

ULSTER UNIVERSITY

REPORT OF A MEETING OF THE JOINT ULSTER EVALUATION AND HEALTH AND CARE PROFESSIONS COUNCIL (HCPC) APPROVAL PANEL: MSc ART THERAPY

31 January / 1 February 2018

PANEL:

Ulster University

Professor H Farley, Associate Dean (Education), Ulster University Business School (Chair)

Mrs E O'Neill, Department of Management, Leadership and Marketing, Ulster University Business School

Ms H Berman, Programme Leader, MA Art Therapy, University of Hertfordshire

Ms K McTaggart, Senior Lecturer in Therapeutic Arts, College of Health and Social Care, University of Derby

Health and Care Professions Council

Ms J Oduro-Bonsrah, Education Executive

Dr E Streeter, self-employed music therapist (visitor)

Dr J Dubowski, University of Roehampton (art therapist visitor)

Ms D Whitlock, retired (lay visitor)

CHAIR OF THE COURSE PLANNING COMMITTEE

Ms R Dickson, Associate Head of the Belfast School of Art, Ulster University

IN ATTENDANCE:

Mr B McArthur, Academic Office, Ulster University

1 INTRODUCTION

The joint Panel met to consider approval of a new proposal, an MSc Art Therapy programme, brought forward by the Belfast School of Art.

The programme would be offered on the Belfast campus in both full- and part-time modes. In full-time mode, it would be delivered over 6 semesters across 2 calendar years utilising the summer semester in each year. Thirty credits of study would be completed in each semester. In part-time mode, the programme would be delivered over 7 semesters across 3 years. The proposal comprises eight compulsory 20- and 30-credit point modules. A postgraduate diploma exit award in Arts Facilitation would be available.

Prior to the meeting, the Panel were taken on a guided tour of the facilities available to support delivery of the programme. The Panel met initially with the Senior Management Team comprising, Professor P Seawright, Executive Dean of the Faculty of Arts, Humanities and Social Sciences, Professor K Fleming, Head of Belfast School of Art, Ms

R Dickson Chair of the Course Planning Committee and the Acting Course Director, Dr C Sibbett. The HCPC Panel then met with a group of students from Ulster's HCPC approved BSc Hons Speech and Language Therapy programme and then with a group of practice placement providers and educators. Finally, the joint Panel met with the course team to discuss the provision in detail.

2 DOCUMENTATION

The Panel received the following documentation:

- Agenda and programme of the meeting
- Guidelines for revalidation panels
- QAA benchmark statement for Health Care Programmes - Arts Therapy (2004)
- HCPC Approval Process (2015)
- HCPC Information for Stakeholders - An Introduction to our education processes (2012)
- HCPC Standards of Proficiency – Arts Therapists (2013)
- HCPC Standards of Education and Training (2017)
- HCPC Standards of Conduct, Performance and Ethics (2016)
- BAAT Code of Ethics and Principles of Professional Practice for Art Therapists (2014)
- National Occupational Standards SFHCHS153 - Enable individual expression using creative arts therapies (2010)
- Central University department reports on Library and IT resource matters
- Preliminary comments from panel members
- Programme documentation

3 MEETING WITH SENIOR MANAGEMENT TEAM

3.1 Background

The Panel asked the Team where the proposal fitted within the Faculty's overall strategy for academic provision. The Executive Dean replied that an MSc Art Therapy had previously been delivered by Queen's University and then by the Belfast Health and Social Care Trust. The programme had then, in 2016, been discontinued which had left a gap in the market. Dr Caryl Sibbett, who had been involved with the programme from the outset, had then approached the School of Art with a view to continuing the programme at Ulster. The Dean pointed out that Ulster had previous experience of delivering courses in this area through its summer schools. He stated that when he had been appointed Executive Dean, he had introduced a strategic plan to focus on new provision in areas where there was a synergy with current research within the Faculty. He said that the Faculty's work with the Chicago Art Institute, where they were working with trained artists in the development of art therapists, had convinced him that the MSc Art Therapy would be an appropriate addition to the Faculty's creative arts provision. The Head of School added that within Art and Design, a great deal of work was already being carried out with local SMEs within the "trauma community" and supported the Dean's contention that the programme fitted well with the School's current research agenda.

The Panel asked what would be the programme's unique selling point. The Team responded that as the programme developed, the influence of those appointed to lead it would create a programme that was unique within the School of Art. Others within the

School would have access to that expertise and when the programme had bedded in, a discussion would follow within Art and Design around how they might draw on the available expertise.

Regarding the title of the programme, the Team stated that there had been a debate around whether it should be titled 'Master of Arts' or 'Master of Science' since Art Therapy was not a normal Art and Design discipline. Master of Science had eventually been agreed on because of the programme's links with health sciences which the course team believed would attract health science students. Ms Berman stated that at her institution the deciding factor regarding the title was the size of the Master's project; 40 credits for an 'MA' and 60 for an 'MSc'. Dr Sibbet replied that the programme had always been termed 'MSc' because of its links with the health and therapeutic sciences, areas where she suggested the MSc title was better understood.

The Team confirmed that HCPC approval was not being sought for the postgraduate diploma exit award. They explained that the exit award had been included to allow those unable to complete the programme to be rewarded for completed study and to allow them to step back into the programme within a reasonable time to complete the Master's stage, should they wish to do so. The Panel stated that it should be made clear to students at the outset that the exit award would not carry eligibility to apply for HCPC registration.

In response to the Panel, the Team stated that although approval of both full- and part-time modes was being sought, the programme had never previously been run in full-time mode in Northern Ireland. Their intention would be to offer it primarily in part-time mode and only in full-time mode if demand existed.

3.2 Staff

The Panel noted that teaching staff had not been identified in the programme document. The Team stated that if the programme was approved, they would be advertising for an art therapist (0.5 fte), who, they hoped, would be in post by Easter. If there was sufficient demand, a second 0.5 fte would be appointed in due course. They added that a full-time counselling lecturer would also be appointed to the programme. The Team pointed out that there was currently a great deal of expertise in the Art and Design area within the School which could be drawn on. In addition, a number of Art Therapists from the previous programme had registered with the University as part-time lecturers. Each had their own practice and all were very keen to be involved in the new programme. The Team stated that the part-time lecturers would have access to the Faculty's staff development processes.

In response to the Panel, the Team confirmed that part-time lecturers would not be appointed as module coordinators and that typically, the staff/student ratio would be in the area of 1:15. Regarding appointment of an external examiner, the Team stated that an academic with appropriate experience and qualifications who held at least 'Fellowship' level with the Higher Education Academy would be appointed.

3.3 Clinical placement

Regarding placement locations, the Team stated that they would build on those sites previously used. They pointed out that many agencies, on hearing that the programme was to be introduced at Ulster, had already contacted the Team to register their support. Placement locations would be identified from a broad range of agencies across the

statutory and voluntary sectors. They stated that good relationships already existed across the sector and expressed confidence that identifying sufficient and appropriate sites would not present any difficulties.

Regarding the approval of sites, the Team explained that a formal process involving site visits and discussions around requirements and expectations relating to a site's suitability existed. Ad hoc practice training for clinical supervisors would be made available within the University in areas such as assessing student performance. In addition, the Team were currently in discussion with the Faculty of Life and Health Sciences regarding provision of training for practice educators. A tripartite agreement between the University, student and placement provider would be signed by each party which would set out the expectations and responsibilities of each. The academic supervisor would visit each placement site regularly, at least three times during a placement period. The Team pointed out that the placement sites all had a long history of providing student placements and confirmed that there would be sufficient capacity year on year.

The Panel asked, given the administrative demands associated with the management of placements, who would provide administrative support. The Team replied that there would be dedicated administrative staff appointed to support the full-time academic staff. They would provide administrative support for the course generally including management of clinical placements. They pointed out that part-time staff would not be involved in administration.

The Team confirmed that a placement coordinator would be appointed as well as placement tutors and stated that part-time staff would be able to 'lead' on placement, a role they had performed previously.

The Team noted that the physical resources were all open space areas and asked how experiential group work involving confidential matters would be managed. The Team replied that they had identified a closed space for this type of work. The space in question would be dedicated for use by this programme. The Team emphasised that they were conscious of the need for a closed, secure space in certain circumstances but that it would depend on the nature of the work being undertaken whether a closed space was required.

3.4 Programme development

The Panel asked whether, in developing the programme, the Team had consulted with existing service user groups associated with other Ulster programmes. The Team replied that they had spoken with colleagues in health science programmes on this issue, to learn best practice from them. They said that they would maintain this contact and continue to learn from their processes for engagement with service users.

The Team stated that in developing the programme they had also consulted with focus groups and sought feedback from practice educators working in the trauma field. They pointed out that currently there was already a great deal of collaboration across the University with those working in the trauma area across Northern Ireland. Service users and practice educators had long experience of working with the University that the Team would be able to draw on. They pointed out that there were a good number of large organisations locally with many support groups. The Team had attended their meetings and received feedback which would assist in informing their learning and teaching strategy.

The Team pointed out that a University aim was to establish an industry advisory group for every area covered by Ulster provision. This was already the case across provision within the Faculty and their intention was to establish an advisory panel for Art Therapy. The Team stated that the advisory panel would inform development of the programme in areas such as content, placement and employability and learning, teaching and assessment strategies.

4 MEETING WITH STUDENTS

The Panel met with a small group of current undergraduate students on the BSc Hons Speech and Language Therapy programme. HCPC representative, Ms Oduri-Bonsrah, chaired the meeting. The following are summaries of the students' responses to issues raised.

Student feedback: Student feedback was provided in a number of ways including via email, student representatives and module feedback surveys. In their experience, their feedback had always been acted on.

Complaints process: Normally the first point of contact for complaints was the year tutor. None of the students could remember having been made aware of a formal complaints process.

Support for students: A range of staff including their studies advisor, year tutor and lecturers provided support. This included both academic and pastoral support.

Coping with trauma: Peer support, social media groups and small group seminars helped alleviate stress associated with traumatic events on clinical placement.

Raising concerns on placement: Preparatory placement lectures covered safeguarding training which included how to report suspected wrongful behaviour. Practice educators would be the first point of contact in such situations; there would always be more than one on placement. Placement tutors would also be available.

Securing a placement: The process was very well organised. Everyone in the class (of 19) had been pleased with their placement location. In placing students, the Placement Coordinator had taken account of each student's personal circumstances, for example, where they lived and whether they owned a car.

Attendance monitoring: Students were required to sign in to each lecture and seminar. On placement, the placement educator monitored attendance and maintained a written record. Attendance was carefully monitored and students would be contacted if they were absent for any length of time.

Obtaining consents: Students said they received two lectures focused on consent. Practice exercises were also organised. During placement preparation, role-plays around consent were staged. Only students who consented would be involved. During role-plays, a student would pose as a client. On placement, the practice educator would provide advice and guidance on gaining client consent.

Assessment: Assessments were varied and contained self-evaluation and reflection. There was a good balance across the programme. Where a student questioned a mark,

they were able to arrange a one-to-one feedback session with the tutor. In total, there were five lecturers on the programme.

Blackboard Learn: Blackboard Learn was user friendly and contained everything a student needed to know including how to instigate a formal complaint and programme regulations.

5 MEETING WITH PLACEMENT PROVIDERS

The Panel met with a small group of placement providers. HCPC representative, Ms Oduri-Bonsrah, chaired the meeting.

5.1 Programme development

The Panel asked to what extent placement providers had been involved in programme development. The Team replied that discussions had taken place with the Course Team regarding the programme's introduction at Ulster. Placement providers had been kept abreast of developments and had attended an open day awareness event when discussions had taken place about the establishment of placement sites. The Team stated that the placement providers had welcomed the proposal and looked forward to supporting its development.

The Panel stated that it was an HCPC requirement that clients be involved in programme development and suggested that placement sites might be a conduit for that. The Team agreed and stated that this would be facilitated through the close relationships that existed between clinicians and user and support groups that link into the clients. This would ensure constant feedback from clients informing programme development.

5.2 Placement sites

The Team stated that for the previous programme, there had been a bank of placement providers across Northern Ireland and the Republic of Ireland (RoI). It was anticipated that all of those would offer placements for the new programme. One member of the Team from the Criminal Justice and Probation Service stated that she very much welcomed the programme and confirmed that placements would be available in her Service and that she would process all referrals.

The Team asked about the number of placements. The Team replied that a list was being drawn up and to date, all those contacted had been very keen to assist. This included new placements not previously involved. They added that previously, the Belfast Trust had taken some 30 to 40 students. They said that there would be a significant number of placements available in hospitals. Other placement opportunities would include agencies such as Cancer Care and community charities. The Team explained that at this stage, only verbal agreements were in place. Formal written agreements would be signed at the point when students were matched to placements.

5.3. Placement approval process

The Panel asked about the approval process for a new placement site. The Team explained that there would be an initial meeting to exchange information. This would be followed by a site visit to view facilities and ensure its suitability and that there was an available client base. The site would be required to have senior management, a practice educator and clinicians on site. If the site proved suitable, a formal written agreement

would then be drawn up. The Team confirmed that a formal risk assessment would be carried out ensuring that all appropriate protocols such as a rigorous health and safety policy were in place. They added that the practice educator from the site would be invited into the University for an induction session and that students would receive an induction both in the University and on site. The Criminal Justice and Probation Service representative stated that there would be enhanced protocols to be gone through with students given that they would be working within a prison environment.

The Team explained that practice educator induction would involve discussions around their responsibilities, the parameters of their role, and what would be expected of them. They pointed out that that placement providers had been involved in developing the process.

In response to the Panel, the Team confirmed that there would be placements within schools including special needs schools. A number of verbal agreements had already been secured, including a number in the RoI.

The Panel asked about the approach taken with students on their first placement. The Team replied that a student would be eased into the process during the first semester. Experience had taught that otherwise, apprehension could build up. They opined that preparation for placement was an essential part of the process.

5.4 *Assessment and supervision*

A number of people including the academic tutor, the practice educator and the clinical supervisor would be responsible for supervision and assessment of placement students. One of the representatives present stated that she had previously acted as practice educator. In that role, she had always been available for the student, had provided support for the clinical supervisor, and had been in a position to intervene if required. She added that the clinical supervision coordinator would normally be responsible for a group of 5 to 8 students. The group would meet fortnightly to discuss their work and progress. It was also pointed out that the placement coordinator would ensure through regular meetings which would include students, that the placement site was meeting its obligations under the placement agreement. In addition, student feedback during and post-placement would inform this process. The Team confirmed that they would welcome ongoing training for placement educators.

5.5 *Student feedback regarding concerns*

The Team explained that the response to student feedback regarding concerns would depend on the issue. Discussions would generally involve all parties to the tripartite agreement. If a concern involved a client, he or she would be involved in the discussions. Depending on how serious the concern, the placement could be paused and the student withdrawn until the issue had been remedied. The Panel queried the auditing of the placement agreement. The Team stated that responsibility for meeting the terms of the agreement was shared across the practice team. They added that practice educators and clinical supervisors were experienced in ensuring strict adherence to the agreement's terms.

5.6 Artwork

The Team stated that students would bring their artwork to the regular clinical group meetings. This would aid learning from their peers. They emphasised that artwork was not restricted to work on paper but included other media such as film and printmaking. They added that they had previously emphasised to placement students not to limit their artwork to materials, that artwork goes beyond that, for example, in the use of objects as stimuli. They pointed out that the development of digital arts was to the forefront of this. They added that the use of digital animation software had proved successful in working with children with cancer and that across the allied health professions, digital arts was now being utilised extensively. They suggested that the location of the programme in the School of Art would further drive student creativity and stimulate imagination.

5.7 Research and consent

The Panel noted that there was a sizeable research element to the programme and asked whether clients might be used in students' research. The Team confirmed that this was permissible. They added that students would be encouraged to consider basing their research on their placement experience. The issue of consent would be built into the process. Normally, the bigger organisations had their own ethics committee as well as the University committee. The Team stated that research normally occurred during the year 3 placement.

In response to the Panel, the Team stated that in the previous programme, on occasion, the research topic had arisen through service managers' engagement with user groups. In this way, students might be 'nudged' towards an area of research welcomed by the placement organisation although it would always be the student's decision. The Team pointed out that three graduates of the previous programme had gone on to complete PhDs.

6 MEETING WITH THE COURSE TEAM

6.1 Part-time tutors

The Panel noted the intended use of part-time tutors to augment teaching on the programme and asked how they would familiarise themselves with the programme and modules they would teach. The Team stated that they had a long list of specialist teachers on the University's part-time register who would be called upon. Each had previously been involved with the programme and were therefore already familiar with its content and learning, teaching and assessment strategies. Nevertheless, each would undergo an induction programme. The Team explained that the University had a rigorous process for the appointment of part-time tutors to ensure they had appropriate experience and qualifications. They added that part-time tutors had access to the University's VLE, Blackboard Learn, and were able to apply for associate fellow status with the Higher Education Academy. The Team acknowledged that the programme would rely heavily on part-time tutors and stated that the module coordinators would liaise with and manage the respective teaching team(s).

The Panel asked who would perform in the various staff roles. The Team stated that the course director and module coordinators would be permanent members of staff. Depending on the number of students, there would normally be three clinical supervisors and two or three training group leaders and studio practice facilitators in addition to

specialist and media technicians. At least one placement coordinator would be appointed together with a number of tutors, guest lecturers and core specialists, for example, psychologists.

6.2 Content

The Panel asked the Team for an overview of the programme. They replied that the programme was designed to provide a natural progression through levels of competency that were underpinned by theoretical understanding. Reflective practice would be an important feature of the programme. Typically, in a module, students would be taught theory during lectures, seminars and tutorials. The theory would be carried forward into practice in closely supervised training and studio groups. The Practicum modules would be more practice-focused aiming to develop practice competences through clinical placements, supervision groups and clinical seminars. These modules would be student-led and would introduce students to research. The Team explained that throughout, the programme would have academic underpinning. They pointed out that students would receive pastoral care support and each would be required to be in personal therapy throughout. In addition, during the programme, students would address each of the HCPC Standards of Proficiency.

The Team asked where students would be taught areas such as diagnostic criteria and child and human development. The Team replied that all clinical aspects including diagnostic criteria and treatment would be covered throughout the curriculum and particularly in the first three 'theory' modules. For example, in the first module, 'Theory and Practice', the psychodynamic base of art therapy practice would be covered. The third 'theory' module, 'Working with Diversity', would address children, adolescent and adult development. The Team explained that these areas would be referred to throughout the curriculum and during placement training when students would be working across a range of diverse areas. They said that art therapists and psychotherapists would deliver this learning alongside students' self-directed reading.

The Panel referred to the close relationship between evidence-based practice and research methods and the range of research methodologies used by psychologists and asked where these and critical analysis skills would be included in the curriculum. The Team replied that throughout the placements these areas would be systematically evaluated particularly as part of students' continuing professional responsibilities. Qualitative and quantitative research methods would be covered in the preparation for research modules as well as in the Dissertation module itself.

The Team stated that while students would be encouraged to begin thinking about their final research project early in the programme, staff would be careful not to 'overwhelm' them at the outset. They said that in the previous programmes, sometimes students had linked their research to an area within their placements. Critical analysis would be a key skill that would be introduced early and students would be encouraged to see themselves as 'researchers' from the outset. By Year 2, clinical supervisors would be encouraging students to identify their research topic in an area where they had a particular interest. Regarding ethical approval, students would be made aware of the approval process and timeline within the University. The Team pointed out that some of the larger placement providers also had their own ethics committees and processes.

The Team confirmed that each student would have a project supervisor appointed who would meet regularly with the student.

The Panel asked whether any of the modules could be shared across other Schools, for example, a generic research module. The Team stated that sharing modules across Schools and Faculties presented difficulties. When developing the programme, this had not been a consideration. To do so would involve negotiation and staff considerations. They said however that they would consider this in the future.

6.3 Structure

The Panel queried the necessity of designating so many modules co- and pre-requisite and whether this approach would inhibit flexibility. It also noted that this would lead to modules being taught twice across the full- and part-time structures. The Team replied that all postgraduate programmes in the School were offered in full- and part-time modes and always included co- and pre-requisite modules. They stated that while they understood the point about flexibility, all modules were compulsory and staff were well experienced in having to teach a module more than once during the academic year. They pointed out that initially, only the part-time programme would be offered and the full-time programme would be offered only if there was sufficient demand.

The Team added that the structure promoted an “evidence-based integrative pluralistic framework” requiring students to develop a coherent theoretical approach justifying a rationale for their integration of theory into practice. Consistent with this, the programme was underpinned by ethical and professional requirements. Within the framework, student learning and competency would build through the programme leading ultimately to the research stage. The Team said that there would be a range of approaches within the learning and teaching strategies based on and informed by trauma. The Panel asked how the unique selling point of the programme might be summarised and Dr Sibbett replied, “Integrated trauma-informed practice”. The Team added that they were keen to apply their approach across a range of media given that pluralistic means tailoring the approach to particular client needs.

6.4 Learning and Teaching Strategy

Responding to the Panel, the Team stated that collaboration with students underpinned the learning and teaching strategy; that experiential learning lay at the heart of the programme. The learning and teaching strategy was therefore relationship and theory based. Role-playing exercises were a good example of action-based learning involving problem-based experiential learning. The strategy utilised training and studio workshops involving art-making activities and learning throughout. Students would learn how cultural shaping operated with clients. The learning and teaching approach was exemplified in the research module where a metaphor for art-based activities might be used, for example, a treasure hunt. This would teach students what data is, how it is gathered, explored in a theme and is disseminated. The Team stated that there would be many outside activities to complement the indoor learning.

The Panel asked about the operation of the training groups. The Team explained that students would engage in training groups to gain ongoing art-making experience and to share art objects or images within an integrative, psychodynamic framework. The groups would promote the importance of maintaining boundaries and experiential learning, both personally, and for future clinical practice. Students would learn about the management of group roles, processes and dynamics. The training groups would enable a developmental

process from novice to threshold competence. The Team stated that the groups would be led by experienced art therapists and would open up new opportunities through field trips, for example, to an art gallery, where students would be working in an outdoor environment using interactive spaces.

The Panel asked what the difference was between the training groups and studio practice. The Team replied that unlike the training groups, studio practice would normally involve the whole cohort. The smaller training groups, averaging 5 or 6 students, would experience the operation of group dynamics and involve outdoor activities. Students would have opportunities to build the type of skills that they would be able to offer future clients. In contrast, studio practice would allow students to develop their own artistic identity and artwork and would involve working with new media. Students would achieve an understanding of their own process of art making. The Team stated that art therapists would lead the training groups and would focus on personal development while studio practice would be tutor-led and would be more skills-based. The Team stated that both groups would meet fortnightly.

6.5 Assessment Strategy

The Team stated that the assessment strategy included a variety of types including essays, reports and oral reports. The development and assessment of study skills would begin in the first module, 'Theory and Practice', where skills such as reflective and critical writing and referencing would be covered. Thereafter academic skills would be built upon throughout the programme.

The Panel noted that a great deal would be covered in the three Practicum modules including a large number of HCPC Standards of Proficiency (SOP) and asked whether the Panel could be assured that all the module learning outcomes would be assessed in a 1000-word report. The Team replied that under the University's new curriculum design principles, normally the number of module learning outcomes should be limited to four as was the case in each of the modules. They explained that the module learning outcomes were designed to ensure that students achieved a critical understanding of the module content and the HCPC SOPs. They added that the summative assessments would be supported by formative assessment provided by clinical supervisors and practice educators and that students would also engage in self-assessment throughout the module. The Team also pointed out that the 1000-word report was only one component of assessment in each module and represented only 25% of the overall assessment. The Team opined that through an accumulation of the different forms of assessment, students would be able to clearly demonstrate the achievement of each of the module learning outcomes.

In response to the Panel, the Team explained the programme regulation governing the 'consequences of failure' in assessment. The Team explained that supervision by the clinical supervisors and practice educators during the programme would enable the Team to maintain oversight of each student's learning trajectory and where there was a dip in performance, remedial action would be taken to develop that area of competence. They explained that each module would address particular SOPs and areas of competence and any shortcomings would be immediately identified and addressed. They emphasised that the learning and teaching strategy would ensure that SOPs were continuously addressed and throughout the programme, students would be made aware of their performance levels and, where required, where they needed to do to improve.

6.6 Placement

The Panel asked the Team to outline the placement process from the student perspective. The Team stated that the process would begin during initial induction. This would be followed by engagement with staff in placement preparation. An initial meeting with the placement practice educator would be arranged when preliminary information would be exchanged including a discussion around respective roles, responsibilities and expectations. Ultimately, a tripartite agreement between the placement provider, the student and the University would be agreed and signed.

Regarding assessment, the Team pointed out that because the programme would also address HCPC SOPs, as many as possible would be addressed as early as possible alongside each student's personal development plan. This would allow gaps in learning to be identified which would inform placement selection. Where necessary, students would be required to undertake more than one placement to ensure that any 'learning gaps' would be addressed. The Team confirmed that where a placement site was oversubscribed, selection would be by way of interview.

Regarding the range of placements, the Team stated that to ensure students had an opportunity to achieve a balanced experience, placements would be available across the statutory, regulatory and voluntary sectors. The Team asked whether experience in a mental health setting would be a requirement. The Team replied, "Typically yes". They said that in identifying placements, students' backgrounds would be taken into account in order to identify a placement(s) outside their experience to ensure they achieved as wide a range of experience as possible.

The Panel asked how students would feed back concerns that they might have while on placement. The Team replied that there was a clear protocol in place both within the University and the placement organisation. Depending on the nature of the concern, students would be advised to first contact a supervisor within the placement organisation such as the placement educator, line manager or clinical supervisor. There would be a designated person within the placement organisation should the issue concern a client. Alternatively, students would be able to contact the academic tutor or placement coordinator. A decision would be taken as to how best to approach the problem and to that end, conversations would take place between University and placement staff.

In response to the Panel, the Team stated that students would have opportunities to learn from other professions through firstly, guest lecturers, and secondly, by working in multidisciplinary teams while on placement.

The Panel asked whether there was a formal process for obtaining client consent. The Team confirmed that this was the case and involved the use of a signed consent form. They pointed out that consent would be an ongoing process and not a 'one-off' during the relationship and that the issue of consent was one that students would be exposed to at various points within the curriculum, for example, during child protection training.

7 CONCLUSIONS

The Panel commended the Subject Teams on:

- bringing forward a professional and marketable programme with potential for further development through the Belfast School of Art, and which has strong stakeholder support; and
- the diverse range of placements which offer some innovative and exciting opportunities in addition to interdisciplinary working.

Ms Oduro-Bonsrah informed the meeting that she would be recommending approval of the programme to the HCPC Education and Training Committee subject to a number of conditions which would be detailed in the visitor's report (a copy of which is appended to this report). Ms Oduro-Bonsrah briefly summarised the relevant areas from which conditions would arise.

The Ulster Panel agreed to recommend to the Academic Standards and Quality Enhancement Committee that the MSc Art Therapy programme be approved for a period of five years (intakes 2018/19 – 2022/23 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 **1 May 2018** for approval by the Chair of the Panel.

Conditions

- 1) that all issues detailed in the appendix to the Panel report be addressed.
- 2) that the revised document clearly identifies who will be performing in the following roles:
 - Course Director
 - Module Co-ordinator for each module
 - Teaching staff for each module
 - Placement Co-ordinator
 - Clinical Supervisor
 - Studio Group lead
 - Training Group lead
- 3) that within each module description, greater clarity is provided regarding differentiation between the 'taught' modules and between the Practicum modules where currently, in each category of module (taught and Practicum), three of the four learning outcomes are identical. In addition, to aid clarity, remove the repeated references in each module to HCPC requirements (which are in any event covered in the module booklets that students receive).
- 4) that the revised document:
 - provides greater clarity around the learning, teaching and assessment strategies in relation to the operation of the Studio and Training Groups, including their frequency and function;
 - regarding assessment, provides clarity as to when and in what form formative assessment will be delivered;

- highlights where in the curriculum weekend teaching will take place and ensure that it is captured in the relevant module contact hours and described in the Learning and Teaching Methods section.

Recommendations

- 1) that the programme level learning outcomes be reviewed to ensure that they are written at Master's level;
- 2) that the structures of the full- and part-time programmes be reviewed to ensure that progression (i.e. sequencing of modules) is identical.
- 3) that the revised document makes clear the organisation and operation of Placement in regard to the responsibilities of each participant i.e. Placement Co-ordinator, academic tutor, student and placement provider and supervisor ensuring that they accord with the existing University policy and good practice. To this end, the Panel would encourage liaison with other Schools/Faculties where there are established systems in place in relation to clinical placement practice.

8 APPRECIATION

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

Ref: BMcA/panelreport/13/2/18