

**Agenda Item 12**

**Enclosure 9**

**Paper ETC 58/02**

**Education and Training Committee**

**NOTES OF MEETINGS OF PRE-REGISTRATION EDUCATION  
AND TRAINING WORKING GROUPS AND JOINT  
VALIDATION/JOINT QUALITY ASSURANCE COMMITTEES  
SINCE THE LAST COMMITTEE MEETING AND SCHEDULES OF  
CHAIRMAN'S ACTION TAKEN**

**From the Secretary**

**FOR DISCUSSION AND DECISION**

FOR ACTION

**PRE-REGISTRATION EDUCATION AND TRAINING WORKING  
GROUP**

**ARTS THERAPISTS**

**CATEGORIES OF APPROVAL & CONTINUED APPROVAL**

**RECOMMENDATIONS FROM A POSTAL MEETING**

**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)

PgD in Music Therapy (Nordoff-Robbins)      University of Edinburgh

**Continued Approval of courses, examinations, qualifications and  
institutions under Section 5**

PgD in Art Psychotherapy

University of Sheffield

# HEALTH PROFESSIONS COUNCIL

## Education and Training Committee

### **Report of visitors appointed by the Council under the transitional powers of the Education and Training Committee to the University of Edinburgh.**

Date of Visit: 28 May 2002

Visitors: Ms Rachel Darnley-Smith (Convenor), Professor Ian Craib and Mr John Fulton accompanied by Mr Dugald MacInnes.

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#### **1 Introduction**

1.1 The Health Professions Council (HPC) came into existence on 1 April 2002 as a result of the passing of the Health Professions Order 2001. The HPC replaced the Arts Therapists Board as the statutory regulatory body for the Arts Therapies but, until the Privy Council agrees the HPC's own procedures, rules and regulations in 2003, the HPC is perforce obliged to use the procedures of the former Board under the terms of the Professions Supplementary to Medicine Act 1960. The visit, therefore, was undertaken by the HPC under Section 4 of the Professions Supplementary to Medicine Act 1960.

#### **1.2 The Professions Supplementary to Medicine Act 1960**

1.2.i It was the statutory duty of the former Arts Therapists Board under Section 4 of the Act, to approve courses of training and qualifications and the institutions offering courses, or parts of courses, giving eligibility for State Registration. It was also the duty of the Board, under Section 5 of the Act, to keep itself informed as to the nature of the instruction given at approved institutions to persons attending approved courses of training. It was the duty of the Board's visitors appointed under Section 5 to report to the Board as to the sufficiency of the instruction given to persons attending approved courses of training.

1.2.ii Under the transitional arrangements this report will be submitted to the Education and Training Committee of the HPC. The purpose of this visit was to ensure that the University was "organised and equipped" to deliver a course with eligibility for State Registration. It was made following a request from the University to approve its proposals to introduce a Postgraduate Diploma in Music Therapy (Nordoff-Robbins) with effect from August 2002. Obviously, therefore the visit was preliminary in nature and, of course, there were no students for the visitors to meet.

1.2.iii The visitors were grateful to the University for submitting an information booklet prior to their visit which provided as far as was possible the information and statistics normally requested by the Board. The visitors also had the benefit of comments from colleagues on JQAC to inform the visit.

## **2 Institutional Context**

2.1 The course will offer a Postgraduate Diploma in Music Therapy (Nordoff-Robbins). It will be based in the Moray House School of Education of the University and it is hoped that Music Therapy students will be able to feel part of the larger School structure. The course will run for 36 weeks full-time and be offered to 12 students. (The visitors were informed that to date there had been thirteen applications for the course.)

2.2 (i) The visitors first met the following members of the Senior Management Team:-

Professor Gordon Kirk	Dean of the Faculty of Education;
Professor Pamela Munn	Associate Dean (Postgraduate);
Dr Charles Anderson	Academic Co-ordinator of the Modular Masters Scheme;
Mr Mike Quickfall	Head of the Department of Curriculum Research and Development;
Mrs Janet Rennie	Faculty Group Officer
Mrs Lisa Brannan	Administrative Officer (Postgraduate)

2.2 (ii) The Dean began the discussion by informing the visitors of the University's 160 year old support of programmes in support of personal, educational and social development. Its ethos was to produce a strong professional competence based on a broad approach to ensure a good grounding in the relevant discipline and encourage confidence working in partnership with professionals in the appropriate fields. As a progressive and forward looking University, it existed to develop scholarly talent and to underpin all the courses offered. This proposed course would fit in well as part of the University's overall portfolio.

2.2 (iii) Obviously in deciding whether to proceed with the course the University had given careful consideration to the resource implications. The existing Faculty of Education, for example, had two libraries with a wide ranging stock but, in discussions with the Programme Organiser, suggested additions had been considered, particularly in journal provision and for further instrumental provision. These were in the course of implementation. Access to computers was at present on a 1:5 ratio per student and was available on a booking system

2.2 (iv) The Dean then informed the visitors of the University's proposals for a £1.5million refurbishment programme affecting the Moray House premises which would have an effect on the physical resources available for this course. He was confident, with the preliminary planning and consultation that had taken place, this would pose no problems. The visitors agreed that the dedicated space proposed would meet the requirements as set out in the JQAC handbook.

2.2 (v) The visitors were informed that administrative support was available across the Faculty on the basis of 4.3 staff to support the 43 academics within it. The University recognised the importance of students to have access to staff and the degree of teamwork and inter-changeability of staff within the present framework was regarded as beneficial. The placement procedure would also be adequately supported.

2.2 (vi) In its forward planning the University had considered the possibility of a drop in recruitment to the course. In that context resources were important but they were not the end of the line and might be addressed, for example, by dropping intake for one year. Nonetheless, existing University structures and procedures were designed to cope with such problems should they arise and it was not the University's policy to adopt a hardline approach in such situations.

2.2 (vii) Finally, the visitors were assured that resources and opportunities would be available for staff research and attendance at conferences.

### **3 Meeting with Course Team**

3.1 The visitors met with the following staff of the Course Team:-

Mr James Robertson Programme Organiser;  
Mr Chris Achenbach Director of Services for Nordoff-Robbins Music Therapy in Scotland;  
Mrs Mary Brown Professional Mentor;  
Mrs Janet Halton Professional Mentor;  
Mr Brian Smith Professional Mentor;  
Mrs Lisa Brannan Administrative Officer (Postgraduate)  
Mrs Lisa Danczyszak Clerical Officer (Postgraduate).

3.2 The visitors first discussed with the staff the place of Adult mental health within the programme. They were informed that the University's Department of Psychology would be providing a considerable input to this area, advising on appropriate texts and about 50% of teaching time will be devoted to the topic. This will be further informed by the Programme Organiser's work at the Royal Edinburgh Hospital. Clinical placements (and the visitors were informed that it was the University's aim to provide two contrasting ones) would also play a part. The University would also work with an organisation called "Headway" which dealt with people with brain damage and placements would also be sought in the prison environment and with Departments of Social Work.

3.3 Where administrative support was concerned, the staff were satisfied with that which they had received so far, particularly with reference to advertising and publicising the course. Once established, additional support would also be available from Nordoff-Robbins.

3.4 The visitors were also satisfied of the staff's commitment to their availability to students. At present this was obviously an unknown factor, but it was the intention to make available the services of a Professional Mentor for students while on placement. Additionally Professional Mentors would be informed of what was required of them and, equally, it was important for students to know what would be provided by the Clinical Supervisor (at the University) and by the Professional Mentor. Meetings to this end would be arranged as appropriate.

3.5 The visitors voiced some concerns about the profile of professional competence as outlined in the University's documentation. While the staff would prefer to avoid giving detailed gradings, it was accepted on both sides that the advice and comments component of the exercise could be expanded. Equally the assessment through clinical supervision could raise cause for concern, but the staff believed that arrangements for tripartite discussions and reviews would answer this.

3.6 Preparation of a handbook for students and the provision of ancillary information for students was well under way and the staff were well aware of the students' need to be adequately advised of the need to undertake personal therapy and the implications involved.

3.7(i) One particular item for discussion with the visitors was the University's original proposal to provide a Certificate in Therapeutic Approaches (Music) for students who might not complete the eight modules required for the Diploma award. The visitors appreciated the rationale behind this approach and were informed that only the Diploma route for the course had been advertised and that it would be made clear to any students that the award of a certificate would not qualify them for State Registration and practice as registered Music Therapists. The University understood the need for "Protection of Title".

3.7(ii) Nonetheless the visitors believed that this was not the time to offer an alternative qualification. Once the course had become established, alternatives might be looked at and considered in line with the overall legislation governing the role of HPC. The visitors therefore have suggested as a requirement in this report that references to the Certificate be deleted from the documentation and that it should not be offered at this stage as part of this course.

3.8 Insofar as the proposals for the Music Therapy Module to outline how theory would underpin practice, students would need to be made aware of the wider perspectives involved in the application of Music Therapy particularly relating to institutional dynamics and other psychodynamic processes such as transference. Learning clinical music skills would be part of the course and this would include the consideration of musical and non-musical dynamics.

3.9 The staff assured the visitors that the proper mechanics would be in place for the completion of safety checks.

3.10 They also agreed with the visitors that the present suggested bibliography would need to be expanded and the visitors noted that it was a preliminary submission to help to inform this visit.

3.11 The staff also informed the visitors that they considered the present allocation of accommodation for the course was generous and that its needs would be met in the refurbishment programme. Following their tour of the premises the visitors would agree with this assessment but indicate later in this report that the Council should revisit in 2003 to assess the practical effects of that programme on this course.

3.12 Overall the visitors believed that being based in the University of Edinburgh provided this course with considerable resources and that the links with Nordoff-Robbins would enhance this but the role of the latter was viewed as an enabling and enhancing one.

#### **4 Physical Resources**

4.1 As indicated in para 3.11 above, the visitors toured the Moray House site where the course will be situated. Based on a mediaeval Town House overlooking the Royal Mile, the campus has been expanded with the addition of several more buildings over the years. Teaching for this course will be provided in one built in 1996 and refurbished in 1998. The Library and IT facilities were well housed and the video facilities were also good as were the present teaching areas and studios. The library was open from 9.00am till 10.00pm Mondays to Thursdays and till 5.00pm on Fridays. It was also open on Saturday mornings. The computer room was open until 8.45pm but 24 hour access was available elsewhere.

4.2 Refectory facilities for students were good and there was also a student counselling service on site providing a range of services including dyslexia support.

4.3 Finally the visitors were pleased to learn that the architects heading the project were working closely with the Programme Organiser and other practitioners on the refurbishment project and it is their view that it would be successfully completed.

#### **5 Staffing**

5.1(i) At present seven staff have been confirmed as having a teaching responsibility for the programme. Additional staff were currently being approached both internal and external to the University and the Council would be informed of any further appointments as they are made. At present three visiting lecturers had been confirmed but arrangements were in hand to appoint representatives from the Scottish Arts Therapies Forum to teach particular inputs from the Therapeutic Practice and Allied Professions module. This will include input from an Art Therapist, a Dramatherapist and a Dance & Movement Therapist. Further input to this module is expected from a Speech



and Language Therapist, a Physiotherapist, an Occupational Therapist and a representative from the counselling professions.

5.1 (ii) A voice tutor was being sought for the Music Studies module.

5.1(iii) Teaching inputs on adult mental health issues were likely to be delivered by staff from the Department of Psychology.

5.1(iv) Finally, arrangements had been made for Dr Clive Robbins and Dr Alan Turry (from the Nordoff-Robbins Center for Music Therapy, New York University) to visit the University next spring. It is intended they will provide teaching inputs on site as well as visiting students as part of their placement module.

5.1(v) The visitors were informed that other members of the Scottish Music Therapy Council had expressed an interest to provide a one-off teaching input on a particular area of their own expertise. These were currently being considered and again the Council will be informed of any developments.

5.2 The University has a comprehensive strategic plan for Research Strategy outlining various projects up until the year 2003.

## **6 Monitoring and Evaluation**

6.1 The visitors were informed that it is proposed to monitor the effectiveness of the programme in the following ways;

(a) by means of student evaluation upon completion of each module using a Module feedback form;

(b) by means of student evaluation upon completion of the programme as a whole;

(c) through statistical analysis of student enrolment, retention, completion and employment rates;

(d) through termly meetings of a Programme Committee whose membership will also include a student representative; and

(e) through verification of standards undertaken by the appointed External Examiner in collaboration with the Chief Examiner of the Modular Masters Scheme.

6.2 An External Examiner will be appointed prior to the commencement of the programme. He/she will verify samples of student assessments across the required modules for the programme. The External Examiner will also attend the final case study presentations and vivas at the end of the third term. Modules which form a part of other

professional domains or awards would also be verified by the External Examiner responsible for those particular areas.

## **7 Administration**

7.1 The visitors were satisfied that the criteria for admission and selection, including the arrangements for police checks, were satisfactory.

## **8 Conclusion**

8.1 The visitors believed both from the revised course documentation and the discussions during the day that the proposed course was now much improved in terms of meeting JQAC requirements. In particular, the new structure, with free standing modules for some of the core music therapy elements, rather than the shared modules with other courses as proposed initially, will more appropriately prepare music therapists for State Registration. However the visitors raised the following concerns with the University:-

(a) further clarification of where clinical music *therapy* skills are taught is needed (for example under 'Music Studies/appendix 7');

(b) there appeared to be a lack of Music Therapy theoretical components in the course which needed to be addressed;

(c) the visitors appreciated that, while students' individual therapy must be private and external to the course, they noticed that both this and the compulsory Clinical Support Group would not be assessed. It was considered important that students' personal development be assessed in some way since this was often one of the most complex and crucial areas when assessing whether a student was ready to be State Registered. At the very least the procedures must comply with the requirement in para 9.3.6 (b) of the JQAC handbook.

(d) the proposed bibliography needed to be expanded; in particular it needed a more theoretical psychodynamic input;

(e) finally, since the document had been prepared prior to the establishment of the HPC it would need to be revised in some areas to take account of that change.

## **9 Requirements**

9.1 The visitors require

a. that the proposal for the Award of a Certificate in Therapeutic Approaches (Music) be removed.

b. a Student Handbook must be prepared prior to the start of the course.

## 10 Recommendations

10.1 The visitors recommend that

a. the concerns addressed in paragraph 8 above should be resolved as soon as practicable;

b. the position of the programme organiser within the Faculty structure should be properly recognised and remunerated;

c. the space for comments in the profile of professional competence should be expanded;

11 The visitors recommend to the Council:-

a. that subject to the requirements in paragraph 9 above being met, the University of Edinburgh be approved under Section 4 of the Professions Supplementary to Medicine Act 1960 as being properly organised and equipped for conducting the proposed Postgraduate Diploma in Music Therapy (Nordoff-Robbins)

b. that the next visit be undertaken in May 2003

12 The visitors wish to place on record their appreciation of the welcome and hospitality afforded them by the staff of the University.



**Rachel Darnley-Smith**



**Ian Craib**



**John Fulton**

# **HEALTH PROFESSIONS COUNCIL**

## **Education and Training Committee**

**Report of visitors appointed by the Council under the transitional powers of the Education and Training Committee to the University of Sheffield.**

Date of Visit: 16 July 2002.

Visitors: Mr. Michael Barham, Mrs. Joan Woddis accompanied by Mr Dugald MacInnes

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### **1 Introduction**

1.1 The Health Professions Council (HPC) came into existence on 1 April 2002 as a result of the passing of the Health Professions Order 2001. The HPC replaced the Arts Therapists Board at the former Council for Professions Supplementary to Medicine as the statutory regulatory body for the Arts Therapies but, until the Privy Council agrees the HPC's own procedures, rules and regulations in 2003, the HPC is perforce obliged to use the procedures of the former Board under the terms of the Professions Supplementary to Medicine Act 1960. This visit therefore was undertaken within the terms of that Act.

1.2 It was the statutory duty of the former Board to approve courses of training and qualifications and the institutions offering courses or parts of courses, giving eligibility for State Registration. It remains the HPC's responsibility to ensure that an approved institution is and remains properly organised and equipped to conduct the whole or any part of an approved course and to keep itself satisfied as to the nature and sufficiency of the instruction given.

1.3 Visitors from the Arts Therapists Board had previously visited the University on 21 November 2000. They had made a number of recommendations relating to the course, but these were not directly relevant to this visit. However, the Council would still wish to see them adopted. The then visitors had recommended to the former Board that the University be approved to conduct the Postgraduate Diploma in Art Psychotherapy. This recommendation to approve was determined by the Privy Council on 29 July 2002.

1.4 Earlier this year (2002) the Council was informed that the University had decided to reallocate the accommodation provided for the course to different premises. It was, therefore, necessary for the Council using the statutory powers conferred on it by the PSM Act 1960 to ensure that the approved course could still be satisfactorily delivered on the new site particularly since the previous visitors had found the then accommodation impressive and meeting the requirements of the course.

1.5 To meet the requirements of the Act and, since the accommodation was proposed for use from the autumn of this year, the visit had to be conducted at somewhat shorter notice than the Council would usually have preferred. The visitors appreciate that this caused some difficulties for the University but were grateful that members of the course team were able to show them round. They were particularly grateful to Mr Chapman from the Estates Department for his time and trouble in guiding them round the facilities and explaining the nature of the refurbishment programme that was proposed for the premises.

1.6 The visitors considered that a further visit would be required to approve the completed work to ensure it meets the requirements set out later in this report and that every effort would be made to ensure that this visit would be convenient for all concerned. The visitors are only too aware that the participation of all those involved in the provision of this course is essential to its continuing success. In that context they would like to congratulate the University on the investment it is making in this highly valued provision.

## **2 The Accommodation**

2.1 The visitors were given a comprehensive tour of the accommodation which is housed in previous hospital facilities. The ground floor will provide adequate studio space and further lecture, seminar and tutorial space will be available on the third floor. The ground floor area will be devoted solely to the course and rooms on the third floor will be available on a block booking system for which this course will have first refusal. There are also library, recreational facilities and staff accommodation on the ground floor. Access for the disabled is adequate, but could be improved.

2.2 The relocation of the site does not impinge on, or reduce access to, other University facilities.

2.3 The visitors had the opportunity to discuss the new site with the course team, three students who will be taught in the new building, and one graduate who experienced the final term of the course in this accommodation. The view of all was that the accommodation would be much better than that previously provided.

## **3 Conclusion**

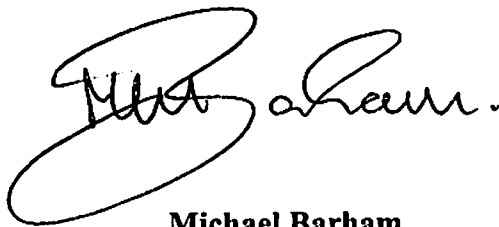
3.1 Following these discussions and their own consideration of the needs for the course, the visitors would report that the new accommodation is satisfactory and, once the proposed refurbishment indicated by the University is completed, it will be more than satisfactory, although externally they would recommend it could do with "a lick of paint" but they require that:-

- (a) the present partition wall between studios two and three on the ground floor is demolished thereby providing three rather than four studios, (but all with the advantage of natural light);
- (b) the repair of the heating system so that it is possible to control the temperature properly, (at present it can only be turned to maximum or off);
- (c) all work is certified on completion as meeting the requirements of the Health and Safety at Work Act and its associated regulations;
- (d) a block booking system is made available on an annual basis to meet the teaching requirements of the course in the accommodation on the third floor; and
- (e) these requirements be met in time for the start of the new academic year, or as soon as possible thereafter


**4 The visitors recommend to the Council that:**

- (a) subject to the requirements in paragraph 3 above being met, the University of Sheffield continue to be approved under Section 4(1)(c) of the Professions Supplementary to Medicine Act 1960 as being properly organised and equipped for conducting the approved course Postgraduate Diploma in Art Psychotherapy.
- (b) that the next visit be undertaken in November 2003.

**5 The visitors wish to place on record their appreciation of the welcome and hospitality afforded them by the Course Director and her team.**



**Michael Barham**



**Joan Woddis**

## **Annex 1**

### **Staff met during the visit**

<b>John Chapman</b>	<b>Estates</b>
<b>Simon Hackett</b>	<b>Placement Supervisor</b>
<b>Patrick Loftus</b>	
<b>David Maclagan</b>	
<b>Janette Moon</b>	
<b>Mary Pearce</b>	
<b>Laura Richardson</b>	
<b>Therese Richardson</b>	
<b>Sally Weston</b>	
<b>Dr Chris Wood</b>	

### **Apologies received from**

<b>Simon Bell</b>	
<b>Helen Wiseman</b>	<b>Therapy Manager responsible for multiple placements</b>

**PRE-REGISTRATION EDUCATION AND TRAINING WORKING  
GROUP**

**RADIOGRAPHERS**

**CATEGORIES OF APPROVAL & CONTINUED APPROVAL**

**Continued Approval of courses, examinations, qualifications and  
institutions under Section 5**

<b>BSc (Hons) Diagnostic Radiography</b>	<b>Suffolk College</b>
<b>BSc (Hons) Oncology and Radiotherapy Technology</b>	<b>Suffolk College</b>



## MEETING OF THE JOINT VALIDATION COMMITTEE HELD ON 16 SEPTEMBER 2002

**PRESENT:** Richard Price (Chair)  
Charlotte Beardmore  
Kathy Burgess  
Julia Henderson  
Rosemary Klem  
Maureen McPake  
John Newton  
Lorraine Nuttall  
Julie O'Boyle  
Audrey Paterson  
Billy Rea

**IN ATTENDANCE:** Tom Berrie  
Mary Embleton  
Ethna Glean  
Marc Seale (item 31)

### 18. APOLOGIES FOR ABSENCE

Apologies for absence were received from Professor Anthony Hazell and Caroline Wright.

### 19. MEMBERSHIP

19.1 The Committee noted that Council of the College of Radiographers has appointed Maureen McPake as one of its representatives. Consequently, Angela Duxbury is no longer a representative on the JVC. The Committee agreed that a letter of thanks be sent to Angela Duxbury

19.2 The Committee noted that the Health Professions Council (HPC) have constituted Education and Training working groups consisting of the JVC members, the profession's HPC member and alternate and a lay member of the HPC. The lay member for radiography is Professor Anthony Hazell. Clarification was requested as to the nature of the Education and Training Working Groups. These bodies had been constituted as advisory sub-committees of the HPC for technical reasons. This meant they did not have to be chaired by Health Professions Council Members. It meant that Health Professions Council lay members had been invited to participate in their work (and could be seen as a type of ex-officio member for simplicity).

19.3 The JVC noted that as Professor Hitchen no longer meets the criteria for HPC appointment to the JVC as an educationalist there is now a vacancy for an HPC representative on the JVC. It was agreed that the HPC be approached formally regarding appointment of a representative to fill the vacancy. The Committee agreed that a letter of thanks be sent to Professor Hitchen.

### 20. MINUTES OF LAST MEETING

20.1 Minute 6.3.2.2 , second sentence should read ..*The Secretary reported...*

20.2 Minute 6.3.8.2 should read ...*a proposal for an increase in the number...*

20.3 Minute 6.3.9.1, second sentence should read ...*first and second year students....*

20.4 Minute 6.3.17.1, third sentence should read... *discussed identification of common learning, development of a common approach to learning support roles and placement learning audit.*

**21. MATTERS ARISING FROM THE MINUTES NOT OTHERWISE ON THE AGENDA**

**21.1 Report of Chair's Action**

The JVC received and approved Chair's action subsequent to the meeting of 23 April 2002 (copy appended in the minute book). It was noted that the last meeting of the HPC Education and Committee had not been quorate.

**21.2 Monitoring Report for 2001/2001 (item 9.1)**

The JVC noted that the final draft of the Monitoring Report for the 2000/2001 academic year had been edited and forwarded to parent bodies and education centres.

**21.3 Annual Report of the JVC (item 10)**

The JVC noted that the Annual Report of the JVC for the 2001/2002 constitutional year had been forwarded to parent bodies and circulated to education centres.

**21.4 Other Matters**

Kathy Burgess queried whether a letter had been sent to Queen Margaret University College (item 6.3.7). It was agreed that the Secretariat would check.

**ACTION: SEC**

**22. COURSE UPDATE**

22.1 The course update document was noted.

**22.2 Link Persons**

The Committee agreed the appointment of the following Link Persons to the institutions with a vacancy.

Kingston University - Maureen McPake  
Queen Margaret University College – John Newton  
Suffolk College- Maureen McPake  
University of Wales College of Medicine – Audrey Paterson

**22.3 General matters for consideration**

22.3.1 Proposal for approval of clinical placements.

Peter Burley asked whether "the JVC would be content with the position that new, or replacement, or closed down placements be considered a matter which falls under Section 4(1)(c) of the the PSM Act 1960 at a whole institution level." This would mean that the HEI notifies the JVC of any changes and unless they constituted a major change in the circumstances of the course and its existing approval, then no further action is needed. Once the JVC has made the judgement that all is well then it can notify the institution that it will not be advising ETC that any action is needed. The Secretary reported that the President of the College of Radiographers endorsed this approach. It was also noted that this was in line with recommendations accepted by parent bodies as part of 'Meeting the Challenge – The JVC Response'.

## 22.4 Increase in commissioned numbers

Ethna Glean reported that as of 6 September 2002, 1066 Diagnostic places had been commissioned and universities had recruited 1064 students while in Radiotherapy 299 places had been commissioned and 269 students recruited. It was noted that not all students take up their places and some Universities were still interviewing. Ethna commented that some centres had expressed concern about having sufficient clinical placements. The College of Radiographers agreed to carry out a further survey in early October. Concern was expressed at possible attrition, due to delays to checks by the Criminal Records Bureau and unavailability of TB vaccine.

## 22.5 Course specific matters

### 22.5.1 CANTERBURY CHRIST CHURCH UNIVERSITY COLLEGE (R)

22.5.1.1 The Committee noted that the College had informed the JVC that all health and social care education was now within a single Faculty of Health. Radiography was now part of the Department of Allied Health Professions headed by Mrs Moira Helm with Peter Milburn as the Professional Lead for Radiography.

22.5.1.2 It was noted that Canterbury Christ Church University College had submitted a proposal for an increase in JVC approved numbers, a satellite placement at Queen Victoria Hospital, East Grinstead connected with the placement at Pembury and Tunbridge Well Hospitals, and a new placement at Darent Valley Hospital to be shared with South Bank University. Lorraine Nuttall had reviewed documentation. A clinical placement proforma and further documentation concerning Darent Valley had been requested. It was agreed that Chair's action be taken on their receipt.

**ACTION: CHAIR**

### 22.5.2 CITY UNIVERSITY (London) (R&T)

22.5.2.1 The Committee noted that City University had submitted a proposal for approval of the X-Ray Department, Basildon Hospital (Basildon and Thurrock General Hospitals NHS Trust). Billy Rea, JVC Link person reviewed the documentation and recommended to the JVC that the placement be approved.

**THE JVC AGREED THAT THE PLACEMENT BE APPROVED.**

22.5.2.2 It was noted that Council of the College of Radiographers approved the Postgraduate Diploma in Diagnostic Radiography (with eligibility for state registration) at City University for purposes of professional accreditation. The Health Professions Council forwarded a recommendation to Privy Council for approval for purposes of state registration.

22.5.2.3 It was noted that City University had advised the Secretariat it was developing a new PgD in conjunction with the School of Nursing and Medical School and was looking at holding a multi-professional validation in February 2003. Rosemary Klem to be the JVC lead representative.

### 22.5.3 KINGSTON UNIVERSITY/ ST GEORGE'S HOSPITAL MEDICAL SCHOOL (R&T)

22.5.3.1 The JVC noted that Kingston University informed the Secretariat to expect the review/revalidation of the BSc (Hons) Diagnostic Radiography and BSc (Hons) Therapeutic Radiography to be held in May 2003. Julie O'Boyle to be the JVC lead and Maureen McPake to be one of the other JVC representatives.

22.5.3.2 It was noted that Kingston University had submitted a proposal for approval of West Middlesex Hospital as an additional Diagnostic Clinical Placement. It was agreed that Rosemary Klem and Maureen McPake would review the documentation with Chair's action to be taken on receipt of their advice.

**ACTION: CHAIR**

#### **22.5.4 UNIVERSITY OF LEEDS (R&T)**

- 22.5.4.1 It was noted that the University of Leeds had advised the JVC that internal validation was expected to take place in early autumn 2002 and that they hoped revalidation of the BHSc (Hons) Radiography could be held in the early part of 2003. Billy Rea to be the JVC lead representative.
- 22.5.4.2 The JVC noted that John Newton, JVC link person had reviewed the proposal for approval of the Department of Radiology at the Scarborough and North East Yorkshire Healthcare NHS Trust and recommended approval.

**THE JVC AGREED THAT THE PLACEMENT BE APPROVED.**

#### **22.5.5 OXFORD CENTRE FOR RADIOGRAPHIC STUDIES (RMCS Cranfield University) (R&T)**

- 22.5.5.1 It was noted that the contract for training of students from the 2003 intake was currently out to tender.

#### **22.5.6 SOUTH BANK UNIVERSITY (R&T)**

- 22.5.6.1 It was noted that South Bank University had advised the JVC that it would be holding a validation event for 2 new programmes (part-time 4 year in-service):

BSc (Hons) Diagnostic Radiography

BSc (Hons) Therapeutic Radiography

and periodic review of the BSc (Hons) Diagnostic Imaging (Radiography) on 12 and 13 November 2002. Kathy Burgess, Steve Milner, Beverley Snaith and one other to be JVC representatives.

#### **22.5.7 Postgraduate Diploma in Radiation Oncology Practice**

- 22.5.7.1 The JVC noted that recommendations for continued approval of the programme formerly titled Postgraduate Diploma in Radiation Oncology Practice awarded by St Georges Hospital Medical School and for approval of a change in awarding body to South Bank University and in title to Postgraduate Diploma in Therapeutic Radiography had been forwarded to parent bodies.

#### **22.5.8 SHEFFIELD HALLAM UNIVERSITY (R&T)**

- 22.5.8.1 The JVC noted that recommendations for continued approval of the BSc (Hons) Radiotherapy and Oncology (full-time) and BSc (Hons) Radiotherapy and Oncology (part-time) had been forwarded to parent bodies.
- 22.5.8.2 Kathy Burgess reported that there had been some discrepancies between the University and JVC's figures concerning the approved numbers at some clinical placements. It had been agreed that the proposed numbers be approved for the 2002 intake and reviewed subsequent to clinical placement visits to be undertaken prior to the next meeting of the JVC.

#### **22.5.9 ST MARTIN'S COLLEGE (Lancaster) (R)**

- 22.5.9.1 As noted at the September 2001 meeting St Martin's College informed the Secretariat that it was developing a 2 year accelerated programme in Diagnostic Radiography. Audrey Paterson to be the JVC lead representative.

#### **22.5.10 UNIVERSITY OF SALFORD (R)**

- 22.5.10.1 The JVC noted that the University would be holding a process validation of the BSc programme for several health care professions with a generic first year which students could exit with a Cert HE; a discipline specific second year with elements of shared learning which students could exit with a foundation degree and be eligible for employment as an assistant practitioner and the final 15 months leading to the BSc and eligibility for state registration. John Newton and Lorraine Nuttall, JVC representatives had received some initial documentation and identified some issues of concern.

**22.5.11 SUFFOLK COLLEGE (Ipswich) (R&T)**

22.5.11.1 A report of the revalidation event on 22 May 2002 to consider proposed substantial changes to the Radiography programmes was received. John Newton reported that the original approval for the Diagnostic Programme had been for Hons, whilst the Radiotherapy programmes developed later had been Hons and Pass. They had considered requesting approval for a pass award in the diagnostic programme but after taking advice from the Secretariat and himself decided to cease to award a pass in the Radiotherapy programme.

22.5.11.2 The Committee agreed the following recommendation be forwarded to parent bodies:

**THAT THE BSc (Hons) DIAGNOSTIC RADIOGRAPHY AND THE BSc (Hons) ONCOLOGY AND RADIOTHERAPY TECHNOLOGY, SUFFOLK COLLEGE, AND ASSOCIATED CLINICAL PLACEMENTS CONTINUE TO BE APPROVE FOR THE PURPOSES OF STATE REGISTRATION AND PROFESSIONAL ACCREDITATION**

**22.5.12 UNIVERSITY OF CENTRAL ENGLAND IN BIRMINGHAM (West Midlands School of Radiography and Podiatry) (R&T)**

JVC member interest – Rosemary Klem, employee

22.5.12.1 The JVC noted that University of Central England had submitted a proposal for an increase in JVC approved annual intake and two new clinical placements shared with other Universities. Richard Price will review the documentation and it was agreed that Chair's action be taken.

**ACTION: CHAIR**

22.5.12.2 It was noted that University of Central England had advised the Secretariat that it would be approaching the JVC to seek participation in validation of a part-time pathway for both the Diagnostic and Radiotherapy programmes. Charlotte Beardmore to be the JVC lead representative.

**22.5.13 UNIVERSITY OF DERBY (R&T)**

22.5.13.1 The JVC noted that the University of Derby had informed the Secretariat that it was proposing to develop a part-time route. Richard Price to be the JVC lead representative.

**22.5.14 UNIVERSITY OF HERTFORDSHIRE (R&T)**

22.5.14.1 The JVC noted that recommendations for approval of the BSc (Hons) Diagnostic Radiography Imaging and BSc (Hons) Radiotherapy and Oncology had been forwarded to parent bodies.

**22.5.15 UNIVERSITY OF LIVERPOOL (R&T)**

22.5.15.1 The JVC noted that the Secretary had attended a Joint Revalidation Planning meeting held on 8 August 2002 to discuss logistics of the inter-professional validation to be held on 4 – 6 March 2003. Richard Price to be the JVC lead representative.

**22.5.16 UNIVERSITY OF PORTSMOUTH (R&T)**

22.5.16.1 The JVC noted that the Secretary attended a meeting of Project Regulator group on 5 September 2002. She reported that they appear to have separated learning in common and inter-professional learning. The inter-professional learning consisted of 4 units; unit 1 University based and units 2-4 practice based, constituting 40 of the 360 units. It would, therefore, be a small part of individual programmes. It seems that there will not be a very large multi-professional validation, probably only programmes due for revalidation such as Radiography and Radiotherapy.

The 4 inter-professional units are largely repackaging of content and if Radiography programmes were not due for revalidation it would probably just be reviewed by the link person. What the University would probably do is send documentation to all professions with an understanding that once approved, no single profession could then revisit it at programme validation because of the effect on the other programmes.

## **22.5.17 UNIVERSITY OF TEESSIDE (R)**

22.5.17.1 The JVC received the confirmed report of the multi-professional validation event of the pre-registration masters programme in Diagnostic Radiography, held on 20 March 2002. Richard Price reported that since the validation, the Secretary and himself had met with representatives of the University. Revised documentation had been received and the representatives agreed that the conditions had been met but clarification was being sought on a number of points within the documentation. It was agreed that, subject to receipt of the requested clarification, a recommendation for approval of the PgD/MSc Allied Health Professional Studies (with eligibility for state registration – Diagnostic Radiography) be forwarded to parent bodies.

## **22.5.18 UNIVERSITY OF WALES, BANGOR (R)**

22.5.18.1 The Committee noted that the University of Wales, Bangor had notified the Secretariat that it was proposing to hold the re-validation of the BSc (Hons) Radiography and Diagnostic Imaging in April 2003. Julia Henderson to be JVC lead representative.

22.5.18.2 The JVC noted that Penny Nash had informed the Secretariat that she had been made Head of School for a period of three years from 1 August 2002.

## **22.5.19 UNIVERSITY OF WEST OF ENGLAND (Bristol) (R&T)**

22.5.19.1 As noted at the September 2001 meeting the University submitted a proposal for an increase in JVC approved annual intake and approval of three additional major diagnostic clinical placements. A letter had been sent in May asking for further information prior to enrolment of the 2002 cohort of students. A response had been received reviewed by Rosemary Klem as JVC link person.

The JVC agreed to approve the increase from 5 – 6 students at the Royal Cornwall Hospital.

An increase at North Bristol NHS Trust was not approved as no report had been received, and thus no evidence provided to support such an increase.

Subject to receipt of clarification of staffing levels to support an increase at the Plymouth Hospitals NHS Trust, the JVC was prepared to approve an increase to 7 students per intake.

The JVC did not approve the proposal for change in approval for the Clinical Oncology Department, Royal Cornwall Hospital for 2002, but agreed that it should be approved for a maximum of 3 students per cohort and 6 students at any one time from Autumn 2003 when the second linear accelerator is operational.

## **22.6. *Staff Student Ratios***

The Secretary reported that the letter accompanying the Monitoring Schedule had asked Universities to advise the JVC on measures taken to comply with JVC required SSR. Responses received by the Secretariat had been forwarded to JVC link persons.

## **23. MONITORING SCHEDULE**

The Committee noted that the monitoring schedules were circulated at the beginning of June for return by 31 July 2002. The Secretary reported that only about a third had been returned and a reminder was being sent to HEIs.

**ACTION: SEC**

## **24. JVC WORKING PARTY DOCUMENTS**

- 24.1 The JVC considered the draft document Guidance for the Development and Approval of M Level courses with eligibility for state registration.
- 24.2 The JVC considered the draft document Advice on the Development of part-time BSc (Hons) radiography programmes.

The Committee identified an area in each document, which needed some modification to provide greater clarity. It was agreed that Audrey Paterson would draft the amendments and circulate to Kathy Burgess and Richard Price for working party agreement.

The Committee agreed that these documents be approved subject to the above modification.

## **25. EDUCATIONALIST FORUM OF HPC**

The Committee received the notes of the meeting of the Educationalists Forum held on 22 May 2002. Concern was expressed at the reference in Item 3, 02/07 to the importance of practitioner reviewer in the QAA/NHS Prototype Review. The committee was not aware of any evidence to show their importance and questioned their role. The Committee requested that clarification be sought on who practitioner reviewers are, how they are appointed and their remit.

## **26. QUALITY ASSURANCE AGENCY**

Rosemary Klem, HPC representative and Mary Embleton, College of Radiographers representative reported on the meeting of the QAA Steering Group in relation to prototype reviews meeting held on 12<sup>th</sup> September 2002. It was noted that the prototype reviews were complete. There would be one more meeting to receive the evaluation report. Evaluation given at the meeting had mentioned concerns about difficulties in arranging dates of visits, in accessing information from web sites and in communication between members of review teams prior to visits.

It was drawn to the attention of the Committee that the current agreement between the DH and QAA ended at the end of 2002 and there may be other contenders for a new contract.

## **27. JVC NEWS LETTER**

A draft design was circulated to indicate a possible format and content headings for a newsletter to be produced by the Chair and Secretariat with the aim of sending the first issue out to HEIs Workforce Development Confederations and Clinical Departments by the end of October. It was agreed that parent bodies be asked to put the newsletter on their websites.

## **28. ITEMS REFERRED FROM PARENT BODIES**

- 28.1 The JVC considered a request from Council of the College of Radiographers as to whether information collected by the JVC could be made available to others who were meeting to discuss recruitment into the profession. It was agreed that general information could be shared, but the JVC had a responsibility to institutions and individuals not to use information for purposes other than that for which it is provided. There might be concern as to the interpretation that could be put on certain data. The JVC would need a specific request and details of the purpose and use to which any data was to be put in order to consider any such request.

- 28.2 The JVC noted the documentation dated May 2002 from Health Professions Wales. Concern was expressed that it was nursing led and sought to own quality assurance procedures. Parent bodies would need to keep a watching brief and if necessary seek clarification on the perceived role of Health Professions Wales with regard to the regulated allied health professions.

28.3 Ethna Glean spoke to the paper 'Education and Professional Strategy' - The need for a Curriculum Framework which had been approved by council of the College of Radiographers and circulated top members as of the JVC and asked for a nominee from the JVC to Chair the Project Working Group.

The decision was deferred so members could discuss representation during the lunch break. During the afternoon session the Chair announced that he had agreed to take on this role.

28.4 The JVC noted that the Council of the College of Radiographers had approved in principle a recommendation concerning membership and student registration fees for those undertaking in-service degree programmes.

28.5 The JVC noted an e-mail from someone setting up a degree programme for radiographers in Zambia requesting assistance. The Secretary said the lady would be passing through the UK shortly and would welcome the opportunity to meet a representative. It was agreed the Secretary would e-mail JVC members when she knew the date.

## 29. ANY OTHER BUSINESS

29.1 An invitation had been received for the JVC to send 2 representatives to a Meeting the Challenge Meeting on 1 October 2002. It was agreed that Julia Henderson and the Secretary would attend.

29.2 Julia Henderson asked if the JVC had issued advice on students with disabilities. It was noted that the Professional body, but not the JVC had issued advice. It was agreed this be an item for the next agenda.

## 30. DATES OF FUTURE MEETINGS

30.1 The date for the next meeting was confirmed as Monday 2 December 2002.

30.2 The provisional date for the following meeting was set as Thursday 10<sup>th</sup> April 2003.

This section of the meeting closed at 12.45pm.

## 31. HPC CONSULTATION

The afternoon was devoted to discussion of the JVC Response to the HPC Consultation.

Marc Seale, HPC Chief Executive was welcomed to the meeting and gave an overview of the consultation process to date.

The JVC discussed the Education section of the consultation document and how it wished to respond to the questions posed. Other points on which members wished to make comment were noted .

It was agreed that the Secretary would draft the JVC response, which would be approved by the Chair before being forwarded to the HPC.

The meeting closed at 4.00 PM.



QUALITY STANDARDS COMMITTEE

**BSc (Hons) DIAGNOSTIC RADIOGRAPHY**

**BSc (Hons) ONCOLOGY AND RADIOTHERAPY TECHNOLOGY**

**Joint Validation event with the Joint Validation Committee of the College of Radiographers and Health Professions Council held at Suffolk College on Wednesday, 22 May 2002**

Present	Margaret Woods (Chair)	Dean of Quality Enhancement (HE)
	Jenny Braithwaite	Senior Lecturer, Dept of Pre-Registration Nursing, Midwifery & Social Work
	Carol Faiers	Senior Lecturer, Department of Business & Management
	David Rutherford	Principal Lecturer, Department of Social Studies
	JVC Representatives:	
	John Newton	University of Wales College of Medicine
	Irene McIntyre	University of Ulster

**1 Introduction**

Following welcome and introductions, the Chair outlined the purpose of the event that was to validate a BSc (Hons) Diagnostic Radiography and a BSc (Hons) Oncology & Radiotherapy Technology, and outlined the range of possible outcomes.

The representatives of the Joint Validation Committee (JVC) of the College of Radiographers and Health Professions Council had visited The Ipswich Hospital Education Centre on Tuesday 21 May 2002 when they had toured the facilities, interviewed clinical managers and students and met with the senior course managers, and they were invited to report on their findings.

**2 Report on the Site Visit held on Tuesday 21 May 2002**

The representatives began by asking for, and receiving, confirmation that the titles of the courses under consideration had not changed from those previously registered. The purpose of their site visit was to ensure that the clinical part of the education met the approved standards, and they advised that documentary evidence of clinical placements would be needed together with a record of the discussions that took place with clinical managers.

Because the needs of the students on the two courses would be different, the JVC representatives had separated, one interviewing the Diagnostic clinical managers and students and the other the Radiotherapy managers and students. Summaries of the discussions that took place were as follows:

**2.1 Meeting with Diagnostic Clinical Managers from West Suffolk, Addenbrooke's, Peterborough, Colchester General and Ipswich Hospitals**

**Issues:**

- Entry Requirements should be adhered to, particularly for GNVQ
- Greater opportunity required for Continuing Professional Development – qualified practitioners have to travel further afield
- Benchmarks – managers did not appear to be aware of them

**Positive aspects:**

- Modular degree welcomed
  - more flexibility
  - advanced practitioner module will be beneficial
- Suffolk College students were well trained and made very good employees

- All managers had had the opportunity to input to the development of the new programme
- They had representatives on the Course Committee
- Educational Liaison Group – was an important forum as it provided opportunity to discuss issues, eg accommodation, uniforms, etc.
- They were involved in student selection/recruitment
- There was excellent communication between the Education Centre and clinical departments.

Clinical managers had closed by saying “Together we turn out extremely good Radiographers”.

## 2.2 Meeting with Diagnostic Students: 1 x 3<sup>rd</sup> Year Ipswich; 1 x 2<sup>nd</sup> year Ipswich; 2 x 1<sup>st</sup> year Norfolk and Norwich/Colchester

- One member of staff down (the extended absence was later explained by Managers) and modules had not been covered as well as students would have liked (Diagnostic Imaging Technology and Professional Practice)
- Level of input from clinical lecturers varies across sites
- Different equipment used, eg some digital, some not, but assessment can be on either and students might not have had opportunity to use both.
- Library – never has enough books
  - Suffolk College (Rope Walk) Library too limited
  - Access to internet/e-mail facilities is via the Rope Walk site
- Skeletal models are all based on Ipswich site – advantageous to Ipswich students, but others may have to travel some distance
- Resources at Suffolk College
  - Some rooms are too small for numbers of students
  - Rooms change – students and tutors have to move equipment from room to room
  - Inability to darken rooms
  - No light boxes
- Students rarely mix with others
  - High proportion of mature students on the course who have home and family priorities
  - Some mix with Nursing and Midwifery students

### Positive aspects

- Do have avenues for raising issues – usually via tutor
- Lecturer support for clinical placement is good
- Feedback mechanisms improving/improved
- Staff training in the new process
- Personal tutors are approachable
  - See at beginning and end of each placement, and in between if necessary, but tend to use Clinical Tutors
- One mature student moved to Ipswich to attend the course as he had received the most positive response to his enquiries from Suffolk College
- Staff are supportive ...”always there for you ... they want you to qualify and will put themselves out to help you”.

## 2.3 Meeting with Radiotherapy Clinical Managers from Ipswich, Norfolk & Norwich & Addenbrooke’s Hospitals

The JVC representative reported that the clinical managers had been very supportive of the course in general and liked the integrated approach that had been adopted. Initially they had been consulted on the development of the programme but over time the consultation process had faded away. However, there had been no major concerns about this as the managers had been aware that the course was a “repackaging” of the previous one.

However, they had considered that the lines of communication could be improved as students were always present at any joint discussions that took place and this had a tendency to inhibit some of the discussions they might like to have. It was thought a clinical liaison committee that might consider issues wider than matters relating to the degree would be a helpful forum and might include discussions on such topics as opportunities for assistants to develop and seek further study. Whilst a lot of continuing professional development was undertaken in-house, no academic credit was being achieved.

The recruitment drive had been strong, and the College and the appointment of the Recruitment Co-ordinator had had a lot to do with that, but the managers considered they, too, had made a positive contribution. They had been included in and commended the interview process. Mentoring was voluntary and involved clinical lecturers spending time in training, and they were appreciative of the fact that this training was site specific.

Students had access to Libraries on clinical sites, but couldn't take the books out.

There were technical issues in departments or ongoing research projects that they considered students could be directed towards for use in their projects.

How academic staff would maintain their clinical competence had been questioned, and concern had been expressed that if students had flexibility to access only aspects of the course, where would the extra places come from.

#### 2.4 Meeting with Radiotherapy Students: 2 x 3<sup>rd</sup> yr; 2 x 2<sup>nd</sup> yr; 2 x 1<sup>st</sup> yr

Third year students had been exceptionally supportive. They had found their placement over two sites to have been a positive and beneficial experience and had experienced a range of equipment and varying management styles. They had found a very good balance between academic and clinical placement, and had been complimentary of clinical tutors.

They had not been fully aware of the new programmes, but when it had been explained to them they had been supportive of the concept.

They considered that mentors generally could be made more aware of the aims and objectives of the course and thought clinical lecturers should observe them "on set" as they were more aware of the educational outcomes.

They considered that hospital library facilities could be improved as they could not take out the books and were not able to use the terminals and printers.

They had complained of some financial issues relating to their accommodation and thought that their induction could have included stronger reference to the student support services available, eg the Hardship Fund. They had commented on their lack of integration with other students.

In conclusion, the students had been happy about the course and they had been glad they had taken a course in Radiography.

#### 2.5 Meeting with Senior Course Managers:

Present: JVC representatives  
Jayne Taylor, Dean, School of Health  
Jane Day, Associate Dean, Radiography

The JVC representatives and the course managers had fully discussed the positive aspects reported and the issues raised by clinical managers and students. During discussion note was made of the following.

In respect of continuing professional development (CPD) opportunities for practitioners, managers reported that despite discussions with the Education Consortium over a period of a year the Consortium had decided to retain the funding and provide CPD opportunities themselves.

Course managers reported that Suffolk College very recently had been granted New Technology Institute (NTI) status. This would attract new funding and there was some talk of a 'new build' campus that might include an Institute of Health. A Public Enquiry into the sale of the current campus would be held in the autumn.

In respect of resources, successful bids to the HEFCE Development Fund for Learning and Teaching had provided for additional staff development activities that had enabled staff to attend national and international conferences and had provided additional funds for library stocks.

As a result of the issues raised by students about resources at the Rope Walk site, a tour of the timetabled rooms used by the students together with library and IT facilities available to them had been arranged for the Wednesday morning, just prior to the validation event. JVC representatives commented favourably on their findings and reported that they had received a different impression of the resources to that created by the students.

### **3 Meeting of the Panel**

The Chair advised on the range of possible outcomes and invited the panel to give their initial impressions and to identify any matters they wished to discuss with the course team. The following were noted:

#### **3.1 Background to programme/rationale**

- What integration there would be with other health care professionals

#### **3.2 Programme aims and learning outcomes**

- Level 3 aims and learning outcomes and grade descriptors
- Good integration of benchmarks
- How programme Learning and Teaching Strategy equates with those of the sector and School

#### **3.3 Curriculum and assessment**

- Content of the curricula
- Pharmacology module options
- Sciences modules – preparatory fundamentals
- Assessment strategy – the need to pass all modules
- New assessment regulations for degree programmes
- Sample assignments

#### **3.4 Student experience**

##### **3.4 (i) Admissions and induction**

- Entry requirements/new curricula

##### **3.4 (ii) Student handbook**

- Overall very good – only a few minor issues

##### **3.4 (iii) Teaching and learning**

- Management of the programme – how it works, eg modules have one leader with a number of other contributors, how is this co-ordinated

##### **3.4 (iv) Tutorial and study support/key or lifelong learning skills**

- Explore the graduate key skills that had been well mapped through
- Support for students in view of widened entry gate

- 3.4 (v) Practice/work experience/placement
  - Role of the clinical mentor
  - Grading of practice
- 3.4 (vi) Physical resources
- 3.4 (vii) Staffing levels, staff competence and scholarly activity
  - Levels and the student:staff ratio
  - CPD
- 3.5 Quality management and enhancement
  - In relation to the annual self assessment, review and evaluation of the course, how issues in respect of curriculum and teaching and learning had been dealt with
  - What is the quality assurance process for monitoring and assessment
- 3.6 Programme specific and any other issues
  - Student holidays
- 3.7 Documentation
  - The team were commended on the documentation
- 3.8 Course files
  - had been well ordered, with very detailed minutes and evidence of very good practice

#### **4 Meeting with Course Team**

##### **4.1 Background to programme/rationale**

The Course Leaders advised of the reasons for converting the provision to a modular structure that had included taking account of changes in the profession. It was considered the new structure would provide opportunity to mix the students more easily with other groups of health care professionals; theory and practice elements of each course had been brought more closely together; overall the programme was more flexible; and, closer monitoring would be possible.

##### **4.2 Programme aims and learning outcomes**

The panel and team discussed how the inter-professional training and education referred to in the rationale would be implemented. Only Nursing and Midwifery students were taught at Suffolk College. The team referred to the modules that could be delivered jointly with nurses and/or midwives, advised that most modules had a learning outcome that related to inter-professional working and that it would be reflected in clinical placement. The team also outlined other opportunities that are afforded to students, eg shadowing managers, working with dieticians.

The panel asked about the level 3 descriptors and the generic statement on page 6 of the documents and suggested that the level descriptors on modules appeared to be weaker. It was noted that students must be (and probably were) able to demonstrate the higher cognitive skills required of a graduate, and the learning outcomes must therefore reflect those.

##### **4.3 Curriculum and Assessment**

###### **1 Curriculum**

The panel and team discussed at some length where students with non-traditional backgrounds would be taught the fundamentals in anatomy and physics. The team advised that these essentials ran throughout the modules, the foundations being set in year one, to their application in year two, and the requirement for students to demonstrate their understanding at level three.

It was advised that in the Individually Negotiated Study module students would have an opportunity to explore a specialist area in depth. The team outlined how this would be quality assured and confirmed that students would not be allowed to duplicate the assessment of this module with the Research Project.

One of the JVC representatives suggested that both staff and students needed time for reflection and thought the workload for students, and therefore for staff high. This was discussed and the team were happy with the assessment pattern. He also believed there may be too few holidays for students within the programme of study.

The Pharmacology Module was referred to, and in particular aim 3 that provided for an "either/or" option, and the JVC representative thought that Radiotherapy students needed a background in contrast agents and that this section of the module should be taught to both groups, although in greater depth to Diagnostic students. The team confirmed that Radiotherapy students would indeed receive such grounding in contrast agents, but advised that it was spread throughout the professional practice modules. The JVC representative thought that this should be made more explicit within the documentation.

The team identified for the panel where in the documentation there was reference to intravenous injections benchmarks.

## 2 Assessment

The team advised that although the assessment schedule may have looked heavy to the panel, there was no more assessment than in the past. The portfolios of practice evidence would be assessed by mentors and clinical lecturers in the departments, whilst assignments and examinations would be marked by lecturers. The team thought that although OSCEs and *vivas* might take time to set up they did not take too much time to mark.

The requirement for students to pass all elements of the course was discussed and it was advised that College Assessment Regulations did not allow compensation. Arrangements for referral and resubmission were outlined. The use and importance of practice portfolios that were looked at by clinical staff and mentors were considered.

The panel referred to the clinical managers' suggestion of opportunities for students to link into ongoing projects within departments for their own projects and whilst the team acknowledged that this did happen in some instances, advised that they would exercise caution to ensure that students were not coerced into something that they didn't want to do.

Sample assessments were referred to and it was noted that in the Professional Practice module, Key Skills were not mentioned in the assignment brief and Learning Outcomes 1 to 5 were not converted into assessment criteria. Also, students must be required to use Harvard referencing accurately and not just "demonstrate an understanding" of the system as written in some modules

## 4.4 Student Experience

The documents showed clearly how Graduate Key Skills were mapped into the programme, but, asking from a student perspective, the panel wanted to know how they would find out about them if they were not signposted within all assignments. The team confirmed that this would be done and that due to an oversight they had simply been missed out of one or two module specifications in the document.

One of the strengths identified in the Self-evaluation document had been that the course did give the students a strong foundation, but one of the panel thought that this appeared to have disappeared in the new documentation. The team advised that the principles previously applied remained, but that they had been integrated into the modular structure in various ways.

In terms of tutorial support and guidance, particularly for students without a science background, the team advocated that they had always operated with a wide entry gate and were used to supporting such students. The personal tutorial system worked well and identified those who were struggling in any way. Indeed, they considered that in the new programme it would be even easier to identify anyone in difficulty. There would be increased peer support and revisions session tailored to the needs of individuals throughout reading weeks.

All students would be interviewed prior to entry and would be advised of the demands of the course. Those with insufficient entry qualifications would be referred to the Foundation Science or Access courses. Lots of work was undertaken with students preparing them for the clinical environment, including clinical visits and speaking to other students. The team assured the panel that clinical managers were involved in the selection process and students would not be taken on just to fill places.

Students had implied they had no opportunity to mix with other students. The team thought that facilities and opportunities available to students were well publicised, eg student union, gym, etc. The team did what they could to promote the social activities of the College but students had to want to take advantage of what was available.

Arrangements for tutorial support and guidance were considered.

In relation to management of the course, it was advised that module teams would meet on a regular basis to ensure that the module overall was working. Employing large teams for the Radiotherapy Physics modules ensured that those delivering had a direct knowledge of their subject content.

The team was asked about the use of "integration" and what methods were employed and explained how theory and practice would be assessed in the modular structure.

In response to student references to mentors needing to know the aims and objectives of the student learning outcomes, the team advised that all mentors attended a training session and visits were made to ensure parity of assessment across the sites.

The team was asked how it would ensure that support for students across the various clinical sites was equitable and advised that all those involved in supporting students came together to discuss issues. Whilst it was unlikely that it could be achieved, parity was their aim.

The differences in the experience of students in respect of the equipment used at the various placements were considered but it was advised very few students wanted to rotate their sites, although this option was the subject of debate.

The team agreed that it would be made clear to students in advance of going into practice that mentors had a role in assessment.

#### 4.5 Quality management and enhancement

The team was asked about outcomes for grading practice and how performance grids distinguish between levels 1, 2 and 3 and advised that the distinction was in the learning objectives at the different levels. They were asked how quality of grading was monitored across the sites and advised of staff development, moderation and other mechanisms in place.

External Examiners had commented on the moderation of the dissertation and the team was asked about the robust system put in place that included a clear grid system and double marking processes. It was also advised that the College was currently reviewing its Assessment Moderation Policy to ensure that it accorded with the QAA Code of Practice.

The processes and procedures in place for monitoring quality were outlined and included peer observation of teaching, management observation, module feedback from students and student exist questionnaires. The quality of the course had been commended by QAA and had received a score of 21/24.

#### 4.6 Programme specific issues

Clinical managers had thought that lines of communication could be improved if students were not always present at meetings. The team advised that it had already been agreed that such meetings should take place at the end of the regular Course Committees and agreed that meetings without students present would be beneficial and positive.

The JVC representatives and team considered the need for strong links from NVQ training of Radiography Assistants into further and higher education, and for continuing professional development for all professionals from entry through to masters level programmes, and it was agreed that these matters also could be discussed at such meetings.

4.7 Documentation: noted at 3.7 above

4.8 Course files: noted at 3.8 above

### **OUTCOME**

Following discussion, the panel unanimously agreed that, subject to conditions and recommendations, the BSc (Hons) Diagnostic Radiography and BSc (Hons) Oncology and Radiotherapy Technology should be validated for a period of five years from September 2002 and that such recommendation would also be made to the JVC of the College of Radiographers and Health Care Professionals. The conditions to be met by the team were:

### **CONDITIONS**

- 1 To ensure that Learning Outcomes are appropriate for the level of study and:
  - a. that level descriptors match level outcomes;
  - b. that descriptors are amended so that there is a requirement to correctly reference according to the Harvard system;
  - c. that there is an assessment criterion for each learning outcome.
- 2 In respect of Entry Qualifications, that precedence is given to the new qualifications at GCE A/AS levels and VCE A levels.
- 3 That the numbers of students for which the courses should be validated together with the numbers of staff are made available to JVC.

### **RECOMMENDATIONS**

- 1 In respect of interprofessionability, that the team considers building upon existing practice.
- 2 That consideration is given to the balance between study hours and holidays.
- 3 In respect of clinical liaison that consideration is given to:
  - a. building on the practice already begun of linking students' final year projects with clinical departments' projects;
  - b. linking NVQs into preparation for moving into higher education.
- 4 That the team considers ways of ensuring there is parity of student experience across clinical placements.
5. That the delivery of "contrast agents" is emphasised within the documentation.

**Date of Conditions Meeting:** Wednesday, 26 June 2002 at 9.30 am in the Chair's Office.

**Cath Hamilton**  
**Deputy Academic Registrar**

**11 June 2002**



**PRE-REGISTRATION EDUCATION AND TRAINING WORKING  
GROUP**

**SPEECH AND LANGUAGE THERAPISTS**

**CATEGORIES OF APPROVAL & CONTINUED APPROVAL**

**Continued Approval of courses, examinations, qualifications and  
institutions under Section 5**

**BSc (Hons) Speech Pathology and Therapy      Manchester Metropolitan  
University**

**BSc (Hons) Psychology and Speech Pathology      Manchester Metropolitan  
University**

**JOINT ACCREDITATION COMMITTEE  
of the Health Professions Council  
and the Royal College of Speech & Language Therapists**

**Sub-Committee of the HPC Education & Training Committee**

A meeting of the JAC was held at 12.30 at RCSLT, 2 White Hart Yard, SE1 1NX on Monday, 16 September 2002.

**MINUTES**

Present: Dr Gaye Powell, Chair  
Ms Lesley Culling  
Ms Aileen Patterson  
In attendance: Mr Peter Burley, from item 7  
Ms Ulua Falk  
Ms Lucinda Pilgrim  
Mrs Sylvia Stirling

19/02 Apologies for absence

Apologies for absence were received from Dr Susan Edwards, and Dr Jane Maxim, her alternate.

20/02 Minutes of the last meeting (Item 2)

The Committee received and approved Minutes of the last meeting held on 23 April 2002 [Minutes 5/02 - 18/02].

The Committee noted that they were now formally a sub-committee of the Education and Training Committee of the Health Professions Council, and that in future a report of the meeting would be transmitted to that Committee. A name given by HPC to the committee was "Joint Quality Advisory Committee." However, as it was known to RCSLT members as the Joint Accreditation Committee, and it was only likely to remain in existence for a few further months, it seemed sensible to retain the name it was currently known by, rather than add confusion.

*Matters arising from the Minutes*

21/02 Arising from Minute 18/02 attendance at meetings

The Committee noted that it had been agreed at the meeting that members would provide the name of alternates, to ensure that there were sufficient members present to form a quorum (half the members). Members had subsequently proposed the names of alternates, as follows:

Gaye Powell - alternate Monica Bray  
Susan Edwards - alternate Jane Maxim  
Aileen Patterson - alternate Shelagh Brumfitt  
Lesley Culling - alternate Lorna Povey

In the absence of Gaye Powell, the Deputy Chair, Susan Edwards would act as Chair.

The Committee noted that the onus was on the Committee Member to ensure their alternate was told of dates they could not attend, and for the committee member either to let the secretary of the JAC know, in order to send agenda papers to the alternate, or to forward the papers themselves. Committee papers would not normally be sent both to the member and to their alternate.

**22/02 Arising from Minute 16/02 Joint Accreditation Committee: Panel Members**

The Committee asked that more managers be added to the list of possible Panel members for visits to HEIs. In particular the names of Margaret Lines, and Helen Mould should be added, now that they were members of the RCSLT Education and Workforce Development Board.

The Education Board should be asked for further nominations at its next meeting.

**23/02 Arising from Minute 9/02**  
**University of Central England in Birmingham**

1. Lucinda Pilgrim reported that she had not, so far, taken action over writing to the University of Central England concerning their failure to meet one of the conditions imposed by the Panel on their visit in April 2001.
2. In discussion it was agreed that it would be helpful to have the weight of the HPC behind any further correspondence with the University. The secretary of the JAC would draft a letter for Lucinda Pilgrim to send on HPC headed paper, and which would set out the exact position concerning conditions the university had met, and the condition it had so far failed to meet.
3. A deadline for response of 14 days from the date the letter was sent should be imposed. The letter should set out the format for the response, and also request numbers of students admitted in September 2002. The draft was to be approved by Gaye Powell and Aileen Patterson before it was sent.
4. The Committee was aware that the drafting of conditions was extremely difficult and the wording of one of the conditions arising from the Panel visit to UCE gave the university opportunity for

obfuscation in its response. There appeared to have been a similar history over previous visits.

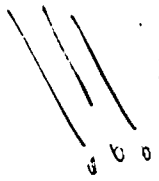
24/02 Work which has taken place since the last meeting (Item 4)

1. Peter Burley reported that since the last meeting, the Health Professions Council consultation document had been published and widely circulated. Responses were welcomed from all registrants and any members of the public with an interest in the exercise. Consultation events were taking place all over the country, and there had been a good response to the events with quite large numbers of people attending them. The consultation period came to an end on 30 September.
2. So far as education and training is concerned, the consultation document was not very specifically worded (it had been noticed that in places the document was very detailed and specific, and in others it appeared rather more open). This was intentional, as there were a number of initiatives in place at the moment and it was not possible to predict the outcomes.
3. The QAA had been commissioned by the HPC to look at standards of proficiency, and an event had been arranged for 31 October to get this work under way. Three representatives had been put forward by RCSLT: Sue Franklin, Daphne Waters, and Rosalind Gray. The outcome of this work would be particularly relevant to grandparenting, and to assessing whether overseas qualified therapists should be given state registration.
4. The HPC was working towards getting "good practise" procedures in place, which was why the secretary had been asked for criteria for appointment of Panel members (known as partners, which included the term "visitor".)
5. The response to the feedback will be launched on 5 November in Belfast.

25/02 HPC Education and Training Committee (Item 5)

1. The Committee received an oral report from the Secretary on the meeting of the HPC Education & Training Committee held on 4 September 2002.
2. The workload of the Education & Training Committee [ETC] was immense, because it had both to continue the quality assurance work for all the pre-registration courses of the 12 professions; to determine how to deal with the results of the consultation process in the very short timescale available and carry out the work; and keep a watching brief on all related initiatives arising from external bodies, ie the

consultation on funding pre- and post-registration education; the QAA prototype visits to courses, etc.

- 
3. The work of the ETC had been hampered by the fact that at two recent meetings it had not been quorate, on both occasions partly because the HPC itself had asked committee members to attend consultation meetings.

26/02 City University (ref. Min 10/02) (Item 6)

1. The Committee considered City University's response to the Panel Report, and noted that despite assurances given by the Vice-Chancellor to the Panel during their meeting in March, demolition work which was to start immediately to make space for a new purpose built building for the Department of Language and Communication Sciences had still not begun.
2. The Committee agreed that a letter be sent to City University welcoming the plans for 2004, and seeking absolute assurances that accommodation is adequate for the new intake and proposed increased intakes for the next 3 years. The Committee was extremely concerned that the space provision would impact very negatively on the student experience, which was already less than ideal.
3. The letter would also request information about numbers of students recruited in October 2002.
4. The letter would be drafted by the secretary, for the Chair's signature.

27/02 Manchester Metropolitan University (ref. Min 11/02) (Item 7)

1. The Committee considered the Panel Report from the visit to Manchester Metropolitan University on 3 and July 2002. The Committee noted the Panel had considered that the lengthening of the 3- year course, to 3.3 years amounted to a new course, but after discussion felt that it was safe to re-accredit, rather than consider it a completely new course.
2. The Committee considered, however, that it was wise of the visiting panel to flag up the possibility that the change in length might be regarded by the Privy Council as the introduction of a new course. The secretary was asked to amend the panel report as appropriate, showing that the JAC now took ownership, and make a recommendation to the Education and Training Committee that the report be accepted and that no conditions be imposed.
3. The secretary drew to the attention of the Committee changes to the University regulations which were of concern to the Course Team. The secretary was asked to find out from Jo Brayton whether the physiotherapists had objected to the regulations at MMU, but in any

case should send a letter to the Course Leader in support of exceptions to the general university regulations for undergraduate courses on the grounds of the need for students to demonstrate sufficient knowledge and skill to practise safely.

**28/02 University of Sheffield (ref. Min 12/02) (Item 8)**

The Committee noted that the University was not able to accept the Panel on the November dates previously proposed, and that instead agreement had been reached that the Panel visit on 12 and 13 December. Proposals for membership were Gaye Powell, Convenor, Julie Nettleton (UCE), Eryl Evans (Manager), and a member of academic staff from a university with a medical school. Suggestions were put forward for possible members. Jenny Ford would be asked to join the panel visiting QMUC instead.

**29/02 University of Reading (ref. Min 13/02) (Item 9)**

The Committee noted that documentation from the University of Reading concerning changes to their course had not yet been received. The secretary was asked to remind the Course Leader of the need to provide documentation in support of any significant changes to the courses.

**30/02 College of St Mark & St John (ref. Min 14/02) (Item 10)**

1. The Committee noted that Ms Rosalind Gray attended the College of St Mark & St John's validation event for their restructured course, as part of the Peninsula collaboration, and had provided a report to the Committee. The secretary was asked to pass on their thanks to Ms Gray for her attendance at the event.
2. The Committee noted the content of the report and the concerns of their representative about the course. After discussion it was agreed that the changes were such as to constitute the introduction of a new course, and that this needed a proper accreditation/validation visit, with the involvement of the Workforce Development Confederation. The secretary was asked to write to the course leader and to set up a visit to the course.

**31/02 Queen Margaret University College (Item 11)  
BSc/BSc(Hons) Speech Pathology and Therapy**

1. The Committee noted that the Queen Margaret University College courses were to be re-accredited in March 2003, and that QMUC would prefer the week beginning 3 March for the visit which would be a joint re-validation event with QMUC staff.
2. The Committee suggested the names of Jenny Ford and Lesley Culling as Panel members for the event, together with James Law, Jane Maxim, Gerry Doherty or Tom Klee as convenor, depending upon who was able to attend the Sheffield visit.

32/02 University of Wales Institute, Cardiff (Item 12)  
BSc(Hons) Speech and Language Therapy

The Committee noted that the course at the University of Wales Institute, Cardiff, was to be re-accredited in April 2003, and proposed that Anna van der Gaag and Lorna Povey be asked to be members of the Panel, with one of the convenors previously proposed.

33/02 Health Professions Council Consultation Document (Item 13)

The Committee considered whether the JAC wished to make a response to the HPC document and agreed that the secretary draft a response to relevant parts of the document for consideration by the chair. In particular a response to the sections on unprofessional advice were important so far as pre- and post-registration education was concerned.

34/02 QAA Standards of Proficiency sub-group (Item 14)

The Committee noted that Sue Franklin, Rosalind Gray, and Daphne Waters names had been given to QAA to work with a sub-group of the benchmark committee to look at standards of proficiency for the profession.

*Any other business*

35/02 Panel Members for Accreditation Visits (Item 15)

In response to a request from Peter Burley for criteria for selection of Panel members, the secretary had drafted a document setting out the criteria used, as far as possible, in selection of Panel members. The pool of academic staff to draw upon was very small, and it was considered essential that there should be no current connection between the Panel member and the HEI being visited. Members of the Committee were asked to let the secretary know if they had amendments to make to the document.

36/02 Date of Next Meeting (Item 16)

The next meeting will be held at 12.30 p.m. on Wednesday, 15 January 2003. A sandwich lunch will be available immediately beforehand.

*Circulation*

Dr Gaye Powell, JAC Chair

Ms Lesley Culling

Dr Susan Edwards

Mrs Aileen Patterson

Dr Peter Burley, HPC

Ms Lucinda Pilgrim, HPC

Dr Catherine Adams, RCSLT Chair, Education & Workforce Devt. Board

Dr Anna van der Gaag, HPC SLT registrant member

**CONFIDENTIAL**

**Joint Accreditation Committee**

**of the**

**Health Professions Council *and the*  
Royal College of Speech and Language Therapists**

**Report of visit to  
Manchester Metropolitan University**

**BSc (Hons) Speech Pathology and Therapy  
BSc (Hons) Psychology and Speech Pathology**

**4 - 5 July 2002**

***Panel members:***

Dr Shelagh Brumfitt, Convenor

Dr Susan Edwards

Dr David Hiles

Mrs Helen Mould

Mrs Sylvia Stirling, RCSLT Officer



**Report of the Accreditation Visit to Manchester Metropolitan University  
by the  
Panel of the Joint Accreditation Committee of RCSLT and HPC  
on 4-5 July 2002**

*Introduction*

1. The pre-registration courses in speech and language therapy run by the Department of Psychology and Speech Pathology at Manchester Metropolitan University were last visited in March 1997, and were accredited until the academic year 2001-02. One condition had been imposed in the Panel's report, but had subsequently been withdrawn following discussions with the University. A number of recommendations had been made to which the University had given consideration.
2. The current visit took place over 4 and 5 July 2002. On the first day the Panel met with members of the academic staff teaching on both courses, the support staff, and had a tour of the teaching areas for students, staff offices, library, IT laboratories, and in-house clinic with its test resources library. On the second day the Panel joined with the University's Validation Committee, chaired by Mr Nigel Farmer, and during the course of the day, met with Mr Neil McLauchlan from the Greater Manchester Workforce Development Confederation, clinicians who supervise students, managers who employ students, and the students themselves.
3. Arrangements for the visit were well prepared, and the Panel had opportunity to have full discussions with the parties involved with the course, and to take a tour of the available teaching space, equipment, and library. The Panel had been sent the following documentation in advance of the visit:
  1. BSc(Hons) Speech Pathology & Therapy  
BSc (Hons) Psychology & Speech Pathology  
Resources Document dated June 2002
  2. BSc (Hons) Psychology & Speech Pathology  
Draft Definitive Document dated June 2002
  3. BSc (Hons) Psychology & Speech Pathology  
Self-Evaluation Document dated June 2002
  4. BSc (Hons) Speech Pathology & Therapy  
Draft Definitive Document dated June 2002
  5. BSc (Hons) Speech Pathology & Therapy

During the visit the Panel requested and were provided with:

6. BSc (Hons) Psychology & Speech Pathology  
Definitive Course Document dated July 1997
7. BSc (Hons) Speech Pathology & Therapy  
Definitive Course Document dated February 1997
4. Additional documentation relating to the current courses, including the students' handbook, and clinical tutors' handbooks were viewed by the Panel during the visit. The Panel is grateful to the course team for the discussions and arrangements.

*Accreditation and re-accreditation position*

5. The Panel had become aware on reading the documentation which the Department had sent prior to the visit, that they were being asked to make recommendations to the Joint Accreditation Committee on re-accreditation of the two courses previously visited, the four-year joint honours: BSc (Hons) Psychology & Speech Pathology, and the three-year single honours: BSc (Hons) Speech Pathology & Therapy, while these courses ran out (namely for students moving to Year 2 and above in Autumn 2002).
6. The Panel was asked to look at very significant changes to the two courses for the Autumn 2002 intake. The Panel considered that in accordance with the PSM Act 1960, Section 4, the revisions to the single honours course which included lengthening of the course from 3 years to 3.3 years, were such that this constituted a new course, and a recommendation that approval be given by the Privy Council should be made to the Health Professions Council. The Panel therefore regarded their visit, so far as this course was concerned, as making recommendations on provisional accreditation, and noted that a further visit (probably of one day only) would be required to give full accreditation before the first cohort from the new course graduated in December 2005.
7. So far as the BSc (Hons) Psychology & Speech Pathology was concerned, the Panel recognised that although there were significant changes to the course, they were considering re-accreditation of the current course, with these changes, only.

*Documentation*

8. The Panel were concerned about the new curriculum draft definitive documents. They noted the documents were labelled "draft," and recommend that the final versions of each of the documents include a clear section on the philosophy behind the course, and rationale for the teaching programme, together with a rationale for each strand of the course and description of what it will include. This is particularly important in relation to the Process strand of the course, for which

the title word alone is meaningless, and the current module descriptors do not reveal the content well (see recommendations below).

9. The documents should also be edited for consistency throughout and pruned for unnecessary inclusions. Description of the courses in terms of the University's template, made them difficult for the visiting Panel to understand (see recommendations below).
10. While accreditation does not specify hours of teaching for any subject, the Panel needs to be assured that all core subjects are delivered. It is possible that the re-organised programmes make adequate provision for the teaching of linguistics and phonetics but this needs to be made more explicit. The Panel therefore recommends that the team ensure that there is greater transparency about the content of the Problem Solving Units in the revised Definitive Documents (see recommendations below).
11. The Panel recommend that a *Students' Handbook* is produced bringing together a diverse range of handouts into one place. This would serve as a contract with the students, and for the purposes of accreditation a more accurate reflection of the student experience. When the course team was pressed on a range of issues, they clearly had in place proposed schemes of delivery that were adequate, but these were not always evident in the documentation the Panel was asked to accredit (see recommendations below).

### **Resources for the courses**

#### *Academic Staff*

12. The Panel was aware that the academic staff had been struggling to maintain the courses over the past year, with the illness of the course leader. It was to the credit of the staff that they had made major changes to the courses, their RAE submission, and had prepared for an accreditation visit during this period. Nevertheless, it was clear that they were very stretched and that this situation could not continue. This view was confirmed by the students who reported that the marking and return of assignments was delayed, and that different people set and marked them, which they felt on occasions had led to unfair marking and a lack of clarity about what was required in the assignment. However, the students did recognise the difficulties the staff were under and were impressed by their kindness and support. The Panel was told that a replacement member of academic staff was being advertised as senior level. The Panel was reassured by this news, as it considered the current staffing situation was having an adverse effect on the student experience, was putting delivery of the course at risk, and reduced the opportunity for the academic staff to conduct any research, and would ultimately adversely affect morale.

#### *Support Staff*

13. The courses seemed well supported by administrative and technical staff. However, the very good resource of the in-house clinic was not used to its full

potential because it did not have a full-time staff member present in it. The Panel was told that test materials had gone missing in the past and there had been difficulties of access, (now resolved) for the students. This is clearly a hugely valuable resource to the academic staff and students, for a number of activities - including research - and it is currently not being exploited as fully as it could be because the secretarial support for it is currently only part-time. The Panel recommend that an increase in hours (from part-time 0.6 term time only) to provide full-time staffing for the clinic should be considered (see recommendations below).

#### *Space*

14. Space for the course appeared adequate. The building is well decorated and pleasant. Staff offices were contiguous and pleasant. Full time staff have their own offices, part-time staff share offices. Timetabling appeared to have generated some problems, but the students reported that the general lecturing hours grouped between 10.00 and 4.00 each day were very convenient. Difficulties had arisen over psychology options, where a student had been unable to return from a placement in time to take the module of choice. The Panel suggest that options, and timing of options, be re-examined to see if the apparent wide choice was really available to students, or whether in practice these options were ruled out because of conflicting clinical practice sessions (see recommendations below).

#### *Equipment*

15. Equipment for the course appears adequate. However, the course team should consider including up-grades to the equipment in the future, and build these requirements, together with depreciation of equipment, into their contract bid.

#### *Information Technology resources*

16. There are two computer teaching laboratories, and a drop-in computer centre with a help desk, as well as access to University-wide computer facilities. Some students remarked that these facilities are not open as much as at other universities. The Panel recommends that the academic staff should monitor the demand for extended hours (see recommendations below).
17. The clinic had various computers available for use of students to learn about Visi speech and use a programme to print out materials for therapy. There appeared to be more potential for development in this area, given the expanding numbers of multimedia teaching resources, which could be purchased at relatively small cost. These sort of resources can often enhance the students understanding, and provide them with opportunities for reflecting on specific conditions, practice of assessments (without the clinical risk of a 'live patient' and so on) eg PATSY.
18. There was little evidence that much e-learning was being developed or considered, and this was a view confirmed by the students. The Panel strongly encourage the staff to explore the tremendous teaching opportunities now becoming available in this important area. It would be of additional value for the

course team to create a committee/sub group to look at IT developments and clinical resources (see recommendations below).

*Library*

19. Students have access not only to the Elizabeth Gaskell Library on the campus, but to all MMU and other University of Manchester libraries, and in this respect are well served. One of the students commented that they used the University of Manchester John Rylands library rather than the MMU library, because there were insufficient numbers of books there. The Panel is aware that students' perceptions of access to books and a Librarian's frequently differ, and consider that library facilities whether on-site or locally elsewhere are adequate. The Psychology resources are particularly good because of the associated single-subject psychology degree.

*In-house Clinic*

20. The in-house clinic is a large and well equipped unit and is an excellent resource for the Department. The audio-visual equipment, test and other resources for students are impressive. The use of the clinic facilities has changed during the period between this accreditation visit and the last and there was less use of the clinic by NHS patients. It is understandable that a 'clinic as an outreach' for a local service has limitations in the way it was operating, nevertheless within the new course structure, it remains important that this valuable resource continues to be used for genuine clinical and clinical research activities. The Panel recommends clarification of the role and uses of the in-house clinic with a view to fuller exploitation of this substantial asset (see recommendations below).

*Funding from the Greater Manchester Workforce Development Confederation*

21. The Panel was very pleased to have an opportunity to talk to Mr McLauchlan from the Confederation, and noted that the University was in the process of preparing a bid to provide pre-registration SLT student places. There is a collaborative approach to contract development. The Panel noted that the WDC did not intend to duplicate quality assurance visits in future, but would assess the situation when the Health Professions Council settled arrangements for quality assurance with effect from 1 April 2003. The structure within the lead commissioning confederation allows appropriate professional involvement also.
22. The Panel reported its view that the extension to the three-year single honours course, to 3.3 years was a very desirable development. It was a format which worked well at another university, and had the dual advantages of allowing students a little longer to benefit from what is recognised as a tough undergraduate programme, and to seek work at a different time of year from the newly qualified therapists from the University of Manchester.

*Links with local SLT services*

23. The partnership working with local NHS Trusts is admirable. The degree to which they are involved in interviewing, teaching, curriculum development and student placements is to be commended. This also appears to bring genuine

benefits to the Trusts within the North West. The introduction of block placements in the new course design will have the added advantage of linking with areas not currently providing placements such as Merseyside. These links are likely to have contributed to a culture within MMU, which is 'NHS friendly'.

## **Teaching and learning: subject areas**

### ***Language sciences***

#### ***Linguistics and phonetics teaching and assessment***

24. These subjects are taught by two able and enthusiastic members of staff. The phonetics teaching is provided by a 0.7 FTE post that has additional teaching, supplied by the same person, paid for on an hourly rate. A lecturer on a 0.8 FTE contract teaches linguistics. In addition to linguistics teaching, this member of staff also teaches other courses on the undergraduate and postgraduate programmes and has considerable administration duties.
25. Under the two new proposed curricula, teaching hours of these subjects have been reduced and re-organised. Teaching will now receive 20 credits on both programmes compared with the 65 credits on the current joint honours programme. (The Panel was only given comparative figures for this programme.) Additionally, it is proposed that teaching be delivered in the Problem Solving Units via discussion and analysis of cases. These Units provide an additional 60 credits (198 hours of teaching) on the single honours programme and an additional 40 credits (132 hours) on the joint honours programme. However, the major proportion of teaching on speech and language disorders is delivered within these Units, and, the team reported students are facilitated to apply psychology theory to clinical issues. (This component is not made explicit in the Definitive Programme Documents.) It was not clear therefore from the Definitive Documents what proportion of the Problem Solving units would be devoted to linguistics and phonetics teaching.
26. Towards the end of the visit the Panel was provided with information about the proportion of Problem Solving Units that would be dedicated to the integration of linguistics and phonetics knowledge and skills to clinical practice. Unfortunately, these figures arrived after the discussion was completed and are at odds with those of the Definitive Document. It would be helpful to have the true figures confirmed and for the Panel to be reassured that there has not been a substantial reduction in teaching in these topics, only a change of method of teaching (see recommendations).
27. Not surprisingly, the lecturers feel very stretched and have been unable to contribute to research activities to any great extent despite considerable research ability. Although there has been a very small increase in FTEs in linguistics teaching since the last accreditation visit, teaching of practical phonetics requires a considerable amount of time and increasing student numbers has resulted in

little change of available time since the recommendations of the last report (para: 41.1 RCSLT report 1997).

28. In order to achieve the changes listed above it will be necessary to increase the current FTE staffing of 1.3. A realistic staffing level for the two subjects, given the other teaching and administration duties of the staff involved, would be an FTE of 2.00 (see recommendations below).

*Assessment*

29. The Definitive Documents carry an example of an examination paper for Linguistics. However, it appears that while there will still be a test for practical phonetics, there will not be a linguistics examination, test or assignment. Students will be expected to demonstrate their skills of linguistic analysis via case studies. As there appears to be no obligation for a student to present a case that has data suitable for linguistic analysis, it is not clear that all students will be required to exhibit these skills and this method of assessment does not necessarily test knowledge.
30. The Panel recommends that the team re-consider the means of assessing linguistic knowledge as well as skills of analysis and ensure that all students are assessed on both. This would bring the assessment of these core subjects in line with the assessment of the other core subjects taught. Further information is also required about the role of the Child Study (Lifespan Development, DSF1) where this is a 5,000 word assessment requirement and how this is related to Phonetics and Linguistics 1 (DSF1) where 50% of the assessment is described as a "Component of the Child Study" (p26, p30, Draft Definitive Document) (see recommendations below).

*Speech Pathology*

31. In the current curriculum, it was noted that much of the core teaching in Speech Pathology was covered by outside bought-in Clinical Specialists (e.g. fluency, voice). Although this can be beneficial for a programme it can also create a lack of coherence in the overall delivery of the material. In addition, other bought-in teaching was taking place owing to the course leader's absence through illness. Serious consideration should be given to how this material will be delivered in subsequent years. It may be that additional permanent staffing would be a solution, although it may also require managerial changes in the way current staff teach into the courses.
32. In the new curriculum, although it was difficult to determine this from the documentation, it became clear that the design of the degree had been well worked out particularly in the areas relating to Speech Pathology. Speech Pathology is now accessed via three major strands, Process, Pathology, and Clinical Education. The core material relating to the description of the impairments is located in the Pathology strand. But opportunities for active learning about the impairments can be found in the Process strand where specific cases will be used to develop the student's problem solving abilities. This

development is to be commended, although the course team will have to be critically aware about ensuring that the range of communication impairments gets picked up in these strands. The new strands will be team taught and enable the students to follow up all information resources. The course team are recommended to develop their IT teaching resources if they are teaching in this way. For example the new curriculum recommended reading lists included very up to date texts and relevant journals, but it would have been good to see some recommended web sites (of which there are many) (see recommendations below).

### *Behavioural sciences*

#### *Psychology*

33. The psychology aspects of the two degree programmes are clearly well planned, and in general seem to meet the published QAA benchmarks for this area. In the Speech Pathology and Therapy programme, psychology is included within the DSF strand, but in the joint Psychology and Speech Pathology programme psychology exists separately from the four strands. Some discussion of the issues this raises for the delivery, management, and integration of the respective programmes would be welcomed in a full discussion of the philosophy and rationale of the proposed programmes. For example, a commentary on the “integrated” psychology curriculum would be helpful.
34. In the Speech Pathology and Therapy programme, psychology is delivered as separate Units of study and integrated within the Process strand. At Levels 1 & 2, students on the Speech Pathology and Therapy programme are taught psychology in their own Units of study, but at Level 3 they combine with the Year 4 Psychology and Speech Pathology programme for the Clinical Psychology Unit. Two issues arise here with respect to the delivery of psychology: (i) the Curriculum Outline for the three psychology Units (SPT) is poorly presented and lacks sufficient detail, and (ii) some attention needs to be given to how students with different levels of experience and subject competence can be taught together across their respective programmes.
35. In the Psychology and Speech Pathology programme, there is clearly a greater emphasis on both research methods and a much broader range of topics within psychology, designed to meet the requirements for GBR by the BPS. The Panel noted that the University review required that the course team confirm that the requirements for GBR were being met. The Panel had some concern that the range of Level 3 options offered was far narrower than the documentation would suggest. In practice, only the most popular options were offered, and timetabling further limited the availability of options to joint students. Another matter concerned the tension between the two distinct components of the joint degree. The Speech and Language Therapy component is organized around strands, but the Psychology components lack any equivalent organization. A discussion of the rationale for the joint programme structure would be helpful in clarifying this



organisation. Nevertheless, the PSP programme is clearly an attractive and well-structured programme.

### ***Bio-medical sciences***

#### ***Biological sciences***

36. The Department is no longer using the University of Manchester to deliver the bio-medical sciences teaching, and this is now taught in-house. In general this is an improvement and the course material is coherent and well developed, and the lecturers appear enthusiastic and flexible. They also understand that for some of the students this is a difficult subject, because they do not come into the university with a firm grounding and they may need considerable support in learning these subjects.

#### ***Audiology***

37. Audiology is taught by a lecturer who also teaches on the University of Manchester course, and the provision of this teaching appears satisfactory.

#### ***Neurology***

38. Paediatric neurology is taught as two-day intensive course and this appears to work well and to be well designed as a short teaching block. The Panel recommends that consideration is given to intensive teaching in adult neurology as well.

### ***Research***

#### ***Research elements in both programmes***

39. Both programmes include Units of study in Research Methods at all three levels covering a range of quantitative and qualitative methods. Although they do go about this somewhat differently, both are quite adequate for their different purposes. The impression is created that despite these different routes, both programmes converge and share the same final year 20 credit Unit – *Research Methods III* (which is sometimes called *Dissertation* in the documentation). However, in the proposed *new* programmes, the Speech Pathology and Therapy students will take this Unit in Terms 3 and 4 of Year 3, whereas the Psychology and Speech Pathology students will take this Unit over terms 1, 2 & 3 of their Year 4. It is recommended that there is further clarification in the course documentation on the management, delivery and assessment issues these changes will raise (see recommendations below).
40. Speech Pathology and Therapy students who have completed the currently accredited programme point out that they felt “disadvantaged” in comparison to the Psychology and Speech Pathology students with respect to their knowledge of research methods in preparation for the Dissertation. They recognised that the onus was on them to seek out expert advice as needed. The Panel suggest that the

course team monitor this extra demand that Speech Pathology and Therapy students will need to make.

41. Current students voiced a concern for the different levels of mathematical abilities evident in the students taking *Research Methods I*, and also found the pace and continuity of the early lectures very challenging. The teaching team for this unit should be encouraged to examine a range of ways in which some of these difficulties could be tackled, either prior to students taking the unit, or in the mode of delivery (see recommendations below).

*Clinical Practice*

42. The new degree will include an extension to the clinical experience of an 8-week clinical block, Term 2, Stage III. This new design will need to be monitored and its contribution to overall educational outcome evaluated. In addition, the restructuring of clinical experience in Stage II to include both paediatric and adult experience will need evaluation. Both developments are, however, to be commended and demonstrate the core team's active response to student and clinician views.
43. The current organisation planning and preparedness of students for placement is excellent. This is reflected in the clarity of the handbooks to clinicians. Training offered to clinicians also appears to be of a high quality. The provision of an advanced training course is also to be commended.
44. It appeared that students have an appropriate range and number of clinical experiences, and the mix and amount was not seen as a problem by the students, except in so far as timetabling with university courses was concerned. The clinicians supervising the students did not cite any particular problems with them, and were generally impressed by their preparedness for clinical practice and their performance.

*Meeting with service managers*

45. Service managers were very supportive of the course. They did not appear to know very much about the new course design but in general viewed the current students as being very competent and they were happy to employ them. They also reported that communication was good with the university team and that in the case of difficulty it was always possible to get in touch

*Meeting with students*

46. The Panel met with students, both with the University Validation team present, and alone. The students were enthusiastic about the course, although they found it tough ("great but hard"). In particular anatomy and physiology were cited as difficult for those who had not studied it before. They realised it was difficult for the teaching staff to pitch lectures at a level to suit all.

47. The Joint Honours students occasionally felt "left out" because notices which concerned them were only put on the Single Honours notice board. Timetabling was also seen as a problem for them, and it reduced the options they could choose.
48. There appeared to be a problem of feedback to students about how they were doing on clinical placements. They felt there should be some warning beforehand if they were failing. Failure, otherwise, came as a considerable shock. The remedial week put on especially for students who had failed was very successful, and students thought it might be good to do this for all students (see recommendations below).
49. They were also acutely aware of the difficulties experienced by the course teaching team during the previous year because of staff illness. They were concerned about the time it took to get to see a member of staff. There had been delays in return of marked work, and work set by one tutor had been marked by others apparently to different standards. There seemed to be a lack of consistency in marking. A personal tutor had left during the year, and it had been difficult for students to be taken over by others. Nevertheless, the tutors were regarded as friendly and very supportive. The students were otherwise very positive about the course and one reported, "After doing this course, I can do anything!"

#### ***Academic staff development and opportunities for research***

50. A research culture in the Department does exist, and the members of academic staff are to be congratulated on getting a Grade 3(b) in the 2001 Research Assessment Exercise. This grade does not attract HEFCE Research funding at the current time, but nevertheless it is a tribute to the staff that they have managed to enter the Research Assessment Exercise at all. This was the second time they had entered and demonstrates, therefore, the potential of the staff to conduct research of a high standard given the opportunity. However, because of the short staff situation over the past year, there has clearly been some serious contraction in this area, and this should be addressed as a matter of urgency.

#### **Summary and Conclusions**

51. The courses are currently clearly well thought out and are providing students who are competent and well regarded. Progression rates are good, with apparently few drop-outs. The newly qualified therapists are employed by the local managers who welcome them, and there seems to be very good contact between the university and the local workforce.
52. The documentation did not provide a strong rationale for the changes to be made to the two courses, nor the philosophy underlying the teaching on the course. It is recognised that there are different approaches to providing for the integrated nature of the teaching and learning required of a speech and language therapist,

and the revisions appear to be attempting to provide a more modern approach to the teaching. The additional four months teaching is a very beneficial development, given the extremely intensive nature of a course taught over three years.

53. The Panel was interested to see that the University intends to increase its A-level grades intake of students, and understands that it is able to do this because of the high level of applications to the course. The Panel was also interested to learn that the joint honours course attracted applications from a more diverse population than the single honours.
54. Academic staff on the course have clearly been very stretched during the past year, with the illness and absence of the course leader. The increased length of the single honours course will produce even greater demands upon the staff, and the recommendations included in the report are made on the understanding that the senior post (*vice* the current course leader) will be advertised and filled at a senior level, and that consideration will be given to the additional resource implications for the academic staff of the increased course length.
55. On the last visit, the Panel was concerned about the use of a non-RCSLT registered member of staff for visiting and marking students on clinical placement. Since that Panel visit, the profession has become part of the Health Professions Council, and academic staff marking students on the SLT subjects of the course are expected to be state registered. However, the Panel sees no reason to change the current arrangements, given the experience and seniority of the staff member concerned, and the enthusiasm with which the graduates from the courses are viewed by local clinicians. This is a matter which should be reconsidered should the current staff member leave.

The Panel recommends to the Joint Accreditation Committee of the HPC and RCSLT that:

the two courses previously visited, the four-year joint honours: BSc (Hons) Psychology & Speech Pathology, and the three-year single honours: BSc (Hons) Speech Pathology & Therapy, be re-accredited for the years 2002-03, 2003-04, and 2004-05 until the last cohort graduates;

the revised 4-year joint honours course BSc (Hons) Psychology & Speech Pathology be re-accredited;

the new 3.3 year single honours course BSc (Hons) Speech Pathology & Therapy be provisionally accredited, subject to a visit prior to graduation of the first cohort.

**The Panel makes the following recommendations for consideration by the course team and the University that:**

*Documentation*

the Definitive Documents for the two courses be edited for consistency, and abbreviated by omitting unnecessary sections;

an introductory section describing the philosophy behind the course, and the rationale for the overall organisation, be added to the documentation, together with the rationale for each of the teaching strands;

the content of each unit be clearly set out;

a *Students' Handbook* bringing together all the handouts into one place and providing a simple explanation of what will be included in the course be written;

there is clarification in the documentation on the management, delivery, and assessment following the changes to the courses (see paragraphs 8, 9, 10, 11, 12, and 39 above).

*Resources*

the secretarial post in the in-house clinic be extended from 0.6 term time only, to full-time, with the aim of gaining greater benefit from the facilities of the clinic; and providing additional support to the academic staff, by relieving them of some administrative duties (see paragraph 13);

the timetabled psychology options be examined, in the light of other activities undertaken by the students, to see if some rationalisation may be made which would allow students a wider choice of module options (see paragraph 14);

the academic staff monitor the demand for additional opening hours for the computing facilities (see paragraph 16);

the academic staff consider, perhaps with the formation of an IT and clinical resources sub-group, what IT software developments would assist the students' learning, and relieve the academic staff effort (see paragraph 18);

the role of the in-house clinic be defined with a view to full exploitation both as a teaching and a research resource (see paragraph 20);

the reliance on temporary bought-in teaching for Speech Pathology be reviewed, with the aim of providing more robust arrangements for this teaching (see paragraph 31)

*Subject specific teaching*

a statement of the revised student contact hours in linguistics and phonetics be prepared and included in the Definitive Documents (see paragraph 26);

the staffing in linguistics and phonetics be increased to 2.00 FTE, to provide a core critical mass in this area (see paragraph 28);

the role of the assessment of the Child Study (Lifespan Development, DSF1) be reviewed to show how this is related to Phonetics and Linguistics 1 (DSF1) (see paragraph 30)

the referenced materials in Speech Pathology, be looked at with a view to adding websites (see paragraph 32);

the assessment of linguistic knowledge be reviewed with the aim of bringing it in to line with other core subjects (see paragraph 32);

consideration be given to a similar format (intensive teaching) of teaching for adult neurology as is currently being used for paediatric neurology (see paragraph 38);.

the way in which mathematics and statistics is taught for students lacking a background and confidence in these subjects be reviewed, to see if greater support can be provided to such students (see paragraph 41);

the amount and timing of feedback on clinical placements given to students, particularly in cases where a student is not coping well, be reviewed with the aim of ensuring that students are not surprised by poor grades or failure (see paragraph 48);

**JOINT ACCREDITATION COMMITTEE  
of the ROYAL COLLEGE OF SPEECH & LANGUAGE THERAPISTS  
and the HEALTH PROFESSIONS COUNCIL**

**Report to the HPC Education & Training Committee**

**Panel visit to university and date of visit:**

Manchester Metropolitan University - 4-5 July 2002

**Title and length of course/s:**

BSc(Hons) Speech Pathology and Therapy - 3.3 years

BSc(Hons) Psychology and Speech Pathology - 4 years

**Level of Study**

Undergraduate

**Mode of Study**

Full-time

**Panel result**

The Panel recommends to the Education & Training Committee of the Health Professions Council that:

the two courses previously visited, the four-year joint honours: BSc (Hons) Psychology & Speech Pathology, and the three-year single honours: BSc (Hons) Speech Pathology & Therapy, be re-accredited for the years 2002-03, 2003-04, and 2004-05 until the last cohort graduates;

the revised 4-year joint honours course BSc (Hons) Psychology & Speech Pathology be re-accredited;

the revised single honours course, of 3.3 years, BSc (Hons) Speech Pathology & Therapy be re-accredited;

both for a period of five years until the academic year 2006-07.

**Conditions proposed by the Panel:**

None

## **Recommendations proposed by the Panel:**

*References to paragraph numbers refer to the full Panel report, dated July 2002.*

### **1. Documentation**

- 1.1 the Definitive Documents for the two courses be edited for consistency, and abbreviated by omitting unnecessary sections;
- 1.2 an introductory section describing the philosophy behind the course, and the rationale for the overall organisation, be added to the documentation, together with the rationale for each of the teaching strands;
- 1.3 the content of each unit be clearly set out;
- 1.4 a *Students' Handbook* bringing together all the handouts into one place and providing a simple explanation of what will be included in the course be written;
- 1.5 there is clarification in the documentation on the management, delivery, and assessment following the changes to the courses (see paragraphs 8, 9, 10, 11, 12, and 39 above).

### **2. Resources**

- 2.1 the secretarial post in the in-house clinic be extended from 0.6 term time only, to full-time, with the aim of gaining greater benefit from the facilities of the clinic; and providing additional support to the academic staff, by relieving them of some administrative duties (see paragraph 13);
- 2.2 the timetabled psychology options be examined, in the light of other activities undertaken by the students, to see if some rationalisation may be made which would allow students a wider choice of module options (see paragraph 14);
- 2.3 the academic staff monitor the demand for additional opening hours for the computing facilities (see paragraph 16);
- 2.4 the academic staff consider, perhaps with the formation of an IT and clinical resources sub-group, what IT software developments would assist the students' learning, and relieve the academic staff effort (see paragraph 18);
- 2.5 the role of the in-house clinic be defined with a view to full exploitation both as a teaching and a research resource (see paragraph 20);
- 2.6 the reliance on temporary bought-in teaching for Speech Pathology be reviewed, with the aim of providing more robust arrangements for this teaching (see paragraph 31)



### **3. Subject specific teaching**

- 3.1 a statement of the revised student contact hours in linguistics and phonetics be prepared and included in the Definitive Documents (see paragraph 26);
- 3.2 the staffing in linguistics and phonetics be increased to 2.00 FTE, to provide a core critical mass in this area (see paragraph 28);
- 3.3 the role of the assessment of the Child Study (Lifespan Development, DSF1) be reviewed to show how this is related to Phonetics and Linguistics 1 (DSF1) (see paragraph 30)
- 3.4 the referenced materials in Speech Pathology, be looked at with a view to adding websites (see paragraph 32);
- 3.5 the assessment of linguistic knowledge be reviewed with the aim of bringing it in to line with other core subjects (see paragraph 32);
- 3.6 consideration be given to a similar format (intensive teaching) of teaching for adult neurology as is currently being used for paediatric neurology (see paragraph 38);.
- 3.7 the way in which mathematics and statistics is taught for students lacking a background and confidence in these subjects be reviewed, to see if greater support can be provided to such students (see paragraph 41);
- 3.8 consideration be given to whether a clinical placement could be included in the final months of the final year of the single honours programme, to reduce the period between a student's last clinical placement experience and their first employment post;
- 3.9 the amount and timing of feedback on clinical placements given to students, particularly in cases where a student is not coping well, be reviewed with the aim of ensuring that students are not surprised by poor grades or failure (see paragraph 48);

### **Panel Commentary**

1. The courses are currently clearly well thought out and are providing students who are competent and well regarded. Progression rates are good, with apparently few drop-outs. The newly qualified therapists are employed by the local managers who welcome them, and there seems to be very good contact between the university and the local workforce.

2. The documentation did not provide a strong rationale for the changes to be made to the two courses, nor the philosophy underlying the teaching on the course. It is recognised that there are different approaches to providing for the integrated nature of the teaching and learning required of a speech and language therapist, and the revisions appear to be attempting to provide a more modern approach to the teaching. The additional four months teaching is a very beneficial development, given the extremely intensive nature of a course taught over three years.
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Sylvia Stirling  
Secretary to the JAC  
16 September 2002

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JAC Meeting 16 Sept 2002

Item 7 (a)

12<sup>th</sup> September 2002

Ms S. Stirling,  
Senior Policy Lead: Education  
The Royal College of Speech and Language Therapists,  
2 White Hart Yard,  
London,  
SE1 1NX.

Dear Sylvia,

**Re: Accreditation/Reaccreditation Visit to MMU 4<sup>th</sup>/5<sup>th</sup> July 20002.**

I would very much appreciate it if you could bring to the attention of the panel who visited us in July the following matter, which we have been struggling since July to elucidate with the university's Faculty Review panel.

As the RCSLT panel will be aware, we presented within the documentation for our redesigned programmes a summary of the newly-introduced MMU Regulations for Undergraduate Programmes of Study (RUPS), which lays down, among other things, assessment regulations for all programmes. Our assessment schedules for each year of students were designed with a view to the application of RUPS, as we then understood them from the MMU handbook.

However, advice from Faculty staff at our first post-RUPS Examination Board led to a very different interpretation of RUPS than we had envisaged. To our dismay we then found that the rate of compensation across and within units of study was much higher than we had ever operated with before, and we felt that this resulted in students progressing through the programme who really had shown very unsatisfactory levels of knowledge, understanding and skill.

We therefore tabled during the accreditation/review event a separate document setting out proposed exceptions to RUPS, which would allow a much narrower range of compensation than permitted by RUPS. This document was not discussed in detail at the Reaccreditation/Review, as it was the opinion of the Faculty panel that it needed to be considered by the university Academic Standards Committee (ASC).



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Negotiations with the ASC since July have resulted in their statement that, in their opinion, our professional body did not specifically raise concerns about RUPS, nor express their approval of the proposed exceptions. Thus the ASC view is that these exceptions cannot be seen as a professional issue justifying a variance in RUPS and we are therefore currently required to abide by RUPS.

The programme team were under the impression during the visit that the proposed exceptions were greeted with approval by the RCSLT panel. However, the matter was not raised either in the verbal report given at the end of the visit or in the draft written report sent to us in July. I am not sure whether this was because the panel really did not have any concerns about RUPS, or whether they did not fully appreciate that their explicit support was required in order for our proposal to be given any weight.

In case the panel wish to consider this matter further, I have attached a description of RUPS as we now understand it – ie the current examination regulations which we are required to apply. I also enclose a copy of the proposed exceptions which we sent to the university's ASC following their review report. (The latter is a slightly modified version of the version of the document tabled during the visit.)

I would be very grateful if the panel could consider the above matter and, if appropriate, include within the final version of their report some reference to it. Additionally, if the panel were in agreement with the programme team that the proposed exceptions were professionally appropriate and necessary, a letter of support that we could pass on to the Faculty Review Chair would be most helpful.

I would much appreciate an early response to this letter, as we are being pressed by Faculty to produce the amended version of our Definitive Document by the beginning of term (September 23<sup>rd</sup>.)

With best wishes,



Ann French  
Acting Programme Leader  
BSc (Hons) Speech Pathology and Therapy

## **AMENDMENTS TO RUPS PROPOSED BY SPEECH PATHOLOGY PROGRAMME TEAM**

With regard to Condition (ii) of the Report Of The Faculty Programme Periodic Review Event For The Bsc (Hons) Speech Pathology And Therapy and The Bsc (Hons) Psychology And Speech Pathology held On 5 July, 2002 to

**'bring assessment regulations in line with the University's Common Undergraduate Regulatory Framework' :**

The programme team wish to propose that MMU Regulations for Undergraduate Programmes of Study will apply, with the exception of the following programme-specific regulations which have been designed to meet with professional requirements.

### **PROPOSED PROGRAMME-SPECIFIC ASSESSMENT REGULATIONS**

**BSc (Hons) Speech Pathology and Therapy  
BSc (Hons) Psychology and Speech Pathology – Relates only to units assessed within the BSc (Hons) Speech Pathology and Therapy programme**

The professional requirements of the programmes necessitate more stringent assessment regulations than the current application of RUPS (Regulations for Undergraduate Programmes of Study). Specifically:

1. Each Unit of the programmes is designed to address an area of skill, knowledge and/or understanding that is essential for professional practice, and **therefore compensation should not normally be allowable across Units.**
2. In order to reduce assessment demands on students, coursework and examinations have been carefully designed as complementary components of each Unit, and **therefore compensation should not normally be allowable within Units. Exceptions are specified in 3 and 4, below.**
3. At Stage 1:
  - 3.1 **Component marks below 30% are not normally compensatable**
  - 3.2 **Component marks between 30% and 39% are normally compensatable within the Unit, provided the student achieves a weighted average of 40% for the Unit.**
4. At Stages 2 and 3 :
  - 4.1 **Clinic Visit and Clinical Practical examination marks are not normally compensatable (NB this has already been agreed by ASC)**

## SUMMARY AND INTERPRETATION OF RUPS

**“A Unit shall be deemed to have been passed where the student achieves a weighted average mark of 40% for the summative assessments associated with the Unit, where the weighted average shall take into account the individual weighting of each element of assessment included within it.” (Published in the RUPS handbook 2001-2)**

IE: No mark is specified below which a component is treated as non-compensatable. Thus there is no requirement to pass separate components of unit, as long as a 40% mark is achieved for the unit as a whole. A student could therefore theoretically fail all examinations within a stage, or fail to submit any coursework within a stage, and yet pass that stage.

**“The expectation is that students who fail up to 40 credits with marks of not less than 30% for any unit and with an average mark across the 120 credits of a stage of not less than 40% shall have their failures compensated.” (Published in ‘Implementation of RUPS’, Minutes of Academic Board, 20<sup>th</sup> February 2002.)**

IE a student only needs to pass 80 of the 120 credits available at each stage, as long as (i) s/he achieves at least 30% in the failed units and (ii) s/he has an average mark across the stage of 40%.

Putting these two regulations together, the following (admittedly extreme) scenario could apply:

### *Student in Year 1*

- Passes Problem Solving (20 credits) with 40% (70% in the essay and 10% in her Phonetics Practical examination.)
- Passes Active Learning (10 credits) with 60% for the Log
- Fails Research Methods (10 credits) with 30% for the pracs
- Fails Pathology (20 credits) with 30% for the examination
- Passes Clinical Education (20 credits, not compensatable) with 40% on the assignment
- Passes Lifespan Development (10 credits) with 60% for the Child Study
- Fails Phonetics and Linguistics (10 credits) with 31% (45% for the linguistic analysis within the Child Study, 0% for the Phonetics Theory Multiple Choice test and 25% on the Phonetics Theory examination)
- Passes Biological Sciences (20 credits) with 50% in the exam

Result: Total marks = 501/1200: Passes the Stage

**4.2 All other component marks between 35% and 39% are normally compensatable within the Unit, provided the student achieves a weighted average of 40% for the Unit.**

**4.3 Component marks below 35% are not normally compensatable.**

**Report**

**of a visit to the College of St Mark and St John**

**by**

**Rodsalind Gray on behalf of the RCSLT Education Board**

**on**

**Friday, 12 July 2002**

**CONTEXT**

The NHS is committed to pre-registration interprofessionally focused education for Allied Health Professionals (AHPs).

The College of St. Mark and St. John (Marjon) responded to a call for bids to 'modernise' education in line with the above commitment and along with others in their consortia were successful. This means that the Speech and Language Therapy course at the College of St. Mark and St. John is the first, and so far only, course in the country to review its design, content and organisation in line with its partners. This collaboration is constituted as follows:

1. It is called the Peninsula Collaboration for the modernisation of Allied Health Professionals' Education (the 'Collaboration' for short).
2. The members are St. Loye's School of Health Studies, Exeter (OT) and Plymouth School of Podiatry and Marjon.

It is envisaged that the membership will increase over time to pull in other AHPs including Nursing, and possibly will extend to include Medicine.

**PROCESS OF VALIDATION FOR THE REVISED COURSES:**

Each student remains, at least initially, registered with their own institutions.

Each course has to go through its own institution's validating procedures.

Each professional body has been represented at their respective validation.

**BRIEF FOR THE RCSLT'S EDUCATION AND WORKFORCE DEVELOPMENT BOARD'S REPRESENTATIVE:**



She/he would be present at the BSc (Hons) Speech and Language Therapy validation event at Marjon, in order to bring back an informed, firsthand view as to whether the Speech and Language Therapy standards on the course were compromised, maintained or enhanced in this new initiative.

## **OBSERVATIONS**

### **Quality Management and Enhancement**

1. The event was managed in a robust manner with great attention paid to the course from generic academic and clinical perspectives. It was the last stage in an internal quality management process, which included an exclusively internal review of the documentation. There was a strong team feeling from the members of the Collaboration who were present and from the faculty staff who support the course through the teaching of sociology, linguistics and psychology. There were two Speech and Language Therapy academic staff present to respond to core Speech and Language Therapy issues. The resulting internal conditions included clarification of the Speech and Language Therapy staffing.
2. The draft academic regulatory framework is unacceptable in its present form. The validation panel also identified it as a cause for further clarification and debate. The main point for debate was the role of the overarching Award Board and its articulation with the profession-specific assessment board/panel, with concern over maintaining the autonomy of the profession-specific board/panel.

### **Curriculum design, content and organisation**

1. The main concession to interprofessional education is in a shared Semester One, in Year One, with OT and Podiatry. This shared learning brings with it an opportunity to learn on a campus of the student's choice, for that semester only.
2. There are shared study days with OT and Podiatry, which are interspersed throughout the other semesters.
3. The BSc (Hons) Speech and Language Therapy students no longer have shared modules with other Marjon students, and so appear to be gaining 'bespoke' modules for Linguistics and Sociology, and possibly Science.
4. It is difficult to compare any change in depth or breath of content without having sight of the previous document and mapping it to the revised one.

### **Learning resources**

1. Library, e-learning and distance learning opportunities will be enhanced.
2. The staffing of BSc (Hons) Speech and Language Therapy at Marjon continues to be at unacceptable levels, in the observer's opinion. It currently appears to stand at 4.3 (which includes a recently vacated 1.0 post), with current student figures of 98, (35 student intake in 2001/2, with possible increase sooner rather than later). The ongoing

curriculum development needs of such an organic programme, as driven by The Collaboration, are such that extra staffing resource is required to manage that challenge. The added demands of all aspects of the interprofessional study days will be costly in terms of staff time and energy.

## 2002 Core Speech and Language Therapy Staffing – as identified in the document

1.0 PL
1.0 SL
1.0 SL/L vacant
.8 SL
.5 SL
<b>Total: 4.3</b>

### **Conclusion**

This programme, as it currently stands, would appear to be at breaking point, with regard to the staff themselves. Even if there were no NHS-driven developments, one would be fearful for the course itself. The desire to engage fully with what appears to be exciting new opportunities has, and will, take its toll, at the expense of staff and therefore students.

### **RECOMMENDATIONS**

1. **The course is not deemed to have satisfactory core Speech and Language Therapy staffing and therefore that accreditation is withdrawn until the situation improves.** In 1999 there were 59 students and the RCSLT Panel recommended a staff FTE of 4.0. There will be 98 students (with a fee income of £5,400 per student) with a staff FTE of 4.3, with only 3.3 in post currently.
2. Two members of the Education and Workforce Development Board compare the curriculum content between the revised and previous document to ensure core Speech and Language Therapy is covered.

Rosalind Gray

FOR INFORMATION

**UNCONFIRMED**

**Notes of a meeting of the Pre-Registration Education & Training Working Group for Orthoptists held on Thursday 3 October 2002 at Park House, 184 Kennington Park Road, London SE11 4BU**

**PRESENT**

Miss H. Davis  
Mr. A Fox  
Mrs. G. Henderson  
Mrs. A. McIntyre  
Mrs. G. Stephenson  
Prof. D. Watson

**IN ATTENDANCE**

Miss L. Pilgrim, Director HPC, Secretary to the Working Group,  
Dr. P. Burley, Director of Education and Policy, HPC,  
Mrs. U. Falk, Manager of Education, HPC.

**ITEM 1      WELCOME AND APOLOGIES FOR ABSENCE**

Dr. P. Burley welcomed members on behalf of the Chief Executive and Chairman of the Education and Training Committee.

Dr. Burley explained that the current Group had been constituted from those who had responded to the "transitional work forms". It was designed to carry the expertise of the former Orthoptists Board over to HPC to continue to implement the PSM Act, 1960, for the duration of the first transitional period. The Group would meet as business dictated.

Apologies had been received from Mrs. C. McGartland and Mrs. A. Foster.

**ITEM 2      APPOINTMENT OF CHAIRMAN**

Miss H. Davis was appointed as Chairman of the Working Group.

**With Miss Davis in the Chair**

**ITEM 3      APPOINTMENT OF VICE-CHAIRMAN**

Mrs. G. Stephenson was appointed Vice-Chairman of the Working Group.

#### **ITEM 4      MEMBERSHIP OF THE WORKING GROUP**

The Group noted its composition as follows :

##### **Council Members :**

Mrs. C. McGartland	P (N.I.)
Miss H. Davis	P
Ms A. Foster	L

##### **Council Appointees :**

Mr. A. Fox	P
Mrs. A. McIntyre	P
Mrs. G. Stephenson	P
Mrs. G. Henderson	P (S)
Prof. D. Watson	L

P	-	Practitioner member
S	-	Scottish member
N.I.	-	Northern Ireland member
L	-	Lay member

Secretary : Lucinda Pilgrim

#### **ITEM 5      STANDING ORDERS**

Dr. Burley confirmed that these would be discussed by the Education and Training Committee at its meeting on 16 October 2002. He said that the Group would inherit the SOs once they were confirmed; in the interim the Group could use the present HPC SOs and the former Board SOs as relevant.

#### **ITEM 6      MINUTES OF THE EDUCATION AND TRAINING COMMITTEE**

Miss H. Davis referred to item 5.6 of the notes of 4 September 2002. She expressed serious concern about the financial penalties incurred in respect of attrition rates; these could prejudice the sustainability of several courses, especially in the small professions.

Dr. Burley tabled a paper " Minimising Attrition from NHS Funded Pre-Registration Healthcare Courses ".

This paper was welcomed in the context of the consultation on Funding for Learning and Development. The following points were made :

- attrition had to be defined appropriately,
- attrition had to be considered in the wider context of recruitment / admissions and first destinations, and
- failures of student recruitment and retention could be traced back to a lack of promoting the profession via careers services (and anecdotal evidence suggested that DoH had been less active here recently).

It was agreed that these points be drawn to ETC's attention and also referred to the BOS and AHPF who had a more focused remit to develop promoting the professions than did HPC.

Mr. Fox referred to the issue of CPD mentioned at item 6 of the notes of 4 September 2002. Dr. Burley said that a competency project was being carried out by the DoH and the AHPF. This project would inform about the principles of CPD.

The Group welcomed this project and the work emerging from it. This should help inform HPC in the eventual design of its CPD scheme.

#### **ITEM 7      PROCEDURES AGREED FOR APPROVALS**

The Group notes these.

#### **ITEM 8      APPROVAL (for the first time) OF CLINICAL PLACEMENTS UNDER S. 4(1)(c) OF THE PSM ACT, 1960**

Mr. Fox queried the nature of information requested by the present form which the institutions completed. He said that information about patient throughput should be available for each satellite clinic and not just for the main base. Mrs. Stephenson said that newer forms had been devised but they did not appear to have been used. Mrs. Stephenson said that she would e-mail the Secretary the newer forms and Guidance Notes for Visitors.

The Group discussed clinical placements.

In July 2001 the Workforce Development Confederations had convened a meeting to discuss clinical placements. It had not involved BOS nor had it reached any particular outcome. The Group then discussed the issue of if, and how, academic and placement education (and approval) should be integrated. The following points were made :

- the two universities would need to support change for it to be viable,
- the inevitable geographical dispersion of the placements would cause real practical and resource implications for a university taking on half the existing pool and integrating them with the course,
- the two courses were evolving differently, and this might be an issue, and
- the WDCs now had the lead for clinical placements and their views (either individually or collectively) would have a pre-eminent weight in discussions.

It was agreed that this be remitted initially to BOS, which should seek access to the HPC consultation feedback relevant to Orthoptics on the questions about clinical placements. On the assumption that the issues would not be settled on the basis of responses already received at HPC, then HPC should consider convening a meeting with all the relevant parties to debate the issues. These parties would be :

- HPC,
- BOS,
- WDCs,
- DOH QA officers,
- the two universities, and
- relevant officials from Scotland, Wales, and Northern Ireland.

The Group agreed that all the hospitals listed at Enclosure 5 who had applied for recognition as centres for clinical placements should be visited. The Group was particularly keen for the Visitors' reports to explore in detail the breakdown of patient numbers and also the opportunities for joint learning of the students on the clinical placement.

**ITEM 9      CONTINUED APPROVAL OF CLINICAL PRACTICE PLACEMENTS UNDER S. 5 OF THE PSM ACT 1960**

The Group discussed the hospitals due for re-approval and confirmed that on the basis of the information supplied none of them required a visit. However, it should be made clear to these hospitals that this was on the basis that there had been no changes in staff or of the site.

It was **AGREED** that the criteria for visits needed to be reviewed. This issue would be discussed at the next meeting so that a consensus could be arrived at which would be put to the Education and Training Committee.

**ITEM 10     VALIDATION VISITS TO LIVERPOOL AND SHEFFIELD UNIVERSITIES**

With respect to the visit to Liverpool University Mrs G. Stephenson said that it would take place on 5 and 6 March 2003. Mrs. Stephenson queried Dr. Burley about the outcome of a recent meeting he had attended at the CSP to discuss this joint validation visit. In particular she noted that there had been confusion as to whether he had represented the Orthoptists at that meeting. She wondered whether a decision had been made about the make-up of the visitors to the validation event, namely whether it would be one visitor from the Regulatory Body and one visitor from the Professional Body. Mrs. Stephenson expressed serious concern about the lack of communication surrounding this visit. It was **AGREED** that the Secretary would contact Mrs. J. Brayton at the CSP and clarify the situation.

It was confirmed that arrangements for the validation visit to Sheffield University would continue to be finalised.

**ITEM 11     REPORT OF THE B.O.S.**

The Chairman gave a brief report. She sought the Group's agreement to the notes of their meeting being sent to the BOS and vice-versa. The Group agreed to this. The Chairman said that the BOS would be setting up a course specifically for those who wanted to become clinical tutors. Also the BOS were looking at setting up a JVC / JQAC.



**ITEM 12    ANY OTHER BUSINESS**

- 12.1 Mrs. G. Stephenson said that she and Mr. Fox had visited H.M. Stanley Hospital, St. Asaph. They had been very impressed with the ethos of the eye care team. There would be multi-professional learning as some aspects of the clinical placements would be taught by nurse practitioners. The hospital had taken time to prepare properly for the visit. There were two orthoptic tutors, equally qualified and they would share the administrative load. However, the named tutor would take the lead and the responsibility. At the moment there was only one lead tutor named but it would be worth considering naming both tutors. Mrs. Stephenson and Mr. Fox recommended that H.M. Stanley Hospital should be accepted as a centre for clinical placements. The Group agreed with this recommendation.
- 12.2 Dr. Burley said that clinical scientists had been approached by "vision scientists" seeking to become a modality of clinical science. Also HPC had been approached by medical illustrators who carried out retinal photography. Dr. Burley said that he was giving the Group this information so that further enquiries could be made. He suggested that BOS should contact ACS and find out more.
- 12.3 Dr. Burley said that HPC wanted to address healthcare students. It would be approaching the Deans of Faculty to sound out interest.

**ITEM 13    DATE AND TIME OF NEXT MEETING**

The date of the next meeting would be dictated by business arising.

**CHAIRMAN**

# **THE HEALTH PROFESSIONS COUNCIL**

Notes of the first meeting of the **Clinical Scientists Pre-Registration Education and Training Working Group** held on **Monday 30 September 2002**.

## **Present**

Dr. J. Old  
Dr. G. Beastall  
Mr. W. Davies  
Dr. F. Dryburgh  
Prof. Sir John Lilleyman  
Dr. W. Marshall  
Prof. C. Seymour  
Mr. J. Tweed  
Prof. P. Williams  
Dr. H. Worth

## **Also in attendance**

Prof. I. Barnes (ACS)  
Dr. P. Burley     )  
Mr. S. Land     } HPC Executive  
Ms U. Falk     )

## **ITEM 1     WELCOME AND APOLOGIES FOR ABSENCE**

- 1.1 Dr. P. Burley, Director of Education and Policy, welcomed members on behalf of the Chief Executive and Chairman of the Education and Training Committee.
- 1.2 Dr. Burley explained that the current group was constituted from those who had responded to the "transitional work forms". It was designed to carry the expertise of the former Clinical Scientists Board over to HPC to continue to implement the Professions Supplementary to Medicine Act, 1960, for the duration of the first transitional period. The Group would meet as business dictated.
- 1.3 Apologies were received from Dr. S. Hill and Dr. T. Wreghitt. It was noted that Ms C. Savage was on sick leave and members wished her a speedy recovery.

**ITEM 2      APPOINTMENT OF CHAIRMAN**

Dr. J. Old was appointed as Chairman of the Working Group.

[ With Dr. Old in the Chair ]

**ITEM 3      APPOINTMENT OF VICE-CHAIRMAN**

Dr. G. Beastall was appointed Vice-Chairman of the Working Group.

**ITEM 4      MEMBERSHIP OF THE WORKING GROUP**

4.1      The Group noted its composition as follows :-

**HPC members**

Dr. John Old	p.
Dr. Graham Beastall	p.(S)
Prof. Sir John Lilleyman	L

**Council appointees**

Mr. Jeremy Tweed	p.	Mr. Bill Davies	p.(W)
Prof. Peter Williams	p.	Dr. Howard Worth	p.
Dr. Tim Wreghitt	p.	Dr. Tim Wyatt	p.(NI)
Prof. Carol Seymour	L	Dr. William Marshall	L
Dr. Frances Dryburgh	(S) L		

(two vacancies for lay members from employers and consumers).

KEY : P      practitioner member  
         S      Scottish member  
         W      Welsh member  
         NI      Northern Irish member  
         L      lay member

4.2      Dr. S. Hill (Chief Scientific Officer) and Dr. I. Barnes (Association of Clinical Scientists) should receive standing invitations to attend and should receive papers.

4.3      Every modality for registration should be represented on the Group and it was agreed that Dr. Old should make recommendations to the Council (President) to appoint additional members as needed.

- 4.4 Where no former Board members or alternates from a particular modality were available for appointment from the "transitional work forms" exercise, then appointment from outside former Board members and alternates should be sought (from ACS).
- 4.5 It was agreed to leave filling other vacancies until after April 2003 when the issues could be dealt with under HPC's new procedures (including the future of this Group).

#### **ITEM 5 STANDING ORDERS FOR THE WORKING GROUP**

- 5.1 These would be discussed by the Education and Training Committee at its meeting on 16 October 2002. The Secretary to the Group advised in the interim that the Group could rest on present HPC and former Board SOs as relevant.
- 5.2 The Group considered the wider issues of its remit in the context of the full range of professions at HPC. It was agreed that the Group should consider (and "visit" as appropriate) whole training schemes, not individual component parts of them. The Group would wish to work through ACS to approve the sites of delivery of education and training and not seek direct access to all sites itself. It was not the current ethos at HPC to seek to duplicate the Learned Society functions exercised by ACS. The relationship between ACS and HPC in the longer term would be informed by the outcome of the consultation exercise.
- 5.3 It was noted that of all the professions at HPC the Paramedics had the training scheme structured most similarly to that of the Clinical Scientists. Therefore, it would be appropriate to review the set-up and current administration procedures they currently employed.

#### **ITEM 6 POINTS OF CONTACT**

It was noted that issues regarding meetings of the Working Group would be dealt with by the Secretary to the Group, Cathy Savage :

Telephone: 020 7840 9718  
Fax: 020 7820 9684  
E-mail: [cathy.savage@hpcuk.org](mailto:cathy.savage@hpcuk.org)

and Simon Land in her absence :

Telephone: 020 7840 9717  
Fax: 020 7820 9684  
E-mail: [simon.land@hpcuk.org](mailto:simon.land@hpcuk.org)

#### **ITEM 7 NOTIFICATION OF ANY OTHER BUSINESS**

Dr. Beastall raised CPD.

## **ITEM 8      CHAIRMAN'S AND SECRETARY'S REPORT**

- 8.1 Dr. Burley reported on matters relevant to the Group's work and correlated it with the wider HPC context. Clinical Science had been well represented at the consultation events. The issue of CPD had been one of the major themes at the events. The consultation closed on 30 September 2002.
- 8.2 It was appropriate to report here that while HPC was seeking comparability, consistency, and commonality across the professions, this was only so far as it was appropriate for the circumstances of each profession. Proper difference would lead to appropriately different procedures. Conversely, there were pre-existing common interests CS shared with Biomedical Scientists, the Arts Therapists and Paramedics, and these could be better exploited under HPC than they had been under CPSM.

## **ITEM 9      MATTERS FORMERLY DEALT WITH BY THE CLINICAL SCIENTISTS BOARD'S REGISTRATION COMMITTEE : INDIVIDUAL APPLICANT FOR CONSIDERATION UNDER THE GRANDFATHERING SCHEME**

- 9.1 The Group was requested to consider the application for state registration from : Anthony CALVERT. Mr. Calvert had a BSc (Hons) Zoology degree (III). The Group noted the application and the assessors' comments.
- 9.2 It was agreed that Mr. Calvert be registered the Group having considered the totality of his application and that this judgement formed a precedent only for the approach to be taken to such applications.

## **ITEM 10     ADDITIONAL DESIGNATORY LETTERS**

The Group agreed to the request from the Association of Clinical Biochemist Trainees' Committee for the inclusion of additional letters as appended to these notes.

## **ITEM 11     LIAISON WITH THE ASSOCIATION OF CLINICAL SCIENTISTS FOR THE REMAINDER OF THE FIRST TRANSITIONAL PERIOD**

The Group considered arrangements for future liaison with the ACS. The following issues were identified and discussed :

### **11.1     Should there be a separate Liaison Group**

A Liaison Group should meet only by exception as business arose. The ACS was to receive all papers and a standing invitation to future meetings, and this should of itself establish appropriate liaison with ACS.

### **11.2     Frequency of Meetings**

See 11.1 above.

**11.3 Quality Assurance of Processes involved in the Award of the ACS Certificate of Attainment**

11.3.1 The need to establish external quality assurance (QA) of ACS procedures was initially a matter for ACS, but some external audit was needed.

11.3.2 There was an ACS assessors' meeting in prospect where issues such as observation of assessment by HPC would be discussed.

11.3.3 There was a forthcoming round of consultation events by the Qualifications and Curriculum Authority (QCA) on a Review of the Regulatory Criteria (for provision of this sort). Several members present were attending these events and could report back to a future meeting. Details are appended.

**ITEM 12 RECOGNITION OF TRAINING SCHEMES FOR IMMUNOLOGY AND HAEMATOLOGY**

12.1 ACS were petitioning HPC to recognise **Immunology** and **Haematology** as qualifying by route and route 2 :

12.2 An updated version of the ACS Guidelines for Application for the ACS Certificate of Attainment was tabled and received for this item.

12.3 The following table was taken from the ACS Guidelines and illustrated the possibility of obtaining the ACS Certificate of Attainment via route 1 for the modalities of Haematology and Clinical Immunology.

**Summary of training requirements for registration**

<b>Route to registration</b>	<b>Training and experience required for registration</b>		<b>Assessment</b>	<b>Modalities to which this applies</b>
Route 1 : 4 years to registration	Successful completion of a 2 year clinical science training scheme approved by the DoH	2 years of experience and further training while practising as a supervised pre-registrant in clinical science	Examination of a portfolio of evidence and interview to demonstrate that the approved competences have been attained	<b>CLINICAL GENETICS</b>  <b>CLINICAL EMBRYOLOGY</b>  <b>MEDICAL PHYSICS &amp; CLINICAL ENGINEERING</b>
Route 1 : 4 years to registration	Successful completion of a 3 year clinical science training scheme approved by the DoH	1 year of experience and further training while practising as a supervised pre-registrant in clinical science	Examination of a portfolio of evidence and interview to demonstrate that the approved competences have been attained	<b>AUDIOLOGY</b>  <b>CLINICAL BIOCHEMISTRY</b>  <b>CLINICAL MICROBIOLOGY</b>  <b>HISTOCOMPATIBILITY &amp; IMMUNOGENETICS</b>  <i>HAEMATOLOGY</i>  <i>CLINICAL IMMUNOLOGY</i>
Route 2 : 6 years to registration	3 years postgraduate experience relevant to clinical science	3 years of experience and further training while practising as a supervised pre-registrant in clinical science	Examination of a portfolio of evidence and interview to demonstrate that the approved competences have been attained	<b>ALL MODALITIES INCLUDING :</b>  <b>CLINICAL PHYSIOLOGY</b>

12.4 It was noted that the Executive had asked the Privy Council Office on whether this change required their approval. A reply was still awaited. In the meantime the Group was confident that the changes should be instigated and certificates of attainment issued on the basis of the proposals presented, because there were no issues of principle involved, only the format of the approval process under the PSM Act.

12.5 The Group noted that Clinical Physiology remained the only modality currently lacking an approved training scheme.

### **ITEM 13 RECOGNITION OF ADDITIONAL MODALITIES**

- 13.1 The Group considered the mechanism for bringing a new modality into registration and noted that the ACS was considering what recommendation to make about tissue bankers.
- 13.2 It was agreed that ACS should work up a training scheme for a new modality /sub-modality and the Group then recommend approval. Privy Council approval was needed for modalities but not sub-modalities.
- 13.3 The initiative for developing new modalities / sub-modalities was confirmed as laying with ACS.
- 13.4 The need to keep the profession flexible and up-to-date interacted with two other linked initiatives. These were the potential for a Subject Benchmark for Clinical Science from the Quality Assurance Agency and a Standard of Proficiency for Clinical Science to be developed by HPC. These would both need to be reviewed and developed in a process which might be co-ordinated by HPC in the longer term.
- 13.5 Vision Scientists and Informational Technologists were in discussion with ACS. There might be a correlation between the Vision Scientists and approaches HPC had received from Medical Illustrators claiming to carry out retinal photography.
- 13.6 It was noted in this context that the NHSU(niversity) might be able to play a useful role to assist the profession in several contexts. The Education and Training Committee was now in contact with NHSU.

### **ITEM 14 ASSOCIATION OF CLINICAL SCIENTISTS INFORMATION PACK TO APPLICANTS**

This pack was available for inspection and information and could be circulated to members if requested.

### **ITEM 15 ANY OTHER BUSINESS : C.P.D.**

- 15.1 Professor Sir John Lilleyman reported that the Medical Royal Colleges, and medicine generally, were looking at developing CPD in that context which would be owned by the individual practitioner and accredited by the regulator.
- 15.2 CPD was recognised as a major issue for the profession and the Group recognised that a wide range of options was open to HPC.
- 15.3 It was confirmed that the intention was to start a CPD scheme in April 2005. This would allow time for HPC to analyse the recommendations to arise from the Allied Health Professions Forum (AHPF) DoH funded competency project and then consult on proposals.
- 15.4 It was noted that the AHPF project did not seem to include CS. It was agreed that ACS should approach the project to remedy this and that the project's recent reports and newsletters should be circulated to the group as annexes to these notes.



**ITEM 16    FUTURE MEETINGS**

It was agreed that the Group should meet at least once more during the First Transitional Period, but that the date should be dictated by business arising, and which could also be generated by ACS.

## PHYSIOTHERAPISTS

### PRE-REGISTRATION EDUCATION & TRAINING WORKING GROUP (JVC)

#### CATEGORIES OF APPROVAL & CONTINUED APPROVAL

#### Minor changes to provision approved under section 4 of the PSM Act 1960

##### **BSc (Hons) Physiotherapy**

**University of Salford**

Revisions to assessment and content of one module and re-packaging of one other to facilitate inter-professional learning. Approved by external examiners and internal process.

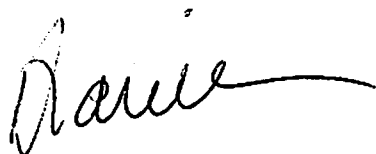
##### **MSc Physiotherapy (pre registration) Glasgow Caledonian University**

Changes to weighting of clinical modules on MSc Rehabilitation Science and other amendments to assessment methods in clinical and five academic modules to BSc (Hons) Physiotherapy and MSc Rehab. Science. Approved by external examiner.

##### **BSc (Hons) Physiotherapy part time route University of East Anglia**

Removal of one piece of assessment for a level 3 module to reduce assessment load. Highlighted by external examiner.

**Signed by Chair of HPC Education & Training Committee**



Date 13.9.02