

ULSTER UNIVERSITY

REPORT OF A MEETING OF THE REVALIDATION OF UNIT 28L: ADVANCING PRACTICE/PRESCRIBING/LOWER LIMB

26 February 2019

PRESENT:

Professor Ruth Fee, Associate Dean (Education), Faculty of Arts, Humanities and Social Sciences, Ulster University (Chair)

Ms Carol Reid, Lecturer, Ulster University Business School

Mr Keith McCormick, Lecturer, Faculty of Health Sciences, University of Southampton

Dr Lesley Collier, Reader Occupational Therapy, Programme Lead MSc (pre-registration) Occupational Therapy, Brunel University

Mr James Pickard, Registered Podiatrist and Consultant Podiatrist, Mid Yorkshire Hospitals Trust Pontefract General Infirmary

Mr James Graham, Faculty Representative, Faculty of Computing, Engineering and the Built Environment, Ulster University Students' Union

IN ATTENDANCE: Ms Debbie Troy, Academic Policy and Standards Officer, Academic Office, Ulster University

1. BACKGROUND/INTRODUCTION

The Panel was convened to consider the following provision within the revalidation unit:

- PgCert Medicines Management (with named pathways in 'Independent and Supplementary Prescribing' and 'Supplementary Prescribing')
- PgCert/PgDip/MSc in Advancing Practice in AHP Specialism (Clinical Physiology, Computed Tomography, Diagnostic Radiography, Magnetic Resonance Imaging, Medical Ultrasound, Neuromusculoskeletal Physiotherapy, Physiotherapy, Occupational Therapy, Podiatry, Radiotherapy and Oncology, Speech and Language Therapy)
- PgCert/PgDip/MSc Lower Limb Preservation in Diabetes
- PgCert/PgDip/MSc Sensory Integration
- MSc Professional Development in Occupational Therapy
- MSc Professional Development in Physiotherapy

PgCert/PgDip/MSc in Advancing Practice in AHP Specialism

The University of Ulster is the sole regional provider of pre-registration education for the following professions – Clinical Psychology (Cardiac, Respiratory, Sleep), Diagnostic Radiography and Imaging, Occupational Therapy, Physiotherapy, Podiatry, Radiotherapy and Oncology, Speech and Language Therapy. It is also the leading provider of postgraduate, post-registration AHP education.

The course is offered on a part-time basis by the School of Health Sciences. It is designed for the student to have a clear progression route, with curriculum coherence, to a named award with exit points at all stages. It offers Allied Health Professionals (AHPs) the opportunity of Continuous Professional Development (CPD) either as a credit bearing module (short course) or under an award title of PgCert/PgDip/MSc Advancing Practice in their professional speciality.

### PgCert/PgDip/MSc Sensory Integration

The PgCert/PgDip/MSc Sensory Integration programme initially came about as a result of the School successfully tendering to be the HEI partners with the Sensory Integration Network UK and Ireland for the delivery of high quality education in Ayres' Sensory Integration (SI) Therapy. The 'home' of Ayres' Sensory Integration in the world is the University of Southern California. Through Sensory Integration Network UK and Ireland, Ulster is leading the international collaboration of SI education specialists.

The programme aims to provide occupational therapists, physiotherapists and speech and language therapists with a career pathway to certifications as an Advanced Practitioner of Sensory Integration. As with the AHP programme, the PgCert/PgDip/MSc Sensory Integration offers AHPs the opportunity of CPD either as a credit bearing module (short course) or under an award title of PgCert/PgDip/MSc Sensory Integration for those in the above-named professions. There are no specific standards aligned directly to this course but the International Coalition for Education in Sensory Integration (ICE-SI) provides a benchmark which this course meets.

The Panel met with the senior team to discuss how the programme fitted into the Faculty's overall strategy and its alignment with the University's vision and to discuss matters including rationale, demand, teaching and learning strategy, staffing and other resource matters. The Panel also held detailed discussions with the Subject Teams.

## 2. DOCUMENTATION

The Panel received the following documentation:

1. Course submission;
2. Agenda and programme of the meeting;
3. Guidelines for Revalidation Panels;
4. QAA benchmark statement for Master's degree characteristics (March 2010);
5. IT and Library reports;
6. External Examiner reports;
7. Preliminary comments from Panel members.

## 3. MEETING WITH SENIOR MANAGEMENT TEAM AND CHAIR OF COURSE PLANNING COMMITTEE

### 3.1 Campus relocation

The Panel enquired if there was any update on the proposed move of the School of Health Sciences to another campus but was advised that the final decision by the University had not yet been reached. They provided some background, advising the Panel that the original plan to move to the Coleraine campus had been halted. The University was now currently undertaking a review of all Faculties and locations. The senior team stated that they had been informed that any move would be effective from academic year 2020/2021. They provided reassurance around the planning and logistics of a move as much of this had

already been done for the original proposal to move to the Coleraine campus. All course literature and marketing material communicated a move of campus to prospective and current students. In terms of resource, relocation costs had also been accounted for in tenders, for example, for recently installed x-ray equipment. All tenders for equipment included a built-in relocation cost. It was noted that the University had always been a multi-campus institution and excellent video conferencing and other facilities were in place to facilitate cross-campus communication.

The Panel enquired how a move would affect those working in the Belfast area and was advised that it was always the intention to retain some postgraduate provision at the Belfast campus for students working in the area, however, those requiring access to specialist equipment would have to travel to the campus on which the School would be based.

### 3.2 Course intakes

The Panel enquired in relation to the sustainability of the programmes as the figures provided in the document were historical rather than for the next five years, and were not broken down by award. The significant number of modules offered was also noted for the Advancing Practice pathways and this would be a challenge in terms of resourcing.

The senior team advised that many of the School's postgraduate modules were commissioned by the Health and Social Care Trusts and this process defined what modules would run each year. The Department of Health worked with practice leads in each Trust and the University was informed annually which modules would be offered for each of the professionals. It was essentially the professions that drove the module offerings. The School was in continual discussion with the Department of Health in relation to the selection of modules and that single modules could often not be offered without another, as both could be requirements for a particular pathway. The School would welcome a three-year rolling programme and was working towards this with the Department and the professions.

### 3.3 Quality Assurance

In relation to the quality assurance of staff resources and given that a wide range of staff including part-time, recognised teachers and e-mentors were utilised, the senior team advised that the School held a part-time register of staff from which it could draw as required. A rigorous appointment process was adhered to for the appointment of all part-time staff and they would be supported and guided by the relevant module co-ordinator. The School also utilised a broad range of experts in specialist fields to delivery certain aspects which also greatly enriched and enhanced the curriculum. It was also noted that all appointments as recognised teachers were approved through the relevant University committees. The Panel enquired as to recognised teacher status (RTS) for designated medical practitioners (DMPs) and was advised that RTS depended on whether or not the individual was involved in formal assessment of students.

When asked about how students undertaking the many different pathways were tracked, the Panel was advised that this role was undertaken by each course director. In the case of the Advancing Practice, each student would be contacted at the start of the programme to identify what their exit point would be and to ensure that they were registered for the correct modules and the correct pathway. It was also not uncommon for some students to exit the Advancing Practice course without a named sub-pathway in a particular field. The new additional administrative and clerical support within the School would greatly assist a centralised process of tracking students and their pathways going forward.

The Panel enquired how the courses were being mapped to the four pillars of advanced clinical practice and was advised that the role of Advanced Clinical Practitioner was not as

prevalent in Northern Ireland as in other parts of the UK. A steering group, however, was working to take this forward and as it evolved the provision would fully map to and align with the framework.

### 3.4 Conversion to Master's

The Panel stated that the conversion rate from Postgraduate Diploma to Master's appeared to be low and was advised that any student who wished to progress to Master's was able to do so, however, many only wanted to complete the Postgraduate Certificate which they needed for progression. Some, however, would return to undertake the PgD or Master's within the maximum timeframe for currency.

The senior team advised that the Department of Health funded places on a module and this created a lack of willingness for students to self-fund. The School strongly and actively encouraged undergraduate students to consider postgraduate study as an investment in their CPD and future career.

## 4. MEETING WITH STUDENTS

Prior to the meeting the Panel had received written statements from four students currently studying online. They then met with a group of four students employed in different Trusts and at different stages of postgraduate study on online and campus-based modules.

The following was noted both from the written comments and discussions:

- The level of interaction and means through which students, staff and others could engage could be improved. Email communications on events/activities were generally only relevant for campus-based students.
- There were no issues reported in relation to interaction with and support from staff.
- There were differing views towards the number and nature of assessments – this related to modules where there was currently one large piece of work rather than multiple smaller pieces of coursework. Those present preferred the current process and the fact with work demands, they were able to focus on one large assignment. If this was broken down into multiple assessments, it would be a challenge with a demanding work schedule.
- Students confirmed that they undertook reflective work in some modules and which they were required to pass.
- All students confirmed that when they first registered on their programme that they were guided University staff and their own clinical lead as to what modules they needed to undertake for their own particular profession.
- Typical class sizes for campus-based modules were in the range of 20 – 25 students. Online students were not aware of cohort sizes.
- Cohorts comprised mostly commissioned places with a small number of self-funders.
- Students had no issues in relation to the level of support provided by lecturers or in relation to the access to resources on BlackBoard Learn which included narrated PowerPoint lectures, however, some comments noted that additional interactive lectures would be welcomed.
- Course Directors were very responsive to students' issues through email, Skype, for example, and this fitted in well around work schedules.
- Module handbooks provided all information required for each module and module evaluations provided a means to provide feedback at the end of each module.
- Block teaching was used to deliver all campus-based content.
- The students were not aware of there being any course representatives in place for their courses.
- There were no issues in relation to timetabling or resources.

- The students confirmed that there were no formal placements within the programmes.

Each had enjoyed and very positive student experience and this was summed up as follows:

- All students noted that the courses were well set up and the flexibility of online study in particular had been a real attraction of the programmes.
- The courses had provided the clinical skills needed for advancement in their career and it had been an excellent experience overall.
- The ability to get theoretical grounding as well as networking opportunities with other students from other Trusts were real positives.
- Undertaking postgraduate study had made them better clinicians and more critical thinkers.

The Panel thanked the students for taking the time out of their busy working schedule to attend and wished them all well in their studies and career.

## 5. MEETING WITH COURSE TEAM

### 5.1 Engagement with stakeholders

The Panel enquired as to what engagement with stakeholders had taken place during preparation for revalidation. The course team advised that the process had commenced with the meetings with the Department of Health, professional leads and allied health leads in the Health and Social Care Trusts to identify what was working well and what areas required enhancement or change. Feedback was taken on board from current students, recent graduates and others from the Sensory Integration network. For some of the pathways, professional groups were also consulted. All engagement helped to inform and develop the revised curriculum. The students were the constant in the process and they were the ones to influence managers and provide feedback as to how to make improvements going forward. It was a constant, iterative process.

### 5.2 Curriculum Design Principles

When asked how the curriculum design principles had been considered during the redesign, the course team advised that the School's undergraduate provision had been revalidated the previous year and they had used a similar approach for postgraduate. Each module co-ordinator undertook to review their own modules in line with the principles and the reduction in learning outcomes had driven how the modules would be assessed. The draft Ulster Learning and Teaching Strategy had been fully embedded in the provision. The team was mindful that due to the student profile for these courses, the programmes needed to be flexible for those in full-time employment and this was facilitated through online delivery and block teaching.

### 5.3 Learning, teaching and assessment

In relation to learning, teaching and assessment, no examinations were present and all assessment was coursework based but that practice elements provided a much deeper learning experience. The course team advised the Panel that it may appear that assessment was loaded towards the end of all modules, however, this was not the case and the flexibility of modules allowed them to be delivered over all semesters and this worked well.

All modules were supported by pre-reading material to allow students to prepare in advance. Online discussion boards and other interactive mechanisms were in place for students to interact and engage. The module co-ordinator would also be involved in online activities with students.

The course team explained the rationale for the significant amount of non-credit weighted assessments. For example, in module PHM801 this comprised a pass/fail exam which must be passed at 80% because of the nature of the subject being pharmacy.

The course team confirmed that each student would encounter at least one reflective piece in their course and students were aware of this expectation. Reflection was also an HCPC requirement for CPD.

The course team assured the Panel that all steps were taken to safeguard against plagiarism and cheating, in particular in online courses. Turnitin was utilised as well as a synchronous tool on BlackBoard Collaborate as a checking mechanism. Furthermore, students were professionals and had professional standards to which to adhere so any contravention would be at a high cost in terms of their career and fitness to practice.

A range of assessment methods were used in the programmes. Students had predominantly progressed from the undergraduate courses and they had also experienced a range of assessments at that level. At postgraduate level, assessment covered application to clinical practice and a deeper learning and understanding.

The Panel was of the view that the overall assessment strategy for the programmes had not been clearly articulated in the documentation.

#### 5.4 Research and scholarship informed learning and teaching

The course team explained to the Panel how their own research expertise fed into and informed their own teaching and provided examples of how this was embedded. Individual expertise and informed the design of assessments and occurred naturally across all programmes. Furthermore, the School's research was already seen as world class. Each was also involved in research and professional CPD. In addition, external specialists locally, nationally and internationally were also utilised to deliver particular elements of the curriculum and this expertise and currency provided an enriched student experience.

Students were also encouraged to look outwardly and work collaboratively and entrepreneurially. The School was constantly reaching outward in terms of student and staff mobility.

#### 5.5 Online Delivery

The Panel asked how the challenges of online delivery were managed, in particular in relation to international students and working across different time zones. The course team advised that support and advice was obviously not done synchronously. All staff were very committed to all delivery modes. The e-mentors on the Sensory Integration programmes, who were recruited by the SI Network, worked very flexibly to accommodate student needs at different times. Worldwide opportunities were very much part of the School ethos and this was also fully supported by management.

The School was currently working to move towards mapping online collaboration times with international experts, with offers for the latter already being in place.

The Panel advised the course team of some of the comments made by students in relation

to online delivery and learning including the level of interaction and provision of feedback on their course. Students had not been aware of any course representatives. The course team explained that the number of course representatives varied year on year in these courses and sometimes there may be a year when no students would come forward. This was due to student profile and most being in full-time employment. It was a matter of which they were aware but that it was a challenge. Students did, however, have a range of means through which they could raise matters and engage with staff, including the Staff Student Consultative Committees and module evaluations - a summary of the latter was communicated to the whole team. The reflective pieces in modules also provided additional and useful qualitative feedback. All student feedback would inform module review.

### Course Specific discussions

#### 5.6 PgCert/PgDip/MSc Sensory Integration

The Panel acknowledged that Ulster University was leading the way in this area and welcomed the flexible online delivery. Other ways to further enhance the programme were suggested including links with Advanced Clinical Practice. The Panel enquired how the team envisaged that this course would align in this regard. The course team demonstrated by way of example how the course already aligned to the framework and advised that they were now looking at ways of supporting students through the Master's and were planning the final piece around the four pillars of the framework.

The Panel enquired if public and patient involvement (PPI) was built-in and was advised that a role had been put in place to capture video footage and it was the intention to build up a bank which could be utilised by students on the course. The voice of the person was also a key theme and was threaded through assessment which was very much person and case study based.

#### 5.7 PgCert/PgDip/MSc Lower Limb Preservation

The course team confirmed that the four modules listed as new in the document were already being delivered. The Panel enquired as to the staff resource and the fact that the same member of staff was listed as module co-ordinator on a number of modules and no staff were listed. The course team explained why this appeared so in the document but that in practice teaching staff depended on what modules were commissioned and they would be resourced as required.

The Panel sought clarification as to the number of students undertaking each module and was advised that commissioned places were in the region of 18 - 20. There had been significant investment in Northern Ireland in diabetes care and a Band 7 working in the field now required a Level 7 module to meet the role requirements. The Panel welcomed how modules were being aligned to practice, demonstrated by the student who obtained an ICATS post due to the postgraduate study undertaken at Ulster.

The Panel queried the vascular placement referred to in written student comments and this was clarified by the team in that it was not a formal work placement but an opportunity for a student gain experience working with particular experts – there were a number of experts in different fields locally, nationally and internationally, with whom the team had links and could draw on for the programme. The international aspect of the programme was always intended, however, it was not feasible to include a formal placement for international online students.

There did not appear to be any formatively assessed reflection in any of the modules and the team undertook to review the modules in this regard. It was also the view that blended learning and online learning could be better explained.

The Panel sought clarification on two modules – POD811 and POD812 as there were issues with the learning outcomes and content. Following discussion, it was agreed that the team would liaise with the relevant panel member to review both modules.

## 5.8 PgCert Medicines Management

The Panel raised the issue of staff resources across all provision and given that the same staff were responsible for delivery of the undergraduate courses also.

The issue of the DMP being missing from the Independent Prescribing course was noted. The Panel enquired what role staff played in selecting DMPs and was advised that the students brought their DMP to the University. The DMP would be provided with a handbook and a three stage quality assurance process was undertaken to ensure that they met the required standards. If a DMP is required to undertake any formal assessment, a member of academic staff was also always involved in the process and the completion of the paperwork.

The team advised that attempts had been made in the past to provide DMP training but with their work commitments this proved to be impractical and unfeasible. The provided the Panel with assurance that all DMPs were well qualified and experienced in their respective field.

The course team confirmed that the 80% threshold for a pass in the synoptic examination aligned to standard University regulations and was also a Department of Health directive.

The Panel enquired what mechanisms were in place to facilitate input from carers into the course delivery and design and was advised that a service user group was in place. Staff were working to improving and enhancing this aspect further going forward to include the patient voice and a number of video resources were already used in this regard.

In relation to the inclusion of co- and pre-requisites given the recent University policy in this regard, the course team advised that these remained due to safety issues and the nature of prescribing and working with drugs.

In relation to differing word counts, in some cases these were reduced because of the practice elements involved elsewhere in the module or adjusted because of particular journal requirements.

Finally, the course team wished to formally acknowledge the invaluable support and work of the librarians and colleagues from the Office for Digital Learning.

## 6. CONCLUSIONS

The Panel commended the Course Team on the following:

- i. The level of input into the programmes from a wide range of local, national and international experts.
- ii. The use of online provision, in particular for international students;
- iii. The links with the practice community and the commissioned places from the Department of Health that supports both enhancement and career progression;
- iv. The diversity of the provision that responds to national and international need;

- v. The positive experiences articulated by the students and which evidenced how they had engaged with their learning. They were excellent advocates for the programmes.

The Panel agreed to recommend to the Learning and Teaching Committee that the programmes be approved for a period of five years (intakes 2019/20 to 2023/24 inclusive), subject to the conditions and recommendations of the Panel being addressed and a satisfactory response and a revised submission being forwarded to the Academic Office **by 9 April 2019** for approval by the Chair of the Panel.

**Conditions:**

- i) That all issues identified by the Academic Office and detailed in the appendix to the Panel report are addressed;
- ii) To clearly articulate the learning, teaching and assessment strategies for all programmes, in line with curriculum design principles and other Ulster policies (sections 5.2 and 5.3 refer);
- iii) That modules POD811 and POD812 are reviewed and forwarded to the relevant external Panel member for scrutiny prior to finalising the course document (section 5.7 refers);

Recommendations

- i) To clarify and keep under review staff resources, taking into account the extensive use of part-time staff, recognised teachers and e-tutors (sections 3.3, 5.7 and 5.8 refer);
- ii) To continue to develop and keep under review the online provision to encourage student interaction and peer to peer/staff student engagement (section 3.3 and 5.6 refer);
- iii) To keep the alignment of all programmes with the Advanced Clinical Practice framework under review (sections 4 and 5.5 refer);

7. APPRECIATION

The Chair thanked the Panel, in particular, the external members, and the Course Team for their valuable contribution to the revalidation process.