

Education and Training Committee – 11 September 2019

Non-approval recommendation – University of Huddersfield – Master of Podiatric Surgery (Part time), and HCPC Annotation of existing Podiatrists practising Podiatric Surgery (Part time)

Executive summary and recommendations

The reports in appendix 1 and 2 set out visitors' recommendation to not approve the programmes referenced in each report.

These programmes were first visited on 30-31 October 2018. They were visited because they were new programmes, set up to deliver the annotation for podiatrists practising podiatric surgery. Conditions were placed on the approval of the programmes, which are documented in section 4 of the visitors' reports. The visitors' reports, including the conditions, were agreed by the Committee at its meeting of 30 January 2019. At that meeting, the Committee agree that conditions must be met in order for the programme to be approved, with some variations based on the observations of the education provider. The decision notices from this meeting can be found as appendix 3.

The education provider was provided with two attempts to meet the conditions placed on the approval of the programme. When setting conditions, the visitors determined that a visit was required to make an appropriate assessment of the response to the conditions. This visit was undertaken on 18-19 March 2019. Following this visit, the visitors required a second conditions response from the education provider, detailed in section 6 of each report.

After reviewing the additional evidence provided by the education provider through both conditions responses, the visitors consider that:

- 3 conditions are not met by the annotation programme; and
- 6 conditions are not met by the Masters programme.

At this stage of the process, the visitors are only able to recommend that the programmes are approved or not approved. As they are not satisfied that a number of conditions are met, they have chosen the second of these two options.

The conditions that the visitors consider are not met, along with reasoning as to why these conditions are not met, are noted through section 7 of the reports provided as appendix 1 and 2.

The education provider has provided observations on the reports, including the visitors' recommendations, which are included as appendix 4. As part of the education provider's observations, the College of Podiatrists and Health Education England have provided comments, intended to comment on issues relating to the application of the

HCPC approval process, and to note the broader impact of any decision to not approve this programme respectively.

If the Committee is minded to not approve the programme, the education provider will have a 28 day period to provide observations on this decision, which will then be taken to a future Committee meeting alongside the visitors' report. At that future meeting, the Committee will be asked to make a decision about whether to not approve the programme.

If the Committee decides to not approve this programme, there will be broader implications for the policy work relating to switching on the annotation for podiatrists practising podiatric surgery. When making a decision about programme approval or non-approval, the Executive notes that it is important for the Committee to consider the merits of this case, specifically whether these programme meet the required standards, rather than the broader policy work.

Decision

The Committee is asked to determine whether proceedings for the consideration of non-approval of the programme should be commenced in accordance with Article 18(4) of the Health and Social Work Professions Order 2001.

The Committee may decide to:

- approve the programmes;
- commence non-approval proceedings; or
- direct the executive to undertake any other course of action it deems necessary to inform its decision regarding the approval of the programmes.

In reaching this decision, the Executive asks that the Committee:

- provides reasons for their decision; and
- provides the Executive with any necessary instructions to give effect to the decision.

Background information

- ETC paper 23 November 2017 – [Annotation of podiatrists practising podiatric surgery](#) – this is the most recent update paper to the Committee on the policy work in this area

Resource implications

- None

Financial implications

- None

Appendices

- Appendix 1 – visitors' report for the annotation programme
- Appendix 2 – visitors' report for the Masters programme
- Appendix 3 – ETC decision notice for both programmes
- Appendix 4 – observations from the education provider

Date of paper

29 August 2019

HCPC approval process report

Education provider	University of Huddersfield
Name of programme(s)	HCPC Annotation of existing Podiatrists practising Podiatric Surgery, Part time
Approval visit date	30-31 October 2018
Case reference	CAS-12995-V5D9Z5

Contents

Section 1: Our regulatory approach.....	2
Section 2: Programme details.....	3
Section 3: Requirements to commence assessment.....	4
Section 4: Outcome from first review.....	4
Section 5: Details of the visit to consider the first conditions response.....	13
Section 6: Outcome from second review	13
Section 7: Visitors’ recommendation.....	17

Executive Summary

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

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

Section 1: Our regulatory approach

Our standards

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

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

How we make our decisions

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

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

HCPC panel

We always appoint at least one partner visitor from the profession (inclusive of modality and / or entitlement, where applicable) with which the assessment is concerned. We also ensure that visitors are supported in their assessment by a member of the HCPC executive team. For this particular visit, there is no Podiatric Surgeon on the panel, as this is within the rules around visitor section set out by the committee in June 2015.

Details of the HCPC panel for this assessment are as follows:

Gordon Burrow	Chiropodist / podiatrist (Prescription only medicines – administration)
Andrew Robinson	Orthopaedic surgeon
Susanne Roff	Lay
Tamara Wasylec	HCPC executive
Shaista Ahmad	HCPC executive

Other groups involved in the approval visit

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

Sara Eastburn	Independent chair (supplied by the education provider)	University of Huddersfield
---------------	--	----------------------------

Julie Hogan	Secretary (supplied by the education provider)	University of Huddersfield
Kim Bryan	External panel member	College of Podiatry representative
Alison Hart	External panel member	College of Podiatry representative
Alan Borthwick	External panel member	College of Podiatry representative
John Malik	External panel member	College of Podiatry representative

Section 2: Programme details

Programme name	HCPC Annotation of existing Podiatrists practicing Podiatric Surgery
Mode of study	PT (Part time)
Entitlement	Podiatrists practising podiatric surgery
Proposed first intake	01 August 2019
Maximum learner cohort	Up to 116
Intakes per year	1
Assessment reference	APP01864

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

The education provider has developed and proposed a new route to train as a podiatrist practising podiatric surgery, which is based on prior learning and training. This programme is designed to assess trainees' prior experience through their formal education and career to date. Candidates will provide a portfolio of evidence which details how their previous education and work experience meets the learning outcomes for the programme, which are intended to ensure those assessed through the programme meet the HCPC standards for podiatrists practising podiatric surgery.

Using a panel of nine trainees who form a pilot group and academic staff, who will both assess the portfolio of evidence, the education provider will determine if the learning outcomes are met or not. The pilot group are elected to the College of Podiatry, Faculty of Podiatric Surgery committee and an academic who will be the independent moderator and chair of the group. The peer group will assess the reflective portfolio to determine if the HCPC standards for podiatrists practising podiatric surgery are met or not. The pilot group will then be able to assess claims of the remaining applicants who apply for annotation. There is no opportunity for trainees to make up experience after being assessed and there is no formal learning or teaching on the programme. There is also no opportunity for trainees to undertake practice placement experience. The programme itself consists entirely of the assessment of a trainees' experience, skills and knowledge.

As part of the visit, the visitors assessed whether the programme can be exempted from SET D (practice placements), as proposed by the education provider. After scrutiny of

the programme via documentation and at the visit, the visitors concluded that the programme could be exempted from SET 5 as:

- the education provider demonstrated through the approval process that this not a taught programme;
- no additional training can be undertaken once the student has been admitted onto the programme, and no advice or guidance will be provided by the education provider which could constitute a learning plan
- the assessment of the candidate is completely retrospective; and
- applicants to the programme must have worked in an appropriate surgical training environment, which will be demonstrated through the admissions process.

However, in order for the programme to be exempted from SET 5 and approved, all of the conditions in this report must also be met.

Section 3: Requirements to commence assessment

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

Required documentation	Submitted	Reason(s) for non-submission
Programme specification	Yes	
Module descriptor(s)	Yes	
Handbook for learners	Yes	
Handbook for practice based learning	Yes	
Completed education standards mapping document	Yes	
Completed proficiency standards mapping document	Yes	
Curriculum vitae for relevant staff	Yes	
External examiners' reports for the last two years, if applicable	Not Required	As this is a new programme, this document is not required.

We also expect to meet the following groups at approval visits:

Group	Met
Learners	Yes
Senior staff	Yes
Practice education providers	Yes
Service users and carers (and / or their representatives)	Yes
Programme team	Yes
Facilities and resources	Yes

Section 4: Outcome from first review

Recommendation of the visitors

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

Conditions

Conditions are requirements that must be met before programmes can be approved. We set conditions when there is insufficient evidence that standards are met. The visitors were satisfied that a number of the standards are met at this stage. However, the visitors were not satisfied that there is evidence that demonstrates that the following standards are met, for the reasons detailed below. The visitors determined that a further visit is required to make an appropriate assessment of the response to the conditions. Any further visit would need to focus on the standards on which conditions have been set. This would include meetings with the programme team, senior team, and service users and carers. The education provider has suggested that the visit takes place on 18 and 19 March 2019 to allow the education provider sufficient time to prepare their response to the conditions and considering the start date of August 2019.

We expect education providers to review the issues identified in this report, decide on any changes that they wish to make to programmes, and then provide any further evidence to demonstrate how they meet the conditions. We set a deadline for responding to the conditions of 23 January 2019.

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

Condition: The education provider must provide further evidence of how it intends to communicate the programme costs trainees will incur whilst studying on the programme, which enables them to make an informed choice about taking up a place on the programme.

Reason: For this standard, the visitors were referred to the programme specification, which contained details about the admission criteria for the programme. However, there were no details provided about the costs trainees would incur for studying on the programme such as programme fees and potential travel or accommodation costs. Whilst at the visit, the visitors were provided with information about the fee structure and were made aware that other costs would be covered by the trainees. However, applicants were not aware of this information, therefore the visitors were concerned that without this information applicants would be unable to make an informed choice about the programme. Therefore, the education provider must provide further information demonstrating how applicants are provided with all the information they require to make an informed choice about whether to take up an offer of a place on the programme.

B.2 The programme must be effectively managed.

Condition: The education provider must provide further evidence that there is a management structure in place to manage the programme effectively.

Reason: From a review of the memorandum of understanding tabled at the visit and from discussions at the visit, the visitors understood that the College of Podiatry (COP) would be willing to provide support for this programme and collaborate with the University of Huddersfield in areas of mutual interest. The visitors also read in the document tabled at the visit entitled, "Annotation of podiatric surgeons' agreement", the visitors noted that the education provider would receive funding from the COP for delivering this programme. The visitors also understood that the College of Podiatry will not play a formal role in the delivery of this programme and that any decisions regarding the programme delivery will be taken by the education provider, the University of Huddersfield. From a review of the documentation, the visitors understood that (COP) would advertise this programme to COP Fellows and would provide the education provider with a list of eligible applicants who they deem to meet the education provider's entry requirements. The visitors also noted that the education provider would conduct an interview process together with the members of the COP and service users and carers. The visitors were not clear whether the COP or the education provider would make the final decision about who would be accepted on to the programme. As such the visitors require some clarity around the nature of the relationship between the COP and the education provider. The visitors also require information detailing what the management structure of the programme is and what the role and responsibilities of the COP is, if any, in the delivery of the programme. Consequently, the visitors require further evidence, which outlines the roles and responsibilities of all parties involved in the management and delivery of the programme in order to demonstrate how the programme will be effectively managed.

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

Condition: The education provider must demonstrate that there is an adequate number of appropriately qualified and, where required, registered staff in place to deliver and effective programme.

Reason: For this standard the visitors reviewed the curriculum vitae provided by the education provider in relation to this standard. Through their reading of the documentation and in discussions at the visit, the visitors understood that the individuals who would be responsible for assessing the portfolios of the trainee pilot group would be the trainees themselves. This pilot group would include one of the programme staff Matthew Rothwell. The visitors could not see how the education provider will ensure that the trainees would have the relevant qualifications or experience to enable them to assess portfolios on this programme. Additionally, the visitors could not determine how the trainees on this programme are prepared for their role in assessing trainee portfolios. As such, the visitors could not determine whether there is an adequate number of appropriately qualified and experienced staff in place to deliver an effective programme. The visitors heard that the programme lead would moderate the portfolio assessments however they were unclear how the programme lead had the appropriate qualifications and experience to assess trainees on this programme. Therefore, the visitors require evidence which demonstrates how they ensure that individuals with the appropriate skills and experience to assess and make a judgement, that the standards for podiatrists practicing podiatric surgery are met, will

assess the portfolios for the pilot group on the programme. The visitors understood that individuals from the pilot group who successfully completed the programme would be employed on an affiliate lecturer basis to assess subsequent cohorts on the programme and felt this arrangement was appropriate.

B.7 A programme for staff development must be in place to ensure continuing professional and research development.

Condition: The education provider must demonstrate how they ensure that staff responsible for the delivery of this programme are supported in undertaking relevant continuing professional and research development.

Reason: To evidence this standard the visitors were directed to the staff curriculum vitae and programme specification. From the documentation, the visitors were unable to determine how the teaching staff maintained their research, teaching and professional development to enable them to deliver an effective programme. In the meeting with the programme team, the visitors were told that the programme team engages in some development. For instance, a member of the programme delivery team is currently undertaking professional training in podiatric surgery and were supported by the education provider to undertake professional development. However, from discussions with the programme team, the visitors could not determine what development opportunities are in place for affiliate lecturers or for others in the core staff team. The visitors were therefore, unable to gain a full understanding of the current participation from staff in research and continued professional development. The visitors were in particular unclear about how the trainees on the programme, who will assess each other's portfolio, will be supported to develop the required skills to assess the portfolios. Additionally, the visitors could not see how the same trainees who will become affiliate lecturers once they have successfully completed the programme, will be supported through their staff development to assess the subsequent cohorts of trainees. The visitors therefore require further information to evidence how the education provider ensures that staff, including affiliate lecturers, are supported to undertake relevant continuing professional and research development to ensure the delivery of an effective programme.

B.10 The learning resources, including IT facilities, must be appropriate to the curriculum and must be readily available to trainees and staff.

Condition: The education provider must ensure that the virtual learning environment resource used by staff and trainees is appropriate for the programme and developed before the planned start date for the programme.

Reason: The education provider delivered a presentation of the virtual learning environment (VLE). The visitors saw the information contained on the VLE was incomplete and not fully developed and that this would be the main learning resource trainees would use to complete their portfolio and gain access to pertinent information. The visitors saw some of the areas of the online portfolio trainees would have to complete as part of their portfolio of evidence, however they could not see how trainees are informed about how to complete the portfolio. The programme team explained that they would provide guidance in the introductory day of the programme delivered at the education provider. The visitors were also told that trainees who could not physically attend the first day of the programme would be able to access resources via the VLE instead. However, the visitors did not have sight of what information would be provided

to the trainees on that day or the resources that would be available on the VLE for those who could not attend physically which would help them to complete the portfolio. Therefore they could not make a judgement as to whether the information provided to support trainees to access and use the resource was sufficient and would effectively support the trainees to complete their portfolio via the VLE. The visitors therefore require further evidence of how the VLE is appropriate to the delivery of the programme and is readily available to trainees and staff.

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

Condition: The education provider must demonstrate the process for dealing with trainee complaints raised against other trainees who are tasked with assessing their peers on the programme.

Reason: From the programme documentation, the visitors noted that there is a trainee complaints process in place. From their review of the process and in discussions with the education provider, it was unclear to the visitors what the process is should a trainee make a complaint against a fellow trainee who is acting in the capacity of a peer assessor. As the trainees in the pilot group will be expected to assess and make a judgement on the work of their fellow trainees the visitors were unclear how the complaints process would work should a trainee raise a complaint about their assessors on the programme. The visitors therefore require further information about the process for trainees to make a complaint about a fellow trainee/assessor or appeal a decision made about the assessment of their portfolio. Additionally, the visitors require information about how the process for dealing with these complaints feeds in to the complaints process at the education provider and how trainees are informed of this process.

B.15 Throughout the course of the programme, the education provider must have identified any mandatory components and must have associated monitoring mechanisms in place.

Condition: The education provider must identify mandatory components of the programme and the associated monitoring mechanisms, the consequences for not meeting these requirements, and demonstrate how this information is effectively communicated to trainees.

Reason: The education provider delivered a presentation of the virtual learning environment (VLE). The visitors saw the information contained on the VLE was incomplete and not fully developed. The visitors also heard trainees would be expected to attend a day in the academic setting to learn about expectations and requirements on the programme. For instance, trainees would be given information about support available to them and how to complete their portfolio by accessing the VLE. The visitors also heard trainees who could not attend the academic session could access the information using the VLE. The visitors heard that trainees must attend or engage via the VLE in the preparatory session at the start of the programme. Due to the physical attendance or virtual access requirements not being clearly defined at this stage, and the documentation not clearly stating the attendance requirement for trainees, the visitors could not determine that trainees are aware of the mandatory attendance requirements for this programme. Additionally the visitors heard what could be done to monitor participation but could not determine that the education provider had a clear process in place for monitoring of required participation. It follows that the visitors could

not determine how trainees would be made aware of these requirements or the consequences for not meeting requirements set out by the education provider. As such, the visitors require the following information to determine whether this standard is met:

- the elements of the programme where trainee attendance or access via the VLE is mandatory;
- how attendance or access of mandatory elements is monitored
- the consequences for trainees who do not meet the mandatory attendance or access requirements for the programme; and
- how trainees, clinical supervisors and staff are made aware of this information.

B.16 Service users and carers must be involved in the programme.

Condition: The education provider must demonstrate that there is a clear policy for service user and carer involvement on this programme, that the service users and carers are supported in their role and that this involvement is appropriate to the programme.

Reason: At the visit, the visitors met a service user who was involved in a podiatry programme delivered by the education provider. From discussions with the service user, the visitors noted that they were not involved in this programme. In discussion with the programme team, the visitors heard that service users and carers will form part of the programme board and will be involved in interviewing trainees. The visitors were not provided with minutes from programme board meetings to demonstrate service user and carer involvement. They also did not meet service users and carers with relevant experience to this programme who would be on the programme board and would interview trainees. They were also unable to establish how those service users and carers would be prepared for their role in the programme and the plan for continued service user and carer involvement in the programme. As such, they were unable to determine how service users and carers have been or will be involved in the programme. Therefore, the visitors require information, which demonstrates how service users and carers are involved in this programme, the plans to support them in their role and how their involvement is appropriate to the programme.

C.1 The learning outcomes must ensure that those who successfully complete the programme meet the standards for podiatrists practising podiatric surgery

Condition: The education provider must clearly articulate how the learning outcomes for the programme ensure that those who successfully complete the programme meet the standards for podiatrists practicing podiatric surgery.

Reason: From their review of the programme specification, the visitors understood that there are four programme learning outcomes and the standards for podiatrists practising podiatric surgery were grouped together under learning outcome 3. From the documentation and discussions at the visit, the visitors understood that trainees are expected to be able to demonstrate they meet all of the learning outcomes by the time they complete the programme. The visitors noted that there is one assessment task for the programme, which is to complete the portfolio; they also noted that the assessment criteria refers to the programme learning outcomes. However, the visitors were not provided with a completed portfolio which details how the standards for podiatrists practicing podiatric surgery, contained within learning outcome 3, would be contained

within the portfolio. The visitors noted whilst an example of the portfolio was discussed during the visit when reviewing the VLE, along with evidence of a portfolio set sheet, they remained unclear how the portfolio is used to ensure trainees and assessors can clearly see where the standards and the wider learning outcomes would need to be demonstrated throughout the portfolio. As such, the visitors require documentation, such as detailed portfolio assessment content, which clearly articulates how trainees who successfully complete the programme cover the learning outcomes, which deliver the standards for podiatrists practicing podiatric surgery.

C.5 The curriculum must make sure that trainees understand the implications of the HCPC's standards of conduct, performance and ethics and/or the NMC's code: standards of conduct, performance and ethics on their podiatric surgery practice.

Condition: The education provider must clearly articulate how they ensure that trainees understand the implications of the HCPC's standards of conduct, performance and ethics and/or the NMC's code: standards of conduct performance and ethics on their podiatric surgery practice.

Reason: The visitors were directed to page 38 of the Student Handbook Partnership Statement Page 38 for this standard. The visitors noted that trainees are "advised" to ensure their practice is in line with the HCPC standards. In a presentation demonstrating the portfolio that trainees must complete the visitors could not determine how the education provider ensures that trainees understand the implications of the HCPC's standards of conduct, performance and ethics and/or the NMC's code: standards of conduct, performance and ethics on their podiatric surgery practice. For this standards to be met the visitors require additional information which demonstrates how the education provider ensures trainees understand the implications of above standards on their podiatric surgery.

E.4 Assessment methods must be employed that measure the learning outcomes.

Condition: The education provider must submit further evidence which demonstrates how the assessment method ensures an objective and consistent measure of the learning outcomes is carried out.

Reason: The visitors noted that the education provider was still developing the VLE and portfolio during discussions held at the visit. As articulated in the reasoning for the condition against standard C.1, this meant the visitors remained unclear how the learning outcomes ensure individuals will meet the required standards upon completion of the programme. In addition, the visitors were also unable to determine how the portfolio is structured to ensure it provided an objective and consistent assessment method to measure the learning outcomes. In particular, the visitors note the assessment criteria currently used are the learning outcomes. Although the learning outcomes, which are also the Standards for podiatrists practising podiatric surgery, describe what learners are expected to know, understand and be able to demonstrate, the visitors were unclear what indicators or criteria is used to assess that the learning outcomes are achieved. As such, the visitors were unable to determine how this approach ensures objective and reliable assessments of portfolios are carried out by assessors. The visitors therefore require further evidence which demonstrates how the

assessment of the portfolio will be structured which ensures learning outcomes are measured in an objective and reliable way.

E.5 The measurement of trainee performance must be objective and ensure safe and effective podiatric surgery practice.

Condition: The education provider must provide further evidence to demonstrate how the measurement of student performance is objective and ensures fitness to practise at placement.

Reason: Through their reading of the documentation and in discussions at the visit, the visitors understood that the individuals who would be responsible for assessing the portfolios of the pilot group of trainees would be the trainees themselves. The trainees would mark their peer's assessment on the programme. The visitors noted that the standards for podiatrists practicing podiatric surgery is the criteria which the portfolios are assessed against. However, the visitors could not see how trainees' performance on the programme could be objectively measured by a fellow trainee to ensure that they meet the standards, due to the conflict of interest. The visitors were told by the programme team that the peer reviews would be the first stage of assessment and would be followed up by an academic marking process completed by the programme lead. However, as the programme lead does not have any qualifications or experience in podiatric surgery the visitors could not determine how the two levels of assessment are appropriate and objective. Therefore, the visitors require evidence which demonstrates the assessment strategy which ensures trainee portfolios are assessed objectively and ensure safe and effective podiatric surgery practice.

E.6 There must be effective monitoring and evaluation mechanisms in place to ensure appropriate standards in the assessment.

Condition: The education provider must provide further evidence to demonstrate what effective monitoring and evaluation systems are in place to ensure appropriate standards in the assessment.

Reason: Through their reading of the documentation and in discussions at the visit, the visitors understood that the individuals who would be responsible for assessing the portfolios of the pilot group of trainees would be the trainees themselves. The trainees would mark their peer's assessment on the programme. The visitors noted that the standards for podiatrists practicing podiatric surgery is the criteria which the portfolios are assessed against. The visitors were told by the programme team that the peer reviews would be the first stage of assessment and would be followed up by an academic marking process completed by the programme lead. However, as the programme lead does not have any qualifications or experience in podiatric surgery the visitors could not determine how the two levels of assessment ensure that the marks are moderated and the appropriate standards in assessment are achieved. Therefore, the visitors require evidence which demonstrates what moderation systems are in place and the monitoring and evaluation mechanisms which ensure appropriate standards in the assessment.

E.9 Assessment regulations must clearly specify requirements for a procedure for the right of appeal for trainees.

Condition: The education provider must provide further evidence of the appeal procedure that is in place for this programme, how this process takes account of any procedure at the education provider and how this is communicated to students

Reason: In their review of the documentation the visitors noted that this programme is non-credit bearing. In discussions with the programme team, the visitors noted that there is an appeal process for credit-bearing, taught programmes at the education provider, and contained within the assessment regulations. The visitors also heard that this appeal procedure would also apply to this programme. However, they were unclear how the trainees and all involved in the delivery of the programme would be aware that the appeal procedure would apply to this programme, as it is non-credit bearing and does not have a taught element. As such the visitors require further evidence which describes the appeal procedure for trainees on this programme and how all involved in the programme would be made aware of this information.

E.10 Assessment regulations must clearly specify requirements for the appointment of at least one external examiner who must be appropriately experienced and qualified and, unless other arrangements are agreed, be from a relevant part of the Register.

Condition: The education provider must provide further evidence to demonstrate that the assessment regulations clearly specify requirements for the appointment of at least one external examiner who must be appropriately experienced and qualified and, unless other arrangements are agreed, be from a relevant part of the HCPC Register.

Reason: From reviewing the documentation, the visitors noted that the external examiner will be a professionally qualified podiatrist and an individual who is approved by both the education provider and the College of Podiatry. The visitors noted that the role of the external examiner is to ensure academic and professional standards are maintained on the programme. They did note that although the external examiner must be qualified in the podiatrist profession, there was no requirement in the assessment regulations for the external examiner to be registered with the HCPC or whether other arrangements would be agreed the HCPC. In discussion with the programme team the visitors were unable to determine how a podiatrist would have the necessary experience and qualifications in the practice area that would enable them to ensure that academic and professional standards for podiatrists practicing podiatric surgery are maintained on the programme. As such, the visitors require the education provider to review the assessment regulations to ensure that they specify the requirement for at least one external examiner to be appointed who is appropriately experienced and qualified in a relevant area of practice to ensure they can provide a level of appropriate and relevant, external quality assurance for the programme. Additionally, the assessment regulations should stipulate that the external examiner is from the relevant part of the Register unless other arrangements are agreed with the HCPC.

Section 5: Details of the visit to consider the first conditions response

In order for us to progress with the visit to consider the first conditions response, we required a documentary response to the conditions from education providers. The following is a list of evidence that we asked for through this process, and whether that evidence was provided. Education providers are also given the opportunity to include any further supporting evidence as part of their submission.

Required documentation	Submitted
First response to the conditions contained in Section 4 of this report	Yes

The visit took place on 18 - 19 March 2019. We met the following groups as required in the recommendation by visitors' in section 4.

Group	Met
Senior staff	Yes
Practice education providers	Yes
Service users and carers (and / or their representatives)	Yes
Programme team	Yes

HCPC panel for considering the conditions response

We always appoint at least one partner visitor from the profession (inclusive of modality and / or entitlement, where applicable) with which the assessment is concerned. We also ensure that visitors are supported in their assessment by a member of the HCPC executive team. For this particular visit, there is no Podiatric Surgeon on the panel, and this is within the rules around visitor selection set out by the committee in June 2015.

Details of the HCPC panel for this assessment are as follows:

Gordon Burrow	Chiropodist / podiatrist (Prescription only medicines – administration)
Andrew Robinson	Orthopaedic surgeon
Roseanne Connolly	Lay
Tamara Wasylec	HCPC executive

Section 6: Outcome from second review

Second response to conditions required

The education provider responded to the conditions set out in section 4 and the visitors considered the response prior to and during a second visit to the education provider, as detailed in section 5 of this report. Following their consideration of this response, the visitors were satisfied that the conditions for several of the standards were met. However, they were not satisfied that the following conditions were met, for the reasons detailed below. Therefore, in order for the visitors to be satisfied that the following conditions are met, they require further evidence.

C.5 The curriculum must make sure that trainees understand the implications of the HCPC's standards of conduct, performance and ethics and/or the NMC's code: standards of conduct, performance and ethics on their podiatric surgery practice.

Condition: The education provider must clearly articulate how they ensure that trainees understand the implications of the HCPC's standards of conduct, performance and ethics and/or the NMC's code: standards of conduct performance and ethics on their podiatric surgery practice.

Reason condition not met at this time: From the documentation provided, the visitors understood that trainees would have a discussion regarding the HCPC's standards of conduct, performance and ethics (SCPEs) on their podiatric surgery, during the day at the university. The programme team told the visitors, that the trainees are expected to demonstrate their understanding of the implications of the SCPEs on their podiatric practice throughout the portfolio. The visitors considered the information provided in the portfolio of evidence, which is the reflective record used by trainees to demonstrate their skills, knowledge and competence. The visitors were unable to determine how the portfolio, as the main method of recording and ascertaining the trainees' understanding, and the discussion at the university provides the education provider with the means to assess learner's understanding. The visitors were also unable to see how trainees would be able to demonstrate clearly that they have understood the implications of the HCPC standards of conduct performance and ethics on their podiatric surgery practice within the portfolio. As such, the visitors require further evidence of the way in which the education provider ensures that trainees can demonstrate their understanding and the education provider can ensure the learner has understood, in order for this condition to be met.

Suggested documentation: Information within the portfolio and/or day at the university which clearly demonstrates how trainees are expected to demonstrate their understanding of the implications of the SCPEs on their podiatric practice and how the education provider checks their understanding.

E.4 Assessment methods must be employed that measure the learning outcomes.

Condition: The education provider must submit further evidence which demonstrates how the assessment method ensures an objective and consistent measure of the learning outcomes is carried out.

Reason condition not met at this time: The visitors were provided with information about the online, reflective portfolio trainees would complete and were satisfied that the majority of the learning outcomes, which ensure the standards for podiatrists practicing podiatric surgery are met, can be assessed through the portfolio. However, for the proficiency standard 1.11, the visitors cannot determine whether there was a robust assessment in place which ensures assessors can determine that trainees are able to competently undertake a range of surgical techniques within the foot and associated structures.

In reaching this position, the visitors note that the annotation route is based fundamentally on a holistic assessment of an individual's training, qualifications and experience to date. In this regard, they acknowledge this approach assumes applicants

to the programme have achieved and maintained competency to practice podiatric surgery to date (in absence of any specific regulatory requirements linked to annotation), and have done so as an HCPC-registered chiropodist / podiatrist working within an extended scope of practice. They also acknowledge such practice takes place in highly regulated environments, which contain established medical oversight and governance arrangements, comparable to other surgical regulated professions.

With this in mind, the visitors note the portfolio assessment is designed to establish continued competence, as it relates specifically to the HCPC standards, rather than as a measure to use to determine an individual's ability to practice for the first time. The visitors would of course always expect the latter would need to contain direct supervision and observation in practice. However, for the purposes of this route, the visitors are unclear how, in absence of any direct observation, the current portfolio assessment method provides enough assurance to be satisfied those currently practicing podiatric surgery meet the specific HCPC standard in question.

At the revisit, the visitors understood that trainees would be expected to provide evidence of the surgical techniques performed. For instance, a log and their reflections on that log of surgical techniques, and information which measures the surgical clinical outcomes and the surgery performed. The example provided was the College of Podiatry's (COP) database PASCOP (Podiatric and Surgical Clinical Outcome Measurement) which is a method of measuring clinical outcomes of the procedures performed by trainees, which is a tool accessible only to trainees who are members of the COP. The visitors noted that this is an example of the information trainees could provide, but they were unable to see from this example how trainees' competence in completing the surgical techniques was effectively assessed. In particular, the visitors noted there was no clear criteria set around what information a surgical log entry must contain, what elements of the surgical intervention should be reflected upon, the range of surgical interventions required (as a minimum) and how such a log and reflection is verified and supported by an appropriately qualified and experienced individual (ie a foot and ankle surgeon). Furthermore, in absence of this detail, the visitors could not determine how an effective assessment of such information could be undertaken to determine competence.

Additionally, the visitors were unclear from the information provided, how trainees and assessors would know the timeframe from which a learner could draw on their past experience (ie within a certain number of years). As such, the visitors were unable to make a judgement as to whether the currency of the practice the trainees are expected to reflect upon is appropriate and relevant.

Based on the visitors' position and their findings so far through this process, the visitors require evidence which demonstrates that the method used to assess whether trainees have achieved proficiency standard 1.11 is appropriate, in absence of direct observation of practice.

Suggested documentation: In providing this evidence, the education provider should seek to include:

- a rationale as to why the education provider's chosen assessment method is appropriate to assess this proficiency standard;
- further detail about the information trainees are required to submit within this section of the portfolio to achieve proficiency standard 1.11. This should include detailed criteria which specifies:

- what a surgical log entry must contain,
- what elements of reflections are required in relation to that log,
- the range of surgical interventions required (as a minimum),
- and the verification needed to be by an appropriately qualified and experienced individual (i.e. a foot and ankle surgeon)
- evidence which details the appropriate timeframe in which the learner's practical experience must have taken place so the learner and assessors are aware of the expectations and requirements of assessment and can ensure currency of experience; and
- evidence of assessment criteria used to determine how such how the information provided by the trainees can be objectively assessed to determine how an individual meets proficiency standard 1.11.

E.6 There must be effective monitoring and evaluation mechanisms in place to ensure appropriate standards in the assessment.

Condition: The education provider must provide further evidence to demonstrate what effective monitoring and evaluation systems are in place to ensure appropriate standards in the assessment.

Reason condition not met at this time: The visitors are satisfied that the monitoring and evaluation mechanisms in place ensure appropriate standards in the assessment. The only exception to this is the required experience, ability and knowledge of the individual responsible for assessing the first cohort of trainees and who would take up the role of moderating the programme as external examiner thereafter. The visitors noted through the conditions response and in discussions at the revisit that the education provider would require someone who is able to perform foot and ankle surgery for instance, a vascular surgeon. However, the visitors were unable to see how a vascular surgeon could assess musculoskeletal surgery of the foot and therefore they are not clear on how the descriptor of the individual ensures that they are appropriately experienced and knowledgeable to ensure appropriate standards in the assessment for this programme. As such, the visitors require evidence of how the education provider will ensure that there is an appropriately qualified and relevantly experienced individual, to act as external assessor and external examiner for this programme. For instance, an orthopaedic foot and ankle surgeon (who is a member of a foot and ankle subspecialty association) or someone who is an HCPC annotated podiatrist practicing podiatric surgery. The visitors require this information to determine whether this standard is met.

Suggested documentation: Evidence of a person specification, or equivalent, which describes the criteria an individual must meet in order to be able to assess the trainees' portfolios and/or be the external examiner for this programme.

E.10 Assessment regulations must clearly specify requirements for the appointment of at least one external examiner who must be appropriately experienced and qualified and, unless other arrangements are agreed, be from a relevant part of the Register.

Condition: The education provider must provide further evidence to demonstrate that the assessment regulations clearly specify requirements for the appointment of at least one external examiner who must be appropriately experienced and qualified and, unless other arrangements are agreed, be from a relevant part of the HCPC Register.

Reason condition not met at this time: The visitors noted through the conditions response and in discussions at the revisit that the education provider's requirements for the external examiner is that the individual can perform foot and ankle surgery for instance, a vascular surgeon. However, the visitors were unable to see how a vascular surgeon is appropriately experienced and qualified to assess musculoskeletal surgery of the foot, for example. Therefore the visitors were unable to determine how the requirements for the appointment of an external examiner are appropriate for this programme. As such, the visitors require evidence of how the education provider will ensure that there is an appropriately qualified and relevantly experienced individual, to undertake the role of external examiner for this programme. For instance, an orthopaedic foot and ankle surgeon (who is a member of a foot and ankle subspecialty association) or someone who is an HCPC annotated podiatrist practicing podiatric surgery. The visitors require this information to determine whether this standard is met.

Suggested documentation: Evidence of the specific requirements for the appointment of an external examiner with the appropriate qualifications, experience and membership of a subspecialty association or that the person is an HCPC annotated podiatrists practicing podiatric surgery.

Section 7: Visitors' recommendation

Considering the education provider's response to the conditions set out in section 4, and the request for further evidence set out in section 6, the visitors are not satisfied that the conditions are met for the reason(s) noted below, and recommend that the programme(s) are not approved.

This report, including the recommendation of the visitors and any observations provided by the education provider, will be considered at a future meeting of the ETC. At this meeting, the ETC will determine whether proceedings for the consideration of non-approval of the programme should be commenced in accordance with Article 18(4) of the Health and Care Professions Order 2001. At the meeting, the ETC may decide to:

- approve the programme;
- commence non-approval proceedings; or
- direct the executive to undertake any other course of action it deems necessary to inform its decision regarding the approval of the programme(s).

In reaching this decision, the ETC will

- provide reasons for their decision; and
- provide the Executive with any necessary instructions to give effect to the decision.

If the ETC is minded to not approve the programme, the education provider will have a 28 day period to provide observations on this decision, which will then be taken to a future ETC meeting alongside the visitors' report. At that future meeting, the ETC will make a decision about whether to not approve the programme.

C.5 The curriculum must make sure that trainees understand the implications of the HCPC's standards of conduct, performance and ethics and/or the NMC's code: standards of conduct, performance and ethics on their podiatric surgery practice.

Condition: The education provider must clearly articulate how they ensure that trainees understand the implications of the HCPC's standards of conduct, performance and ethics and/or the NMC's code: standards of conduct performance and ethics on their podiatric surgery practice.

Reason condition not met: From the information provided through the conditions response, the visitors note that:

- the education provider expects applicants to “discuss the implications of the HCPC standards of conduct, performance and ethics on [their] podiatric surgical practice” through their written, reflective portfolio submission;
- one of the “Marking criteria / possible evidence to be provided” is “Demonstrates an understanding of the implications HCPC standards of conduct, performance and ethics on their podiatric surgical practice”; and
- there is some training provided in this area, specifically a slide in training materials that “outlines what the SCPE's are and that the implication of them on their podiatric surgical practice must be included in their portfolio.”

In their evidence submission, the education provider also notes that:

- the programme “uses learning outcomes that are based upon the FHEQ level 7 framework”;
- that applicants through this programme “will be podiatrists practising podiatric surgery” who “will have the qualities outlined in the SCPE's and the transferable skills necessary for employment requiring the exercise of initiative and personal responsibility and the independent learning ability required for continuing professional development”; and
- That the above means that applicants “should be able to demonstrate the implication of the SCPE's in their portfolio.”

From this information, the visitors consider that applicants will not be equipped with sufficient knowledge about how to address this area in their portfolio, and that assessors will not know how to mark this area in a consistent and reliable way. The visitors consider this for the following reason:

Broad learning outcomes and marking criteria for granular standards

The learning outcome and marking criteria within the Assignment Instruction Sheet are very broad when considering the granularity of the SCPEs. From the marking criteria section, the visitors noted that the following information was provided to candidates and assessors, which is intended to enable these individuals to understand the education provider's requirements:

1. Learning outcome: Create and interpret relevant professional knowledge which extends the forefront of their podiatric discipline.
2. Achieved by: In their portfolio the learner must demonstrate their knowledge of podiatric surgery and how this is applied in their practice to formulate individual treatments that promote and protect the interests of service users and supported by evidence.
3. Relevant part of the marking criteria / possible evidence to be provided: Demonstrates an understanding of the implications HCPC standards of conduct, performance and ethics on their podiatric surgical practice.

Considering this, the visitors noted that with the broad definitions of how this competency is expected to be demonstrated and marked, neither applicants nor assessors will have the tools they need to understand what is required to demonstrate

competence in this area. They noted that there is no detail about what constitutes appropriate reflection for specific SCPEs for an assessor to mark this competency as met. The visitors note it is particularly important that those assessing know what is acceptable to demonstrate competence, to be sure that competence has been achieved, and those being annotated to the Register are fit to practice in this area.

The visitors also note that the statement within the Assignment Instruction Sheet that applicants should demonstrate “compliance with” (rather than consider the implications on their practice) of the SCPEs would undermine the expectations set up by the provider.

E.4 Assessment methods must be employed that measure the learning outcomes.

Condition: The education provider must submit further evidence which demonstrates how the assessment method ensures an objective and consistent measure of the learning outcomes is carried out.

Reason condition not met: The visitors have considered the education provider’s response in this area, and note that they have further clarified their intention to assess candidates’ clinical proficiency for standard 1.11 through the written portfolio. Within this portfolio, there is an expectation that applicants provide reflections from practice, records of qualifications, a log book (including a summary of audit data from a wide range of podiatric surgical procedures detailing patient and surgical outcome measures). Other evidence “could be” included in the portfolio, such as “PASCOM or equivalent outcome reports, publications, course certificates, videos, presentations, business cases, dissertations, reflections, case discussions, passed courses elsewhere similar to the HCPC CPD audit.” The log will be verified by “a podiatry service manager/surgery manager/private hospital confirming that activity reported in the log... are a true reflection”.

The visitors are cognisant that the portfolio assessment is designed to establish continued competence, as it relates specifically to the HCPC standards, rather than as a measure to use to determine an individual’s ability to practice for the first time. However, through the process, the visitors have questioned the rationale for the provider’s approach for assessing clinical competence, rather than assessing this competence through observation of practice.

With the above in mind, the visitors deem that the portfolio is not an appropriate assessment method for the reasons below.

Ability to assess continued competence in clinical skills via a written portfolio

As previously noted, the visitors are clear that the annotation route is based on a holistic assessment of an individual’s training, qualifications and experience to date. They acknowledge that this approach assumes applicants to the programme have achieved and maintained competency to practice podiatric surgery to date (in absence of any specific regulatory requirements linked to annotation), and have done so as an HCPC-registered chiropodist / podiatrist working within an extended scope of practice. They also acknowledge such practice takes place in highly regulated environments, which contain established medical oversight and governance arrangements, comparable to other regulated surgical professions.

However, the visitors consider that, in absence of any direct observation, the portfolio assessment method does not provide assurance to be satisfied those currently practicing podiatric surgery meet HCPC proficiency standard 1.11. Specifically, the visitors note that a written portfolio and a log book (accepting other evidence 'could' also be provided alongside these required parts) cannot adequately address clinical skills such as hand to eye coordination, tissue handling, and manual dexterity.

The visitors note that providing evidence of having successfully completing a range of procedures on its own does not allow the education provider to ensure those who complete the programme are clinically competent.

Inaccurate guidance for the completion of the portfolio

The visitors noted that under the 'specific guidance for meeting standard 1.11, the provider has noted that applicants "must submit a surgical log that contains a list of procedures undertaken by you in the last three years." There is then a table that sets out minimum numbers of procedures required to be undertaken by the applicant.

However, the following paragraph notes that applicants must specify "the role one played in the encounter (primary surgeon, assistant, observer)". This could be interpreted (by applicants or assessors) that observation of practice could count in the required numbers. The visitors consider that if a portfolio is to work, then the requirements and expectations must be robust and clearly communicated, to ensure only those who meet the required proficiency level pass the programme.

E.10 Assessment regulations must clearly specify requirements for the appointment of at least one external examiner who must be appropriately experienced and qualified and, unless other arrangements are agreed, be from a relevant part of the Register.

Condition: The education provider must provide further evidence to demonstrate that the assessment regulations clearly specify requirements for the appointment of at least one external examiner who must be appropriately experienced and qualified and, unless other arrangements are agreed, be from a relevant part of the HCPC Register.

Reason condition not met: In their response to this condition, the education provider noted that the external examiner must "Provide evidence of suitability in surgical practice to evaluate appropriately the candidates against the HCPC standards for podiatrists practising podiatric surgery" (criteria 2).

From the criteria, including the above, the visitors noted that the education provider will not ensure that the person appointed to this role has experience of working on the foot and ankle, and of musculoskeletal surgery. The visitors consider this experience necessary as the foot and the vagaries of bone surgery to the foot is different to all other types of surgery. As such they would expect that the position is filled by an individual with that specialism, to enable them to be able to properly assess and then oversee the assessment processes to ensure they are fit for purpose. In reaching this conclusion, the visitors note that they have previously stated that the individual appointed to this role should be an "orthopaedic foot and ankle surgeon (who is a member of a foot and ankle subspecialty association) or someone who is an HCPC annotated podiatrist practicing podiatric surgery" (section 6). They note, however, that the education provider has not been explicit in its requirements in this area in relation to the professional grouping of the individual to be appointed.

Therefore, the visitors consider that this standard is not met.

HCPC approval process report

Education provider	Education provider
Name of programme(s)	Master of Podiatric Surgery, Part time
Approval visit date	30-31 October 2018
Case reference	CAS-12995-V5D9Z5

Contents

Section 1: Our regulatory approach	2
Section 2: Programme details.....	3
Section 3: Requirements to commence assessment.....	3
Section 4: Outcome from first review.....	4
Section 5: Details of the visit to consider the first conditions response.....	23
Section 6: Outcome from second review	23
Section 7: Visitors' recommendation.....	30

Executive Summary

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

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

Section 1: Our regulatory approach

Our standards

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

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

How we make our decisions

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

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

HCPC panel

We always appoint at least one partner visitor from the profession (inclusive of modality and / or entitlement, where applicable) with which the assessment is concerned. We also ensure that visitors are supported in their assessment by a member of the HCPC executive team. For this particular visit, there is no Podiatric Surgeon on the panel, as this is within the rules around visitor section set out by the committee in June 2015.

Details of the HCPC panel for this assessment are as follows:

Gordon Burrow	Chiropodist / podiatrist (Prescription only medicines – administration)
Andrew Robinson	Orthopaedic surgeon
Susanne Roff	Lay
Tamara Wasylec	HCPC executive
Shaista Ahmad	HCPC executive

Other groups involved in the approval visit

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

Sara Eastburn	Independent chair (supplied by the education provider)	Education provider
---------------	--	--------------------

Julie Hogan	Secretary (supplied by the education provider)	Education provider
Kim Bryan	External panel member	College of Podiatry representative
Alison Hart	External panel member	College of Podiatry representative
Alan Borthwick	External panel member	College of Podiatry representative
John Malik	External panel member	College of Podiatry representative

Section 2: Programme details

Programme name	Master of Podiatric Surgery
Mode of study	PT (Part time)
Entitlement	Podiatrists practising podiatric surgery
Proposed first intake	01 August 2019
Maximum learner cohort	Up to 15
Intakes per year	1
Assessment reference	APP01865

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

Section 3: Requirements to commence assessment

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

Required documentation	Submitted	Reason(s) for non-submission
Programme specification	Yes	
Module descriptor(s)	Yes	
Handbook for learners	Yes	
Handbook for practice based learning	Yes	
Completed education standards mapping document	Yes	
Completed proficiency standards mapping document	Yes	
Curriculum vitae for relevant staff	Yes	
External examiners' reports for the last two years, if applicable	Not Required	As this is a new programme, this document is not required.

We also expect to meet the following groups at approval visits:

Group	Met
Learners	Yes
Senior staff	Yes
Practice education providers	Yes
Service users and carers (and / or their representatives)	Yes
Programme team	Yes
Facilities and resources	Yes

Section 4: Outcome from first review

Recommendation of the visitors

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

Conditions

Conditions are requirements that must be met before programmes can be approved. We set conditions when there is insufficient evidence that standards are met. The visitors were satisfied that a number of the standards are met at this stage. However, the visitors were not satisfied that there is evidence that demonstrates that the following standards are met, for the reasons detailed below. The visitors determined that a further visit is required to make an appropriate assessment of the response to the conditions. Any further visit would need to focus on the standards on which conditions have been set. This would include meetings with the programme team, senior team, practice educators and service users and carers. The education provider has suggested that the visit takes place on 18 and 19 March 2019 to allow the education provider sufficient time to prepare their response to the conditions and considering the start date of August 2019.

We expect education providers to review the issues identified in this report, decide on any changes that they wish to make to programmes, and then provide any further evidence to demonstrate how they meet the conditions. We set a deadline for responding to the conditions of 23 January 2019.

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

Condition: The education provider must provide further evidence of the admissions information that applicants will receive to demonstrate that they will have all of the information they require to make an informed choice about taking up a place on the programme.

Reason: For this standard, the visitors were referred to the programme specification, which contained details about the admission criteria for the programme. This information included the requirement for an "Enhanced DBS Check...required by the Disclosure and Barring Service". However, there were no details provided about who would pay for a Disclosure and Barring Service (DBS) check to be carried out.

Additionally, the visitors did not see information about any additional costs trainees may incur such as programme fees and travel costs on placement. In discussions with the programme team, the visitors were informed the education provider would pay for the cost of the DBS and trainees would need to pay the costs for travel to placements. Due to the lack of this information in the programme documentation, the visitors could not see how trainees are made aware of the costs trainees would incur on this programme. As such, the education provider will need to ensure that information provided to the trainee regarding additional costs is accurate so they can make an informed choice about whether to take up a place on the programme.

In addition to this, the programme specification states, “Applicants should have written confirmation of a podiatric surgical training post with an appropriately trained surgical tutor/clinical supervisor or equivalent”. From discussions with the programme team, the visitors were informed that this surgical training post would form the practice-based learning element of the programme, which will be audited by the education provider. However, the visitors could not see how potential applicants would have access to the information contained within the programme specification. The visitors were unable to see how the education provider intends to communicate the following information to prospective applicants:

- any associated costs to the trainee;
- costs incurred to trainees on the programme including accommodation and travelling to and from placements; and,
- the admissions criteria specifically the expectation that trainees must have written confirmation of a podiatric surgical training post.

Therefore, the visitors require further information, which demonstrates that applicants have the information they require to make an informed choice about the programme.

A.2 The admissions procedures must apply selection and entry criteria, including appropriate academic and professional entry standards.

Condition: The education provider must ensure the criteria used to assess applicants ensures that they have the relevant academic and professional entry standards to be admitted onto the programme.

Reason: From a review of the documentation provided prior to the visit, the visitors reviewed the professional and academic entry requirements on page 7 of the programme specification of the document. From this information and discussions with the programme team, the visitors were not clear about the selection and entry criteria used to select applicants onto the programme. Specifically, it states “Applicants should have a College of Podiatry National Training Number or equivalent”. However, the visitors were unable to identify that an equivalent to this exists and therefore could not determine whether or not the equivalent to this would be an appropriate entry standard. The visitors were unable to determine from the evidence provided and from discussions at the visit, whether the admissions procedures will be applying appropriate academic and professional entry standards and how this will be communicated to applicants. Therefore, the visitors require further evidence about the criteria used to assess trainees throughout the selection process to ensure that they have the relevant, knowledge, skills and ability to undertake the programme and how this is communicated to applicants.

A.2 The admissions procedures must apply selection and entry criteria, including appropriate academic and professional entry standards.

Condition: The education provider must ensure the criteria used to assess applicants ensures that they have the relevant knowledge, skills and ability to be admitted onto the programme.

Reason: From a review of the documentation provided prior to the visit, the visitors read that all the modules taught on this programme require “POM-S and POM-A”. However, this admission criterion was not included within the entry criteria provided. In discussions with the programme team, they confirmed that the applicant would need to have a POM-S and POM-A annotation to apply for the programme. As the visitors were provided with different information about what is required at the application stage they were unable to determine whether the admissions procedures apply appropriate academic and professional entry standards. Therefore, the visitors require the education provider to ensure that the entry requirements are made clear in the documentation provided to applicants and are consistent throughout.

A.3 The admissions procedures must apply selection and entry criteria, including accreditation of prior (experiential) learning and other inclusion mechanisms.

Condition: The education provider must further define the accreditation of prior (experiential) learning mechanisms applicable to the programme and how this information is made available to potential applicants and assessors.

Reason: From a review of the documentation, the visitors were directed to the generic university APEL policy. In discussion with the programme team, the visitors were told that trainees would be able to gain accreditation for prior learning on this programme. For instance, if they had completed 300 hours in the placement setting they could receive 120 credits which would be equivalent to part 1 of the existing programme delivered by the College of Podiatry. The visitors noted that applicants prior learning and experience would be assessed using the learning outcomes for the programme. However, the visitors also noted there was a lack of clarity around how the programme level and module level learning outcomes ensure individuals completing the programme meet the standards for podiatrists practising podiatric surgery (as detailed in conditions relating to standards C.1, E.1 and E.4)

Based on these findings, the visitors could not determine, how consistent judgements would be applied to assess that an applicant’s prior learning or experience meets the required standards and ensures that the standards for podiatrists practicing podiatric surgery are met via this process to ensure safe and effective practice. In particular, the visitors could not determine the assessment criteria to be used by both applicants and assessors to consider how any evidence provided meets different learnings outcomes.

Additionally, the visitors could not determine what the process is for applying the policy regarding applications with APEL considerations. For instance, the visitors could not determine who would make an assessment that the prior learning of an applicant met the required standard or whether they were qualified and experienced to make that judgement. Therefore, the visitors require further evidence to demonstrate what the process is regarding the application of the APEL policy, by what assessment criteria prior learning and experience is measured and assessed to decide how learning

outcomes are met, and how this information is made available to prospective applicants and assessors.

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

Condition: The education provider must provide further evidence of the commitment that has been made to ensure the programme is viable and has a secure place in the education providers' business plan.

Reason: From a review of the documentation, the visitors understood that approval was requested for a maximum of 40 students on this programme. In discussions at the visit, the visitors heard that only six trainees had undertaken the College of Podiatry (COP) podiatric surgical training programme, with three fully completing the training programme. The visitors also heard that the education provider requires a minimum of 10 trainees to permit a module to run and to be viable. From the information provided, the visitors considered that if a similar number of trainees undertake the programme, then it may not be viable according to the education provider's minimum participant requirements. Therefore, the visitors require further documented evidence to demonstrate that there is sufficient interest in the programme to ensure the programme is viable and can run effectively.

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

Condition: The education provider must provide further evidence to show that the programme is supported by practice education providers and the strategy for staffing this programme to demonstrate that the programme has a secure place in the education provider's business plan.

Reason: From a review of the memorandum of understanding tabled at the visit and from discussions at the visit, the visitors understood that the College of Podiatry (COP) would be willing to provide support for this programme and collaborate with the University of Huddersfield in areas of mutual interest. The visitors also understood that the College of Podiatry will not play a formal role in the delivery of this programme and that any decisions regarding the programme delivery will be taken by the education provider, the University of Huddersfield. The visitors noted that the entry requirements stipulate "applicants should have written confirmation of a podiatric surgical training post with an appropriately trained surgical tutor/clinical supervisor or equivalent." As such, learners are responsible for sourcing their own surgical tutor and surgical trainee placement. During the practice educators' meeting the visitors were unable to meet with those who would be responsible for providing placement opportunities such as the NHS trusts who recruit to podiatric surgical training posts. Therefore they could not ascertain the level of support from the NHS trust as a potential practice education provider for this programme. They were also unable to determine how relationships between the practice education providers and the education provider were formed and maintained. Therefore the visitors were unable to establish how the education provider had ensured that the NHS trusts and any other potential practice education providers were in support of and committed to the delivery of this programme as they were unable to meet them. The visitors also noted that visiting lecturers formed an integral part of the delivery of the programme. However, it was unclear how such individuals were appointed to contribute to the programme in this capacity, beyond being put forward to them by the

COP. The visitors reviewed no further evidence to explain the capacity of visiting lecturers who were available to support the programme, and the areas in which they would be involved. As such the visitors require further information which demonstrates how the education provider forms and maintains effective and collaborative relationships with practice education providers and visiting lecturers. In this way, the visitors will be able to determine whether the programme has a secure place in the education provider's business plan.

B.2 The programme must be effectively managed.

Condition: The education provider must provide further evidence that there is a management structure in place to manage the programme effectively.

Reason: From a review of the memorandum of understanding tabled at the visit and from discussions at the visit, the visitors understood that the College of Podiatry would be willing to provide support for this programme and collaborate with the University of Huddersfield in areas of mutual interest. The visitors also understood that the College of Podiatry will not play a formal role in the delivery of this programme and that any decisions regarding the programme delivery will be taken by the education provider, the University of Huddersfield. However, from a review of the documentation, the visitors understood that the programme would be managed by the education provider and delivered in part by the College of Podiatry (COP) in collaboration with the education provider. In discussions and from the memorandum of understanding tabled at the visit, the visitors heard that the COP would support a variety of areas such as "the provision and support of practice learning opportunities for students at both institutions". However, the entry requirements state that learners find their own trainee placement and surgical tutor before applying. From the disparity in the information provided, the visitors could not clearly see what the management structure of the programme is and what the role and responsibilities of the COP is, if any, in the delivery of the programme. Consequently, the visitors require further evidence, which outlines the roles and responsibilities of all parties involved in the management and delivery of the programme in order to demonstrate how the programme will be effectively managed.

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

Condition: The education provider must demonstrate who is responsible for teaching each element of the programme and how they ensure that that these members of staff are appropriately qualified and experienced.

Reason: For this standard the visitors reviewed the curriculum vitae provided by the education provider in relation to this standard. Through their reading of the documentation, they could not ascertain who, from the staff CVs provided, would be teaching each element of the programme to ensure that they are appropriately qualified and experienced to do so. In discussions with the programme team, the visitors were made aware of who would be leading modules and teaching certain elements of the programme. However, they could not determine who would teach the podiatric surgery practice-specific elements of the programme and therefore whether they were appropriately qualified and experienced to teach those elements of the programme. The visitors heard that affiliate/visiting lecturers would teach certain parts of the programme however, the visitors did not have details about who those lecturers were and what

elements they would be teaching. As such, the visitors could not determine whether there is an adequate number of appropriately qualified and experienced staff in place to deliver an effective programme. Therefore, the visitors require evidence which demonstrates who is responsible for teaching each element of the programme and how they ensure that they have the appropriate qualifications and experience to deliver the learning. In this way, the visitors can determine whether there is an adequate number of appropriately qualified and experienced staff in place to deliver an effective programme.

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

Condition: The education provider must demonstrate who is responsible for teaching each element of the programme and how they ensure that that these members of staff have the relevant specialist expertise and knowledge.

Reason: This condition links to the condition placed on B.5. For this standard, the visitors reviewed the curricula vitae provided by the education provider in relation to this standard. Through their reading of the documentation, they could not ascertain who, from the staff curricula vitae provided, would be delivering each element of the programme to ensure that they have the relevant specialist expertise and knowledge to do so. In discussions with the programme team, the visitors learned who would be leading modules and teaching some elements of the programme. However, they could not determine who would teach the podiatric surgery professions-specific elements of the programme and therefore whether they were appropriately qualified and experienced to teach those elements of the programme. The visitors heard that affiliate lecturers would teach certain parts of the programme however, the visitors did not details about who those lecturers are and what elements they would be teaching. As such, the visitors could not determine whether there is an adequate number of appropriately qualified and experienced staff in place to deliver an effective programme. Therefore, the visitors require evidence which demonstrated who is responsible for teaching each element of the programme and how they ensure that they have the relevant specialist expertise and knowledge to deliver the learning.

B.7 A programme for staff development must be in place to ensure continuing professional and research development.

Condition: The education provider must demonstrate how they ensure that staff responsible for the delivery of this programme are supported in undertaking relevant continuing professional and research development.

Reason: To evidence this standard the visitors were directed to the staff curriculum vitae, programme specification and the placement handbook. From the documentation, the visitors were unable to determine how the teaching staff maintained their research and professional development to enable them to deliver an effective programme. At the visit, the visitors were told that the programme team engages in some development. For instance, a member of the programme delivery team is currently undertaking professional training in podiatric surgery and were supported by the education provider to undertake this professional development. However, from discussions with the programme team, the visitors could not determine what development opportunities are in place for affiliate lecturers or for others in the core staff team. The visitors were therefore, unable to gain a full understanding of the current participation from staff in research and continued professional development. The visitors were unclear about how

the programme team, specifically affiliate lecturers will be supported through their staff development to deliver the podiatric-surgery specific elements of the programme. The visitors therefore require further information to evidence how the education provider ensures that staff, including affiliate lecturers, are supported to undertake relevant continuing professional and research development to deliver the programme effectively.

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

Condition: The education provider must develop the virtual learning environment resource, which supports trainee learning, before the planned start date for the programme and is effectively used.

Reason: The education provider delivered a presentation of the virtual learning environment (VLE). The visitors saw the information contained on the VLE was incomplete and not fully developed. Although the visitors heard that the students would have access to pertinent programme information, they did not have sight of the information that students would have access to within the VLE whilst studying on this programme. The visitors noted that because the content specific to this programme was not available for the visitors to see within this resource, they could not determine if it supports trainee learning. For instance, they could not see how a trainees would know what they are expected to learn on each module and how they are assessed for each element of the programme. As such, they could not see how trainees in the practice-based setting, accessing the VLE would know what they are expected to achieve for each module or how their learning would be assessed. Additionally, it was unclear which elements of the programme recorded via lecture capture must be accessed by the trainee and how the education provider monitors engagement by trainees. Therefore, the visitors require the education provider to demonstrate what information will be contained within the VLE to determine if the learning resources are appropriate to support trainee learning at the start of the programme.

B.10 The learning resources, including IT facilities, must be appropriate to the curriculum and must be readily available to trainees and staff.

Condition: The education provider must demonstrate that the learning resources, including IT facilities, will be appropriate to the curriculum and readily available to students and staff.

Reason: This condition links to the condition placed on B.8. The education provider delivered a presentation of the virtual learning environment (VLE) trainees and staff would have access to on the programme. The visitors saw the information contained on the VLE was incomplete and not fully developed and that the trainees would use the VLE to access core learning resources. Although the visitors heard that, the students will have access to pertinent programme information, including module schedules, reading lists, lecture capture, assessments and resources they did not have sight of the information that students would have access to within the VLE whilst studying on this programme. The visitors noted that because the content specific to this programme was not available for the visitors to see within this resource, they could not determine if it is appropriate to the curriculum. For instance, they could not see how trainees would know what they are expected to learn on each module and how they are assessed for each element of the programme. Additionally, the visitors noted that trainees would complete an online portfolio of evidence from practice placement experience. However they could

not see how trainees are informed about how to complete the portfolio. Therefore the visitors require the education provider to provide the information that will be contained within the VLE to determine if the learning resources are appropriate to the curriculum and readily available to staff and students at the start of the programme and how trainees are informed about how to utilise the VLE to complete the portfolio on placement.

B.15 Throughout the course of the programme, the education provider must have identified any mandatory components and must have associated monitoring mechanisms in place.

Condition: The education provider must identify mandatory components of the programme and the associated monitoring mechanisms, the consequences for not meeting these requirements, and demonstrate how this information is effectively communicated to trainees.

Reason: The education provider delivered a presentation of the virtual learning environment (VLE). The visitors saw the information contained on the VLE was incomplete and not fully developed. Although the visitors heard that the students would have access to pertinent programme information, they did not have sight of the information that students would have access to within the VLE whilst studying on this programme. The visitors noted that because the content specific to this programme was not available for the visitors to see within this resource, they could not determine which elements of the programme were compulsory for trainees to attend or access via the VLE. From the programme team the visitors heard that there were compulsory elements of the programme. The visitors were that for those who could not physically attend a compulsory session at the education provider, they could access the session via the VLE lecture capture facility. When asked if accessing the session via lecture capture is compulsory, the visitors noted that it could be, and that engagement could be monitored. The visitors heard that 100 per cent attendance is required of trainees on the practice-based element of the programme. The visitors heard that the clinical supervisor would be expected to report a trainee's non-attendance to the programme team. However, the visitors were unclear how the education provider ensures that the clinical supervisor is aware of this responsibility and at what point they should contact the education provider. Additionally, the visitors were unclear how trainees would be made aware of the attendance requirement for the practice based element of the programme. Due to the physical attendance or virtual access requirements not being defined at this stage, and the documentation not clearly stating the attendance requirement on practice based learning, the visitors could not determine what the mandatory attendance requirements are for this programme. Additionally the visitors heard what the education provider could do to monitor attendance or access of the VLE but could not determine that the education provider had a clear process in place for monitoring of required attendance or access. It follows that the visitors could not determine how trainees would be made aware of these requirements or the consequences for not meeting requirements set out by the education provider. As such, the visitors require the following information to determine whether this standard is met:

- the elements of the programme where trainee attendance or access via the VLE is mandatory;
- how attendance or access of mandatory elements is monitored
- the consequences for trainees who do not meet the mandatory attendance or access requirements for the programme; and

- how trainees, clinical supervisor and staff are made aware of this information.

B.16 Service users and carers must be involved in the programme.

Condition: The education provider must demonstrate that there is a clear policy for service user and carer involvement in this programme, that the service users and carers are supported in their role and that this involvement is appropriate to the programme.

Reason: At the visit, the visitors met a service user who was involved in a podiatry programme delivered by the education provider. From discussions with the service user, the visitors noted that they were not involved in this programme. In discussion with the programme team, the visitors heard that service users and carers will form part of the programme board and will be involved in interviewing trainees. The visitors were not provided with minutes from programme board meetings to demonstrate service user and carer involvement. They also did not meet service users and carers with relevant experience to this programme who would be on the programme board and would interview trainees. They were also unable to establish how those service users and carers would be prepared for their role in the programme and the plan for continued service user and carer involvement in the programme. As such, they were unable to determine how service users and carers have been or will be involved in the programme. Therefore, the visitors require information, which demonstrates how service users and carers are involved in this programme, the plans to support them in their role and how their involvement is appropriate to the programme.

C.1 The learning outcomes must ensure that those who successfully complete the programme meet the standards for podiatrists practising podiatric surgery

Condition: The education provider must clearly articulate how the learning outcomes for the programme modules ensure that those who successfully complete the programme meet the standards for podiatrists practicing podiatric surgery.

Reason: For this standard, the visitors were directed to the module specifications on pages 24 to 41. From their review of the module specifications, they could not establish where each standard for podiatrists practicing podiatric surgery was addressed within the learning outcomes. The visitors reviewed the programme intended learning outcomes, on page 2 of the programme specification, and noted that there are 17 learning outcomes. However, the visitors could not see how those learning outcomes would deliver the standards for podiatrists practicing podiatric surgery. The visitors reviewed the standards mapping document, which is meant to map where in the programme curriculum, the standards for podiatrists practicing podiatric surgery will be covered. In some instances, the mapping was made to module level learning outcomes, and in other areas, links were made more generically to programme level outcomes. In addition, there were instances where learning outcomes didn't fully address the requirements of the standards. For instance, for standard 1.8 the visitors were directed to the "Podiatric Surgery in Practice" module specification and to learning outcomes two and three within the specification. The visitors were able to see that learning outcomes two and three should be covered in the module. The visitors noted that learning outcome three, "Synthesise detailed knowledge of anatomy and human locomotion to apply in the context of podiatric surgery", seemed to relate to HCPC standard 1.8, "understand anatomy in the in the context of podiatric surgery and how surgical intervention can impact on human locomotion". However, on closer inspection the

visitors could not see how the part of the standard, which requires a trainee to demonstrate that they understand how surgical intervention can impact on human locomotion, is covered in that learning outcome. The visitors also noted that throughout the programme documentation, they were unable to see where the learning outcomes map to and deliver the required standards for podiatrists practicing podiatric surgery. As such, they were unable to determine that the learning outcomes ensure that those who complete the programme will meet the standards for podiatrists practicing podiatric surgery. Therefore, the visitors require the education provider to review the documentation and provide detailed information about how the learning outcomes for the programme ensure that trainees who successfully complete the programme meet the standards for podiatrists practicing podiatric surgery.

C.2 The programme must reflect the philosophy, core values, skills and knowledge base as articulated in any relevant curriculum guidance.

Condition: The education provider must demonstrate how the programme reflects the philosophy, core values, skills and knowledge base as articulated in any curriculum guidance relevant to podiatrists practicing podiatric surgery.

Reason: From a review of the programme specification and from discussions at the visit, the visitors understood that the programme curriculum incorporates the existing surgical training programme curriculum developed and delivered by the College of Podiatry. As such, the visitors understood that the programme should reflect the philosophy, core values, skills and knowledge base as articulated in that curriculum. However, from their review of the documentation the visitors could not determine how that curriculum has fed in to the development of this programme curriculum. As such, the visitors require evidence, which clearly describes how the relevant curriculum guidance, was used to develop this programme's curriculum so that the visitors can make a judgement as to whether it is reflected in the new programme curriculum. The visitors note that the programme may not reflect some curriculum guidance, and where this is the case, they require a rationale for the departure from the curriculum guidance they have cited, which explains how trainees are able to practice safely and effectively.

C.3 Integration of theory and practice must be central to the curriculum.

Condition: The education provider must demonstrate how integration of theory and practice will be central to the curriculum.

Reason: From the documentation provided the visitors were able to see that the course structure would involve a day of theoretical learning in the first month of the year followed by practice-based learning with assessments interspersed throughout the year. This structure applies to all three years of the programme. The visitors could also see from the module specifications that trainees would first undertake the module Podiatric surgical assessment and diagnosis, which aims to "incorporate theoretical principles of podiatric surgical assessment and diagnosis into [your] clinical practice". The visitors were able to see how theory is integrated in to the practical parts of the programme. However from a review of the module descriptors, the visitors were unclear about how practice based elements are covered in the context of theoretical learning within the programme. As such, the visitors were unable to determine whether the programme structure enables the integration of theory and practice throughout this programme, specifically in the academic elements of the programme. Therefore, the visitors require

further evidence of the delivery pattern for theoretical elements of the programme, and how this ensures that integration of theory and practice will be central to the curriculum.

D.2 The length of time spent in practice placements must be appropriate to support the delivery of the programme and the achievement of the learning outcomes.

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

Reason: From a review of the memorandum of understanding tabled at the visit and from discussions at the visit, the visitors understood that the College of Podiatry would be willing to provide support for this programme and collaborate with the University of Huddersfield in areas of mutual interest. The visitors also understood that the College of Podiatry will not play a formal role in the delivery of this programme and that any decisions regarding the programme delivery will be taken by the education provider, the University of Huddersfield.

From the evidence provided prior to the visit the visitors understood that practice based learning will take place in the trainees' surgical training post and that the College of Podiatry is supporting the practice-based learning on this programme through providing surgical tutors approved by the College of Podiatry to supervise the trainees on the programme. The visitors noted that trainees can learn and be assessed in a range of settings including "NHS primary care, acute and mental health Trusts, the private and independent sector and social care settings". In the programme specification, the visitors noted that the surgical placement sites are approved by the education provider and the College of Podiatry Faculty of Podiatric Surgery, and are subject to one of two agreements with the education provider: a learning development agreement or practice partnership agreement. As the visitors did not have site of these agreements they could not determine whether there is a range of placement settings approved that trainees will experience on this programme. In discussions with the programme team the visitors were unable to see how the education provider ensures parity of experience for the trainees by ensuring that all trainees have the opportunity to experience the range of placements or the agreements in place to ensure the availability of those placements to trainees on this programme. In the clinical supervisor meeting, the visitors met with representatives of the College of Podiatry Faculty of Podiatric Surgery and heard reassurances that the college is committed to supporting the programme by identifying suitable surgical tutors. However the visitors did not meet with those who would be surgical tutors on the programme nor did they meet individuals from the placement settings such as representatives from the NHS or mental health trusts during the visit who would be able to demonstrate their commitment to providing placement opportunities to trainees or employers who would be in a position to provide and commit staff resources, such as surgical tutors, to support trainees on this programme. The visitors noted the importance of ensuring trainees have sufficient exposure to a variety of placements. However, the visitors could not find further detail in the documentation which evidenced the availability of a range of placement experiences, in particular how these placement will be integrated within the programme and information on the learning outcomes which have been agreed must be achieved with their placement providers. In addition, the visitors were unable determine the number, duration and range placements available for trainees on the programme and which placement providers would be responsible for providing these experiences. The visitors therefore,

require further evidence to show how the education provider ensures there is an appropriate number, duration and range of placements to support the delivery of the programme, and the achievement of the learning outcomes for all trainees.

D.3 The practice placements must provide a safe and supportive environment.

Condition: The education provider must demonstrate how their process for approving placements will ensure that placements provide a safe and supportive environment for trainees.

Reason: From a review of the memorandum of understanding tabled at the visit and from discussions at the visit, the visitors understood that the College of Podiatry would be willing to provide support for this programme and collaborate with the University of Huddersfield in areas of mutual interest. The visitors also understood that the College of Podiatry will not play a formal role in the delivery of this programme and that any decisions regarding the programme delivery will be taken by the education provider, the University of Huddersfield.

This condition relates to the condition on standard D.4. In the programme specification and in discussion with the programme team, the visitors noted that surgical placement sites are approved by the education provider and the College of Podiatry Faculty of Podiatric Surgery. The visitors were not provided with written details of the formal approval process itself however they noted in the documentation that placement providers are subject to one of two agreements with the education provider: a learning development agreement or practice partnership agreement. As the visitors were not provided with the system for approving placements or what approval criteria the placements must meet to be approved by the education provider they could not determine whether the process for approving placements is effective and thorough. Additionally, the visitors noted that surgical placement sites are subject to a learning development agreement or practice partnership agreement with the education provider. The visitors were unclear how the education provider chooses between these two documents and what part the agreements play in the approval and monitoring of practice placements. Specifically, how these agreements ensure that the placement settings meet with the education provider's approval and monitoring criteria. In the programme specification, the visitors read that placements were monitored against the Practice Placement Quality Assurance (PPQA) audit criteria. This audit system is categorised by professions including podiatrist but not podiatrist practising podiatric surgery, as such the visitors were unclear whether the criteria used by the PPQA to audit placements for the listed professions would be appropriate for this area of practice or whether the audit criteria matched with the criteria required by the education provider, which was not provided to the visitors. As such the visitors could not determine the following:

- the criteria practice placements must satisfy in order to meet with the education provider's approval;
- The system for first approving a placement setting;
- How the education provider monitors the placement to ensure it continues to meet their approval criteria; and,
- How often placements are monitored.

The visitors therefore, require further evidence to show how the education provider ensures that there is a thorough and effective system for approving and monitoring all practice placements prior to trainees undertaking their placements

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

Condition: The education provider must demonstrate what thorough and effective system is in place for approving and monitoring all placements.

Reason: From a review of the memorandum of understanding tabled at the visit and from discussions at the visit, the visitors understood that the College of Podiatry would be willing to provide support for this programme and collaborate with the University of Huddersfield in areas of mutual interest. The visitors also understood that the College of Podiatry will not play a formal role in the delivery of this programme and that any decisions regarding the programme delivery will be taken by the education provider, the University of Huddersfield.

In the programme specification and in discussion with the programme team, the visitors noted that surgical placement sites are approved by the education provider and the College of Podiatry Faculty of Podiatric Surgery. As the visitors were not provided with a detailed account of the system for approving placements or what approval criteria the placements must meet to be approved by the education provider they could not determine whether the process for approving placements is effective and thorough. Additionally, the visitors noted that surgical placement sites are subject to a learning development agreement or practice partnership agreement with the education provider. The visitors were unclear how the education provider chooses between these two documents and what part the agreements play in the approval and monitoring of practice placements. Specifically, how these agreements ensure that the placement settings meet with the education provider's approval and monitoring criteria. In the programme specification, the visitors read that placements were monitored against the Practice Placement Quality Assurance (PPQA) audit criteria. This audit system is categorised by professions including podiatrist but not podiatrist practising podiatric surgery, as such the visitors were unclear whether the criteria used by the PPQA to audit placements for the listed professions would be appropriate for this profession or whether the audit criteria matched with the criteria required by the education provider, which was not provided to the visitors. For example, the visitors were unclear whether the audit process included a check of what the equality and diversity policies at the placement setting or whether practice placements were expected to adopt the equality and diversity policies of the education provider. At the visit the visitors were told that the programme delivered by the college of podiatry required a more robust approach to quality assuring the programme. However, in discussions with the programme team the visitors could not determine what measures the team were taking to ensure that there was a more robust quality assurance process in place to ensure parity and quality of experience among trainees in placements on this programme. Additionally, the visitors were not clear on what would happen should an issue arise on placement whereby the trainees would need to undertake a different placement. They could not determine the process for dealing with issues such as poor quality and break down of placement and who would be responsible for finding the learner another suitable training opportunity. As such the visitors could not determine the following:

- the criteria practice placements must satisfy in order to meet with the education provider's approval;
- The system for first approving a placement setting;
- How the education provider monitors the placement to ensure it continues to meet their approval criteria;
- How often placements are monitored; and,
- The process for dealing with placements whereby quality falls below the required level or the placement is no longer available and the trainees requires a new placement.

The visitors therefore, require further evidence to show how the education provider ensures that there is a thorough and effective system for approving and monitoring all practice placements prior to the first trainees undertaking their placements.

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

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

Reason: From a review of the memorandum of understanding tabled at the visit and from discussions at the visit, the visitors understood that the College of Podiatry would be willing to provide support for this programme and collaborate with the University of Huddersfield in areas of mutual interest. The visitors also understood that the College of Podiatry will not play a formal role in the delivery of this programme and that any decisions regarding the programme delivery will be taken by the education provider, the University of Huddersfield.

From the evidence provided prior to the visit the visitors understood that practice based learning will take place in the trainees' surgical training post and that the College of Podiatry is supporting the practice-based learning on this programme through providing surgical tutors approved by the College of Podiatry to supervise the trainees on the programme. The visitors noted that trainees can learn and be assessed in a range of settings including "NHS primary care, acute and mental health Trusts, the private and independent sector and social care settings". In the programme specification, the visitors noted that the surgical placement sites are approved by the education provider and the College of Podiatry Faculty of Podiatric Surgery, and are subject to one of two agreements with the education provider: a learning development agreement or practice partnership agreement. As the visitors did not have site of these agreements they could not determine how collaboration with the various practice education providers such as NHS, private sector and social care settings is regular and effective. In discussions with the programme team and the representatives from the college of podiatry, the visitors noted that there was regular communications and collaboration in various forms between them, through meetings and joint development of the curriculum. However this standard is concerned with the collaboration between the education provider and the practice education providers such as the NHS and non NHS placement providers. As the visitors were unable to meet with representatives from the NHS trusts or those from non-NHS settings during the visit, they were unable to determine that there is regular and effective collaboration between the education provider and the practice education providers. As such, the visitors were unable to determine how this standard is met. The

visitors therefore require further evidence that the collaboration between the education provider and practice placement provider will be regular and effective.

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

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

Condition: The education provider must provide evidence which demonstrates how pertinent information about learning outcomes to be achieved and timing and duration of placements is communicated and understood by trainees and clinical supervisors.

Reason: This relates the conditions placed on standards C.1. From their review of the programme documentation the visitors noted that they were unable to determine where in the curriculum and assessment documentation the standards for podiatrists practicing podiatric surgery are covered in full. The visitors also could not determine where the learning outcomes deliver the standards for podiatrists practicing podiatric surgery. Additionally, the visitors had a demonstration of the VLE, from the demonstration given they were unable to ascertain where in the assessment documentation trainees and clinical supervisors would know which learning outcomes were to be achieved at which stage in the placement. The timing and duration of the placement experience was not clear to the visitors within the assessment documentation as such, they were unsure how clinical supervisors and trainees would know what learning outcomes should be covered at various stages in the placements. As such, the programme team must provide evidence which demonstrates how the learning outcomes and timing and duration of experience are communicated to trainees and clinical supervisors to ensure they are fully prepared for placement.

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

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

Condition: The education provider must provide evidence which demonstrates how pertinent information about assessment procedures and implications of, and any actions to be taken in the case of, failure to progress is communicated and understood by trainees and clinical supervisors.

Reason: From a review of the memorandum of understanding tabled at the visit and from discussions at the visit, the visitors understood that the College of Podiatry would be willing to provide support for this programme and collaborate with the University of Huddersfield in areas of mutual interest. The visitors also understood that the College of Podiatry will not play a formal role in the delivery of this programme and that any decisions regarding the programme delivery will be taken by the education provider, the University of Huddersfield.

From the documentation and through discussions with the programme team the visitors understood that trainees must pass their placement to successfully complete the programme. In discussion with representatives from the College of Podiatry in the practice educator meeting, the visitors heard that trainees will be offered 2-3 year, fixed term surgical training post contracts by the employer. The visitors were told, should a trainee fail their placement then the time limitation of their fixed, short term contract would prevent the trainee from continuing in that post for much longer after they have failed the programme. The visitors were not clear how this information was communicated to the trainees and clinical supervisors to ensure that they understand the consequences for the job role and trainee position should trainees fail to progress. Consequently, the visitors require further evidence which clearly outlines to trainees and clinical supervisors the assessment procedures when a trainee fails to progress and the consequences in their trainee surgical post.

D.12 A range of learning and teaching methods that respect the rights and needs of service users and colleagues must be in place in the approved clinical learning environment.

Condition: The programme team must provide further evidence as to how they ensure that trainees, while on placement, introduce themselves appropriately and that service users and carers are appropriately informed of any trainee's role in their care or treatment.

Reason: In their review of the documentation the visitors noted content within the curriculum which covers consent. However in their review of the documentation and in discussion with the trainees at the visit, it was not clear how the education provider ensures that clinical supervisors are informed that they are expected to respect the needs of the service users by ensuring appropriate consent is gained for trainees to be involved in their treatment. The visitors require further information which demonstrates how clinical supervisors are informed that they are required to respect the needs of the service users by making them aware of trainees and by gaining appropriate consent from the service user for trainees to be involved. In this way the visitors can determine whether this standards are met.

E.1 The assessment strategy and design must ensure that the trainee who successfully completes the programme has met the standards for podiatrists practising podiatric surgery.

Condition: The education provider must demonstrate how the learning outcomes deliver the standards for podiatrists practising podiatric surgery and how the learning outcomes are assessed to ensure those who successfully complete the programme meet those standards.

Reason: This relates to the condition on standard C.1. From their review of the module specifications, the visitors could not establish where each standard for podiatrists practicing podiatric surgery was addressed within the learning outcomes. For instance, for standard 1.8 the visitors were directed to the Podiatric Surgery in Practice module specification and to learning outcomes two and three within the specification. The visitors were able to see that five intended learning outcomes were covered in the module including learning outcomes two and three, referred to in the standards mapping document. The visitors noted that learning outcome three, “Synthesise detailed knowledge of anatomy and human locomotion to apply in the context of podiatric surgery”, seemed to relate to standard 1.8, “understand anatomy in the in the context of podiatric surgery and how surgical intervention can impact on human locomotion”. However, on closer inspection the visitors could not see how the part of the standard, which requires a trainee to demonstrate that they understand how surgical intervention can impact on human locomotion, is covered in the learning outcome. The visitors noted that this was a consistent issue across the programme documentation, where the learning outcomes do not clearly show how they deliver the required standards. As such, they were unable to determine that the learning outcomes ensure that those who complete the programme will meet the standards for podiatrists practicing podiatric surgery. Consequently the visitors could not determine that the assessment design and strategy ensures that the trainee who successfully completes the programme has met the standards for podiatrists practising podiatric surgery. Therefore, the visitors require detailed documentation, such as detailed module specifications and portfolio assessment content, which clearly articulates how trainees who successfully complete the programme cover the learning outcomes, which deliver the standards for podiatrists practicing podiatric surgery and how those learning outcomes are assessed.

E.4 Assessment methods must be employed that measure the learning outcomes.

Condition: The education provider must demonstrate that assessments are clearly and appropriately linked to the learning outcomes, and that the assessment methods used are appropriate.

Reason: This relates to the above condition placed on standard E.1. From their review of the documentation, the visitors were not able to see how the marking criteria and assessment methods being used in the modules were linked to the learning outcomes which ensure that trainees meet the standards for podiatrists practicing podiatric surgery by the end of the programme. For instance, for module descriptor “Developing Podiatric Surgical Practice” the visitors noted that this module would be assessed via formative and summative assessments. The summative assessment would be a “6000 word or equivalent reflective structured portfolio demonstrating a range of surgical assessments and management skills” to measure learning outcomes 1-4. Learning outcome 3 incorporates all of the standards for podiatrists practicing podiatric surgery. The visitors could not see how the summative assessment was an appropriate assessment method to measure that a trainee has met all of the standards for podiatrists practicing podiatric surgery. The visitors were not provided with an assessment document so they could not determine whether the assessment methods measured each of the learning outcomes and therefore could not determine the appropriateness of the method of assessment. The programme team gave verbal reassurances in discussions that assessments would be linked to learning outcomes going forward, but the visitors considered that it was necessary for them to see written

evidence of how this would be done, in order for them to be satisfied that the standard was met and ensure transparency of expectations of trainees. Therefore the visitors require the education provider to submit evidence showing how each method of assessment used in the programme is linked to a particular learning outcome and how that learning outcome delivers the standards for podiatrists practicing podiatric surgery. In this way they can be confident that all students successfully completing the programme will have demonstrated the skills and knowledge needed to be safe and effective.

E.6 There must be effective monitoring and evaluation mechanisms in place to ensure appropriate standards in the assessment.

Condition: The education provider must demonstrate how they will ensure that assessment of trainees' placement portfolios is conducted by those who are appropriately qualified and experienced to do so and to appropriate standards.

Reason: In their review of the documentation and in discussions with the programme team, the visitors noted that the academic tutors assessing and moderating trainees are not qualified and/or trained in the subject areas in which they are expected to assess the trainees work. The visitors would expect that where the trainees demonstrate their learning on the subject of podiatric surgery academic staff who are experienced or qualified in the practice area would be able to ensure that the appropriate standard is achieved in the assessment. However, there is currently no one on the staff team with knowledge, expertise or a qualification in that subject area. As such the visitors could not determine how the appropriate standards in assessment are achieved or the effective monitoring and evaluation mechanisms which are in place to ensure this. Therefore the visitors require further evidence which demonstrates the effective monitoring and evaluation mechanisms which are in place to ensure appropriate standards in assessment.

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

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

Reason: In their review of the documentation, the visitors noted that there is are expected progression criteria on page 89 of the Master of Podiatric Surgery Placement Handbook. It denotes where the placement progress should link to the College of Podiatry's surgical training programme and how those stages link to the standards for podiatrists practicing podiatric surgery. The visitors were unable to see what the consequences of not meeting these progression criteria would be for the trainee. For instance, the visitors could not see what would happen should a trainee fail to progress within the clinical setting or how this is communicated to the trainee and clinical supervisor. The visitors were also unable to see where in the assessment regulations is clearly specifies requirements for trainee progression and achievement within the programme. Therefore the visitors require to see how the assessment regulations clearly set out for trainees, the requirements they must achieve in order to progress on the programme. In this way the visitors can determine whether the trainees are provided with sufficient information about what is required of them to progress within the programme.

E.8 Assessment regulations, or other relevant policies, must clearly specify requirements for approved programmes being the only programmes which contain any reference to an HCPC-protected title or part of the Register in their named award.

Condition: The education provider must revisit the programme documentation to clearly articulate that the exit awards do not confer eligibility to apply for an annotation on trainees' registration, should the annotation of the HCPC register be approved.

Reason: The visitors noted in the documentation, that there are two possible exit points from this programme, the postgraduate certificate and postgraduate diploma in Clinical Podiatric Practice. In discussions with the programme team, the visitors were told that trainees who achieved the exit awards other than the Master of Podiatric Surgery programme would not be eligible for an annotation with the HCPC. As such, the visitors require further evidence that the assessment regulations to clearly reflect that only on completion of the Master of Podiatric Surgery could a trainee apply for the annotation, should the annotation be officially approved.

E.10 Assessment regulations must clearly specify requirements for the appointment of at least one external examiner who must be appropriately experienced and qualified and, unless other arrangements are agreed, be from a relevant part of the Register.

Condition: The education provider must provide further evidence to demonstrate that the assessment regulations clearly specify requirements for the appointment of at least one external examiner who must be appropriately experienced and qualified and, unless other arrangements are agreed, be from a relevant part of the HCPC Register.

Reason: From reviewing the documentation, the visitors noted that the external examiner will be a professionally qualified podiatrist and an individual who is approved by both the education provider and the College of Podiatry. The visitors noted that the role of the external examiner is to ensure academic and professional standards are maintained on the programme. They did note that although the external examiner must be qualified in the podiatrist profession, there was no requirement in the assessment regulations for the external examiner to be registered with the HCPC or whether other arrangements would be agreed the HCPC. In discussion with the programme team the visitors were unable to determine how a podiatrist would have the necessary experience and qualifications in the practice area that would enable them to ensure that academic and professional standards for podiatrists practicing podiatric surgery are maintained on the programme. As such, the visitors require the education provider to review the assessment regulations to ensure that they specify the requirement for at least one external examiner to be appointed who is appropriately experienced and qualified in a relevant area of practice to ensure they can provide a level of appropriate and relevant, external quality assurance for the programme. Additionally, the assessment regulations should stipulate that the external examiner is from the relevant part of the Register unless other arrangements are agreed with the HCPC.

Section 5: Details of the visit to consider the first conditions response

In order for us to progress with the visit to consider the first conditions response, we required a documentary response to the conditions from education providers. The following is a list of evidence that we asked for through this process, and whether that evidence was provided. Education providers are also given the opportunity to include any further supporting evidence as part of their submission.

Required documentation	Submitted
First response to the conditions contained in Section 4 of this report	Yes

The visit took place on 18 - 19 March 2019. We met the following groups as required in the recommendation by visitors' in section 4.

Group	Met
Senior staff	Yes
Practice education providers	Yes
Service users and carers (and / or their representatives)	Yes
Programme team	Yes

HCPC panel for considering the conditions response

We always appoint at least one partner visitor from the profession (inclusive of modality and / or entitlement, where applicable) with which the assessment is concerned. We also ensure that visitors are supported in their assessment by a member of the HCPC executive team. For this particular visit, there is no Podiatric Surgeon on the panel, and this is within the rules around visitor selection set out by the committee in June 2015.

Details of the HCPC panel for this assessment are as follows:

Gordon Burrow	Chiropodist / podiatrist (Prescription only medicines – administration)
Andrew Robinson	Orthopaedic surgeon
Roseanne Connolly	Lay
Tamara Wasylec	HCPC executive

Section 6: Outcome from second review

Second response to conditions required

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

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

Condition: The education provider must provide further evidence to show that the programme is supported by practice education providers and the strategy for staffing this programme to demonstrate that the programme has a secure place in the education provider's business plan.

Reason condition not met at this time: The visitors reviewed the response to conditions and the additional information tabled at the visit. The visitors noted that the audit checklist which will be completed to provide details of the particular training opportunities available in each placement had not yet been completed for each placement. The visitors noted that without the information about the detail of each placement that will be obtained through the audit process, they were unable to ascertain whether there were sufficient training opportunities for learners on this programme and for this curriculum. The visitors also noted that, in the additional information tabled at the visit, there was list of potential surgical training placements. The visitors noted that the list of surgical training placements were accompanied by letters from the trusts in which the placements will take place. Some letters showed support for the placements whereas others did not clearly explain how many learners they agreed to train or for how long the placement would continue, for instance the full three years of the programme. As such the visitors could not determine that there is sufficient support from the practice education providers to provide enough placements or that there is an appropriate range of particular training opportunities within that placement to ensure the learner could meet the learning outcomes. As such the visitors require further evidence of how the education provider will ensure the following:

- Confirmation of the surgical training placements that have been secured for this programme
- Information which demonstrates that the placements are adequate for the learners on this programme and that they can undertake a range of training opportunities within the placement;
- The education provider's plans for ensuring surgical training placements continue to be available for subsequent years and future cohorts.

In particular, the visitors require information about when the education provider plans to engage with placement providers to ensure there continues to be sufficient availability of practice based learning opportunities for learners on the programme going forward. The visitors will consider this evidence to determine whether this standard is met.

Suggested documentation: Completed audits containing particular surgical training opportunities within placements, confirmation of specific placements including numbers and timeframes and the plan to ensure continued placement provision for future cohorts.

B.10 The learning resources, including IT facilities, must be appropriate to the curriculum and must be readily available to trainees and staff.

Condition: The education provider must demonstrate that the learning resources, including IT facilities, will be appropriate to the curriculum and readily available to students and staff.

Reason condition not met at this time: The visitors reviewed the response to the conditions and noted the programme information provided to applicants who wish to be admitted on the programme was clear. In their review of the information provided to applicants the visitors noted that service users and carers would now be involved in interviewing applicants to the programme. However, at the revisit, the programme team clarified that learners would not be interviewed by the service users and carers. Due to the disparity in the admissions process information provided to applicants and that provided at the revisit, the visitors were unclear how learners would have accurate information about the admissions process, specifically regarding interviews. The visitors therefore require the education provider to remove references to service user and carers interviewing applicants in the programme resources so as not to mislead applicants about the process for applying to the programme. Following this the visitors can determine whether the learning resources, including information provided at the application stage, is appropriate and readily available to trainees and staff.

Suggested documentation: Revised admissions documentation which will be available to applicants, which clearly states what applicants can expect from the admissions process regarding interviews.

B.15 Throughout the course of the programme, the education provider must have identified any mandatory components and must have associated monitoring mechanisms in place.

Condition: The education provider must identify mandatory components of the programme and the associated monitoring mechanisms, the consequences for not meeting these requirements, and demonstrate how this information is effectively communicated to trainees.

Reason condition not met at this time: The visitors reviewed the programme specification provided prior to the revisit and noted that the attendance requirement was not clear throughout the documentation. The visitors understood that “Full clinical attendance is required” to progress on the programme. However, as the learners will also attend academic sessions and access online sessions the visitors were unclear what the attendance requirement is for the academic component of the programme. In discussion with the programme team, the visitors were told that attendance for all aspects of the programme is mandatory and where trainees are unable to attend sessions they would be expected to access the resources on the VLE (such as lecture capture) and this would be monitored to ensure trainees accessed missed sessions. The visitors noted that, at the revisit, the education provider identified the mandatory components of the programme however this information needs to be made clear to trainees and staff on the programme. As such, the visitors require evidence that the documentation provided to trainees and staff clearly reflects the attendance requirement for the academic component of the programme, including how learners will make up for missed sessions. In this way, the visitors can be sure that learners have a clear understanding of what elements of the programme they must attend to complete the programme.

Suggested documentation: Revised documentation clearly stipulating the mandatory attendance requirement for the programme, including mechanisms to make up missed sessions.

C.3 Integration of theory and practice must be central to the curriculum.

Condition: The education provider must demonstrate how integration of theory and practice will be central to the curriculum.

Reason condition not met at this time: The visitors were directed to the programme specification and module descriptors for this standard. They understood that learners on the programme must have completed the MSc Theory of Podiatric Surgery or equivalent and that this programme aims to enable the integration of the theoretical knowledge into practice. The visitors also noted that there are some elements of theory taught on this programme. However, through the response to the conditions the visitors could not see how the theory taught on this programme is integrated with the practical elements of the programme. This standard requires the education provider to ensure that trainees are able to apply the knowledge they learn on this programme to practice as a basic part of being prepared and competent to practice. As such the visitors require further evidence of how the theory taught on this programme is linked to the practical part of the programme and how they support each other. The visitors require information about how integration takes place throughout the programme to ensure it is relevant and meaningful to learners and takes place at appropriate times during the programme to ensure it is effective.

Suggested documentation: Information about how the theory and practice are linked. For instance, how learners have the opportunity to learn theory and understand why it is important, but also reflect on and learn how to apply theory frameworks in practice.

D.2 The length of time spent in practice placements must be appropriate to support the delivery of the programme and the achievement of the learning outcomes.

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

Reason condition not met at this time: The visitors reviewed the response to conditions and the additional information tabled at the visit. The visitors noted that the audit checklist which will be completed to provide details of the particular training opportunities available in each placement had not yet been completed for each placement. The visitors noted that without the information about the detail of each placement that will be obtained through the audit process, they were unable to ascertain whether there were sufficient training opportunities for learners on this programme and for this curriculum. For instance they could not determine the number of procedures trainees would be exposed to in each placement or their role in the procedures, whether observing or assisting. The visitors were also unclear how many training procedures would be available per trainee in each unit. The visitors were also unable to determine whether there is a sufficient range of local subspecialty training opportunities available for each learner, for instance vascular surgery, diabetology, orthopaedic surgery, rheumatology, and radiology. As this information has not yet been gathered by the education provider the visitors could not determine that there is a sufficient range of placement settings replete with a suitable range and number of procedures for learners to complete, in order to ensure trainees can achieve the learning outcomes. As such the visitors require further evidence of the appropriate range and length of placement

opportunities, including the trainees' role in the surgery to ensure they are appropriate to support the delivery of the programme and achievement of the learning outcomes.

Suggested documentation: Information such as the audit checklist, mentioned by the education provider, to demonstrate the range of surgical procedures a trainee will undertake in each placement and their role in the surgical procedure. Along with any other information the education provider can provide to evidence this standard.

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

Condition: The education provider must demonstrate what thorough and effective system is in place for approving and monitoring all placements.

Reason condition not met at this time: The visitors reviewed the documentation provided prior to the revisit and discussed the approval and monitoring processes with the programme team. The visitors noted that the processes are sufficient however, they are yet to see evidence that the processes to approve and monitor practice placements have commenced to ensure there are sufficient placements. As such the visitors cannot determine whether the education provider's approval and monitoring processes are thorough and effective. As such, the visitors require further evidence of the completed practice placement approval processes which ensure that there are sufficient placements for learners by the start of the programme.

Suggested documentation: Information about the completed approval of the placements required for the first cohort of learners on this programme.

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

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

Reason condition not met at this time: In reviewing the documentation for the revisit, the visitors understood that trainees who do not complete all of the hours for the programme would not be able to complete the programme. However in discussion with the programme team the visitors were told that learners get an opportunity to suspend the training if it appears that they will not achieve the required hours. The trainees may then be reintroduced to the programme in a later year, to complete the rest of their hours. The visitors noted to the programme team that this information was not clear in the documentation provided to trainees. As such the visitors require the education provider to clearly specify how those who do not complete the required hours may suspend their training and by what mechanism they would be re-introduced to the training at a later stage. The visitors require evidence of how this information is made clear to trainees, so they have the information they require about progression and achievement within the programme.

Suggested documentation: Information about the process for reintroducing learners to the programme when they have not met the required hours for the programme.

E.10 Assessment regulations must clearly specify requirements for the appointment of at least one external examiner who must be appropriately experienced and qualified and, unless other arrangements are agreed, be from a relevant part of the Register.

Condition: The education provider must provide further evidence to demonstrate that the assessment regulations clearly specify requirements for the appointment of at least one external examiner who must be appropriately experienced and qualified and, unless other arrangements are agreed, be from a relevant part of the HCPC Register.

Reason condition not met at this time: The visitors noted through the conditions response and in discussions at the revisit that the education provider's requirements for the external examiner is that the individual can perform foot and ankle surgery for instance, a vascular surgeon. However, the visitors were unable to see how a vascular surgeon is appropriately experienced and qualified to assess musculoskeletal surgery of the foot, for example. Therefore the visitors were unable to determine how the requirements for the appointment of an external examiner are appropriate for this programme. As such, the visitors require evidence of how the education provider will ensure that there is an appropriately qualified and relevantly experienced individual, to undertake the role of external examiner for this programme. For instance, an orthopaedic foot and ankle surgeon (who is a member of a foot and ankle subspecialty association) or someone who is an HCPC annotated podiatrist practicing podiatric surgery. The visitors require this information to determine whether this standard is met.

Suggested documentation: Evidence of the specific requirements for the appointment of an external examiner with the appropriate qualifications, experience and membership of a subspecialty association or that the person is an HCPC annotated podiatrist practicing podiatric surgery.

Recommendations

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

A.2 The admissions procedures must apply selection and entry criteria, including appropriate academic and professional entry standards.

Recommendation: The visitors recommend the education provider revisits the entry criteria to ensure it is inclusive, appropriate and relevant to the programme.

Reason: The visitors consider this standard is met. The visitors noted that the entry criteria requires trainees to have undertaken the Objective Assessment of Professional Skills (OAPS) test, have a training number from the College of Podiatry, which requires learners to be a member of the College. Those criteria require the trainee to pay a cost. The visitors noted that those particular entry criteria also states "or equivalent" (in some of the documentation), which may not include a cost for applicants. The visitors recommend that the education provider considers the relevance of trainees undertaking the OAPS test, whether it is a necessary expenditure for the learner and if not, what other alternatives would be acceptable as an indicator of some experience in a surgical environment prior to applying to this programme. The visitors also recommend that the education provider offer clarity on the requirement for trainees to have indemnity

insurance rather than stipulating a learner must have a trainee number from the COP to evidence that they have indemnity insurance. The visitors noted that for those with an NHS contract, which already provides trainees with indemnity insurance, trainees would be expected to pay an unnecessary, extra cost to secure a second source of insurance. The visitors would recommend the education provider consider revising their entry requirements for learners who are already covered through their training placement with the NHS, so as not to impose unnecessary financial burden on trainees.

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

Recommendation: The visitors recommend that the education provider monitor the number of learners on the programme to ensure there is sufficient interest for the programme to run.

Reason: The visitors have noted that approximately five trainees per year completed the College of Podiatry's surgical training programme. This number is lower than the planned cohort size for this programme. The senior team noted that they are able to run the programme with less numbers initially, if required. The visitors suggest that this may not be sustainable in the long run and recommend the education provider keep under review how many learners would be needed to ensure that the programme remains sustainable and has a secure place in their business plan.

B.2 The programme must be effectively managed.

Recommendation: The visitors recommend the education provider clarify the roles and responsibilities of those outside of the programme team so all parties share a mutual understanding of governance and management of the programme.

Reason: The education provider offered clarity in the programme team meeting about the nature of the collaboration between the College of Podiatry and the education provider. The visitors were therefore satisfied that this programme is effectively managed. There were a number of areas where representatives from the College of Podiatry appeared to have a different view about how the programme would be delivered and their roles and responsibilities in the programme. The visitors recommend that the education provider ensures that communication with other parties is clear so that all parties understand their remit and responsibilities of their role in the delivery and management of this particular programme.

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

Recommendation: The education provider should continue to develop and review the virtual learning environment (VLE) to ensure it continues to support the learning and is fully completed by the final year of delivery.

Reason: The visitors noted that this standard is met. The visitors were satisfied with the finished sections of the VLE and the proposed content, but noted that the final year has not yet been inputted on to the VLE. The visitors recommend that the education provider continue to develop the VLE to ensure that it is ready for the final year of the programme and to ensure the resources continue to support trainee learning.

Section 7: Visitors' recommendation

Considering the education provider's response to the conditions set out in section 4, and the request for further evidence set out in section 6, the visitors are not satisfied that the conditions are met for the reason(s) noted below, and recommend that the programme(s) are not approved.

This report, including the recommendation of the visitors and any observations provided by the education provider, will be considered at a future meeting of the ETC. At this meeting, the ETC will determine whether proceedings for the consideration of non-approval of the programme should be commenced in accordance with Article 18(4) of the Health and Care Professions Order 2001. At the meeting, the ETC may decide to:

- approve the programme;
- commence non-approval proceedings; or
- direct the executive to undertake any other course of action it deems necessary to inform its decision regarding the approval of the programme(s).

In reaching this decision, the ETC will

- provide reasons for their decision; and
- provide the Executive with any necessary instructions to give effect to the decision.

If the ETC is minded to not approve the programme, the education provider will have a 28 day period to provide observations on this decision, which will then be taken to a future ETC meeting alongside the visitors' report. At that future meeting, the ETC will make a decision about whether to not approve the programme.

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

Condition: The education provider must provide further evidence to show that the programme is supported by practice education providers and the strategy for staffing this programme to demonstrate that the programme has a secure place in the education provider's business plan.

Reason condition not met: In reviewing the second conditions response, the visitors noted that the education provider has provided the following:

- the specific number of agreed learners per year across the programme;
- a commitment for the number of placements required from partners, with commitment that there will be sufficient range of experiences within these placement sites;
- the minimum number of surgical procedures (observing, assisting, and undertaking) required to demonstrate competence; and
- a completed placement audit, provided to demonstrate that the audit process is robust.

The visitors considered this information in relation to the original condition, and they have reached the conclusion that the education provider has not met this standard as it has not demonstrated that it will have practice-based learning of the quality, number and range required in place for all learners when the programme commences. They consider this for the reasons noted below.

Year on year workforce numbers and training capacity are not aligned

The visitors note that the throughput of existing trainees and new places available do not match. For example, the total number of training places for 2020 is noted as 26, but when taking the numbers stated from the previous year (who would still be on the programme) plus new learners, the total number of learners would be 27. The visitors note this misalignment will also apply across future years of training. For these reasons, the visitors are not satisfied the education provider has secured enough training places to support the planned trainee numbers.

Insufficient progress to quality assure placement sites

The visitors are not satisfied that only one audit had been completed as of June 2019, before the programme is intended to commence in September 2019. They believe this means there is no room for slippage with the proposed audit schedule, which they believe is, in and of itself, unachievable. The visitors are also not clear what would happen if a placement site fails a scheduled audit. They note that should this occur, it will affect the programme's ability to place all trainees, and they were not given any contingency planning to manage this scenario.

In reaching this conclusion the visitors note that the audit schedule was provided for the first time through the education provider's second (and final) conditions response, and therefore they were unable to request contingency plans to address this specific scenario as an additional part of the requirements set to meet this condition.

B.10 The learning resources, including IT facilities, must be appropriate to the curriculum and must be readily available to trainees and staff.

Condition: The education provider must demonstrate that the learning resources, including IT facilities, will be appropriate to the curriculum and readily available to students and staff.

Reason condition not met: The education provider submitted updated information to clarify the involvement of service users in the admissions process to meet the outstanding issue related to this condition. The visitors were satisfied with this information.

Admissions information not appropriate to support engagement with the programme

However, in reviewing all the evidence provided, the visitors are not satisfied that the admissions information more generally is appropriate to support engagement with the programme. This finding is based on the visitors noting that previously required amendments or deletions were still present in the admissions information, as follows:

- The requirement for indemnity insurance through College of Podiatry (COP) is misleading for applicants as this would not be required of all trainees. The visitors note indemnity insurance would be in place for most trainees as NHS employees, and HCPC registrants must declare they have this in place as a condition of their registration.
- It is also the case that the requirement in section 16.7 that applicants "should have a College of Podiatry National Training Number or equivalent", is not needed as this was only stipulated to ensure they had indemnity insurance.

- It is not stated clearly to applicants currently undertaking the current COP's podiatric surgery training route, who would be seeking to access the programme at the start of year two via the APEL process, must have undertaken the MSC in Theory of Podiatric Surgery, as required for the normal entry route.
- It is unclear to applicants if they pay for a Designated Barring Scheme (DBS) check which is required as part of the admissions process, or if this is covered by the education provider or the trainee's employer.

The visitors note that their findings here do not relate to the condition set for this standard, and more appropriately relate to standards A.1 and A.3 (which relate to the information provided to applicants through admissions and APEL), which they determined were met earlier in the approval process. However, as incorrect information relating to admissions remains at this stage of the process, the visitors consider that this standard is not met.

Logging of placement experience

As above, the visitors note that this issue does not relate to the previously outstanding issue of service user and carer involvement in the admissions process.

However, the visitors note that staff and trainees need to have access to the Podiatric and Surgical Clinical Outcome Measurement (PASCUM) system in order to log surgery. However, they also note that accessing this system (by being a member of the COP) was not a requirement for trainees. Therefore, the visitors conclude that not all trainees will be able to log surgery in the method required.

Therefore, as the IT facilities for a key part of the programme are not available to all trainees and staff, the visitors consider that this standard is not met.

D.2 The length of time spent in practice placements must be appropriate to support the delivery of the programme and the achievement of the learning outcomes.

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

Reason condition not met: Through evidence provided, the education provider has defined the minimum number of 'specific operations' required to be undertaken by each trainee in practice, including breakdown of level of practice required. A completed audit was also provided, to demonstrate how the audit tool will be used to ensure the appropriate range of practice experience will be provided at a specific site.

The visitors considered this information in relation to the original condition, and have reached the conclusion that the standard is not met as the education provider has not demonstrated that it will have practice-based learning of the quality, number and range required in place for all learners when the programme commences. They have reached this conclusion for the reasons noted below.

Insufficient assurance is gained through placement audits regarding the range of complexity within the 'specific operations' available

In the completed audit the visitors noted that the 'specific operation' numbers were above the minimum threshold required to be undertaken by each learner. However, as there is a range of complexity within each specific operation, from simple to more complex procedures, the visitors note that the audit tool does not identify the levels of complexity available at a specific site. As such, the visitors are not satisfied the audit tool gives the education provider the assurance needed to determine that the necessary range of specific operations of the required complexity is available in all centres. Therefore, they are not assured that trainees will have access to the wide range of experience (at all levels of surgical podiatry practice) required to demonstrate clinical competence.

There is a lack of clarity regarding range of appropriate practice experiences required at each level of the programme

In the conditions response, Table 1 is an 'Example procedure table' which notes the specific operations, and the "minimal range of surgical experience" required at specific levels of practice. Table 2 is a list of descriptors for the levels of practice.

From reviewing this information, the visitors are unclear how a number of areas in the levels of practice are intended to function, specifically:

- Requirements for the breakdown of 'specific operations' between Levels 3a & 3b: The visitors noted the minimum number of specific operations within Level 3 were split into sub levels as follows:
 - 3a requiring "Experience of and satisfactory completion of the procedure on a cadaver".
 - 3b noting that "Trainees are scrubbed-in acting as 1st or 2nd assistant during the operation. The trainee may complete elements of the case according to experience/training. The components undertaken by the trainee are logged using the standardized sheets provided."

The visitors note that this information does not indicate the required split of practice across sub-levels 3a and 3b. This leads the visitors to conclude that the vast majority of practice at this level could be undertaken on a cadaver rather than in a live operating environment. The visitors note that in doing so, a trainee could move from level 3a to level 4, bypassing any experience gained as a 1st or 2nd assistant, as indicated in the requirement for Level 3b. The visitors are not satisfied that such an arrangement ensures that clinical competence is achieved to the level required, before a trainee progresses to the next level of practice.

- Requirements for the breakdown of 'specific operations' between Levels 4 and 5: Similarly to the above, these levels are noted together within Table 1, but have different level descriptors, namely "can do" (level 4) and "can do / can manage complications" (level 5) in Table 2. From this, the visitors note that a trainee could complete only level 4 operations, and therefore are not satisfied that such an arrangement ensures that clinical competence is achieved to the level required.
- The statement in relation to Level 3b "acting as 1st or 2nd assistant": The visitors noted that from this descriptor, it might be that a trainee could undertake all practice at this level as a 2nd assistant. The visitors noted that at this level of practice, they would expect the trainees to act in a more significant capacity in

live operations. Again, the visitors are not satisfied that such an arrangement ensures that clinical competence is achieved to the level required.

- Discrepancy of the definition of 'principal surgeon': In table 2, the education provider notes 'that the trainee acts as a principle surgeon for 90% of the case'. In table 3 (which provides "the minimum information to be recorded for each of the case included in [the candidate's] surgical log"), they define a principle surgeon as 'performing more than 50% of the procedure'. Therefore, the visitors are not satisfied with the clarity of the requirements to progress to clinical competence.

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

Condition: The education provider must demonstrate what thorough and effective system is in place for approving and monitoring all placements.

Reason condition not met: To evidence how this condition is met, the education provider supplied one completed audit, along with an audit schedule which aimed to complete all audits before the programme's intended start date of September 2019. When previously reviewing evidence provided for this standard, the visitors noted that "that the [audit] processes are sufficient however, they are yet to see evidence that the processes to approve and monitor practice placements have commenced to ensure there are sufficient placements." However, on reviewing the completed audit, the visitors noted that the audit process itself was not being used as they understood it would be from previous evidence and discussions with the provider.

As such, the visitors conclude that this standard is not met for the following reasons:

Placement audit tool is insufficient

The visitors note that from reviewing the completed audit that was provided, the audit has not ensured that the placement meets the requirements of the programme.

Therefore, the visitors note that the process to audit placements is not a thorough and effective. Specifically, from the completed audit, the visitors noted:

- In the completed audit the visitors noted that the 'specific operation' numbers were above the minimum threshold required to be undertaken by each learner. However, as there is a range of complexity within each specific operation, from simple to more complex procedures, the visitors note that the audit tool does not identify the levels of complexity available at a specific site. As such, the visitors are not satisfied the audit tool gives the education provider the assurance needed to determine that the necessary range of specific operations of the required complexity are available in all centres.
- Whilst the minimum threshold of specific operations to be undertaken by each trainee are noted through the audit, the visitors believe that there is not much room for slippage within a given placement. The visitors considered that, in the case of sickness, or if more simple training cases were not available due to service demands, a trainee would be unable to progress as needed to achieve the level of proficiency required of them. Therefore, the visitors consider that the minimum thresholds for specific operations are not sufficient to ensure each site has the training capacity needed to support effective learning, as is the case for

the specific audit they reviewed. In reaching this conclusion, the visitors note they have not specifically raised these scenarios with the education provider to understand how the minimum thresholds might be managed.

- The clinical supervisor noted through the completed audit is a registrar. However, from previous discussions with the education provider and reviews of evidence submitted, they expected that trainees would be “supervised by appropriately qualified mentors/ supervisors led by a Consultant Podiatric Surgeon” (as detailed in the programme specification, section 14.5). From the audit, the visitors noted that the education provider has not ensured that a Consultant Podiatric Surgeon is in place to ‘lead’ a team of supervisors. In doing so, the audit process has not ensured the programme’s requirements for the supervision of trainees are met.
- There is only one supervisor listed, but from previous conversations and reviews of evidence, the visitors understood that there would be a team of supervisors (as noted in the bullet above) to ensure the required range of skills and training in a variety of techniques was available. The visitors also noted that
 - the availability and time spent with other specialities / professions is limited, and there is no specific information about the arrangements and agreements which have been reached in this area.
 - The ‘Specialist Area/s of Surgical Practice’ listed are limited to diabetes, general elective and ‘other high risk’. The visitors are unclear what is meant by ‘Other high risk’, and consider that these areas should be specified and consistent between different teaching centres.

These findings indicate to the visitors that the audit process does not ensure there is an appropriate range of experience and supervision at the site to support trainees effectively to meet the requirements of the programme.

- Some wording with the audit tool does not make sense, specifically the requirement under health and safety that “The placement has carried out a risk assessment of the kind activities in the environment that will be faced in the environment”. The visitors conclude it would be difficult for the audit tool to be utilised by programme and placement staff as it is difficult to understand what information is required to be gathered in relation to health and safety.
- There were missing dates and signatures on the completed audit provided. The visitors note, given the importance of this tool to the quality assurance of practice environments being utilised, that the education provider must ensure the audit is completed fully. The absence of key dates and signatures suggests both the education provider and the placement site have not engaged with the tool as effectively as required to ensure all parties are agreed as to the provision of learning experiences which meet the requirements of the programme.

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

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

Reason condition not met: At the second visit, the visitors were told that trainees would “get an opportunity to suspend the training if it appears that they will not achieve the required hours”. In their previous reasoning, the visitors asked the provider to explain “what mechanism [trainees] would be re-introduced to the training at a later stage”. From reviewing the second conditions response, the visitors understood that if a trainee missed clinical placements, they would have to defer a year, or would be removed from the programme.

Considering this response, and linking to the outstanding issue relating to placement capacity for B.1, the visitors noted that there would be no scope for practice sites to supervise an extra trainee at short notice, and that there appears to have been no capacity within the system to support a trainee that fails their placement. Therefore, the visitors noted that any deferred trainees would not be able to undertake practice-based learning, with the limited number of placements available, meaning the mechanisms available to trainees to support additional practice learning, as detailed here are impractical.

Therefore, the visitors consider that this standard is not met.

E.10 Assessment regulations must clearly specify requirements for the appointment of at least one external examiner who must be appropriately experienced and qualified and, unless other arrangements are agreed, be from a relevant part of the Register.

Condition: The education provider must provide further evidence to demonstrate that the assessment regulations clearly specify requirements for the appointment of at least one external examiner who must be appropriately experienced and qualified and, unless other arrangements are agreed, be from a relevant part of the HCPC Register.

Reason condition not met: In their response to this condition, the education provider noted that the external examiner must “Provide evidence of suitability in surgical practice to evaluate appropriately the candidates against the HCPC standards for podiatrists practising podiatric surgery” (criteria 2).

From the criteria, including the above, the visitors noted that the education provider will not ensure that the person appointed to this role has experience of working on the foot and ankle, and of musculoskeletal surgery. The visitors consider this experience necessary as the foot and the vagaries of bone surgery to the foot is different to all other types of surgery. As such they would expect that the position is filled by an individual with that specialism, to enable them to be able to properly assess and then oversee the assessment processes to ensure they are fit for purpose. In reaching this conclusion, the visitors note that they have previously stated that the individual appointed to this role should be an “orthopaedic foot and ankle surgeon (who is a member of a foot and ankle subspecialty association) or someone who is an HCPC annotated podiatrist practicing podiatric surgery” (section 6). They note, however, that the education provider has not been explicit in its requirements in this area in relation to the professional grouping of the individual to be appointed.

For the Masters programme, the visitors also note that a requirement for the Annotation is included in error specifically that the recruited external examiner will “support the appraisal of existing podiatric surgeons applying for HCPC annotation.” This is inaccurate for the Masters programme.

Therefore, the visitors consider that this standard is not met.

Education and Training Committee Panel

Programmes in respect of which approval/ongoing approval is recommended subject to conditions, where the education provider has made observations on the visitors' report

Programme name	Master of Podiatric Surgery
Education provider	University of Huddersfield
Mode of delivery	PT (Part time)
Assessment ref	APP01865
Date of decision	30 January 2019

Panel: Stephen Wordsworth (Chair) Penny Joyce
Luke Jenkinson Joanna Mussen

Decision:

Having reviewed the visitors report and the education providers observations on the report, the Panel agreed to amend the visitors' conditions as follows;

1. Changes should be made to condition A.3 to read

Condition: 'The education provider must further define the accreditation of prior (experiential) learning mechanisms applicable to the programme and how this information is made available to potential applicants and assessors.'

Reason: From a review of the documentation, the visitors were directed to the generic university APEL policy. In discussion with the programme team, the visitors were told that trainees would be able to gain accreditation for prior learning on this programme. For instance, if they had completed 300 hours in the placement setting they could receive 120 credits which would be equivalent to part 1 of the existing programme delivered by the College of Podiatry. The visitors noted that applicants prior learning and experience would be assessed using the learning outcomes for the programme.

However, the visitors also noted there was a lack of clarity around how the programme level and module level learning outcomes ensure individuals completing the programme meet the standards for

podiatrists practising podiatric surgery (as detailed in conditions relating to standards C.1, E.1 and E.4)

Based on these findings, the visitors could not determine, how consistent judgements would be applied to assess that an applicant's prior learning or experience meets the required standards and ensures that the standards for podiatrists practicing podiatric surgery are met via this process to ensure safe and effective practice. In particular, the visitors could not determine the assessment criteria to be used by both applicants and assessors to consider how any evidence provided meets different learnings outcomes.

Additionally, the visitors could not determine what the process is for applying the policy regarding applications with APEL considerations. For instance, the visitors could not determine who would make an assessment that the prior learning of an applicant met the required standard or whether they were qualified and experienced to make that judgement.

Therefore, the visitors require further evidence to demonstrate what the process is regarding the application of the APEL policy, by what assessment criteria prior learning and experience is measured and assessed to decide how learning outcomes are met, and how this information is made available to prospective applicants and assessors.'

2. Condition B.11 should be removed
3. Condition B.13 should be removed

Reasons

1. The Panel considered that the amendments made better articulate the visitors requirements for further definition of how evidence is assessed through assessment criteria and how the process will work in detail.
2. Based on the observations received from the provider, the Panel were content to remove this condition.
3. Based on the observations received from the provider, the Panel were content to remove this condition.

Signed:.....Panel Chair

Education and Training Committee Panel

Programmes in respect of which approval/ongoing approval is recommended subject to conditions, where the education provider has made observations on the visitors' report

Programme name	HCPC Annotation of existing Podiatrists practicing Podiatric Surgery
Education provider	University of Huddersfield
Mode of delivery	PT (Part time)
Assessment ref	APP01864
Date of decision	30 January 2019

Panel: Stephen Wordsworth (Chair) Penny Joyce
Luke Jenkinson Joanna Mussen

Decision:

Having reviewed the visitors report and the education providers observations on the report, the Panel agreed to amend the visitors' conditions as follows;

1. Changes should be made to condition A.1 to read;

Condition: The education provider must provide further evidence of how it intends to communicate the programme costs trainees will incur whilst studying on the programme, which enables them to make an informed choice about taking up a place on the programme.

2. Condition B.11 should be removed.

3. Changes should be made to the reasoning of condition C.1 to read;

'Reason: From their review of the programme specification, the visitors understood that there are four programme learning outcomes and the standards for podiatrists practising podiatric surgery were grouped together under learning outcome 3. From the documentation and discussions at the visit, the visitors understood that trainees are expected to be able to demonstrate they meet all of the learning outcomes by the time they complete the programme. The visitors noted that there is one

assessment task for the programme, which is to complete the portfolio; they also noted that the assessment criteria refers to the programme learning outcomes. However, the visitors were not provided with a completed portfolio which details how the standards for podiatrists practicing podiatric surgery, contained with learning outcome 3, would be contained within the portfolio. The visitors noted whilst an example of the portfolio was discussed during the visit when reviewing the VLE, along with evidence of a portfolio set sheet, they remained unclear how the portfolio is used to ensure trainees and assessors can clearly see where the standards and the wider learning outcomes would need to be demonstrated throughout the portfolio.

As such, the visitors require documentation, such as detailed portfolio assessment content, which clearly articulates how trainees who successfully complete the programme cover the learning outcomes, which deliver the standards for podiatrists practicing podiatric surgery. ‘

4. A new condition for standard E.4 should be added as follows;

‘Condition: The education provider must submit further evidence which demonstrates how the assessment method ensures an objective and consistent measure of the learning outcomes is carried out.

Reason: The visitors noted that the education provider was still developing the VLE and portfolio during discussions held at the visit. As articulated in the reasoning for the condition against standard C.1, this meant the visitors remained unclear how the learning outcomes ensure individuals will meet the required standards upon completion of the programme.

In addition, the visitors were also unable to determine how the portfolio is structured to ensure it provided an objective and consistent assessment method to measure the learning outcomes. In particular, the visitors note the assessment criteria currently used are the learning outcomes. Although the learning outcomes, which are also the Standards for podiatrists practising podiatric surgery, describe what learners are expected to know, understand and be able to demonstrate, the visitors were unclear what indicators or criteria is used to assess that the learning outcomes are achieved. As such, the visitors were unable to determine how this approach ensures objective and reliable assessments of portfolios are carried out by assessors. The visitors therefore require further evidence which demonstrates how the assessment of the portfolio will be structured which ensures learning outcomes are measured in an objective and reliable way.’

Reasons

1. The Panel considered that the amendments clarified the visitors requirements
2. Based on the observations received from the provider the Panel were content

to remove this condition.

3. The Panel agreed that the amendments to reflect the additional information received from the education provider and to clarify the visitors' position in relation to the substantive issue of the condition.
4. The Panel agreed to make this requirement for further evidence a separate condition, rather than including it in condition C.1, in order to provide more clarity to the education provider.

Signed:.....**Panel Chair**

20th August 2019

Education Department
The Health and Care Professions Council
Park House,
186 Kennington Park Road,
London,
SE11 4BU

RE: FW: APP HUD MSc PS 30/10/18 - final visitors' recommendation

Please find enclosed our observations to the final visitors' recommendation that both courses should not be approved. We have outlined the reasons we believe both courses have met the standards of education and training and our opposition to elements of the visitors' report. We request that the education and training committee approve both courses.

The following is a brief overview of our observations.

Master of Podiatric Surgery

B1 - Year on year workforce numbers and training capacity are not aligned.

We have amended the typographical error in the table and have submitted the current table. We also note that admission to the course is dependent on having a surgical training post.

B1 - Insufficient progress to quality assure placement sites.

We have presented updated evidence on the current preliminary audits at the placement sites that demonstrates the progress made. We have also adjusted the start of the course, due to delays within the approvals process, to January. This will allow time for the trainees to apply and for the full completion of the placement site approval.

B.10 Admissions information not appropriate to support engagement with the programme.

The admissions information has been amended. We are disappointed that a recommendation after the second visit has now become a condition in the final visitors' report.

B.10 Logging of placement experience.

The visitors are mistaken; trainees do not need access to Podiatric and Surgical Clinical Outcome Measurement (PASCOM) to log their surgery.

D.2 Insufficient assurance is gained through placement audits regarding the range of complexity within the 'specific operations' available.

The placement audit is based on the descriptors in standard 1.11. The placement sites have initially presented information which demonstrates the range of different operations provide the trainees with a wide range of experience at all levels of podiatric surgical practice.

D.2 There is a lack of clarity regarding range of appropriate practice experiences required at each level of the programme.

We have amended Table 1 and 2 to improve clarity as per the visitors' final report.

D.4 Placement audit tool is insufficient.

The placement audit tool is based on the descriptors in standard 1.11. The placement sites have initially presented information which demonstrates the range of different operations provide the trainees with a wide range of experience at all levels of podiatric surgical practice. The visitors were provided with an example, as per agreement with the HCPC executive, rather than a fully completed audit because there are no applicants to this course yet. We have now provided more evidence of preliminary audits. The audit is based on the Health Education England practice placement quality audit tool.

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

The assessment regulations clearly specify requirements for trainee progression and achievement within the programme. The visitors are mistaken about the assessment regulations as trainees can only undertake assessments if they have completed the module work-based learning hours. The concerns of the visitors about deferred trainees are unfounded; trainees will not have to move placement site because they are employed by an NHS trust as a surgical trainee.

E.10 Assessment regulations must clearly specify requirements for the appointment of at least one external examiner who must be appropriately experienced and qualified and, unless other arrangements are agreed, be from a relevant part of the Register.

We have been explicit in our requirements for an external examiner in that they must provide evidence of suitable surgical practice linked to the standards for a podiatrist practising podiatric surgery.

HCPC Annotation of existing Podiatrists practising Podiatric Surgery

C.5 Broad learning outcomes and marking criteria for granular standards.

We have based the learning outcomes upon the standards for a podiatrist practising podiatric surgery. The portfolio provides ample scope for the podiatrist to demonstrate their understanding of the implications of the SCPE's on their surgical practice. Clear advice will be given to both podiatrists and markers about this SET via a presentation and written information.

E.4 Ability to assess continued competence in clinical skills via a written portfolio

The visitors have not taken into account that all of the podiatrists eligible for this course have already been observed undertaking podiatric surgery as part of the College of Podiatry existing training programme and consequently have demonstrated their competence in clinical skills such as hand to eye coordination, tissue handling and manual dexterity. Therefore, the portfolio, in the current format, can demonstrate clinical competence.

E.4 Inaccurate guidance for the completion of the portfolio

The visitors are mistaken; there is no inaccurate guidance for the completion of the portfolio. It clearly states above the table 'To meet this standard, you must submit a surgical log that contains a list of procedures undertaken by you in the last three years.' The numbers below are the minimum expected for each procedure as **primary surgeon**.

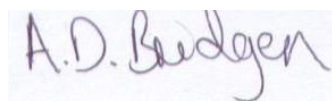
E.10 Assessment regulations must clearly specify requirements for the appointment of at least one external examiner who must be appropriately experienced and qualified and, unless other arrangements are agreed, be from a relevant part of the Register.

We have been explicit in our requirements for an external examiner in that they must provide evidence of suitable surgical practice linked to the standards for a podiatrist practising podiatric surgery.

We will also be submitting two addendums to our observations. The first addendum is from the College of Podiatry. It contains their observations on the approval process of these courses and the consequences of non-approval. The second addendum is a letter from Health Education England on the role of podiatrists practising podiatric surgery in the NHS long-term plan and workforce development.

We would also like to note representatives from the University will be attending the education and training committee on 11/9/19. The Director of Health Partnerships, Dr Joanne Garside, and myself, as course leader, will be present to provide verbal representations and to answer the committee's questions.

Sincerely yours,



Dr Andy Bridgen, BSc (Hons), MSc, PhD, FHEA, MCPOD
MSc Course Leader
Senior Lecturer in Podiatry
School of Human & health Sciences
Email; a.bridgen@hud.ac.uk

**HCPC Annotation as a Podiatrist Practising
Podiatric Surgery – Observations on Visitors
non-approval of this course**

C.5 The curriculum must make sure that trainees understand the implications of the HCPC's standards of conduct, performance and ethics and/or the NMC's code: standards of conduct, performance and ethics on their podiatric surgery practice.

Condition: The education provider must clearly articulate how they ensure that trainees understand the implications of the HCPC's standards of conduct, performance and ethics and/or the NMC's code: standards of conduct performance and ethics on their podiatric surgery practice.

Reason condition not met: From the information provided through the conditions response, the visitors note that:

- the education provider expects applicants to “discuss the implications of the HCPC standards of conduct, performance and ethics on [their] podiatric surgical practice” through their written, reflective portfolio submission;
- one of the “Marking criteria / possible evidence to be provided” is “Demonstrates an understanding of the implications HCPC standards of conduct, performance and ethics on their podiatric surgical practice”; and
- there is some training provided in this area, specifically a slide in training materials that “outlines what the SCPE's are and that the implication of them on their podiatric surgical practice must be included in their portfolio.”

In their evidence submission, the education provider also notes that:

- the programme “uses learning outcomes that are based upon the FHEQ level 7 framework”;
- that applicants through this programme “will be podiatrists practising podiatric surgery” who “will have the qualities outlined in the SCPE's and the transferable skills necessary for employment requiring the exercise of initiative and personal responsibility and the independent learning ability required for continuing professional development”; and
- That the above means that applicants “should be able to demonstrate the implication of the SCPE's in their portfolio.”

From this information, the visitors consider that applicants will not be equipped with sufficient knowledge about how to address this area in their portfolio, and that assessors will not know how to mark this area in a consistent and reliable way. The visitors consider this for the following reason:

Broad learning outcomes and marking criteria for granular standards

The learning outcome and marking criteria within the Assignment Instruction Sheet are very broad when considering the granularity of the SCPEs. From the marking criteria section, the visitors noted that the following information was provided to candidates and assessors, which is intended to enable these individuals to understand the education provider's requirements:

1. Learning outcome: Create and interpret relevant professional knowledge which extends the forefront of their podiatric discipline.
2. Achieved by: In their portfolio the learner must demonstrate their knowledge of podiatric surgery and how this is applied in their practice to formulate individual treatments that promote and protect the interests of service users and supported by evidence.

3. Relevant part of the marking criteria/possible evidence to be provided: Demonstrates an understanding of the implications HCPC standards of conduct, performance and ethics on their podiatric surgical practice.

Considering this, the visitors noted that with the broad definitions of how this competency is expected to be demonstrated and marked, neither applicants nor assessors will have the tools they need to understand what is required to demonstrate competence in this area. They noted that there is no detail about what constitutes appropriate reflection for specific SCPEs for an assessor to mark this competency as met. The visitors note it is particularly important that those assessing know what is acceptable to demonstrate competence, to be sure that competence has been achieved, and those being annotated to the Register are fit to practice in this area.

The visitors also note that the statement within the Assignment Instruction Sheet that applicants should demonstrate “compliance with” (rather than consider the implications on their practice) of the SCPEs would undermine the expectations set up by the provider.

Response

The guidance given to both podiatrists and markers is clear and meets this standard. The requirements for discussing the implications of the SCPE’s on the podiatric surgical practice are clearly defined in the documentation. As part of the podiatrist’s enrolment on the course, they are given lengthy guidance on completing their portfolio. We will also provide training for the markers which will include lengthy guidance on this standard. The podiatrists on this course and the markers for the portfolio are already bound by the SCPE’s as they are HCPC registered podiatrists.

The portfolio, submitted by podiatrists applying for annotation as a podiatrist practising podiatric surgery, will be marked against the learning outcomes of the course. The portfolio will demonstrate the podiatrists meet the standards for a podiatrist practising podiatric surgery by reflecting upon each of these individual standards and presenting evidence to show that they meet these standards. This evidence can come in various forms, these are outlined in the marking criteria, the assignment set sheet and on enrolment when we prepare the podiatrists to write their portfolio. Case studies will be the primary source of support evidence, it is through these that the podiatrists will be able to demonstrate their understanding of the implications of the SCPE’s on their podiatric surgery practice.

The assignment set sheet does not “undermine the expectations set up by the provider” as it also clearly states in the ‘Problems Statement/requirements/evidence to be submitted’ section that ‘You must discuss the implications of the HCPC standards of conduct, performance and ethics on your podiatric surgical practice.’ These two statements are not contradictory. The information provided at enrolment ensures the applicants have clear information on what is required in their portfolio to meet this SET. It should also be remembered that the applicants are HCPC registered podiatrists and therefore should have a good understanding of the implications of the SCPE’s upon all their practice.

The marking criteria clearly states their portfolio must demonstrate an understanding of the implications of the SCPE's on their podiatric surgical practice. This course does not bear academic credit. The portfolio is Pass/Refer/Fail, the podiatrists will not be given a mark. This gives the markers sufficient scope to be able to make a decision on whether this criterion is met through the podiatrist's portfolio. This approach is common across the entire spectrum of HCPC approved courses for many professions. The markers have the knowledge as they also are podiatrists and so understand the implications of the SCPE's on their practice too as these same standards apply for all registrants. The visitors have also failed to mention that there is training for all the markers. Though given opportunity to review this training the visitors decided not to view this at either visit, presumably because they were happy with the outcome of the discussion held at the event. The decision to not view the available training should be documented in the visit minutes. This training clearly outlines the expectations and requirements of the portfolio including meeting this SET.

We are extremely disappointed this condition remains after the second visit; frequent requests were made to the visitors to clarify this issue and check if they had anything further they needed to discuss about this issue. We feel the visitors' approach in this instance has been misleading to the education provider as we were led to believe this SET has been met. It also restricts discussion of the visitors' view of this as a competency rather than a SET to be met. We believe this is a contentious view which we would have liked to be discussed further, and that the visitors' approach to this SET is inconsistent with that demonstrated in other approval visit reports.

E.4 Assessment methods must be employed that measure the learning outcomes.

Condition: The education provider must submit further evidence which demonstrates how the assessment method ensures an objective and consistent measure of the learning outcomes is carried out.

Reason condition not met: The visitors have considered the education provider's response in this area, and note that they have further clarified their intention to assess candidates' clinical proficiency for standard 1.11 through the written portfolio. Within this portfolio, there is an expectation that applicants provide reflections from practice, records of qualifications, a log book (including a summary of audit data from a wide range of podiatric surgical procedures detailing patient and surgical outcome measures). Other evidence "could be" included in the portfolio, such as "PASCOM or equivalent outcome reports, publications, course certificates, videos, presentations, business cases, dissertations, reflections, case discussions, passed courses elsewhere similar to the HCPC CPD audit." The log will be verified by "a podiatry service manager/surgery manager/private hospital confirming that activity reported in the log... are a true reflection".

The visitors are cognisant that the portfolio assessment is designed to establish continued competence, as it relates specifically to the HCPC standards, rather than as a measure to use to determine an individual's ability to practice for the first time. However, through the process, the visitors have questioned the rationale for the provider's approach for assessing clinical competence, rather than assessing this competence through observation of practice.

With the above in mind, the visitors deem that the portfolio is not an appropriate assessment method for the reasons below.

Ability to assess continued competence in clinical skills via a written portfolio

As previously noted, the visitors are clear that the annotation route is based on a holistic assessment of an individual's training, qualifications and experience to date. They acknowledge that this approach assumes applicants to the programme have achieved and maintained competency to practice podiatric surgery to date (in absence of any specific regulatory requirements linked to annotation), and have done so as an HCPC- registered chiropodist / podiatrist working within an extended scope of practice. They also acknowledge such practice takes place in highly regulated environments, which contain established medical oversight and governance arrangements, comparable to other regulated surgical professions. However, the visitors consider that, in absence of any direct observation, the portfolio assessment method does not provide assurance to be satisfied those currently practicing podiatric surgery meet HCPC proficiency standard 1.11. Specifically, the visitors note that a written portfolio and a log book (accepting other evidence 'could' also be provided alongside these required parts) cannot adequately address clinical skills such as hand to eye coordination, tissue handling, and manual dexterity.

The visitors note that providing evidence of having successfully completing a range of procedures on its own does not allow the education provider to ensure those who complete the programme are clinically competent.

Inaccurate guidance for the completion of the portfolio

The visitors noted that under the 'specific guidance for meeting standard 1.11, the provider has noted that applicants "must submit a surgical log that contains a list of procedures undertaken by you in the last three years." There is then a table that sets out minimum numbers of procedures required to be undertaken by the applicant. However, the following paragraph notes that applicants must specify "the role one played in the encounter (primary surgeon, assistant, observer)". This could be interpreted (by applicants or assessors) that observation of practice could count in the required numbers. The visitors consider that if a portfolio is to work, then the requirements and expectations must be robust and clearly communicated, to ensure only those who meet the required proficiency level pass the programme.

Response

This standard has been contentious throughout the approval process. The portfolio which these podiatrists will have to submit meets the requirements to achieve standard 1.11 and, through the evidence they will submit, will demonstrate clinical competence. The visitors have failed to take account that the podiatrists on this course have already been observed in practice. We are most disappointed the visitors did not voice their concerns at the second visit, when discussion about this element of the portfolio took place. They are also mistaken about inaccurate information being given to these podiatrists. The information provided demonstrates this course meets standard E.4.

This course has restricted admission criteria; it is only open to podiatrists who have successfully completed the existing College of Podiatry Fellowship in Podiatric Surgery. To achieve this qualification, the podiatrists had to demonstrate core clinical skills including hand to eye coordination, tissue handling and manual dexterity in

their final practical exam. The podiatrists were examined throughout the fellowship programme and in the final summative practical exam they were assessed by two experienced surgeons from elsewhere in the UK, external to the individual's training. The visitors have had sight of this programme and commended it at the visits. Therefore, these podiatrists have already been observed in podiatric surgery at the threshold of Fellowship. For this reason, the portfolio assessment method does provide assurance to be satisfied that those currently practicing podiatric surgery meet HCPC proficiency standard 1.11 as we have outlined. We have given these podiatrists detailed information on the requirement for meeting this particular standard in the assignment criteria. These podiatrists work, as the visitors acknowledge, in highly regulated environments and are responsible professionals who adhere to the SCPE's, the SOP's for Podiatrists and those standards for a podiatrist practising podiatric surgery. They are able to demonstrate they have the requisite skills through their surgical log and various outcome measures undertaken by their organisations such as clinical audit, clinical outcome measures and friends and family validated NHS benchmarking reports. This log needs to be verified by a letter from a podiatry service manager/surgery manager/private hospital confirming the activity reported in the log. The log should include complications, re-admissions, infection rates, friends and family responses, complaints and letters of thanks. It should be a true reflection of the quality of work undertaken in terms of foot surgery. The College of Podiatry audit tool, PASCOP, spearheaded an outcome approach long before similar approaches became available in other disciplines and should act as verification. Such data should be accompanied by a signed statement from the candidate that the information is accurate in adherence with the standards of conduct, performance and ethics of the HCPC, a common approach accepted by the HCPC for renewal of registration.

The visitors are mistaken, there is no inaccurate guidance for the completion of the portfolio. It clearly states above the table (see below) 'To meet this standard, you must submit a surgical log that contains a list of procedures undertaken by you in the last three years. The numbers below are the minimum expected for each procedure as **primary surgeon**.' This clearly removes any confusion regarding the inclusion of assisting or simply observing surgery as raised by the visitors. We are concerned that this has been missed by the visitors in the conclusion.

The paragraph below the table goes on to explain what the surgical log should contain; it should include all surgeries in which they have been involved whatever their surgical role, however the minimum requirement for numbers as the primary surgeon is as shown in the table.

	Procedures for standard 1.11	
		Total
	Excision of bony prominences	25
	Osteotomy	87
	Arthrodesis	43
	Arthroplasty	34
	Digital correction	18

	Soft tissue excisions, correction and skin flaps	48
		255

This is clear to both the podiatrists and the markers.

E.10 Assessment regulations must clearly specify requirements for the appointment of at least one external examiner who must be appropriately experienced and qualified and, unless other arrangements are agreed, be from a relevant part of the Register.

Condition: The education provider must provide further evidence to demonstrate that the assessment regulations clearly specify requirements for the appointment of at least one external examiner who must be appropriately experienced and qualified and, unless other arrangements are agreed, be from a relevant part of the HCPC Register.

Reason condition not met: In their response to this condition, the education provider noted that the external examiner must “Provide evidence of suitability in surgical practice to evaluate appropriately the candidates against the HCPC standards for podiatrists practising podiatric surgery” (criteria 2).

From the criteria, including the above, the visitors noted that the education provider will not ensure that the person appointed to this role has experience of working on the foot and ankle, and of musculoskeletal surgery. The visitors consider this experience necessary as the foot and the vagaries of bone surgery to the foot is different to all other types of surgery. As such they would expect that the position is filled by an individual with that specialism, to enable them to be able to properly assess and then oversee the assessment processes to ensure they are fit for purpose. In reaching this conclusion, the visitors note that they have previously stated that the individual appointed to this role should be an “orthopaedic foot and ankle surgeon (who is a member of a foot and ankle subspecialty association) or someone who is an HCPC annotated podiatrist practicing podiatric surgery” (section 6). They note, however, that the education provider has not been explicit in its requirements in this area in relation to the professional grouping of the individual to be appointed. Therefore, the visitors consider that this standard is not met.

Response

To meet this standard, we have outlined clearly the specific criteria the external examiner must have as well as including the University’s criteria as well. The criteria are based on providing evidence of practice relating to the standards for a podiatrist practising podiatric surgery which is sufficient to meet this standard. The visitors reasoning appears to be in excess of the requirements of the standard.

We are disappointed the visitors have not accepted these criteria. The visitors’ insistence on their wording appears to be more than the requirements to meet the SET. It became apparent during the second visit that one of the visitors, Mr Robinson, is acting on behalf of another professional association, the British Orthopaedic Foot and Ankle Society. We believe there could be a conflict of interest,

the implication for both E.4 and E.10 is that the visitors may be setting conditions consistent with the views of their members professional association.

The criteria for the appointment of the external examiner are as follows:

The successful applicant must demonstrate the following criteria:

1. HCPC annotated podiatrist practising podiatric surgery or equivalent regulated professional qualification.
2. Provide evidence of suitable surgical practice to be able to evaluate appropriately the submissions of existing podiatric surgeons against the HCPC standards for a podiatrist practising podiatric surgery. This may be demonstrated by providing an outline of the present post and/or place of work and the range and scope of experience across the profession.
3. Be able to demonstrate current or recent active involvement in research/scholarly/professional activities in the field of study concerned.
4. Be able to demonstrate previous work assessing, appraising or examining in this field or comparable related experience, to indicate competence in assessing in the Subject Area.
5. Where the successful candidate has limited experience in working in the Higher Education Sector they will be expected to work as part of a team which will include a senior academic podiatrist, who would have the appropriate academic experience to meet the criteria 1.3 below.
6. The successful candidate will be appointed for an initial term of office of up to four years.

We believe this clearly demonstrates the external examiner meets the requirements for the SET, as it is linked to the HCPC standards for a podiatrist practising podiatric surgery.

The appointment of the external examiner for both the annotation process and Master of Podiatric Surgery must follow the University guidelines for external examiners included below. If an appropriate candidate cannot be found with the appropriate academic and practice experience then we will refer to guideline 1.3 and appoint more than one external. This team would consist of one examiner with the appropriate academic experience and one with the appropriate professional/practised-based experience.

1. Criteria for appointment of External Examiners

- 1.1 An External Examiner's academic/professional qualifications should, in level and subject, be appropriate to the module/course to be examined.
- 1.2 An External Examiner should have appropriate and current standing, expertise and experience to maintain comparability of standards across the Higher Education sector.

Standing, expertise and breadth of experience may be indicated by:

- the present post and place of work
- exceptionally, an External Examiner may have retired from full or part-time employment but must demonstrate continuing relevant involvement in Higher Education or the professions
- the range and scope of experience across Higher Education/the professions
- current recent active involvement in research/scholarly/professional activities in the field of study concerned.

- 1.3 An External Examiner should have enough recent external examining or comparable related experience, at an appropriate level, to indicate competence in assessing students in the Subject Area.

If the proposed External Examiner has no previous external examining experience at the appropriate level, the application should be supported by either:

- other external examining experience
- extensive internal examining experience
- other relevant and recent (i.e. normally within the previous three years) experience likely to support the external examiner role.

Proposed External Examiners without experience as Externals **must** join an experienced team of External Examiners, and must not be the sole External Examiner.

1.4 External Examiners will be appointed for an initial term of office of up to four years. Under certain exceptional circumstances, the University Teaching and Learning Committee may sanction a once-only extension of an External Examiner's term of office by one year, up to a maximum term of office of five years. Multiple extensions of an External Examiner's term of office are not permissible.

1.5 The exceptional circumstances in which the University Teaching and Learning Committee may sanction a once-only extension of an External Examiner's term of office by one year will include the following:

- in the event of an unplanned vacancy arising from the loss of an External Examiner who had not reached the end of his or her term of office
- if the subject is highly specialised, with a known shortage of expertise
- if there is a specific and pressing operational or academic need; this circumstance should be described in detail on the application form
- if the course had only run sporadically during the retiring External Examiner's term of office.

1.6 External Examiners should be drawn from a wide variety of institutional/professional contexts and traditions in order that the module/course benefits from wide-ranging external scrutiny.

The following arrangements are not permissible:

- more than one External Examiner from the same institution in the team of External Examiners
- reciprocal external examining of modules/courses between the University of Huddersfield and any external institution
- replacement of an External Examiner by an individual from the same institution
- an External Examiner from an institution which has been the source of examiners for similar subject areas in the preceding five years
- where there is a single External Examiner for a course, that Examiner must be from an academic, rather than practice-based, context
- no School should, at any given time, have more than six External Examiners employed by the same institution.

1.7 External Examiners should not be over-extended by their external examining duties.

An External Examiner should not currently hold more than the equivalent of two substantial undergraduate External Examiner appointments.

1.8 There should be an appropriate balance and expertise in the team of External Examiners.

The proposed External Examiner should complement the external examining team in terms of expertise and examining experience.

The range of academic perspectives necessary to the programme should be represented in the external examining team.

If the programme is associated with or may lead to a professional award, at least one practitioner with appropriate experience should be in the team.

The external examining experience in the team as a whole must be sufficient and wide-ranging.

1.9 External Examiners **must** be impartial in judgement and **must not** have previous close involvement with the institution which might compromise objectivity.

Over the previous five years, the proposed External Examiner should not have been:

- a member of staff, governor or student of the University of Huddersfield, or be a near relative of a member of staff of the University in relation to the course
- an examiner in a cognate course in the institution
- involved as an External Examiner for the course when it was approved by another validating body.

The proposed External Examiner should not be:

- personally associated with the sponsorship of students
- required to assess colleagues who are recruited as students to the course
- in a position to influence significantly the future employment of students on the course
- likely to be involved with student placements or training in the examiner's organisation.

1.10 External Examiners will be sent an induction pack by Registry which will include the following documents:

- extracts from the Regulations for Awards of the main references to the duties, rights and responsibilities of External Examiners at the University of Huddersfield
- the University's equal opportunities policy
- guidance notes and summary of fees paid to external examiners
- town and campus maps with suggested travel information
- sample External Examiner's report template and guidance notes
- External Examiner's fee and expenses claim form
- change of personal details form
- contacts sheet
- forthcoming University Term dates.

In addition, an External Examiner induction morning will be run annually by Registry, to which will be invited all External Examiners appointed in the previous twelve months and all those appointed in the twelve months before that who did not attend the previous year's event. Attendance will not be compulsory, but all newly-appointed External Examiners will be encouraged to attend. Schools are responsible for supplying new External Examiners with all information relating to the courses, including programme/module specifications, dates of Course Assessment Boards, contact points within the department and any 'local' induction information which the School deems appropriate.

1.11 An External Examiner's contract may only be terminated prematurely in exceptional circumstances.

Any decision to terminate an appointment prematurely must be referred by the Dean of School to the Pro Vice-Chancellor (Teaching and Learning) in writing giving reasons for the request. The grounds for premature termination will be limited to the following areas:

- failure to submit an annual report without due reason
- failure to participate in Course Assessment Boards without due reason
- serious transgression of the University's regulations and policies.

**Master of Podiatric Surgery – Observations on
Visitors non-approval of this course**

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

Condition: The education provider must provide further evidence to show that the programme is supported by practice education providers and the strategy for staffing this programme to demonstrate that the programme has a secure place in the education provider's business plan.

Reason condition not met: In reviewing the second conditions response, the visitors noted that the education provider has provided the following:

- the specific number of agreed learners per year across the programme;
- a commitment for the number of placements required from partners, with commitment that there will be sufficient range of experiences within these placement sites;
- the minimum number of surgical procedures (observing, assisting, and undertaking) required to demonstrate competence; and
- a completed placement audit, provided to demonstrate that the audit process is robust.

The visitors considered this information in relation to the original condition, and they have reached the conclusion that the education provider has not met this standard as it has not demonstrated that it will have practice-based learning of the quality, number and range required in place for all learners when the programme commences. They consider this for the reasons noted below.

Year on year workforce numbers and training capacity are not aligned

The visitors note that the throughput of existing trainees and new places available do not match. For example, the total number of training places for 2020 is noted as 26, but when taking the numbers stated from the previous year (who would still be on the programme) plus new learners, the total number of learners would be 27. The visitors note this misalignment will also apply across future years of training. For these reasons, the visitors are not satisfied the education provider has secured enough training places to support the planned trainee numbers.

Insufficient progress to quality assure placement sites

The visitors are not satisfied that only one audit had been completed as of June 2019, before the programme is intended to commence in September 2019. They believe this means there is no room for slippage with the proposed audit schedule, which they believe is, in and of itself, unachievable. The visitors are also not clear what would happen if a placement site fails a scheduled audit. They note that should this occur, it will affect the programme's ability to place all trainees, and they were not given any contingency planning to manage this scenario.

In reaching this conclusion the visitors note that the audit schedule was provided for the first time through the education provider's second (and final) conditions response, and therefore they were unable to request contingency plans to address this specific scenario as an additional part of the requirements set to meet this condition.

Response

We believe we have met this standard and have addressed the visitors concerns. We have amended and updated the year on year workforce numbers to ensure the

numbers are aligned. We state again that admission for this course is dependent on having a surgical training post, this means the trainee is employed by the NHS trust where their work-based learning will take place. Therefore, the number of trainees is limited by the number of training places available. The table demonstrates the number of places available at present but this may be subject to change. We are not claiming more posts than are currently available. We have also updated the preliminary audit data for these trusts. The start date for this course has been amended to January in light of the delays in this process. The new start date will allow applications to come in and then we will complete the audit process with the trusts. The preliminary data shows that we are waiting replies from 3 trusts, due to leave and sickness. The other 11 trusts meet the criteria for surgical units, surgical tutors, surgical procedure total and range of surgical procedure. There will be further information required relating to the rotations for 7 trusts as it is not clear if learning development agreements are in place, but this may be related to tutors submitting hospital names rather than trust name. We believe the committee should be able to see that we have addressed the visitors concerns and consider this standard met.

We do not understand how the visitors have reached the conclusion that this standard has not been met. At the second visit they spoke to a senior NHS surgery manager in the North and viewed documentary evidence from another NHS surgery manager in the North West. They declined to have a telephone conference with a third NHS Surgical Services Director in the South of England who was scheduled for a dial in meeting with the visitors. This implies the visitors were content with the course at that time. Our previous experience with approvals visits for other courses raises concerns that the visitors did not take the opportunity to triangulate the evidence base.

The trainees on this course have to have a surgical training post in place before they can start this course and as such the placement place is assured. This is a consistent approach commensurate to those applying for HCPC approved prescribing courses and thus an approach already accepted by the HCPC as an appropriate way to proceed. They will be employed as a surgical trainee by an NHS trust. This is clearly stated in the admissions criteria and we have explained this clearly to the visitors at both visits. We appreciate that this is a weakness of the course, we are reliant upon NHS trusts and surgical tutors to generate these posts, but again this is consistent with current HCPC prescribing approved courses. We have put in place arrangements to work with Health Education England and the College of Podiatry to expand the number of surgical training posts in the future. We do not consider that this is a reason not to approve the course.

We acknowledge the error in the training places schedule and enclose the revised schedule. Please note that there has been a reduction in places related to financial constraints and the delay in approving this course.

NHS Podiatric Surgery Training programme Workforce planning					
	2019	2020	2021	2022	2023
Workforce Plan total registered trainees	n=14	n=25	n=32	n=29	n=29

North Regional Deanery	
Derbyshire CHFT Buxton (FW)	
Mid Yorks NHS (JP)	
Durham NHS Trust (SB)	
Locala (SF)	
Locala (SF)	
Sheffield NHS Trust (AN)	
Don & BL NHS Trust (AW)	
Don & BL NHS Trust (AW)	
Nott NHS Trust (TM)	
Derbyshire CHFT Ilkeston (TK)	
Sherwood Forest NHS Trust (JP)	
Rotherham NHS Trust (GB)	
Blackpool NHS Trust (LM)	

Central & Wales	
Great Western Hospital NHS Trust (BY/MC)	
The Dudley Group (JM)	
The Dudley Group (JM)	
Wye Valley Trust (LD)	
Wye Valley Trust (RG)	
Solihull NHS Trust (HB)	
Northampton NHS Trust (IR)	

South Regional Deanery	
West Mid Hospital Trust (MT)	
West Mid Hospital Trust (MT)	
West Mid Hospital Trust (SF)	
Kent NHS Trust (CS)	
Kent NHS Trust (AM)	
Provide CIC (EK)	
East Suffolk & North Essex Trust (DH/PH)	
East Suffolk & North Essex Trust (DH/PH)	
St Peters Hospital Trust (NM)	
Sussex NHS Trust (JA)	
St Georges NHS Trust (IB)	
Essex NHS PT (JN)	
Essex NHS PT (JB)	
CLCH NHS Trust (EBK/JL)	

Key	
	New trainee
	Existing trainee to APEL
	Planned future trainee

Because of the delay in the approval process for this course the schedule for the audit of placement sites will also be amended. This process has begun and we have enclosed a schedule of the placement audits. We have not finalised these audits as yet because the course has not been approved; we therefore have not advertised this course. We are aware that these sites are waiting for the course to be approved and we have begun preliminary work on preparing these sites for audit but we will not complete them until we have applicants for this course. Again, such an approach is consistent with what happens when new prescribing courses are approved by the HCPC.

We have undertaken the proposed programme of preliminary audit work, though this process is ongoing. Due to annual leave in August 2019, we are still waiting for some responses. We will have all required preliminary audits completed by the ETC meeting on 11.09.19. There are also a few sites where there will need to be checks of learning development agreements with NHS trusts for some rotations.

Table – Preliminary audit programme

Placement site	Surgical unit requirements	Surgical tutor requirements	Annual surgical total	Range of surgery
North Regional Deanery				
Derbyshire CHFT	Met	Met	1130	Met
Locala	Met	Met	407	Met
Sheffield THFT	Met	Met	574	Met
Doncaster & Bassetlaw HFT	Met	Met	505	Met
Rotherham HFT	Met	Met	629	Met
Sherwood Forest HFT	Met	Met	468	Met
Central & Wales				
The Dudley Group HFT	Met	Met	419	Met
Wye Valley NHS Trust	Met	Met	406	Met
South Regional Deanery				
West Middlesex TFHT				
Provide CIC	Met	Met	489	Met
East Suffolk and North Essex FT	Met	Met	455	Met
St Peter's HFT				

St George's University HFT				
Essex Partnership UFT	Met	Met	399	Met

Placement site	Rotations	Podiatric surgery rotations
North Regional Deanery		
Derbyshire CHFT	Not met – need to check LDA arrangements for 2 trusts	Met – with Trusts that we have LDA
Locala	Not met – uses neighbouring trust will need to speak to PLF to arrange 3 rotations	Met – with Trusts that we have LDA
Sheffield THFT	Met – within the trust	Met – with Trusts that we have LDA
Doncaster & Bassetlaw HFT	Met – within the trust	Met – with Trusts that we have LDA
Rotherham HFT	Met – within the trust	Met – with Trusts that we have LDA
Sherwood Forest HFT	Met – within the trust	Met – with Trusts that we have LDA
Central & Wales		
The Dudley Group HFT	Met – within the trust	Not met – need to check LDA arrangements for 2 trusts
Wye Valley NHS Trust	Met – within the trust	Not met – need to check LDA arrangements for 1 trust
South Regional Deanery		
West Middlesex TFHT		
Provide CIC	Met – within the trust	Not met – need to check LDA arrangements for 1 trust
East Suffolk and North Essex FT	Met – within the trust	Not met – need to check LDA arrangements for 1 trust
St Peter's HFT		
St George's University HFT		
Essex Partnership UFT	Met – within the trust	Not met – need to check LDA arrangements for 2 trusts

If a placement site does not meet the audit criteria then there will be opportunity for the site to make the necessary steps to meet the requirements for the audit before the trainee can enrol on the course.

B.10 The learning resources, including IT facilities, must be appropriate to the curriculum and must be readily available to trainees and staff.

Condition: The education provider must demonstrate that the learning resources, including IT facilities, will be appropriate to the curriculum and readily available to students and staff.

Reason condition not met: The education provider submitted updated information to clarify the involvement of service users in the admissions process to meet the outstanding issue related to this condition. The visitors were satisfied with this information.

Admissions information not appropriate to support engagement with the programme
However, in reviewing all the evidence provided, the visitors are not satisfied that the admissions information more generally is appropriate to support engagement with the programme. This finding is based on the visitors noting that previously required amendments or deletions were still present in the admissions information, as follows:

- The requirement for indemnity insurance through College of Podiatry (COP) is misleading for applicants as this would not be required of all trainees. The visitors note indemnity insurance would be in place for most trainees as NHS employees, and HCPC registrants must declare they have this in place as a condition of their registration.
- It is also the case that the requirement in section 16.7 that applicants “should have a College of Podiatry National Training Number or equivalent”, is not needed as this was only stipulated to ensure they had indemnity insurance.

- It is not stated clearly to applicants currently undertaking the current COP’s podiatric surgery training route, who would be seeking to access the programme at the start of year two via the APEL process, must have undertaken the MSC in Theory of Podiatric Surgery, as required for the normal entry route.
- It is unclear to applicants if they pay for a Designated Barring Scheme (DBS) check which is required as part of the admissions process, or if this is covered by the education provider or the trainee’s employer.

The visitors note that their findings here do not relate to the condition set for this standard, and more appropriately relate to standards A.1 and A.3 (which relate to the information provided to applicants through admissions and APEL), which they determined were met earlier in the approval process. However, as incorrect information relating to admissions remains at this stage of the process, the visitors consider that this standard is not met.

Logging of placement experience

As above, the visitors note that this issue does not relate to the previously outstanding issue of service user and carer involvement in the admissions process. However, the visitors note that staff and trainees need to have access to the Podiatric and Surgical Clinical Outcome Measurement (PASCUM) system in order to log surgery. However, they also note that accessing this system (by being a member of the COP) was not a requirement for trainees. Therefore, the visitors conclude that not all trainees will be able to log surgery in the method required.

Therefore, as the IT facilities for a key part of the programme are not available to all trainees and staff, the visitors consider that this standard is not met.

Response

We have amended the admissions information on the course documentation. There is no requirement on the course for trainees to have access to the Podiatric and Surgical Clinical Outcome Measurement (PASCUM) tool. We have met this condition.

These issues have been addressed previously to the satisfaction of the visitors at the second visit. We are thus unclear why these issues have been raised again. We note that on Page 28 of the visitors report that the visitors say that SET A2 is met and then make recommendations around these issues. We were advised by the HCPC executive that we did not have to act on these recommendations at this time. These recommendations have now been changed to conditions. We are surprised and concerned at this action because we had taken on board their initial recommendations. We do not believe this is best practice, it makes the process seem unfair on education providers.

There is no requirement for indemnity insurance as trainees will be working under NHS cover, however insurance through College of Podiatry (COP) or other similar organisation is advisable.

The requirement for a College of Podiatry National Training Number or equivalent in the admissions criteria has been removed.

All applicants to the course must meet the entry criteria, regardless of the APL position.

Applicants do not pay for a Disclosure Barring Scheme (DBS) check which is required as part of the admissions process.

It is not a requirement of the course to have access to PASCOM to log surgery but trainees are expected to record their surgical activity in a log book using an auditable system approved by the HEI.

The revised admissions criteria are as follows:

16. Criteria for Admission

- 16.1** The University of Huddersfield seeks and encourages applicants in order to widen participation, improve access and apply the principles of equal opportunities. We provide support for applicants who require additional assistance in order to select the right course of study and make a successful transition to studying at University.
- 16.2** The University provides opportunities for the accreditation of prior learning (APL) as stated at the following link: <http://www.hud.ac.uk/registry/regulationsandpolicies/awards/>
- 16.3** Further information related to the School APL process can be found on the School pages in VLE. https://unishare.hud.ac.uk/hhs/hhs_admin/SitePages/SAVP.aspx
- 16.4** The University's general minimum entry requirements are specified in the 'Regulations for Awards which can be found on the Registry website as follows: <http://www.hud.ac.uk/registry/regulationsandpolicies/awards/>
- 16.5** Every person who applies for this course and meets the minimum entry requirement – regardless of any disability – will be given the same opportunity in the selection process. In addition to completing an application form, all applicants will be contacted by the course leader to ensure that the course is suitable for that particular student. General advice and information regarding disability and the support the University can give can be found by contacting student services as follows:

Telephone: 01484 472675

Email: disability@hud.ac.uk

Further information is available at their website at:

<http://www.hud.ac.uk/disability-services/>

- 16.6** In addition this course leads to professional recognition as podiatrist practising podiatric surgery with the HCPC, further advice on the specific skills and abilities needed to successfully undertake this course can be found by visiting the profession's website at <http://www.hcpc-uk.org/aboutregistration/standards/podiatricsurgery/> and by contacting the admissions tutor.
- 16.7** However, the specific entry requirements and admission criteria for this course are detailed below. The minimum requirement for entry for new students onto the course is normally
- Applicants should have an MSc in Theory of Podiatric Surgery or equivalent qualification.
 - Applicants should be registered as a podiatrist with the HCPC and be annotated HCPC annotation in POM-S and POM-A
 - Registered Podiatric Surgical Trainee with an appropriate professional body
 - Applicants should have written confirmation of a podiatric surgical training post with an appropriately trained surgical tutor/clinical supervisor or equivalent.
 - Applicants should have completed a probationary period in this post.

Application Approval Process

The application approval process aims to provide both the applicant and the selection team with the details required to make an informed decision. The selection team will be made up of University staff and HCPC annotated podiatrists practising podiatric surgery. It is for this reason that all suitable candidates are given the opportunity to look round the University and division as well as being able to talk with staff and existing students.

In exceptional circumstances, usually due to problems with travelling long distances, skype (or equivalent) interviews are given. In these circumstances the applicant is urged to find out as much information about the University as they can prior to the interview to enable them the opportunity to ask relevant questions. It is also possible to arrange for the candidate to speak to one of our existing students over the telephone. The main criteria on which offers are based are:

- Motivation
- An understanding of the role of the podiatrist practising podiatric surgery
- Evidence of having spent some time in a podiatric surgery clinical environment
- MSc Theory of Podiatric Surgery
- Evidence of CPD

- 16.7.1** Criteria for admissions for the APEL process for podiatrists who have not completed the fellowship of podiatric surgery through the existing training programme run by the College of Podiatry Faculty of Podiatric Surgery.

- Currently have a College of Podiatry approved training place

- 16.8** Enhanced DBS Check is required by the Disclosure and Barring Service.

D.2 The length of time spent in practice placements must be appropriate to support the delivery of the programme and the achievement of the learning outcomes.

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

Reason condition not met: Through evidence provided, the education provider has defined the minimum number of 'specific operations' required to be undertaken by each trainee in practice, including breakdown of level of practice required. A

completed audit was also provided, to demonstrate how the audit tool will be used to ensure the appropriate range of practice experience will be provided at a specific site.

The visitors considered this information in relation to the original condition, and have reached the conclusion that the standard is not met as the education provider has not demonstrated that it will have practice-based learning of the quality, number and range required in place for all learners when the programme commences. They have reached this conclusion for the reasons noted below.

Insufficient assurance is gained through placement audits regarding the range of complexity within the 'specific operations' available

In the completed audit the visitors noted that the 'specific operation' numbers were above the minimum threshold required to be undertaken by each learner. However, as there is a range of complexity within each specific operation, from simple to more complex procedures, the visitors note that the audit tool does not identify the levels of complexity available at a specific site. As such, the visitors are not satisfied the audit tool gives the education provider the assurance needed to determine that the necessary range of specific operations of the required complexity is available in all centres. Therefore, they are not assured that trainees will have access to the wide range of experience (at all levels of surgical podiatry practice) required to demonstrate clinical competence.

There is a lack of clarity regarding range of appropriate practice experiences required at each level of the programme

In the conditions response, Table 1 is an 'Example procedure table' which notes the specific operations, and the "minimal range of surgical experience" required at specific levels of practice. Table 2 is a list of descriptors for the levels of practice. From reviewing this information, the visitors are unclear how a number of areas in the levels of practice are intended to function, specifically:

- Requirements for the breakdown of 'specific operations' between Levels 3a & 3b: The visitors noted the minimum number of specific operations within Level 3 were split into sub levels as follows:

- 3a requiring "Experience of and satisfactory completion of the procedure on a cadaver".
- 3b noting that "Trainees are scrubbed-in acting as 1st or 2nd assistant during the operation. The trainee may complete elements of the case according to experience/training. The components undertaken by the trainee are logged using the standardized sheets provided."

The visitors note that this information does not indicate the required split of practice across sub-levels 3a and 3b. This leads the visitors to conclude that the vast majority of practice at this level could be undertaken on a cadaver rather than in a live operating environment. The visitors note that in doing so, a trainee could move from level 3a to level 4, bypassing any experience gained as a 1st or 2nd assistant, as indicated in the requirement for Level 3b. The visitors are not satisfied that such an arrangement ensures that clinical competence is achieved to the level required, before a trainee progresses to the next level of practice.

- • □ Requirements for the breakdown of 'specific operations' between Levels 4 and 5: Similarly to the above, these levels are noted together within Table 1, but have different level descriptors, namely "can do" (level 4) and "can do / can manage complications" (level 5) in Table 2. From this, the visitors note that a trainee could

- complete only level 4 operations, and therefore are not satisfied that such an arrangement ensures that clinical competence is achieved to the level required.
- • □ The statement in relation to Level 3b “acting as 1st or 2nd assistant”: The visitors noted that from this descriptor, it might be that a trainee could undertake all practice at this level as a 2nd assistant. The visitors noted that at this level of practice, they would expect the trainees to act in a more significant capacity in live operations. Again, the visitors are not satisfied that such an arrangement ensures that clinical competence is achieved to the level required.
 - Discrepancy of the definition of ‘principal surgeon’: In table 2, the education provider notes ‘that the trainee acts as a principle surgeon for 90% of the case’. In table 3 (which provides “the minimum information to be recorded for each of the case included in [the candidate’s] surgical log”), they define a principle surgeon as ‘performing more than 50% of the procedure’. Therefore, the visitors are not satisfied with the clarity of the requirements to progress to clinical competence.

Response

We have based the descriptors in the example procedure table upon standard 1.11. The information provided by the placement sites so far has demonstrated these surgical services undertake a wide range of surgery sufficient to give a trainee the range of experience needed to meet threshold level. We have amended Tables 1 & 2 to clarify the issues raised by the visitors and to ensure trainees have the appropriate experience at each level. This demonstrates the continuum in development throughout the trainees surgical training. The visitors’ concerns are unfounded and this standard is met.

We have made amendments to improve the clarity of the form. We have separated levels 3a and 3b and 4 and 5 in Table 1. In Table 2 the trainees will only be able to include operations as 1st assistant at level 3b. The typographical error at level 4 is now amended to 90%.

The placement audit process shows that each placement must be available to provide the minimum number of surgical procedures for the trainee to complete their portfolio for Developing Surgical Practice.

Minimum range of surgical experience

Table 1 below denotes the minimal range of surgical experience required by a candidate prior to submission of their portfolio to cover their surgical experience throughout. The basket of cases included within this table reflects the mainstay of foot surgery undertaken within an NHS department.

Table 1 Example procedure table

SPECIFIC OPERATION	Level of Practice						Total
	1	2	3a	3b	4	5	
Excision of bony prominences	1	5	2	8	3	6	25
Osteotomy	4	15	3	27	12	26	87

Arthrodesis	2	5	2	8	3	5	25
Arthroplasty	3	7	2	12	2	4	30
Digital correction	2	8	2	14	5	9	40
Soft tissue excisions, correction and skin flaps	3	9	2	16	6	12	48
	15	49		93		93	255

Table 2 Level of Practice Codes

Level 1 "KNOWS ABOUT"	Trainee knows about the operation in general terms including its indications, contra-indications, complications etc.
Level 2 "HAS SEEN"	Trainees are present during the whole of the operation and may or may not be scrubbed in to the field.
Level 3a	Experience of and satisfactory completion of the procedure on a cadaver.
Level 3b "CAN DO WITH HELP"	Trainees are scrubbed-in acting as 1 st assistant during the operation. The trainee may complete elements of the case according to experience/training. The components undertaken by the trainee are logged using the standardized sheets provided.
Level 4 "CAN DO"	Trainees act as principal surgeon for more than 90% of the key elements of the case. Guidance is provided by the Tutor as appropriate with some aspects of the surgery being under-taken / checked by the Tutor. 'Key elements' is a term intended to avoid the Trainees input being over-estimated. For example a candidate may complete all of a scarf-Akin apart from the fixation. This would not constitute a level 4 input.
Level 5 "CAN DO" "CAN MANAGE COMPLICATIONS"	The entire case including all the surgery "skin to skin" is conducted by the trainee under the direct supervision of the Tutor. The candidate is able to manage successfully intra-operative complications if they arise.

Table 3 below shows the minimum information to be recorded for each of the cases included in your surgical log of surgical activity.

1.	A summary of surgical activity presenting the type and numbers of procedures performed. The summary will indicate whether the candidate was principle surgeon (i.e. performed more than 90% of the procedure), assistant or observer. This data should be collected using PASCOM or equivalent outcome measures.
2.	A detailed description of new procedures performed for the first time. This section should display reflective practice and detail surgical technique.
3.	Reflective analysis of complications. A minimum requirement will be the review of common or serious complications such as infection, thromboembolism, transfer metatarsalgia, recurrence, complex regional pain syndrome, internal fixation problems and revision surgery.
4.	Copies of assessments to include Tutor's review of the log book.

Minimum data set for surgical log book/portfolio.

Portfolio

The Portfolio comprises the following:

- i. Completed learning agreements for each year which demonstrates that your attendance meets the module practice based learning (600 hours per year). These must be signed off by both your surgical and personal tutors.
- ii. A summary of surgical activity presenting the type and number of procedures performed. The data must be collected using PASCOM or equivalent auditable outcome measure collection.
- iii. A detailed description of new procedures performed and management of complications encountered. This section should display critical reflective practice and detail the surgical technique on the form provided.
- iv. A record of additional courses attended e.g. ILS, IRMER, Conference attendance.

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

Condition: The education provider must demonstrate what thorough and effective system is in place for approving and monitoring all placements.

Reason condition not met: To evidence how this condition is met, the education provider supplied one completed audit, along with an audit schedule which aimed to complete all audits before the programme's intended start date of September 2019.

When previously reviewing evidence provided for this standard, the visitors noted that "that the [audit] processes are sufficient however, they are yet to see evidence that the processes to approve and monitor practice placements have commenced to ensure there are sufficient placements." However, on reviewing the completed audit, the visitors noted that the audit process itself was not being used as they understood it would be from previous evidence and discussions with the provider.

As such, the visitors conclude that this standard is not met for the following reasons: Placement audit tool is insufficient

The visitors note that from reviewing the completed audit that was provided, the audit

has not ensured that the placement meets the requirements of the programme. Therefore, the visitors note that the process to audit placements is not a thorough and effective. Specifically, from the completed audit, the visitors noted:

- ● □ In the completed audit the visitors noted that the 'specific operation' numbers were above the minimum threshold required to be undertaken by each learner. However, as there is a range of complexity within each specific operation, from simple to more complex procedures, the visitors note that the audit tool does not identify the levels of complexity available at a specific site. As such, the visitors are not satisfied the audit tool gives the education provider the assurance needed to determine that the necessary range of specific operations of the required complexity are available in all centres.
- ● □ Whilst the minimum threshold of specific operations to be undertaken by each trainee are noted through the audit, the visitors believe that there is not much room for slippage within a given placement. The visitors considered that, in the case of sickness, or if more simple training cases were not available due to service demands, a trainee would be unable to progress as needed to achieve the level of proficiency required of them. Therefore, the visitors consider that the minimum thresholds for specific operations are not sufficient to ensure each site has the training capacity needed to support effective learning, as is the case for

the specific audit they reviewed. In reaching this conclusion, the visitors note they have not specifically raised these scenarios with the education provider to understand how the minimum thresholds might be managed.

- ● □ The clinical supervisor noted through the completed audit is a registrar. However, from previous discussions with the education provider and reviews of evidence submitted, they expected that trainees would be "supervised by appropriately qualified mentors/ supervisors led by a Consultant Podiatric Surgeon" (as detailed in the programme specification, section 14.5). From the audit, the visitors noted that the education provider has not ensured that a Consultant Podiatric Surgeon is in place to 'lead' a team of supervisors. In doing so, the audit process has not ensured the programme's requirements for the supervision of trainees are met.
- ● □ There is only one supervisor listed, but from previous conversations and reviews of evidence, the visitors understood that there would be a team of supervisors (as noted in the bullet above) to ensure the required range of skills and training in a variety of techniques was available. The visitors also noted that
 - the availability and time spent with other specialities / professions is limited, and there is no specific information about the arrangements and agreements which have been reached in this area.
 - The 'Specialist Area/s of Surgical Practice' listed are limited to diabetes, general elective and 'other high risk'. The visitors are unclear what is meant by 'Other high risk', and consider that these areas should be specified and consistent between different teaching centres.

These findings indicate to the visitors that the audit process does not ensure there is an appropriate range of experience and supervision at the site to support trainees effectively to meet the requirements of the programme.

- ● □ Some wording with the audit tool does not make sense, specifically the requirement under health and safety that "The placement has carried out a risk assessment of the kind activities in the environment that will be faced in the environment". The visitors conclude it would be difficult for the audit tool to be utilised

by programme and placement staff as it is difficult to understand what information is required to be gathered in relation to health and safety.

- ● □ There were missing dates and signatures on the completed audit provided. The visitors note, given the importance of this tool to the quality assurance of practice environments being utilised, that the education provider must ensure the audit is completed fully. The absence of key dates and signatures suggests both the education provider and the placement site have not engaged with the tool as effectively as required to ensure all parties are agreed as to the provision of learning experiences which meet the requirements of the programme.

Response

The placement audit tool has four elements: minimum standards for surgical units, the audit tool, based on HEE Practice Placement Quality Assurance (PPQA) audit criteria, range of surgical procedures and the minimum requirement of rotations. We have provided the visitors with an example preliminary audit for one site but have since completed more of these, shown in the response to B1. We have addressed the visitors concerns below but we must note once again the errors in the visitors' report. The information demonstrates the audit tool is fit for purpose and this standard has been met.

The visitors were provided with an example of the process for audit and not a completed audit as there are no applicants for this course until approval is given. The example was written by a surgical trainee, who has completed parts of the College of Podiatry fellowship programme, who works at this site. This was agreed with the HCPC executive as a reasonable way forward and we are concerned that the previously agreed approach is now deemed unsatisfactory.

The operation schedule is based upon the descriptors in Standard 1.11 and this is the threshold competence the trainee must meet. We acknowledge there are different complexities in operations but the Standards are set at threshold level and the course is designed to ensure successful candidates meet those standards which were developed by a working party with representatives from the College of Podiatry, GMC, RCS, BOA BOFAS and HCPC and prior to national consultation. The example presented clearly meets the wording of the Standard and shows the range of operations required to meet the standard.

We do not understand why the visitors believe that there is not much room for "slippage" within a given placement. The numbers presented for this audit are the yearly numbers for this site. The requirement for trainee operation numbers is over three years. In the case presented the yearly amount is approximately double the minimum requirement for three years. On the preliminary audit data collected, all the sites so far have annual surgery numbers in excess of the minimum requirement for three years. Therefore, the visitors' concerns are unfounded. Our numbers reflect those required on the existing College of Podiatry Fellowship route; they have not caused training issues in the previous 37 years, which was commended by the visitors.

Mr Wilkinson is Consultant Podiatric Surgeon at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust. He is the lead supervisor as detailed in

the programme specification, section 14.5 and he leads a podiatric surgery team. The documentation clearly states that a trainee will work with a main surgical tutor.

The time spent with other specialities/professions is outlined in the rotations in the documentation. The rotations here are mainly provided in the same trust and arrangements have been agreed. The rotations to other podiatric surgeons are within NHS trusts that are expected to already have Health Education England learning development agreements in place. There are a small number of units that will need to be checked. There are no limitations on rotations; they include diabetes, general elective and other high-risk surgery. High-risk is a common term in podiatry and high-risk surgery would be surgery performed on 'patients suffering from a range of long term conditions which reduce an individual's healing potential and increase susceptibility to infection and further complications' (Reference Burrow G. Management of high-risk patients in Frowen, P., & Brewster, V. 2010 *Neale's disorders of the foot* (8th;8; ed.). Edinburgh: Churchill Livingstone pg 243). All the trainees will gain experience of treating this type of patient throughout the course. These trainees are meeting the threshold requirements for a podiatrist practising podiatric surgery, they are not undertaking medical rotations.

The audit is based on the Health Education England practice placement quality audit, this is used nationally to evaluate all placements and is a validated and respected tool.

We outlined at the start of this response the reasoning behind the example presented. Once the course is approved and a trainee applies then there will be full engagement with the ongoing audit cycle.

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

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

Reason condition not met: At the second visit, the visitors were told that trainees would "get an opportunity to suspend the training if it appears that they will not achieve the required hours". In their previous reasoning, the visitors asked the provider to explain "what mechanism [trainees] would be re-introduced to the training at a later stage". From reviewing the second conditions response, the visitors understood that if a trainee missed clinical placements, they would have to defer a year, or would be removed from the programme.

Considering this response, and linking to the outstanding issue relating to placement capacity for B.1, the visitors noted that there would be no scope for practice sites to supervise an extra trainee at short notice, and that there appears to have been no capacity within the system to support a trainee that fails their placement. Therefore, the visitors noted that any deferred trainees would not be able to undertake practice-based learning, with the limited number of placements available, meaning the mechanisms available to trainees to support additional practice learning, as detailed here are impractical.

Therefore, the visitors consider that this standard is not met.

Response

The assessment regulations are clear in the documentation that a trainee must have completed a module's work-based learning hours before being able to sit the module assessment. Attendance for work-based learning is monitored throughout the course. We have given the visitors the student handbook of regulations and discussed this at length at the second visit yet they still make incorrect statements. Trainees have the option to suspend if, for any reason, they cannot complete the work-based learning hours before the assessment. The trainee could also defer the assessment by submitting and being granted extenuating circumstances. This deferment would allow the student to then make up the work-based learning hours and sit the assessment at a later date. The requirement for a placement site to take a trainee at short notice is not required. If a trainee fails their assessment then this will also affect their employment with their NHS trust. The assessment regulations are in place to ensure that trainees have the requisite hours in surgical practice to meet the threshold level and clearly define the requirements for trainee progression and achievement within the programme. We consider this standard is met.

Suspended trainees will have little effect on the placement schedule as the trainee is an employee of the NHS trust that is their placement site. The trainees on this course would be employed by the NHS trust in a surgical trainee post therefore if a trainee falls behind due to, for example, sickness, suspension or lack of academic progression, then this may affect the trainees' individual employment contract with the NHS trust. We would work with the trainee and their employer to enable the trainee to fulfil the required clinical hours. This is outlined in the course documentation. This may affect our schedule for training places but it does not affect this SET as the trainee must complete the required clinical hours before undertaking their assessment. They would undertake these clinical hours with their employer on their return to their employment contract.

E.10 Assessment regulations must clearly specify requirements for the appointment of at least one external examiner who must be appropriately experienced and qualified and, unless other arrangements are agreed, be from a relevant part of the Register.

Condition: The education provider must provide further evidence to demonstrate that the assessment regulations clearly specify requirements for the appointment of at least one external examiner who must be appropriately experienced and qualified and, unless other arrangements are agreed, be from a relevant part of the HCPC Register.

Reason condition not met: In their response to this condition, the education provider noted that the external examiner must "Provide evidence of suitability in surgical practice to evaluate appropriately the candidates against the HCPC standards for podiatrists practising podiatric surgery" (criteria 2).

From the criteria, including the above, the visitors noted that the education provider will not ensure that the person appointed to this role has experience of working on the foot and ankle, and of musculoskeletal surgery. The visitors consider this experience necessary as the foot and the vagaries of bone surgery to the foot is different to all other types of surgery. As such they would expect that the position is filled by an individual with that specialism, to enable them to be able to properly assess and then oversee the assessment processes to ensure they are fit for

purpose. In reaching this conclusion, the visitors note that they have previously stated that the individual appointed to this role should be an “orthopaedic foot and ankle surgeon (who is a member of a foot and ankle subspecialty association) or someone who is an HCPC annotated podiatrist practising podiatric surgery” (section 6). They note, however, that the education provider has not been explicit in its requirements in this area in relation to the professional grouping of the individual to be appointed.

For the Masters programme, the visitors also note that a requirement for the Annotation is included in error specifically that the recruited external examiner will “support the appraisal of existing podiatric surgeons applying for HCPC annotation.” This is inaccurate for the Masters programme.

Therefore, the visitors consider that this standard is not met.

Response

To meet this standard, we have outlined clearly the specific criteria the external examiner must have as well as including the University’s criteria. The criteria are based on providing evidence of practice relating to the standards for a podiatrist practising podiatric surgery; this is sufficient to meet this standard. The visitors reasoning appears to be in excess of the requirements of the standard.

We are disappointed the visitors have not accepted these criteria. The visitors’ insistence on their wording appears to be more than the requirements to meet the SET. It became apparent during the second visit that one of the visitors, Mr Robinson, is acting on behalf of another professional association, the British Orthopaedic Foot and Ankle Society. We believe there could be a conflict of interest, the implication for E.10 is that the visitors may be setting conditions consistent with the views of their members professional association.

The specification for the external examiner covers both courses. The criteria for the appointment of the external examiner are as follows;

The successful applicant must demonstrate the following criteria

1. HCPC annotated podiatrist practising podiatric surgery or equivalent regulated professional qualification.
2. Provide evidence of suitable surgical practice to be able to evaluate appropriately the submissions of existing podiatric surgeons against the HCPC standards for a podiatrist practising podiatric surgery. This may be demonstrated by providing an outline of the present post and/or place of work and the range and scope of experience across the profession.
3. Be able to demonstrate current or recent active involvement in research/scholarly/professional activities in the field of study concerned.
4. Be able to demonstrate previous work assessing /appraising or examining in this field or comparable related experience, to indicate competence in assessing in the Subject Area.
5. Where the successful candidate has limited experience in working in the Higher Education Sector they will be expected to work as part of a team which will include a senior academic podiatrist, who would have the appropriate academic experience to meet the criteria 1.3 below.
6. The successful candidate will be appointed for an initial term of office of up to four years.

We believe that this clearly demonstrates that the external examiner meets the requirements for the SET because it is linked to the HCPC standards for a podiatrist practising podiatric surgery.

The appointment of the external examiner for both the annotation process and Master of Podiatric Surgery must follow the University guidelines for external examiners. If an appropriate candidate cannot be found with the appropriate academic and practice experience then we will refer to guideline 1.3 and we will need more than one external. This team would include one examiner with the appropriate academic experience and one with the appropriate professional/practised-based experience.

1. Criteria for appointment of External Examiners

1.1 An External Examiner's academic/professional qualifications should, in level and subject, be appropriate to the module/course to be examined.

1.2 An External Examiner should have appropriate and current standing, expertise and experience to maintain comparability of standards across the Higher Education sector.

Standing, expertise and breadth of experience may be indicated by:

- the present post and place of work;
- exceptionally, an External Examiner may have retired from full or part-time employment, but must demonstrate continuing relevant involvement in Higher Education or the professions;
- the range and scope of experience across Higher Education/the professions;
- current recent active involvement in research/scholarly/professional activities in the field of study concerned.

1.3 An External Examiner should have enough recent external examining or comparable related experience, at an appropriate level, to indicate competence in assessing students in the Subject Area.

If the proposed External Examiner has no previous external examining experience at the appropriate level, the application should be supported by either:

- other external examining experience;
- extensive internal examining experience;
- other relevant and recent (i.e. normally within the previous three years) experience likely to support the external examiner role.

Proposed External Examiners without experience as Externals **must** join an experienced team of External Examiners, and must not be the sole External Examiner.

1.4 External Examiners will be appointed for an initial term of office of up to four years. Under certain exceptional circumstances, the University Teaching and Learning Committee may sanction a once-only extension of an External Examiner's term of office by one year, up to a maximum term of office of five years. Multiple extensions of an External Examiner's term of office are not permissible.

1.5 The exceptional circumstances in which the University Teaching and Learning Committee may sanction a once-only extension of an External Examiner's term of office by one year will include the following:

- in the event of an unplanned vacancy arising from the loss of an External Examiner who had not reached the end of his or her term of office;
- if the subject is highly specialised, with a known shortage of expertise;
- if there is a specific and pressing operational or academic need. This circumstance should be described in detail on the application form;
- if the course had only run sporadically during the retiring External Examiner's term of office.

1.6 External Examiners should be drawn from a wide variety of institutional/professional contexts and traditions in order that the module/course benefits from wide-ranging external scrutiny.

The following arrangements are not permissible:

- more than one External Examiner from the same institution in the team of External Examiners;
- reciprocal external examining of modules/courses between the University of Huddersfield and any external institution;
- replacement of an External Examiner by an individual from the same institution;
- an External Examiner from an institution which has been the source of examiners for similar subject areas in the preceding five years;
- where there is a single External Examiner for a course, that Examiner must be from an academic, rather than practice-based, context;
- no School should, at any given time, have more than six External Examiners employed by the same institution.

1.7 External Examiners should not be over-extended by their external examining duties.

An External Examiner should not currently hold more than the equivalent of two substantial undergraduate External Examiner appointments.

1.8 There should be an appropriate balance and expertise in the team of External Examiners.

The proposed External Examiner should complement the external examining team in terms of expertise and examining experience.

The range of academic perspectives necessary to the programme should be represented in the external examining team.

If the programme is associated with or may lead to a professional award, at least one practitioner with appropriate experience should be in the team.

The external examining experience in the team as a whole must be sufficient and wide-ranging.

1.9 External Examiners **must** be impartial in judgement and **must not** have previous close involvement with the institution which might compromise objectivity.

Over the previous five years, the proposed External Examiner should not have been:

- a member of staff, governor or student of the University of Huddersfield, or be a near relative of a member of staff of the University in relation to the course;
- an examiner in a cognate course in the institution;
- involved as an External Examiner for the course when it was approved by another validating body.

The proposed External Examiner should not be:

- personally associated with the sponsorship of students;
- required to assess colleagues who are recruited as students to the course;
- in a position to influence significantly the future employment of students on the course;
- likely to be involved with student placements or training in the examiner's organisation.

1.10 External Examiners will be sent an induction pack by Registry which will include the following documents:

- extracts from the Regulations for Awards of the main references to the duties, rights and responsibilities of External Examiners at the University of Huddersfield;

- the University's equal opportunities policy;
- guidance notes and summary of fees paid to external examiners;
- town and campus maps with suggested travel information;
- sample External Examiner's report template and guidance notes;
- External Examiner's fee and expenses claim form;
- change of personal details form;
- contacts sheet;
- forthcoming University Term dates.

In addition, an External Examiner induction morning will be run annually by Registry, to which will be invited all External Examiner's appointed in the previous twelve months, and all those appointed in the twelve months before that who did not attend the previous year's event. Attendance will not be compulsory, but all newly-appointed External Examiners will be encouraged to attend. Schools are responsible for supplying new External Examiners with all information relating to the courses, including programme/module specifications, dates of Course Assessment Boards, contact points within the department and any 'local' induction information which the School deems appropriate.

1.11 An External Examiner's contract may only be terminated prematurely in exceptional circumstances.

Any decision to terminate an appointment prematurely must be referred by the Dean of School to the Pro Vice-Chancellor (Teaching and Learning) in writing giving reasons for the request. The grounds for premature termination will be limited to the following areas:

- failure to submit an annual report without due reason;
- failure to participate in Course Assessment Boards without due reason;
- serious transgression of the University's regulations and policies.

College of Podiatry observations relating to the HCPC approval process for the University of Huddersfield Podiatric surgery training programme and the annotation process for existing podiatric surgeons.

Introduction

The College of Podiatry is the largest professional body for podiatrists in the UK representing approximately 10,000 members across the profession. The College has a long-standing and proud history of providing the only podiatric surgery training programme for all prospective podiatric surgeons in England and has continued to develop this advanced specialism of the profession in its capacity to provide assessment, diagnosis, conservative and surgical management for a wide range of foot problems as autonomous and effective members of the multidisciplinary workforce that manages lower limb problems across a range of sectors. As such it has over 37 years of experience in training generations of podiatric surgeons to a high standard. NHS Scotland in collaboration with Queen Margaret University, Edinburgh (QMU) has developed its own program of training. The former Director of Education of the College attended the planning meetings for this programme at QMU's request to facilitate the development of their proposals informally given our long history of quality training.

In early 2017 the College engaged in conversations with Health Education England (HEE) about progressing this unique part of the workforce through the development of service models that fully reflected the advanced knowledge, skills and behaviours that podiatric surgeons have been demonstrating for the past 37 years and moreover reflecting the needs of service users more fully, especially those with a myriad of complex co-morbidities manifesting in the lower limb. One key element of this strategy was to ensure that the education and training for future podiatrists practicing podiatric surgery was annotated by the HCPC as the regulator ensuring that successful graduates of this route could demonstrate that they meet the standards for podiatric surgery (SPs) as podiatrists practicing podiatric surgery and additionally continue to provide evidence as existing registrants progressing their practice that they meet the standards of conduct, performance and ethics (SCPEs).

In keeping with this objective, the College commissioned The University of Huddersfield (Huddersfield), its sole provider of post graduate level podiatric surgery theory training in England, to develop a national programme that included the additional theoretical and practice-based education and training to satisfy the SPs for podiatrists practicing podiatric surgery. In parallel a retrospective approval process has also been developed to allow practicing podiatric surgeons, who had previously successfully completed the College's surgical training programme (Fellowship route) and have been working for several years (many in excess of 20 years) in substantive posts within the NHS and the private sector without issue or cause to be referred to the HCPC regarding Fitness to Practice. They have consequently demonstrated that they have practiced professionally and that they would also meet the recent SPs for podiatrists practicing podiatric surgery, ensuring that this essential workforce is not disadvantaged from continuing their practice and most importantly that

the patients they care for are not delayed or impeded from receiving high quality cost-effective foot and ankle services.

In responding to the final report of the visitors for the HCPC approval process for the University of Huddersfield Podiatric surgery training programme, and the annotation process for existing podiatric surgeons, the College has divided its response into (a) some general observations regarding the process and (b) its understanding of the impact of non-approval and further delays on service users and the podiatry profession. It should be noted that representatives from the College's Independent Quality Assurance Committee have been closely involved in the approvals process to enable the proposed courses to be approved by the College in line with its standard approach for all podiatry courses at BSc and Masters levels and were present at the original approvals visit and that they were acutely aware of the requirement of the proposals to meet the relevant SETs and SPs.

General observation of the approval process

1. The conduct of the visitors throughout the approval process

The representatives of the College that have been involved in the approval process for this programme have several years of experience of participating in HCPC approvals processes. Their shared observation at this time is that the visitors conduct throughout the process has been disappointing, confusing and caused us to lack confidence that they understand the scope of their roles as visitors and in their application of the regulations regarding the Standards of Education and Training for academic programmes and the SPs for podiatrists practicing podiatric surgery. Generally we are concerned that the level of scrutiny the visitors have applied is not equitable to other equally high profile training programmes such as those for non-medical independent prescribing and the podiatric surgery training course at QMU and that their consistent request for further varieties of evidence continuously changes the threshold for satisfactorily meeting the requisite standards, i.e. this programme is being held to a higher standard than equivalent programmes when the risk to the public as a consequence of unsafe practice are equal amongst said programmes.

The College has shared in confidence, both at the beginning of the process and following the first visit, its concerns regarding the visitor's ability to provide a neutral viewpoint where visitors have had disputes with either the College or the Podiatry profession over recent years. Indeed the visitor representing the British Orthopaedic Foot and Ankle Society, which in itself has a firm view that podiatrists should only be practicing surgical procedures of the foot and ankle within a framework of orthopaedic governance, has twice been observed making offers to the course team in conflict with his role as an independent assessor of the programme and has been corrected by the HCPC executive present at the time.

2. The changeover of HCPC executives

The College was very pleased to see that the HCPC executive originally assigned to manage this approval process had experience of working on past podiatry approvals and had an understanding of the application of the standards across the various programmes put forward by providers of undergraduate and postgraduate podiatry education over the past few years and therefore had the ability to contextualize the discrepancies that the visitors were highlighting and was able to offer them guidance on how the HCPC would interpret their positions in light of that experience. Unfortunately, this key member of the approvals team, who had built up an understanding of the proposed programme and had been in attendance at all the meetings where clarification had been offered and accepted by the visitors at the time left the HCPC. We note that the replacement representative, through no fault of their own, did not appear to have the same level of understanding of what had been agreed before, having not been party to either of the two approval visits. Whilst we remain grateful to the HCPC executive, we have concerns that an effective line of communication throughout this process has not been maintained. The College feels that this variation in personnel has put a new interpretation of the proceedings between representatives and additionally the difference in relationship between the visitors and the executive may have led to some of the misunderstandings present in the visitors' reports. The College would be interested to see the hand-over activity and documentation including the detailed notes of the executive at the visit that supported the replacement representative in taking on this approval visit at such a critical time in the process. Issues raised at the visits and addressed in meetings apparently to the satisfaction of the visitors have subsequently been raised again to the new executive and consequently have reappeared as new conditions as detailed below.

3. Delays in the process affecting the podiatry workforce

The College and the University of Huddersfield appreciate the HCPC's flexibility in supporting responses within an extended timeframe given the delays in proceeding that were generated by the HCPC in providing requisite reports to The University of Huddersfield. The College is mindful that Huddersfield have accepted extensions throughout the process but feel these extensions have only been necessary to enable them to reply to the convoluted and changeable nature of the conditions they were presented with. Unfortunately, this has impacted negatively on employers who may have been holding surgical training posts open and potential applicants to the pre-existing route through podiatric surgery training run by the College who have held off from committing to a training route where there was potential to go through an annotated training route within the next 18 months/ two years. Initially the CoP route was closed on the instruction of the HCPC who insisted that the course must be closed prior to the commencement of approvals process. We were comfortable that following the process we should collectively arrive at a decision in a timeframe that does not disadvantage future trainees or impact negatively on our relationship with employers who have been so supportive of the training programme. We were later informed by senior officers of the HCPC that the requirement to close the existing course should not have been made. This has created a potential issue for commissioners to reconsider their approach to commissioning NHS foot and ankle surgery pathways in some parts of the country and to tutors and training centers, to the detriment of the profession where some commissioners may see the lack of a regulated training route as part of their decision-making process.

4. The re-introduction of conditions previously met

The final visitors report identified a condition against B.10, however the University of Huddersfield were led to believe in the previous approvals visits and paperwork that they had met this SET. Where examples of practice like this are present, they do encourage a loss of confidence from the College that due process has not been followed effectively by the HCPC visiting panel in the execution of all of the functions of the process. This further underlines the College's concerns that either the visitors had forgotten that they had previously been satisfied that this standard had been met, or that the executive were unaware of this position from the previous visit, or that The University of Huddersfield were previously led to believe that this condition had been met, all of which is demonstration of poor practice regarding this process.

5. Questioning during the approval visit

The College was present for both of the approval visits. At the first visit through representatives of our independent quality assurance panel who have extensive experience of HCPC visits. They were present with a view to accredit the courses on behalf of the College, and a separate group of representatives from the College's Faculty of Podiatric Surgery to answer questions related to placement provision. During the second visit representatives from the Faculty were further questioned by the HCPC. We were interested in the style of questioning that was offered by the HCPC panel across both of the visits. No one from the College's point of view has experienced the level of hostility that they were subjected to at any previous HCPC led events, with visitors disagreeing with points that the College representatives were making and the HCPC executive needing to interject at different points across proceedings to clarify to the visitors the visitors role in assessing the programme based on the evidence provided rather than their own perception of the programme or the professions role. It is worth noting that following the first visit the College independent quality assurance panel, who did approve the programme, were also concerned about the nature of the questions the visitors were asking and their unwillingness to accept what appeared to be rational and appropriate responses by simply stating it was unclear without justification. Furthermore, the College remains disappointed that the opportunities for the visitors to clarify their understanding across the conditions that they have proposed were not taken despite The University of Huddersfield's keenness to ensure they had discussed every element in detail. Huddersfield had made detailed preparations for the visitors including visits to placement centers as requested by the visitors prior to the event which they then identified as being unnecessary and that that they did not need to see or stating that they were satisfied that they had seen enough, only for them to determine conditions against these aspects suggesting there was a lack of clarity on The University of Huddersfield's part. Once again, the College is very concerned that this demonstrates an inconsistent approach to the approvals process by the HCPC visiting panel and an unwillingness of the panel to triangulate data from available sources prior to setting conditions. This is particularly pertinent in respect to the SETs relating to placement learning which seem to have been a particular issue for the visitors, yet they refused to visit sites as planned.

6. Concerns regarding the sensitive nature of documentation relating to the programme

Across the two approval visits the College has provided the HCPC panel with various pieces of sensitive information including those relating to workforce planning, structure and function of the different training locations and surgical activity being generated in different regions across England and Wales. In our experiences of other approvals visits the HCPC has never asked for such detailed information, especially in regard to specific placement sites nor has the HCPC asked for all placement sites to be audited prior to approval especially when considering new courses. Indeed, members of the College, who hold approval visitor roles, have been reliably told at visits that the HCPC does not ask for detailed information of placement sites and never requires data lists such as Huddersfield were required to supply, and that such requests at visits were inappropriate. Much of this confidential data supplied has not been agreed to be shared outside of the approvals process as it could afford advantages in a competitive market to those working as a foot and ankle surgeon in the independent sector or those representing rival views within the foot health workforce. The College continues to work in co-operation with medical colleagues but has been very uncomfortable throughout the process in supplying a representative of the British Orthopaedic Foot and Ankle Society with sensitive information regarding the podiatric surgery workforce. BOFAS will only agree to training undertaken within “an orthopaedic governance framework”. We note that members of the committee from BOFAS responsible for this policy are HCPC visitors and that as such this represents a clear conflict of interest which the HCPC seems to have been happy to accept at the time of visitor appointment for the Huddersfield event. Our understanding is that the HCPC recognise that all training courses are different in design and may take various routes to completion but all of which result in successful candidates meeting the required SPs. Clearly this is at loggerheads with BOFAS policy and reflects imposition of many of the set conditions.

7. Reinstatement of the CoP training programme

As previously mentioned, the College was advised at the beginning of this approval process that we would need to demonstrate in writing that the College’s surgical training programme had been closed down to ensure that there was no possibility of individuals qualifying through a non-approved route where an approved route also existed. This would also support all stakeholders in managing the transition across to the HCPC approved programme at The University of Huddersfield.

In agreeing to close this route of training the College undertook a significant workload to manage the expectations of its prospective surgical trainees, surgical tutors and service managers. All of whom had made significant adjustments to prepare themselves to no longer accept this route of training within their organisations. Whilst awaiting the outcome of the approval process several surgical trainees have delayed career decisions that have impacted negatively on their financial, emotional and physical wellbeing and they are now frustrated with the process and the lack of progress being made. The College has concerns that non-approval at this stage may lead to concerns from employers about the lack of an annotated training route irrespective of its huge potential and surgical tutors are becoming highly frustrated that the delay will create gaps in their provision of training that will lead to future gaps in the workforce that will mean the profession is seen as ill-equipped to deal with the service need despite having repeatedly demonstrated the ability to do so. We note with interest that the HCPC did not impose closure on the training course in Scotland prior to the QMU events and indeed retrospectively approved the QMU course to support its 1 existing trainee at the time.

We are content with the recent advice from the HCPC to re-open the training programme to allay some of this frustration, but it also creates a concern within the College that this will create further confusion about the future of podiatric surgery training in England. There has been a leap of faith underpinning this process that the College felt it was taking alongside the HCPC and HEE where the rationale for this advanced level of the workforce was strongly identified and supported by all parties and the need for annotation was clear. The College can only conclude that the podiatry profession in England and Wales have been treated inequitably compared to colleagues in other disciplines and in other parts of the country which in turn has caused a level of concern that in engaging in this process we may have committed the profession to significant damage based on the HCPC's guidance and guarantees regarding the objectivity and equity of its process of approval

8. Fair and equitable application of the standards

In their capacity as observers the College have noted that it appears that the visiting panel applied a much harder line with regards to the interpretation of the SCPEs than the universities and the College's experience of the level of detail required on other programmes including non-medical independent prescribing and podiatric surgery training available at Huddersfield and other universities. A good example of this revolves around conditions concerning the integration of the SCPEs. These standards apply to all approved HCPC courses. Generally they are met in documentation by demonstrating that these are discussed with students during the course and is usually a small paragraph in the documentation. It appears that Huddersfield have been asked for a more detailed rationale when these standards apply to all registrants and all registrants confirm at registration renewal that they continue to comply with the standards. The visitor's request thus suggests that this is not the case and that existing registrants joining the proposed courses do not already practice in accordance with the Standards. This brings into question the validity of the HCPC registration renewals system and suggests that the HCPC should ask for evidence of compliance with standards at renewal not simply tick a box to confirm compliance. We would further conclude that, with regards to the proposed annotated route, a greater number of podiatrists and podiatric surgeons would have been reported to the HCPC for Fitness To Practice hearings should the visitors findings be correct, and this is not the case in our experience.

9. Approval of courses with perceived clinical risk: Podiatric surgery in context

Whilst there may be a view that podiatric surgery may have an increased level of risk within its practice, the College would argue that it is no higher risk than non-medical independent prescribing where prescribing errors can result in serious complications and death within minutes. Additionally, many podiatrists already receive annotations for prescription-only medicines administration and supply where there are risks attached through administration or prescribing errors, such as in the administration of local anaesthetics and penicillin based antibiotics that hundreds of podiatrists undertake safely and effectively on a daily basis. Furthermore, we would direct the ETC to other parts of the HCPC register there are professions that undertake practices that hold significant potential for risk to service users when not undertaken appropriately such as paramedics, operating department practitioners and therapeutic radiographers. Our understanding is that these professions like our own have well-structured education programmes that lead to registration, all of which have come under fair and equitable scrutiny of the HCPC. The College believes that there is equitable risk attached to podiatric surgery practice as there is in a number of other fields that come under the purview of the HCPC and we would ask that this context is taken into consideration in reviewing the recommendations of the visitors.

Consequences of non-approval

It is the College's belief that it is right to consider the impact of non-approval. In considering the implications of non-approval of this programme there is a need to assess the impact on service users and the status of the profession, alongside the HCPC and HEE.

a). The College's understanding of the current commissioning environment is that continued targeting of podiatric surgery services across England by colleagues within the foot health sector with the intention of reducing caseloads and diminishing impact has been encouraged by the delays in this process. The HCPC must be aware of the competitive environment that now exists within healthcare commissioning, with all groups looking for opportunities to consolidate their position as the go-to-group to provide healthcare services. The types of questions being raised by the visitors targeted this aspect and the delays to this approval process continue to erode the podiatric surgery workforce reputation as long as these delays are allowed to continue.

b). The College has an excellent working relationship with all of the NHS trusts in England and Wales. Through the responses we have received from each trust we have an agreed long-term commitment to embed and develop podiatric surgery across England. However, without a regulated route through the education and training programme employers have been clear that they can only retain training posts for so long. This level of support has taken many years to nurture and the prolongation of this process is undermining this relationship with employers in support of the training programme.

c). Full re-instatement of College's podiatric surgery training programme following our agreement with the HCPC's instruction to close the programme would be costly and frustrating to all of the stakeholders involved. There are significant additional resources that would need to be allocated at a time when the whole profession is struggling to manage complex workforce issues relating to recruitment and retention. We are concerned for the welfare of our potential surgical trainees and our existing trainees and podiatric surgeons and those providing clinical leadership, all of whom have managed this transition period effectively and positively to this point. There may be a loss of faith in the College to support the needs of the podiatry workforce, which could lead to a significant efflux of talented healthcare professions out of the workforce at a critical time.

d). In addition, any potential reductions in recruitment and retention of the professional workforce would create a number of challenges for the College and for HEE. Firstly, the profession has been identified as one of the small, specialist vulnerable professions by HEE and increased resources and support are being distributed into recruitment strategies to encourage greater numbers into the profession. A career in podiatric surgery is amongst the most commonly cited reasons for people entering onto the undergraduate programme. There is the possibility, therefore, that if this programme is not approved at this stage and a stable route of training is in place potential applicants may be dissuaded from applying to study podiatry at undergraduate level reducing the number of students in general and in particular those who could participate in surgical training in the future. Secondly, this goes against the ethos of HEE's national agenda documented in the NHS long-term plan and the Office for Students policy on supporting vulnerable healthcare programmes at this critical time. Both of these policies identify the hugely valuable contribution that podiatrists

including those that practice podiatric surgery make in addressing the national drivers. There is a risk that without this programme the real value to service users of Multidisciplinary diabetes and high-risk teams and podiatric surgery's significant impact on patients with vascular disease and long-term conditions would not be realised and the potency of other initiatives such as First Point of Contact roles, which podiatric surgeons are exceptionally well-placed to deliver on, would be reduced.

e). As a programme with approval already exists the HCPC will be under further pressure to open the register to enable the graduate of the QMU programme to rightfully receive annotation. If the HCPC opens this register without an approved route in England and Wales many podiatric surgeons would lose access to practice overnight and the services that they contribute to would be forced to reduce or shut down. This would create inequalities across the four nations of the UK

Conclusion

In submitting these observations the College of Podiatry has concluded that that the visitors on the HCPC approvals panel for this approvals process have interpreted the standards for podiatrists practicing podiatric surgery with a level of finality that has left the programme with significant unachievable hurdles to overcome and this is not in keeping with conventional approaches to approval of HCPC programmes of equal risk to the public in the recent past. The College appreciates that this is the ultimate assessment that the HCPC must undertake of the Huddersfield programme but is clear that none of the conditions identified pose significant risks to the public or to the potential workforce engaged in training as podiatrists practicing podiatric surgery in the future. Indeed the College is keen to ensure that the Huddersfield programme is robustly assessed from a position of neutrality and consideration of the impact of the various shortcomings of the programme are progressed with collaboration for the benefit of service users as has been the approach taken to non-medical independent prescribing and other areas of advanced clinical practice amongst other regulators of healthcare. The College has significant concerns that this is not what has happened in this case and is appealing to the ETC to revise the decision of the visitors in light of the context that we are providing.

Yours sincerely,



Prof. Paul Chadwick FCPM
Clinical Director, Clinical Leadership & Education

Direct Line: 020 7234 8628
Email: paul.chadwick@cop.org.uk

Education and Quality
HEE Wessex
Southern House
Otterbourne
Winchester
Hants
SO21 2RU



23 January 2019

To whom it may concern,

Re: Podiatry HCPC Annotation to support podiatrists undertaking surgery

Podiatry is named as one of the four vulnerable small specialist professions by the Office for Students. Health Education England (HEE) is working in partnership with the College of Podiatry to review the existing podiatry workforce and commission essential work to ensure ongoing education and training programmes that produce the highly skilled and capable podiatrists of the future.

The recent publication of the NHS Long-term plan highlights the vital nature of well organised, safe and effective continuing development of advanced practice roles, alongside the important role that podiatrists and those podiatrists who undertake surgery, will play in this e.g. access to multi-professional foot clinics for the growing numbers of diabetic patients. The surgical skills of podiatrists are a vital component of this workforce.

In my meeting last year with Jacqueline Ladds I described the work HEE is undertaking regards accrediting Advanced Practice, the developing understanding of what 'credentialing' may offer workforce flexibility and the nature of advancing roles in current healthcare. Wendy Reid, Medical Director, will be discussing this directly with all of the regulators in the next few months as we continue to work together to ensure safe and effective processes.

Podiatrists undertaking surgery is a vital part of HEE's workforce development primarily due to the significant increasing need for the surgical skills of podiatrists within vascular and diabetic foot services, preventing unnecessary limb loss, alongside the support offered within orthopaedic teams. The role of the annotation in this regard remains as important as when this work started.

HEE is developing its advanced practice offer to the NHS and the advent of the apprenticeship route to advanced practice has opened opportunity for new routes to train. The advanced level education and training route for podiatrists practicing surgery is part of this offer, only programme/s leading to annotation will be supported by HEE. The systems appetite for extended skills within the Allied Health Professions, as advanced and consultant roles, is developing at pace.

Developing people
for health and
healthcare

www.hee.nhs.uk
hee.enquiries@nhs.net
@NHS_HealthEdEng

We recognise that successful education and training systems requires collaborative working between service and academia to enable the clinician to develop both their practical and theoretical skills, ensuring that they meet the requirements of annotation. HEE has funded a significant piece of collaborative work with the College of Podiatry and Huddersfield University. This work supports the annotation for both existing and future workforce, through developing high-quality education and training from the higher education sector that links across the NHS to relevant and meaningful practice-based learning through the existing training posts and the highly valuable contribution to education and training that consultant podiatrists undertaking surgery and the wider team offer as part of established learning development agreements. Alongside this HEE will be supporting advanced practice programmes to maximise learning environment support, including clinical and educational supervision.

In summary, this work is valued by the system, is integral to meet fast increasing current and future population needs and is a key part of the advanced level education and training offer available to the system through a variety of funding routes. The annotation is a very important part of this work, HEE has worked hard to support this work and will continue to support the development of the advanced skills of podiatry.

Yours faithfully



Beverley Harden
National Allied Health Professions Lead
Health Education England