and explained that each placement lasts for 14 weeks with students studying tw 24 credit practice modules concurrently.

It was noted that the inter-semester break consisted of 1 week clinical, which did not form part of a module and was non-credit rated. The panel suggested that this be identified as a reading week.

#### Entry

The panel explored how the team would address the possible gaps in knowledge in anatomy and physiology which may be evident with some candidates. The team explained that in such cases, conditional offers of a place would be made with the proviso that candidates complete relevant modules at the University Autumn College to help bridge the gaps. It was noted that there are already eight applicants for this programme.

Discussion ensued regarding accreditation of prior learning. It was noted that the School has a well-established AP(E)L process, however clarification still needs to sought on how the process will be managed for this programme.

#### Modules

The panel had some concerns regarding the level of assessment within the level 3 clinical modules. Specifically the Panel invited the Team to consider that if the sole purpose of Level 3 modules was to achieve competence then they could be regarded as over assessed. The Team agreed to re-visit this matter.

The panel commented upon the large volume of learning outcomes within the module specifications and the team was asked to consider reducing these wherever possible.

The panel wished it to be noted that they were impressed that students were encouraged to write their Research Project following the guidelines for publication purposes.

#### Award

Discussion ensued regarding the point at which Licence to Practice can L successfully conferred, i.e. upon completion of the Postgraduate Diploma or the full Masters programme. The panel emphasised the importance of the 'stepping on / stepping off' notion to ensure parity across all programmes. The programme team acknowledged this requires consideration, however pointed out the possible detrimental impact upon Admissions.

Following discussion, it was agreed that the statement "(with eligibility for state registration)" should be suffixed to the Award title.

The panel asked the team to explain what the main difference will be between the undergraduate and postgraduate practitioner. The team explained that although both practitioners will have similar clinical skills, the postgraduate will have much more clinical reasoning and advanced research skills. They will be more flexible and have better negotiating skills and would therefore be in a better position to "move the previously focused radiography culture on". The team was confident that the postgraduate radiographer will in fact strengthen the profession.

#### Clinical Involvement

The programme team reported that they intend to run workshops during the autumn to update clinical assessors on the new programme. The first intake is due to commence in February 2003.

# Acknowledgements

Sue Nixon, Subject Team Leader expressed sincere thanks to the Physiotherapy subject team for their help and advice during the programme development. She then went on to thank panel for their advice and support during the approval process.

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Appendix 1

# Meeting of Joint Validation Committee Representatives with from Clinical Placements

The Joint Validation Committee Representatives on the panel met P Robinson, Radiology Service Manager, Queen Elizabeth Hospital, Gateshead and B Richardson, Site-Coordinator, University Hospital of Hartlepool.

The JVC representatives enquired as to the involvement of clinical staff in the development of MSc. There had been ongoing discussion at Site Co-ordinators meeting since May 2001 and one meeting specifically about the Masters programme.

It was felt the MSc route would attract students with a first degree, widen the entry gate and would be a quicker way of producing qualified radiographers. Some radiographers were worried that these radiographers would have fast track career progression and how this would affect their standing in the Department. However it was generally felt that applicants would come with experience of life, be able to think more laterally and be motivated to stay in the profession which would prove beneficial compared with standard undergradu students who gain their degree and them decide what they want to do. There had been some reservations about having mature students on the undergraduate BSc degree but it had

The clinical department representatives thought they would probably be involved in the selection of students and did not know if the mentors would be the same as for the undergraduate students.

Though the expectation was that the students would develop the same clinical competences, it was acknowledged that if MSc students picked things up quickly they would be allowed to do more. The clinical representatives thought these students would ask more profound questions, have a wider view of the service and how Imaging is integrated within the Trust. They indicated that the staff in the clinical departments were supportive of this development.

# **News Letter of the Radiography**

# **Joint Validation Committee**

October 2002

# **Chair's Introduction**

As many of you will know the JVC has been operating since 1993. This was following the sensible decisions made by the College of Radiographers and the Radiographers Board at the CPSM to establish a single body to act on their behalf in validation and review of programmes leading to professional membership and state registration. The nine year period that has elapsed has witnessed many changes and developments in radiographic education which are set to continue. Over this time the JVC has been responsive to developments put forward by institutions but also ensuring compliance with criteria set by the parent bodies are met.

This year one of our parent bodies has changed with the Health Professions Council (HPC) replacing the Radiographers Board. For the moment we still operate under the previous arrangements but inevitably we anticipate some change in the future once the HPC confirms its operational policies. The future of the JVC, therefore, is somewhat unclear but having built up expertise in validation review and monitoring of courses there would seem to a role for a committee jointly owned by the professional and statutory body. With particular regard to future activity the JVC has responded to the HPC consultation process, a summary of which appears later in this newsletter.

The JVC has communicated regularly with the radiographic community and others, the Annual report is disseminated widely and over the past few years policies and advice have appeared on a regular basis. For example there has been the statement on methods of qualification; development and approval of placements; the JVC's response to 'Meeting the Challenge' was innovative and during the past month guidance has been offered on part-time and M-level courses leading to state registration. The JVC will continue to publish policies and advice and but at a time of continuing change, the JVC considers it very important to extend its communication network by means of a newsletter. This is the first of a series of newsletters from the JVC which, we anticipate will act as a more informal but nevertheless an important means of communication with the radiographic community and other interested parties such as workforce development confederations. Of course, any feedback or questions will be welcomed.

#### **Richard** Price

# Role and Purpose of the JVC

The Joint Validation Committee (JVC) was established in 1993 by the College of Radiographers (CoR) and the Radiographers Board of the Council for Professions Supplementary to Medicine (CPSM), now the Health Professions Council (HPC), to streamline procedures and avoid duplication of activities associated with validation, periodic review and the monitoring of pre-registration undergraduate courses in both diagnostic and therapeutic radiography, including approval and accreditation of clinical placements.

The College of Radiographers, on behalf of the Society of Radiographers (SoR), has the following roles and responsibilities:

- a. The setting, maintaining and raising of standards;
- b. The approval of courses at pre-registration level which grant professional accreditation;
- c. Overseeing and co-ordinating the design, delivery and quality assurance of professional education and training.

The Health Professions Council is the statutory body for twelve professions including Radiography. The Education and Training Committee (ETC) of the HPC, which until April 2003 is operating under the provisions the Professions Supplementary to Medicine (PSM) Act, (1960), recommends approval of courses, examinations, qualifications and institutions. The ETC's recommendations, as appropriate, are forwarded by the Health Professions Council, with any comments it may wish to make, to the Privy Council, which gives final approval. In the exercise of its duties the HPC needs to ensure that courses presented for approval will produce practitioners who are competent to practise.

From April 2003 the policy and procedures of the HPC will depend on the outcome of current consultations. Roles and Responsibilities of the JVC include:

- a. Participation in the validation of all courses leading to qualification as a radiographer, professional accreditation and eligibility for state registration;
- b. The periodic review of all qualifying courses in radiography;
- c. The recommendation of approval of programmes leading to qualification as a radiographer, professional accreditation and eligibility for state registration;
- d. The monitoring of standards of all qualifying courses in radiography;
- e. The consideration of major change to approved qualifying courses in radiography;
- f. Providing advice to all institutions offering qualifying courses in radiography;
- g. The recommendation of approval of institutions for the delivery of qualifying courses in radiography.

The IVC has no remit in relation to courses for helpers, assistant practitioner or at post registration level

# **Dates of Future Meetings**

Monday 2<sup>nd</sup> December 2002 Sday 10th April 2003

# JVC issues guidance on part-time and postgraduate programmes

In response to the NHS Modernising Agenda the JVC published 'Meeting the Challenge the JVC Response' in 2001. The publication was well received and it is clear that a number of institutions have embraced the concept of new and flexible routes. As a result of experiences of working with institutions, the JVC has published two guidance papers 'Advice on the Development of Part-time BSc (Hons) Programmes' and 'Guidance for the Development and Approval of M level Courses with Eligibility for State Registration.'

The JVC is positive towards innovative developments and while not being prescriptive on methods of delivery there are key issues that need to be recognised. For example, the JVC would expect that a part-time BSc programme provides an uivalent educational and developmental experience to that of a full-time route. At M level, developments, will need to be independent from an undergraduate programme having their own philosophy and rationale. The minimum acceptable M level award intended to confer eligibility for state registration is a postgraduate diploma. Threshold clinical competencies must be reached with account taken of QAA subject benchmarks, however, the learning, teaching, methods of assessment and outcomes, including those relating to clinical learning, should be vested at Master's level.

The provision of alternate routes to qualification other than the traditional three year full time undergraduate course presents exciting challenges to all of us. The JVC wishes to cooperate with institutions and will expect to be contacted by HEIs at an early stage to discuss proposals.

The advice, in full, has already been circulated to institutions and others wishing copies should contact the Secretariat.

**A** - **A** - **....** 

### **Modernising Education**

The JVC responded positively to the publication by the Department of Health of "Meeting the Challenge" by publishing *Meeting the Challenge - the JVC Response* in October 2001 which encourages Higher education Institutions to respond innovatively. Realising the increasing demands on clinical placement departments in April 2002 it produced *Development and approval of clinical placements*. These can be found on the Society of Radiographers Website <u>www.sor.org</u>. The JVC look to work with institutions to bring innovative ideas to fruition.

The Secretary has represented the Professional Body or the JVC on various steering groups and attended workshop associated with the Modernising Allied Health Professional education – First Wave Sites and reported back to the JVC. The Statutory Body was represented separately at some of mese. The JVC is participating in discussion concerning the

.evelopment and validation of these new programmes/ routes where the award confers eligibility for state registration

### REPORT OF JVC WORKSHOP – 24<sup>th</sup> JANUARY 2002

The focus of the morning session of the JVC Workshop, held on 24<sup>th</sup> January 2002, was on current issues and developments and their impact on validation and periodic review.

Kathy Burgess commented on the huge amount of documentation that had recently been produced by the Department of Health and its impact on the NHS, Radiography and Radiotherapy.

#### The NHS Plan - July 2000:

The NHS Cancer Plan – September 2000: Meeting the Challenge: A Strategy for the Allied Health Professions- November 2000 Meeting the Challenge: Modernising Education & Training Meeting the Challenge: Modernising Regulation Subject Benchmark Statements – 2001 JVC Response to "Meeting the Challenge" – 2001 Current Difficulties The Effect? - on quality! on the students and on staff

The Impact of Subject Benchmarks - The JVC's Position Speaker: Audrey Paterson

- What are they?
- What are and are not their purpose?
- How were they developed?
- What do they consist of?
- How will they be used?
- The JVC's position?
- Potential pitfalls and avoiding them?

Multi Professional Validation and Reviews Speaker: Julia Henderson Aims & Learning Outcomes Remit of JVC (Summary) Roles & Responsibilities

- 1. Arranging the event
- 2. Correspondence
- 3. The event
- 4. Follow up

#### Alternative Routes to Registration Speaker: Rosemary Klem

Methods of Qualification other than the Full-Time BSc (Hons) Route, April 1999 Meeting the Challenge – The JVC Response, October 2001 Postgraduate Diploma/Masters Degree Is it Masters Level? Framework for Higher Education Qualifications What Students need to demonstrate: So, is it really Postgraduate? Clinical Education Clinical Placement Staff Development The afternoon concentrated on issues relating to accreditation of clinical placements.

#### nair: Richard Price

Meeting the Students' Needs - Key Criteria in Placement Accreditation Speaker: Lorraine Nuttall

- 1. Pre visit
- 2. Clinical Assessment
- 3. Availability of Resources in Clinical Placements
- 4. Conduct of the visit
- 5. Report

#### **Group Work using Case Studies**

The scenarios discussed by groups of participants were:

- A request for a clinical placement department to be a major concurrent placement site for two HEIs
- A course proposal where the clinical is concentrated in the final year.
- Are differential requirements needed as regards practice for students undertaking 2 year accelerated degree
- What emphasis should the JVC place on the QAA Benchmark statements for therapeutic and diagnostic radiography
- Acceptable proportion of clinical experience gained in a skills lab
- Managing the situation were students raise the issue that they have felt that their training has been compromised the range of different staff undergoing training and feel unsupported by clinical staff.

#### Panel Discussion

A number of issues were put to the panel of speakers for comment, these included:

- The possible expansion of the JVC role with the change in legislation and the issue of evidence of continuing fitness to practice
- Need for M-level courses pre-registration

It was emphasised that JVC validators were representatives of the JVC and could bring issues back to the JVC for advice and support.

In her closing remarks Kathy Burgess, JVC chair commented on the changing environment, that multi-professional validations are likely to become the norm, the need for care and to address dilemmas.

### JVC responds to HPC Consultation

At its meeting in September, the afternoon was set aside to respond to the HPC consultation. Marc Seale, HPC Chief Executive attended and gave an overview of the consultation to date. Discussion was restricted to the questions with a direct bearing on education and training. These included the .PC's approach to developing standards of proficiency, new standards of education, admission criteria, course approval criteria including those for clinical placements and whether non UK courses be assessed. The time scale was thought be unrealistic for developing standards of proficiency. The JVC believed that there should be differentiation between standards of proficiency that are discipline specific and those common to all professions. The professional body should determine the discipline specific standards with the role of the HPC to draw together those common to all professions.

It was the view of the JVC that new standards of education and training cannot be developed immediately, but needed to evolve. Standards should be produced by drawing on what currently exists and adding to these where necessary. A partnership approach was favoured required including higher education institutions as an important stakeholder, together with the statutory body, professional bodies and practitioners. Issues identified for consideration included:

- Increasing flexibility and diversity of education;
- independence from political agendas;
- safeguarding the quality of care;
- competence to undertake extended roles and issues pertinent to the scope of practice;
- education and training and professional conduct issues.

The JVC agreed with the proposal not to set detailed admission requirements and recommended a pragmatic in allowing HEIs to set entry requirements consistent with the required outcomes of the programme. The JVC were of the view that the HPC should be concerned with the outcome from programmes, not the point of entry.

The JVC did not support the HPC's approach to developing new approval criteria. It was felt that the HPC should value existing criteria developed by the JVC and that validation should continue to be through joint arrangements, developed and owned jointly with professional bodies.

The JVC were to point out that the recently introduced Staff: Student Ratio requirement was critical to prevent programmes being adversely affected. It was also the view of the JVC that the proposed arrangements place undue reliance on the Quality Assurance Agency.

In regard to placements the JVC considered that approval of courses should include practice placements as they form an integral component of all radiography courses. Concerning the potential assessment of non-UK courses, the JVC considers that the HPC should not assess these, as it would involve too great a workload when the main concern is the UK. Furthermore this approach was not considered an appropriate use of registrant's money.

An additional comment related to serious concerns if radiography educationalists and managers are excluded from the register. These play key roles in the delivery of courses and assessment of competencies at pre- and post registration. They directly and indirectly influence patient carc. It is the clear view of the JVC that educators and managers should remain on the register and would welcome dialogue with the HPC on this issue.

Hertfordshire. His professional interests include curriculum development, the impact of technology and the professionalisation and development of radiography.

#### JVC Members

#### **Health Professionals Council**

Kathy Burgess (Vice Chair) Rosemary Klem John Newton Lorraine Nuttall Julie O'Boyle

College Nominations

Charlotte Beardmore Julia Henderson Maureen McPake Audrey Paterson Richard Price (Chair) Ily Rea

#### **JVC Secretariat**

Mary EMBLETON MA, TDCR, DRI. Secretariat Joint Validation Committee The College of Radiographers 207 Providence Square Mill Street LONDON SEI 2EW

Telephone and answerphone: Fax: E-mail: 020 7740 7220 020 7740 7233 maryc@sor.org

Michele LANDAU JVC Administrative Assistant The College of Radiographers 207 Providence Square ill Street LONDON SEI 2EW

Telephone and answerphone: Fax: Email 020 7740 7226 020 7740 7233 michelel@sor.org

#### Pen Profile

#### **Richard Price**



Richard Price was elected Chair of the JVC in 2002. He was instrumental in establishing the JVC in 1993 and has participated in numerous validation and reviews over the ast decade. A past President of the Society and College of Radiographers, he was awarded the Gold Medal of the Society and College in 1995. Currently, he is head of the Department of Radiography at the University of

#### Kathy Burgess

I am head of the Division of Radiotherapy in the Department of Allied Health Professions within the Faculty of Medicine at the University of Liverpool where I am responsible for the delivery of the BSc (Hons) Radiotherapy programme. I teach all levels of the programme and some of the modules that I am involved with are shared learning ones with Diagnostic Radiography, Occupational Therapy, Orthopaedics and Physiotherapy undergraduates such as Communications Skills and Research Methods and Statistics. I am also a tutor on the medical students' Communications Skills course. My research interests have mainly focused on descriptive epidemiological issues partly because I have access to the Merseyside and Cheshire Cancer Registry, which is located at the University.

I first became involved with the JVC following appointment to the Radiographers' Board at the CPSM. Since 1998 I have been Chairperson of the JVC for two years and I am currently in my second term as Vice Chairperson. I have participated in several validations on behalf of the JVC and I continue to work with the HPC on behalf of the profession.

#### JVC Secretary - Mary Embleton



Mary is a Professional Officer of the Society of Radiographers. Her main role is as secretary to the JVC and She is responsible for arrangements for meetings, workshops and validations and providing advice on JVC policy and procedures.

After being Principal of a School of Radiotherapy with the additional responsibility for A Diploma in Radionuclide Imaging in the 80s she took a career break and lived in Germany for a couple of years. Having gained a Masters degree in Higher and Professional Education she joined the staff at the Society of Radiographer at the beginning of 1996 and took on the role of JVC Secretary a year later.

Tel; 020 7740 7220 Email: marye@sor.org

# OCCUPATIONAL THERAPISTS

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# PRE-REGISTRATION EDUCATION AND TRAINING WORKING GROUP

# **OCCUPATIONAL THERAPY**

# **CATEGORIES OF APPROVAL & CONTINUED APPROVAL**

# 1. Approval of New Courses under Section 4(1)(a) and (b) and Institutions under Section 4(1)(c) of the PSM Act 1960

(By the Privy Council, forwarded from the Council on the recommendation of the ETC acting on the advice of a subordinate body)

Title of Course	Postgraduate Diploma/MSc Allied Health Professional Studies (Occupational Therapy)
Type of Course	Full time (Graduate Entry)
Institute delivering the Course	University of Teesside
Qualification(s) to be approved for State Registration	Postgraduate Diploma in Occupational Therapy (PgD OT)
Awarding Body	University of Teesside
Length of Course	Two years minimum (4 years maximum)
With effect from	February 2003
Date of Validation of Event	19-20 March 2002
Participants in the approval process	University of Teesside College of Occupational Therapists Health Professions Council
Outstanding Conditions	None
JVC/JQAC Comments and Conditions	New programme/course recommended for approval for 5 years commencing February 2003
Recommendation for Approval supported by: Course Documents A visitors report (or equivalent) Record of peer professional discussion and agreement to the recommendation	Report of validation event and copies of Definitive Course Documents lodged with JVC

### Postgraduate Diploma in Occupational Therapy University of Teesside

#### **Revalidation Summary**

Date of Revalidation Event:

19/20 March 2002

JVC Representatives:

Mrs Ruth Heames Professor Don Watson

Date Report Received by JVC: September 2002

JVC Recommendation:

The Joint Validation Committee was satisfied that all the conditions to the validation of the new 2year graduate entry full time programme for the award of a Postgraduate Diploma Occupational Therapy (PgDip OT) awarded by the University of Teesside have been met. The JVC was also satisfied that the recommendations of the panel have been sufficiently addressed. The JVC recommendation for its approval as a course conferring eligibility for state registration and approval by Privy Council is forwarded to the Education and Training Committee.

The **recommendation for approval** of the University of Teesside as an institution that is well organised and equipped to deliver the validated course is forwarded to the Education and Training Committee.

Course	Postgraduate Diploma in Occupational Therapy
Type of Course	Graduate entry full time in higher education
<u>Institution</u>	University of Teesside
<u>Qualification</u>	Postgraduate Diploma in Occupational Therapy
Awarded by	University of Teesside
Length of Course	Two years (90 weeks) by full time attendance
Start Date	February 2003
Date of Next Review	Before February 2008
Recommendation Submitted to:	
Education & Training Committee: 25 November 2002	

Education & Training Committee:

25 November 2002