the staff present at the practise placement sites were sufficiently experienced and qualified with all necessary skills and knowledge required. Furthermore, the visitors wanted to ensure a robust system is in place for the provider to ensure practise placement staff are fully qualified, particularly relating to how practise educators are sourced and supported. The visitors noted that evidenced was supplied toward the standards in this area but that some was not clear and wanted further clarifications to be made. Specifically relating to the roles of the staff present and also further clarification on how the placement staff interact with the academic staff.

**Quality activities agreed to explore theme further:** The visitors determined that additional information could be supplied to provide further clarity around the roles of practise placement staff. Including the scope of their roles and how practise

placement administrators interact with the wider programme team. Additionally further information on how practise educators are sourced and supported. The visitors recommended receiving the response in the form of an additional documentary submission to clarify the areas discussed.

**Outcomes of exploration:** The provider responded to this request with the updated validation document and signposted the 'placements' section that further clarified the themes raised. They also provided a narrative on which sections of this document are relevant and how these areas are covered in their mapping document. They describe here how practise educators will be HCPC registered and the option exists for visiting tutors are brought in. There are several mechanisms in place to support staff including regular online forums, training days, workshops and consultation events. Descriptions of the roles and responsibility of support staff was also outlined along with strategies to support staff. Following their review of these additional documents, the visitors were reassured that appropriate levels of support are in place for practise staff and that the practise educator are appropriately qualified or supported by qualified staff. They found after their review that standards relating to this quality theme were met.

## Section 4: Findings

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

### Conditions

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

### Overall findings on how standards are met

This section provides information summarising the visitors' findings against the programme-level standards. The section also includes a summary of risks, further areas to be followed up, and areas of good practice.

### Findings of the assessment panel:

- **SET 1: Level of qualification for entry to the Register –**
  - This standard is covered through institution-level assessment. The provider set out their policies in place in their approval request form and baselining document.
  - No concerns raised in the executive-led stage 1 review.
- **SET 2: Programme admissions –**
  - Much of this was looked at in the stage one executive-led review. The provider set out their policies in place in their approval request form and baselining document.
  - Selection criteria are set at an appropriate level and include health and criminal records check as well as DBS clearance.

- The visitors saw sufficient evidence to determine that selection and entry criteria would allow learners to be able to meet our standards for registration upon successful completion of the programme.
- The visitors therefore considered the relevant standard within this SET area met.
- **SET 3: Programme governance, management and leadership –**
  - The provider supplied documents to support this as part of their stage 2 submission. But it was also discussed within the stage 1 review.
  - Evidence provided demonstrated the policies and procedures and in place. This included information regarding the proposed programme sitting in their existing School of Health Sport and Bioscience alongside existing approved programmes.
  - The visitors raised some queries relating to these standards around Staffing, recruitment and resources. This was review and resolved as part of a quality activity.
  - The quality activity comprised of additional documents and email clarification, these included recruitment and staffing plans as well as timelines for additional recruitment and completion of refurbishment to existing resources. How timetabling of these resources will be managed was also provided.
  - Following the quality activity the visitors considered the relevant standards for this SET area met.
- **SET 4: Programme design and delivery –**
  - As part of their stage 2 submission the provider submitted their mapping document. In this document they demonstrated how they meet the standards relating to this area, with the following documents in support of this; Module specifications, HCPC SOPs mapping, Course technical details, Admissions Policy, Course content sections, Validation document and their HEE mapping document.
  - The programme ensures that graduates can meet our standards of proficiency and understand the expectations and responsibilities associated with being a regulated professional.
  - The programme is based upon blended learning and dual delivery. Learning and teaching methods are selected based on their appropriateness to the nature of the material being covered with both traditional and digital elements being deployed.
  - The structure and delivery of the programme reflects the core philosophy and associated core values, skills and knowledge base.
  - Teaching and learning comprise of theoretical content and practical application. This includes the use of; lectures, practical classes, tutorials, seminars, peer assisted learning and practise placements.
  - Interprofessional learning is embedded into the proposed programme through the user of peer learning, partaking on common modules and the use of share facilities such as the inter-professional simulation suite.
  - Following a review of these documents the visitors raised no concerns and found the provider meets the standards relating to this area at the threshold level.
  - The visitors therefore considered the relevant standard within this SET area met.

- **SET 5: Practice-based learning –**
  - The provider supplied documents to support this as part of their stage 2 submission.
  - The provider defined practice-based learning as a fundamental element of the proposed BSc (Hons) Occupational Therapy programme which they embedded into its specific periods of assessed practice
  - Practice placements/assessed practice begin in term 3 of level 4 and then progress to a final 6-week placement at the end of level 6. Placements increase not only in duration through the course but also in the progressive demands made upon students in terms of the complexity and diversity of the services users the students/ interact with and the settings that they will be deployed in.
  - The visitors raised some queries relating to these standards to be reviewed as part of a quality activity. This centred on the themes, Practise placement educators, level of knowledge, qualification, skills, experience, and support. As well as the assessment, collaboration, capacity, and quality of / with practice placement providers.
  - Following the further exploration of these areas as part of the quality activity the providers were satisfied that the provider has demonstrated standards in this area are met.
  - The visitors therefore considered the relevant standard within this SET area met.
- **SET 6: Assessment –**
  - The assessment strategy is designed to help learners to be able to demonstrate that they have gained the necessary competencies and essential skills to be eligible on completion of the programme to apply onto the Register as an Occupational Therapist
  - The provider supplied documents to support this as part of their stage 2 submission. This includes the validation document assessment section, Module specifications, Practice based module specifications and HCPC SOPs mapping document.
  - A varied range of assessment methods is in place across each level and to ensure assessment is authentic and aligns to the module learning outcomes. The documentation sets out how assessments work, the timeframes involved, and the pass rates required.
  - Following a review of these documents the visitors raised no concerns and found the provider meets the standards relating to this area at the threshold level.
  - The visitors therefore considered the relevant standard within this SET area met.

**Risks identified which may impact on performance:** None

Section 5: Referrals

This section summarises any areas which require further follow-up through a separate quality assurance process (the approval, focused review, or performance review process).

There were no outstanding issues to be referred to another process

### **Recommendations**

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

The visitors did not set any recommendations.

## **Section 6: Decision on approval process outcomes**

### **Assessment panel recommendation**

Based on the findings detailed in section 4, the visitors recommend to the Education and Training Committee that all standards are met, and therefore the programme should be approved.

### **Education and Training Committee decision**

Education and Training Committee considered the assessment panel's recommendations and the findings which support these. The education provider was also provided with the opportunity to submit any observation they had on the conclusions reached.

Based on all information presented to them; the Committee decided that the programme is now approved

Reason for this decision: The Panel accepted the visitor's recommendation that the provider and its proposed programme have demonstrated they meet our standards and should receive approval.

Appendix 1 – list of open programmes at this institution

Name	Mode of Study	First intake date
BSc (Hons) Dietetics	FT (Full time)	02/10/2023
BSc (Hons) Dietetics via Apprenticeship	WBL (Work based learning)	02/10/2023
BSc (Hons) Occupational Therapy	FT (Full time)	03/10/2022
BSc (Hons) Occupational Therapy via apprenticeship	WBL (Work based learning)	01/09/2021
BSc (Hons) Physiotherapy	FT (Full time)	01/09/1994
BSc (Hons) Physiotherapy Degree Apprenticeship	WBL (Work based learning)	01/09/2020
BSc (Hons) Podiatry	FT (Full time)	01/09/2013
BSc (Hons) Podiatry Degree Apprenticeship	WBL (Work based learning)	01/09/2020
Doctorate in Clinical Psychology (DClinPsy)	FT (Full time)	01/09/1991
PG Certificate Independent and Supplementary Prescribing	FT (Full time)	24/01/2022
PG Certificate Independent and Supplementary Prescribing	PT (Part time)	19/09/2022
Professional Doctorate in Counselling Psychology	FT (Full time)	01/09/2014
Professional Doctorate in Educational and Child Psychology (D.Ed.Ch.Psych)	FT (Full time)	01/01/2005