

UNIVERSITY OF ULSTER

Report of Joint Ulster University (UU) (Revalidation) and Professional Bodies (College of Occupational Therapists (COT), Chartered Society of Physiotherapy (CSP), College of Podiatry (COP), College of Radiographers (COR) and Royal College of Speech and Language Therapists (RCSLT) (Approval/Accreditation) Panel

SUBJECT UNIT 28M: HEALTH PROFESSIONS

27/28 March 2018

1 INTRODUCTION

A joint Ulster revalidation and professional bodies approvals/accreditation panel met to consider the health professions provision within revalidation unit 28M comprising the following full-time programmes based in the School of Health Sciences on the University's Jordanstown campus.

- BSc Hons Occupational Therapy
- BSc Hons Physiotherapy
- BSc Hons Podiatry
- BSc Hons Diagnostic Radiography and Imaging
- BSc Hons Radiotherapy and Oncology
- BSc Hons Speech and Language Therapy

The Panel membership and the documentation received are outlined at Appendix 1 and 2 respectively.

At appropriate points throughout the two days of the meeting, the Panel split into the Ulster panel and subject sub-panels comprising representatives from each professional body to agree issues for discussion in the meetings with senior and key Faculty representatives, placement providers and service users, students and course teams.

On day 2, professional body representatives were taken on a guided tour of the facilities available to support delivery of each programme. In addition, COP representatives were taken on clinical placement visits.

Each body met privately at the end of the various meetings to consider their requirements and to come to independent decisions regarding approval/accreditation.

2 MEETING WITH SENIOR MANAGEMENT TEAM

The Panel met with the Executive Dean of the Faculty of Life and Health Sciences, the Associate Dean (Education), Head and Associate Head of School of Health Sciences, course directors and subject leads.

At the start of the meeting, senior staff delivered a presentation providing an overview of the Faculty of Life and Health Sciences and School of Health Sciences.

2.1 Background and rationale

Following the presentation, the Panel asked the Senior Team to outline what had been the main changes since the last revalidation, future plans for the programmes and how the provision was integrated into the overall Faculty. The Team advised that the revalidation

process had initially commenced two years previously through engagement with all students, meetings with clinical colleagues and professional bodies.

One of the four priorities within the University's Five and Fifty Strategic Plan, related to academic excellence. The Faculty was keen to expand its international student numbers and the international student experience for existing students whilst maintaining interprofessional learning as a key aspect in all courses from year one to final year. The Senior Team was very aware of the importance of leadership within health and social care policy with a strong emphasis running through all courses at each level. The School's well-established links and collaborative working with clinical colleagues facilitated the continual development of leadership for students. Staff also strived to make students politically aware by encouraging engagement with policy documents and responding to consultations. It was essential that graduating students were fit for purpose in their chosen profession.

The Panel enquired if there was anything tangible to support the statement in the document that links with, for example, clinical colleagues and service users had become closer. The Senior Team advised that feedback from individual groups was set out in the commentaries sections for each course. A strong professional identity was reinforced from the start of the programmes. Service users and focus groups provided feedback which informed the HPAT admissions test and clinical colleagues provided critical appraisal of module content and overall course cohesion. Feedback from all stakeholders had very much informed and shaped what was included in the revised provision.

2.2 Inter-professional learning

The Senior Team advised the Panel of the very rich interprofessional learning environments available to students. This included a much wider range of opportunities during placement in different roles and disciplines. The importance of interprofessional learning was highlighted to all clinical educators during their training.

2.3 Relocation of provision

The Panel noted that as part of the proposed relocation of AHP provision to the Coleraine campus that there was a possibility of Radiography provision being relocated to the Magee campus. The Panel enquired how this would work in respect of interdisciplinarity. The Senior Team advised that other disciplines would be available at that campus including Nursing and, hopefully, the proposed Graduate Medical School. All possible adjacencies would be investigated should the move to Magee take place as proposed. It was, however, not confirmed and was very much dependent on the approval of the Graduate Medical School. It was confirmed that a September 2019 implementation date was currently being worked towards.

The Panel enquired how the University managed service users and carers to support provision. As a Faculty, the Senior Team advised that they would continue to engage with these groups and a task and finish group had been established to consider guidelines for service users. It was the aim to have increased engagement leading to a much wider range of linkages. Staff research in the School was also very strong in terms of service user engagement.

The Senior Team confirmed that service users were provided with a range of opportunities to input into the programmes, for example, through a series of organised workshops to facilitate discussion and feedback.

The Panel enquired as to the potential impact of a late relocation and were advised by the Senior Team that the University had outlined its plans to the Department of Health, however,

the move was the University's decision. In terms of any potential disruption, students had been informed of the pause to the move as soon as staff had been in a position to do so. Current students were generally content that the courses would remain on the Jordanstown campus for another year. In relation to communication to prospective students, very little feedback had been received to date.

The Panel enquired as to the views of Radiography students having been informed of the move to Coleraine now being informed that it may now be Magee. The Senior Team stated that the consultation process was still ongoing but that the final decision was very much dependent on the go ahead of the Graduate Medical School on the Magee campus.

2.4 Income generation and course viability

In terms of viability, the Panel enquired if the School relied solely on its undergraduate provision or if any other models were in place in relation to income generation. The Team advised that the School had a very vibrant Master's provision as well as delivering a number of short courses. A pre-registration Master's course was also being considered. Postgraduate provision was due to be revalidated next year and all opportunities would be explored.

The Senior Team informed the Panel that the Department of Health did not have a robust workforce plan in place which resulted in real challenges for the School of Health Sciences. The Department, however, had now embarked on workforce planning and this should improve the situation going forward. It was the view that this may also increase future intakes.

In relation to workforce planning, the Panel enquired as to the recruitment of graduates to Band 5 posts in the Trusts and the fact that graduates were required to undertake an examination. University staff had already raised concerns that this was not the best way to recruit to these posts. The test was an attempt by the Trusts to streamline the process in light of large numbers but every opportunity had been taken to try to influence a change to that process.

2.5 Degree classification

The Panel confirmed that only the final year, level 6 modules contributed to the final award classification and that this was a University-wide standard but approval could be sought for a departure from this regulation if it was a professional body requirement. A new degree algorithm, however, was currently under consultation for either a 40% / 60% or 30% / 70% levels 5 and 6 contribution respectively. The Course Team was in favour of a move away from the exit velocity model and a level 6 only contribution.

2.6 Internationalisation

The Panel enquired as to the commitment to internationalisation, including provision of support for international students and international opportunities. The Senior Team advised that one of the three Associate Deans in the Faculty was responsible for Global Engagement and with whom the School liaised regularly in relation to new proposals. A number of initiatives were already offered including an established ERASMUS programme where Radiography students could avail of international opportunities. The Team was actively taking steps to ensure that all opportunities including the ERASMUS programme were balanced equitably and fully embedded across all provision. New links were being developed with countries including Greece, Singapore and Malaysia. Role emerging placement opportunities in international locations had also increased and visiting professors informed teaching from an international perspective.

2.7 Apprenticeships

The Senior Team confirmed that staff were very much aware of the prevalence of apprenticeships but in the Northern Ireland context the lack of an active Assembly prevented this initiative being taken forward. It was noted that the area of apprenticeships was very much aligned to the School's extensive industry links and widening access agenda.

2.8 Funding model

The Panel enquired if the Team expected any changes to the funding model across all professions and was advised that the model had already been confirmed by the Department of Health. There was nothing to suggest that it would change.

3 MEETING WITH PLACEMENT PROVIDERS AND SERVICE USERS

BSc Hons Physiotherapy, BSc Hons Occupational Therapy and BSc Hons Speech and Language Therapy

The Panel met with a representative group of placement providers and service users from across the Physiotherapy, Occupational Therapy and Speech and Language professions and Health and Social Care Trusts.

3.1 Engagement with course teams

The Panel enquired as to the group's experiences as a service user or placement provider to include their level of engagement and involvement. Comments included that lecturers were very supportive and accommodating. If an issue arose during placement or there was a suggestion for improvement or change, these were taken on board and addressed or actioned accordingly. In relation practice educators, information was always provided well in advance of students' arrival on placement. They were also very involved in the placement marking schemes as well as informing the review of length and timings of placements within the courses, and were given the opportunity to provide feedback to the School when students finished their placements.

There was a general consensus cross all three programmes that there were clear points of contact and good support from academic staff who were very visible and accessible throughout the process. There was clear and timely communication between all parties and placement providers were provided with a comprehensive Placement Handbook which set out policies, processes and requirements. Academic staff would also visit students during placements and both providers and students had regular opportunity to discuss and address issues as they might arise.

3.2 Assessment

All placement providers advised that they were involved in assessing and marking students during placement. They had also been involved in the revalidation process and discussions with University staff had informed many of the changes introduced as part of that process. In relation to their role in assessing students, and the issue of a move to pass/fail rather than a mark for placement, most were of the view that they wished to continue to mark as a simple pass or fail did not motivate better student performance. Clear marking criteria was provided and workshops facilitated by the University provided them with clear guidance around mark boundaries and other related matters.

3.3 Training

Training and development for practice placement providers took place on a rolling basis as well as through workshops facilitated by Ulster academic staff. This also covered interprofessional education and how it operated in a clinical environment. Both structured and informal training was provided to clinicians. The Practice Education Committee which included representatives from all parties, met two/three times per year and provided a forum to discuss placement opportunities, to review placement forms and procedures, for example, from all perspectives to ensure that everyone's requirements were addressed.

When asked if other opportunities were available for clinicians and course teams to work collaboratively, the Panel was advised that some clinicians, although none present, taught on the programmes. Others were involved in the development of new postgraduate modules and wherever else they could provide input.

In relation to research activity, the practice placement providers advised that they were aware of some clinicians who had been involved in research projects as well as in the identification of applicable patients to participate in particular projects.

3.4 Recent Changes

The Panel enquired what changes had come about over the past five years since the previous revalidation, their level of involvement and the extent to which practice educators felt that they 'owned' the courses. All present were of the view that they were involved and their views were taken on board. In relation to assessment, the approach had been widely debated as a group and the changes were taken on board within the programme. Another example was given around their input into the review and subsequent change to both the length and timing of placements. Physiotherapy clinicians had been of the view that the final placement needed to be longer and this had now been implemented.

Speech and Language Therapy clinicians advised the Panel of co-chaired group set up a number of years previously which facilitated discussions around the course and content. Again, these discussions as well as specific 'task and finish' groups had informed programme changes and improvements and addressed the needs of Therapists. This partnership with the University now had a much more strategic approach. Furthermore, placements were now coded for all programmes and this ensured that relevant and bespoke placements could be more effectively and efficiently identified for students.

3.5 Placement

When asked what steps would be taken if a student was not performing during placement, clinicians advised that they would approach the student in the first instance and then the course director. Clear procedures were in place and of which all staff were aware. If it was the case that a student would fail a placement, clear criteria was in place to be able to do so. A Cause of Concern form was available as part of this process and support and guidance would be provided to the placement provider in this regard. Similarly, students would be supported through such processes to try to address the concerns and reach a satisfactory outcome.

Placement Providers advised the Panel that mechanisms were in place for them to provide feedback to the University. To date they were provided with general themes which would feed into practice educator training, in relation to the student feedback on their placements. It was the view that this was an area which was currently under development to ensure that placement educators were receiving more detailed student feedback whilst at the same time maintaining student confidentiality.

The quality of placements was regularly audited by the University and clinical staff. Placement evaluations also informed and shaped this quality assurance process to ensure that any issues which required to be addressed were actioned.

The Panel enquired if students from the programme were work ready and was advised that some of the practice educators were of the view that the move from a four to a three year programme a number of years previously had had some impact in that generally many students were not as mature. Others were of a different view in relation to the impact of the length of the programme. It was the overall view that a range of variables and different reasons had impacted. Some of the clinicians advised that they had a mix of students coming from the Jordanstown course and those from other institutions and those from the former generally entered the workplace well prepared.

The Panel noted the comment in the Physiotherapy team that the improved partnership working had led to a better quality of placement and asked how this was so. The practice educators stated that as a result placement had expanded into a more diverse range of areas, for example, the NI Hospice, Sure Start and to other community based organisations. A significant number of placements were required each year and these were shared out across all staff, resulting in increased choice and variety thus increasing the diversity of placement opportunities. Some providers offered a split placement between different teams which provided students with more choice as well as an enriched experience. This also resulted in reduced demand on individual clinicians.

In relation to SLT, and the available of children and adult placements, it was noted that the former were more easily sourced. Placements around Dysphagia and communication were key current areas for SLT students.

3.6 Inter-professional education and learning

The placement providers recognised the importance of the inter-professional learning and provided some examples of how this was facilitated. This included a project with the Stroke Association through which students were provided with opportunities to meet clients and service users and be involved with all aspects of their experiences. Such opportunities provided with an excellent learning experience but were also of great benefit to stroke survivors and their rehabilitation.

When asked if IPE could be expanded across all programmes, all were of the view that this could be easily facilitated.

From a service user perspective in relation to mental health issues, they had worked with academic staff and had involved students in issues relating to a person-centred approach or self advocacy and lecturers were very keen to develop these and other areas to provide students with the optimal experience and real life situations. Support from staff in developing the role and the sessions with students had been excellent to date. It was noted that more details of student feedback following such placements would be useful for service users and facilitators.

The Panel enquired if there was anything that could be improved upon. Those present indicated that the partnership with the University had been long standing and all recognised the pressures of working in the NHS or as a lecturer in the University. University staff were not able to visit as often as they might like but would always make the time to do so if required. The workforce in the University had been relatively static over the past number of years and this had facilitated continuity of contact.

When asked if providers felt that placement requirements were reasonable, all were agreed that this was so. Placement allocation was undertaken pro rata with the different settings and teams and most staff felt that it was their duty as well as part of the Agenda for Change, to facilitate student placements. It could sometimes be a challenge. It was important to ensure that Band 5 staff were also involved. Placement students also provided valuable professional CPD for clinicians. Many placement providers were of the view that more detailed and specific rather than general themed feedback as well the audit of marking should be made available to them, not only for their own but across all Trusts.

3.7 Leadership and entrepreneurship

The Panel asked how leadership and entrepreneurship skills were incorporated and developed and if students were prepared for this when starting placement. The placement providers outlined some examples including in-service training and peer reviewed presentations to practice educators. It was, however, important for the focus to be on students being fit for purpose to do the professional job.

When asked about government drivers in these areas, the practice educators advised that it was important to challenge students in this regard and some were of the view that these skills were only developed properly once a student graduated and was out in the workforce where they were able to consolidate their learning.

3.8 Proposed relocation to the Coleraine campus

The placement providers stated that the proposed move of the allied health profession courses to the Coleraine campus would have a huge impact as most placements were in the Belfast area. It would be challenging, in particular as Northern Ireland's transport infrastructure was not currently adequate. In SLT, the current weekly placements would no longer be feasible and this had been the reason for the introduction of block placements in the revalidated programme in an attempt to try to address some of the challenges. It was noted that no final decision had been taken by the University. No discussions had taken place as yet between placement providers and the University in relation to the provision of any viable solutions to the challenges.

The Chair thanked the placement providers and service users for taking the time to attend the revalidation and participate in the revalidation process as well as for their continued support of the provision.

BSc Hons Diagnostic Radiography and Imaging, BSc Hons Radiotherapy and Oncology and BSc Hons Podiatry

3.9 Admission process

In response to a Panel query, representatives of each of the programmes stated that service user and placement providers were not directly involved in the selection of applicants for the programmes. They stated that the admission process was through the HPAT and UCAS processes. Generally, the quality of the students recruited proved satisfactory. The Group confirmed that they were not involved in "feeding" NHS values into the recruitment process but pointed out that some were covered in the HPAT aptitude test. In recent years, radiography students had been found to have health problems to the extent that they were unfit to practice. This was despite the fact that they had undergone a health screening examination during the application process. Their condition had not been identified until they had gone on placement.

The Panel asked about the 'reasonable adjustment' process. The Group stated that the practice educators were informed of any special needs or reasonable adjustments required

by the University disability support officer. Prior to the commencement of placement, the placement coordinator and the disability support officer would meet with the student and the practice educator to ensure that all requirements were being met and to identify whether any further support was necessary. The Group emphasised the excellent communication between all parties involved. Generally, those students requiring special assistance were able to cope and performed well. It was pointed out that there were currently a number of highly regarded special needs radiographers working in the Trusts.

Regarding the Diagnostic Radiography programme, the Group was asked whether radiographers would meet with students during the application process. The Group stated that each hospital had its own approach. For example, one allows applicants to shadow a radiographer in the workplace for a day but does not have an open day while another has an open day but no 'shadowing' process. Different hospitals had different protocols. A service user opined that a consistent approach was needed.

3.10 Placement selection

The Group explained that students were able to request particular placement locations although they may not always be placed in their preferred location. A wide variety of placements were available but an important factor in deciding on location was the outstanding learning and competences still to be addressed by a student. Good liaison between the student, the placement site and the University ensured the selection of the appropriate location that would meet the student's needs.

3.11 Preparation for placement

Placement educators received training in supervising and assessing students in the University and, lately, also in the Trusts. The latter was considered a better arrangement. It was acknowledged however that unless a Trust requested training on-site, it would not happen. All practice educators were meant to receive ongoing training. New appointees were required to attend a 1-day introductory meeting with the University placement coordinator when information and guidelines relative to the programme, both theory and practice elements, and details of the roles and responsibilities of those involved in placement supervision, were provided. It was pointed out that peer mentoring also played a vital role for new staff. In addition, the University offered a training module for practice educators, *Enhancing Learning and Teaching in the Practice Setting*. The module was designed to enhance participants' knowledge base and clinical teaching and supervision of students while on placement. All radiographers acting in the role of practice educators were registered with the HCPC and all were required to complete the module. The Group emphasised that the training of radiographers was a "strict process" and that there was protected time set aside in the workplace for this purpose.

Regarding podiatrists, the approach to initial training was the same as described above involving the 1-day introductory meeting and completion of the University module.

3.12 Assessment

The Group was asked how consistency in assessment across the various placement sites was ensured. They replied that this was done through regular practice education committee meetings involving representatives from each of the Trusts and the placement coordinator and course director. All issues of mutual interest relating to the organisation and delivery of professional practice, including assessment, were discussed. Outcomes of discussions were disseminated to all practice educators. The Group explained that when the new radiotherapy unit at Altnagelvin Hospital was opened, the University had organised workshops for staff both on-site and in the University to ensure that staff engaged in placement supervision were able

to meet the expectations of their roles to ensure an equivalent student experience with the established site at Belfast City Hospital.

It was pointed out that in their first year all students would undertake placement orientation in a clinical setting. Depending on the programme, this was of varying duration from one to three weeks. It was beneficial for students to undertake their first placement module in the same location as their orientation placement although this was not always possible. Students would rotate between the two radiotherapy centres.

Placement marking in the Diagnostic Radiotherapy programme was on a pass/fail basis and was carried out by the placement educators. In addition, an oral assessment was conducted during a visit by the academic tutor.

3.13 Leadership skills

The Panel asked about the development of leadership skills. Regarding radiography and radiotherapy, the group replied that by the time students undertook their fourth placement, they would be sufficiently confident to take the lead in identifying what competences and skills they still needed to address. In relation to podiatry students, it was a similar situation whereby in the latter stages, the students themselves would determine what they wanted to do and observe. In this way, they would challenge the practice educator. All learning on placement was linked to the University modules and the learning would become more complex as students progressed through the programme. During the first two years, there would be specific tasks set for students while in final year, the learning and teaching would be more in-depth and students would be encouraged to take the lead. In response to a query from the Panel, the Group confirmed that during years 1 and 2, students would have some access to high-risk patients albeit they would not be involved in the whole treatment plan.

3.14 Attendance monitoring

While on placement, students would be required to register their attendance in a diary that would be checked by staff. Where students were absent, they would be required to make up the days later.

3.15 Campus relocation

The group were asked for their thoughts on the proposed campus relocation. A service user opined that it would prove difficult for non-drivers and worried that there would be no facility retained in Belfast. The Group also queried whether there would be student accommodation available in Belfast if the proposed move of the radiography programme to the Magee campus took place. Concern was also expressed that the move would be harmful to recruitment from the Belfast area.

3.16 Podiatry – programme development

Some of the Podiatry representative stated that they had been consulted during development of the new programme for revalidation. One result was the introduction of biomechanics earlier in the programme.

3.17 Service Users

Two service users confirmed that they had been invited to speak to students to raise their awareness of what happens when patients leave acute treatment and are back in their home and community environments. This, they said, was an important aspect of treatment. They agreed that services had been enhanced in recent times, particularly in radiotherapy.

4 MEETING WITH STUDENTS

BSc Hons Physiotherapy, BSc Hons Occupational Therapy and BSc Hons Speech and Language Therapy

The Panel met with a group of students from across the programmes and years. During discussions, the following points were noted.

Overview

- Generally, students were of the view that that programmes worked well, in particular in relation to the practical and hands-on aspects which included moving and handling.
- Students were well prepared for placements.
- Some of the earlier lectures were very medical based and could prove challenging early in the programmes.
- Support provided by staff could not be better.

Student Support

- All students were provided with information on the range of student support mechanisms during induction.
- All students had an assigned tutor and year tutor who were available as required in relation to provision of support.
- The support provided by all lectures was excellent. Staff were accessible and approachable.

Revised programmes

- In relation to involvement in the development of the new programmes, a graduate indicated that it was evident how much had been incorporated into the new provision in response to student feedback. This included the timing of placements and the longer emerging role placements.
- Current students also noted that they could see evidence of how their feedback was being responded to within the programmes. Students' views were also encouraged on each individual module and indeed formally on module feedback forms.
- Some students would welcome additional coverage on job applications and interview skills.

Assessment and Feedback

- The use of real life examples by lecturers and the range and type of assessments were commended.
- The use of BlackBoard Learn and different media to suit a range of learning styles was welcomed.
- Feedback was timely and appropriate. For OSCEs, feedback was immediate and for written work was excellent. Lecturers were flexible in their approach and very supportive and committed to student needs.
- Module handbooks were comprehensive and informative and clearly set out staged submission dates for assessment.
- Group work was not favoured by many although everyone acknowledged its importance in developing employability and other work relevant skills.

- Group work in final year in particular was not welcomed by students and it was disappointing to have to take a group mark as part of a module which contributed to the degree classification.

Placement

- Students felt well prepared for placement. Preparation started well in advance and one week was set aside at the start of placement to allow students to integrate into the clinical surroundings.
- The placements were well balanced in the programme content.
- Practice educators were also well prepared for students going onto placements.
- Weekly clinical seminars provided students with the opportunity to reflect on their learning following placement.
- The support from lecturers was excellent and students know who to contact if any issues arose. The half way visit by the lecturer was very well received as well as the debrief at the end of the placement.
- Types of placement in hospitals ranged from ICU, paediatrics, surgical for example as well as in the Northern Ireland Hospice, in special needs schools, regional brain injury unit and within a range of organisations in the community.
- Students were always encouraged whilst on placement to join with other disciplines and settings.
- Role emerging placements could also be undertaken for which the student was responsible for sourcing, with support from the University. These types of placements provided excellent experience and had really transformed the capabilities of those who had availed of such an opportunity.
- Students were able to undertake an elective, for example with the PSNI, sports clubs or private practices and could indicate their preferences alongside the mandatory placements.
- The move to a pass/fail for placement was now incorporated into all courses with the exception of Physiotherapy. This was welcomed by some but not others - pass/fail was less subjective but setting a mark was a motivating factor.
- Physiotherapy students had been involved in much discussion in this regard and it was decided that the allocation of a mark was better than pass/fail and consequently, it remained in that course.
- Some students raised the issue in the past of practice educators not using the full range of marks with the reason being that a mark of over 70 could not be awarded as they were not Band 5 professionals.

Inter-professional learning

- The two professional development modules in each course provided opportunities for students from all professions to work inter-professionally and to put theory into practice in that environment.
- The use of break-out groups as part of these modules worked well as well as the reflective elements and use of case studies.
- Some students were of the view that these modules were too long for the topics being covered.
- Working with inter-disciplinary teams provided students with a good grounding in each profession. Having a knowledge of what each profession entailed was extremely beneficial and greatly assisted with referrals during placement.

Relocation to Coleraine campus

- The move to the Coleraine campus had not been communicated appropriately to current students. It was disappointing that many had heard about the proposed move from elsewhere and not directly from the University.
- Students expected to finish their course on the same campus on which they started.
- Prospective students had received considerably more information than current students.
- Many current and prospective students had made plans around the move which was originally to be from September 2018 but that date had now been postponed.
- Students were of the view that that it was better that the move had been paused to allow for all the required facilities and resources to be in place first.
- From purely a course perspective, many did not see that that relocation would have any impact.
- Some students raised the issue of the lack of acute hospital placements in the Coleraine area.
- Continuous engagement with students was extremely important where it related directly to their course. This had fallen short on this occasion.

The Chair thanked the students for their excellent engagement with the Panel and wished everyone well with their studies and future careers.

BSc Hons Diagnostic Radiography and Imaging, BSc Hons Radiotherapy and Oncology and BSc Hons Podiatry

The Panel met with students from the Radiography, Radiotherapy and Podiatry programmes. The following are summaries of their responses to issues raised by the Panel.

Pre-entry to programme (information)

- Generally, sufficient information provided – availability of practice experience beforehand would be beneficial in all programmes to making an informed choice on career path
- Radiography – information provided ensured good insight to the profession enabling correct choice to be made
- Radiotherapy – attended open night where able to speak to current students and learned about the HPAT process ; also, one day work experience in a clinical setting
- Podiatry – two students left the programme having made the wrong choice of profession

HPAT selection test

- Not about personal feelings - rather the assessment of social and communication skills
- Would prefer interview rather than HPAT test
- Did not like the test
- Quite expensive

Student experience

- General satisfaction with the provision
- Placement was the highlight of the programme where “hands on” experience gained and enabled application of theory to practice
- In-house clinics provided “added value” to the provision
- Small class sizes in year 1 of the radiography programme welcomed

Involvement in programme development

- Radiography – there was a consultation process and where a suggestion could not be acted on, the reason was explained by staff
- Radiotherapy – welcomed the changes made to the new programme including more practice classes but were not consulted – this may have been because they were on placement during semester 1. Pointed out that final year students had been consulted
- Podiatry – students were consulted and everything they had suggested had been included in the new programme

Assessment

- Radiography – inconsistency across the Trusts; some more “hands on” than others; however in the latter stages of the programme, students more confident and willing to “get involved”; definitely encouraged to be an independent learner
- Radiotherapy – there are four placement blocks where assessment is on a pass/fail basis; list of competences to be achieved and then reflected on; on occasion, not all students were able to get on the equipment and fell behind
- Podiatry – inconsistency across the Trusts; during the first week on placement there is more observation; thereafter it becomes more “hands on”; approach taken depends on the location i.e. some Trusts have extra time and book students for their own clinics.

Assessment by group work

- Radiography – we received individual marks
- Radiotherapy – not everyone “pulls their weight”
- Podiatry - random selection of groups; in one assessment worth 60% of module mark in final year, each student received the same mark yet some made little contribution – unfair

Placement

- Great deal of information provided during induction, including feedback from students who had completed placements
- Able to identify three preferred placement locations (although not guaranteed)
- Travel distance taken into account? Radiography – informed that it was; Radiotherapy – not taken into account; Podiatry – “you would hope so”
- Rotate around different placement sites where possible - dependant on best location to address outstanding learning
- Podiatry students return to the same location – advantage since they are familiar with the site and the practice educator
- Support available from academic tutor via email and telephone

Placement assessment

- Radiography – assessed by practical skills assessment marked on a pass/fail basis, completion of a portfolio including reflection on practice experience and written examination worth 60% of the overall module result (not in revalidation programme)
- Podiatry – preferred pass/fail basis for practice assessments because difficult to differentiate between candidates

Leadership Development (final year)

- Well prepared in this regard for NHS but there is now more included in the programme relating to progression into private practice and how to set up in private practice (Podiatry)

Campus relocation

- Do not see it working in practice
- Not beneficial in the long term
- Will limit applications from Belfast area
- Availability of placement sites in the new locality would be *the* big issue
- Most clinical placements located in the Belfast area
- Established client base in the Belfast area
- Many elderly patients, some attending for 20 to 30 years, will not be prepared to travel
- Excellent facilities currently in Jordanstown/Belfast
- Currently no facilities at Coleraine to support programme (Podiatry)
- If relocation occurs mid-programme, could affect grades

5 MEETING WITH SENIOR MANAGEMENT TEAM

5.1 Application process and HPAT

The Panel queried the relevance of the HPAT test as part of the admissions process and asked if it was the best way to select students. The Senior Team informed the Panel that attrition in smaller programmes was always disproportionate to the actual percentage. Considerable time and effort had been spent on the best way to recruit students and an analysis of attrition showed no difference between those cohorts of students recruited using the HPAT and those who were not. The test did not in any way diminish the quality of the student accepted onto the programmes. It was a Department of Health requirement that an interview formed part of the recruitment process for nursing students. This equated to some 1800 applications to Nursing and a similar number for AHP courses and logistically this was not manageable. The HPAT provided the first refinement of applications. It utilised relevant scenarios which had been informed by clinicians and service users. It was simply a tool to control numbers and rank candidates in any given year and the evidence around interviewing students was not any more persuasive. It was also noted that an HPAT score would be honoured for deferred entry.

The Panel enquired if there was an opportunity for students to retake the HPAT. The Senior Team informed the Panel that if a student was unsuccessful and achieved a mark lower than that required for that year of entry, that score may be sufficient for entry in the next year. There were no opportunities in the same year to retake the test unless in exceptional cases such as illness on the day of the test.

The Panel noted that placement providers were not involved in the application process. The Senior Team informed the Panel that Trusts found it difficult to accommodate prospective students on an individual basis but instead would organise open days in all AHPs to provide students with the opportunity to spend time with professional teams. An Insight evening was also held where staff, educators and current students were able to share experiences with potential applicants. Service users were not involved in the recruitment process because of the HPAT but they did help to inform the scenarios integrated therein.

5.2 Relocation to the Coleraine Campus

The Panel had heard much varied discussion on the proposed move to the Coleraine campus during meetings with all practice educators, service users, students and course teams. A real wariness existed, in particular amongst service users, practice educators and students. Current students were frustrated that prospective students had received more information than they had. The issue of potentially moving only Radiography to the Magee campus also caused considerable concern.

The Senior Team responded by advising that the decision to relocate to the Coleraine campus had been taken in 2015. The proposed Graduate Medical School coming on board during the interim had changed the landscape. AHP provision currently stood alone at the Jordanstown campus. All other related provision, with the exception of Nursing, was delivered at the Coleraine campus and adjacency to this would provide many opportunities for interprofessional education, for example with pharmacy or biomedical sciences. The modern and vibrant Coleraine campus would also provide a much enhanced student experience in terms of resources, student hubs and access to laboratory spaces. It was noted that there were no 'wet' laboratories at the Magee campus but the consultation process was still ongoing as to whether any part of AHP provision would move to Magee.

The Senior Team advised that since their earlier meeting with the Panel, the number of commissioned places for next had been confirmed as the same as for the current year.

In relation to placement places in the North and North West of the province compared to the Belfast area, the Senior Team reiterated that the decision in relation to Magee had not yet been made but that the Faculty had experience in these matters with the consolidation of Nursing provision on the Magee campus a number of years previously. The move from Jordanstown to Coleraine or Magee would be the reverse of this in that students would remain there for the theoretical elements and stay in accommodation for placement.

Consultation on the relocations had not yet closed but it was noted that it made no sense to move Radiography only to the Magee campus unless the Graduate Medical School received government approval to proceed.

Synergies and challenges existed in relation to the relocation and for the majority of staff a move would be a challenge but the Faculty would make every effort to retain its current staff.

Specifically in relation to Podiatry, the professional body representative asked what provision would be made when it left the Belfast area for many long standing service users. The Senior Team advised that a plan was in place about how AHP will exit the Jordanstown campus and emerge on the Coleraine campus which will involve significant engagement with local healthcare providers. The Podiatry representative stated that if the profession was already facing challenges would these challenges not be even more highlighted with the move. The Senior Team confirmed that they already cognisant of this and were looking at ways to best alleviate concerns including a piece of work to identify why podiatry numbers were lower than the other professions. When asked if the small numbers were sustainable, the Panel were advised that the Department of Health had confirmed 17 commissioned places for next year. The small intakes had to date never been an issue for the Department. A service level agreement was in place between the University and the Department of Health and this assured commissioned numbers annually. It was noted that only a small number of podiatrist graduates would progress to work in the NHS but the majority would go into private practice.

5.3 Placement

- Pass/fail

The Panel noted some differing views in relation to the introduction of pass/fail for placement instead of a mark, with the exception of Physiotherapy who felt very strongly in relation to retaining a mark. The Senior Team advised that they had moved to pass/fail after considerable discussion including that with the Pro-Vice-Chancellor (Education). The majority of professions and students were in favour of the change. All were very aware of the subjectivity of marks but the element of differentiation would still be acknowledged in the assessment criteria.

- Placement Strategy

The Panel enquired as to the placement strategy in terms of building capacity and breadth. In respect of capacity, a joint workshop including representatives from each profession, was held with the Department of Health during which an agreement was worked towards with each Trust in relation to workforce figures. Each Trust was aware of how many placements would be required to be provided for each profession and such an approach had really opened up the opportunities within Trusts. The system was working well in terms of the breadth and many of the professions were coming forward with placements in community settings, private practice as well as an increase in role emerging opportunities being sought out by students themselves. To date the latter was really taking forward the occupational therapy profession in diverse areas and locations. The Physiotherapy and potentially Podiatry and Speech and Language Therapy staff were also very keen to bring in more role emerging opportunities.

- Quality Assurance

All placements were formally audited as well as students being required to complete questionnaires. Trust staff also provided feedback in relation to strengths, issues and challenges. When asked how feedback was handled, the Senior Team advised that it was undertaken by profession and placement block.

DAY TWO

6 MEETING WITH COURSE TEAMS

BSc Hons Physiotherapy

6.1 Background and rationale

The Panel asked the Course Team to provide some information as to the rationale and process for the revalidation of the BSc Hons Physiotherapy. The Team advised that the revalidation process was undertaken every five years to ensure that the course was current and fit for purpose. The latest revalidation had been deferred for one year in light of the proposed move to the Coleraine campus. The revalidation process commenced two years previously within a period of change in terms of the proposed move but also during University wide restructuring. It was an opportunity for the Team to reflect on and refresh the curriculum. In doing so, the University's new curriculum design principles were engaged with and adopted, year one of the programme was restructured with a move to long 'thin' modules; and more formative assessment had been included. Following considerable discussion as a team, as well as engagement with students and clinical colleagues, it was decided to retain a mark for an element of placement rather than pass/fail. In undertaking the review of the curriculum, the Team had been very mindful of the proposed move to the Coleraine campus.

6.2 Key themes

The Panel enquired how some of the key themes including internationalisation entrepreneurship and pathophysiology were embedded in the programme and how students would know that they were interacting with these themes. The Team advised that clinical resourcing had been a very strong theme and this had involved the use of case studies around given tasks. A range of conditions and clinical reasoning were built into the curriculum from the start of the course and which were further developed as students moved through the programme. It was important that the patient always remained at the centre.

The Course Team advised that the themes referred to by the Panel already existed in the current course and ran through modules and years. For example, a stand-alone pathophysiology module was not part of the programme but coverage was integrated throughout other modules. Students also preferred this approach.

In relation to internationalisation, this was very much embedded within module content rather than as a specific learning outcome. The focus was mainly on encouraging students (who were mainly from Northern Ireland) to reflect on how things might appear in different parts of the world and to also encompass equity and diversity. Assessment within the module *Musculoskeletal assessment and management: Peripheral* provided students with the opportunity to present on a variety of topics around a number of different schools of thought and treatments in other countries.

The Course Team advised the Panel that students were very much aware of government policy and the drive for modernisation alongside the move towards seeing the individual as a person not a patient. This was achieved through regular interaction and engagement with practising physiotherapists.

The Panel noted that the service users had mixed views on leadership and enquired how the Team felt in this regard. The Team advised that the split view was very much reflective of the profession across the UK and whilst they had endeavoured to make the Ulster programme more politically aware, it was the view that this would involve a culture change and would take time. Some in the profession were of the view that leadership was not part of their role. The Team endeavoured to involve students in relevant extra-curricular events where they could see the bigger picture. The student led Ulster Physiotherapy Society was also very active in this regard.

The skills which students developed during the course, including presentation and communication skills, team working and critical analysis, alongside a good evidence based background provided them with a sound grounding in leadership and entrepreneurship. Research informed teaching could at times be a challenge when it covered topics that were sometimes not happening in practice. The *Professional Development and Employability* module in final year also prepared students to be employable in areas other than physiotherapy.

The Panel noted that the Team appeared very much engaged and enquired if this had increased. The Team advised that engagement had not increased but that this was a constant throughout the review process over a number of years and indeed they had been commended for this as well as their collaboration. The School's Employers' Liaison Group which comprised of clinical educators, Trust managers and clinical specialist leads was also very much involved in the revalidation process and provided a structure for all key parties to meet and encouraged all views to be discussed through open dialogue.

6.3 Assessment of Placement

The Course Team advised the Panel that much discussion had taken place in respect of the award of a mark for placement or pass/fail. This had involved a very open discussion and

consultation with clinicians, students and placement educators, following which a clear rationale for the retention of the clinical mark was set out. The view of practice educators was that if the mark was removed they would be seen as supervisors rather than educators who were very much involved in the students' education and training.

It was noted that during the meeting with practice educators they had stated that it would be useful to have sight of the marking of placement from other Trusts and that this would enhance the assessment process as well as provide a benchmark across providers. The Course Team advised that this was a matter currently being considered by the Practice Educators' Forum. Challenges in the past had been the inability to separate out the student questionnaires on a Trust by Trust basis as well as the anonymisation of the feedback. Individual Trusts did however receive general feedback on key areas.

The debate around why pass/fail had been introduced into all the other professions but not Physiotherapy was an interesting one and indeed there was a very strong argument for retaining the mark. It was the Panel's view that the mark should be retained and that this was best practice. It was important, however, that practice educators made use of the full range of marks. The Course Team advised that they continued to emphasise this.

6.4 Relocation to the Coleraine campus

The Panel asked for the Team's view on the proposed move to the Coleraine campus. The Team advised the Panel that they had been informed three years previously, however, the move had now been postponed. From a placement perspective, the majority of acute hospitals were in the Belfast Trust and 80% of placements could be travelled to from Belfast. This percentage would be less from the Coleraine area. Consequently, student accommodation would be required for students travelling to placements within the Belfast Trust. Some discussions had already taken place with regard to block booking some of the vacant student accommodation on the Jordanstown campus for this purpose.

The move would also have a significant impact on the use of current visiting lecturers although delivery could be changed to online rather than face to face. There was also a possibility that Radiography would be separated out from the other courses and moved to the Magee campus but this did not sit well with the Course Teams who felt that it would be detrimental to the School. The view of staff was that all the Health Sciences provision should remain on the same campus.

The Course Team advised that the Coleraine campus did have a lot to offer – it was a modern, vibrant campus with a very engaged student population and its location on the North Coast was very attractive to international students in particular. Both the Northern and North West Health and Social Care Trusts served the area and would provide access to acute hospital facilities. There were also opportunities for the School to engage with other subjects on that campus including dietetics, psychology and pharmacy.

The Panel noted that the fact that the six professions were together in the School and on the same campus was quite unique and provided excellent opportunities for inter-professional working. To move one of these professions to a different campus than the other five would indeed be detrimental to the overall provision. It was also essential that the University had a commitment to all the required resources for the move to take place.

6.5 Resources and Staff Development

The Panel enquired as to the current level of staff resources and if staff had sufficient time outside of their teaching workload to undertake valuable research activity. The Team advised that there was a good balance across the School in terms of staff workload. Going forward, a

more structured workload model was being developed across the University. Currently, staff development opportunities were identified on an ongoing basis but also through the formal Appraisal Review process. The Team were of the view that staff development opportunities were sufficient and these included excellent events organised and delivered by the Centre for Higher Education and Research Practice (CHERP). The Panel noted the very strong research ethos and activity which came through in the document.

The Team confirmed that there was sufficient flexibility within existing staff to adequately resource the programme for the proposed intake of 50, however, they would wish the revalidated intake to be set at 60.

The Panel highlighted the recognised shortage of physiotherapists in the UK and stated that there was scope to build capacity in terms of international students and self-funders in addition to the commissioned places. The Course Team confirmed that this was already being considered but that they needed to retain a balance within current staffing levels. They were keen to look at running pre-registration programmes for both physiotherapy and occupational therapy but more capacity would be required on the Coleraine campus if numbers were to increase in these ways.

6.6 Assessment

The Panel queried the group presentation in the final year module *Professional Development and Employability* where it stated that an element of peer assessment was used. The Course Team advised that the mark for the group work element (presentation) was peer assessed and could be moderated up or down by other members of the group depending on the contribution they made to the task. The Team confirmed that all students did not simply receive the same mark but that this model often resulted in a variation of marks between members of the group. The Panel pointed out that students had noted their dislike of group work assessment for modules which contributed to their degree classification and that this should be considered for review. The Team stated that this mark was only one component of the overall module. It was important for students to be introduced to real life and that feedback from students for this module was generally very positive

BSc Hons Occupational Therapy

6.7 Background and rationale

The Panel asked the Course Team to provide some information as to the rationale and process for the revalidation of the BSc Hons Occupational Therapy. The Course Team advised that the process had included consideration of and engagement with contributing factors such as the NSS, the Assessment and Feedback Strategy, the Learning and Teaching Strategy and the proposed move to the Coleraine campus. The Team had also engaged widely with service users and placement providers. It had been a very iterative and worthwhile process overall.

6.8 Relocation to the Coleraine campus

The Panel asked the Team to provide them with their views on the proposed move to the Coleraine campus and any challenges that it may bring. The Course Team stated that the School had a very strong AHP identity but that they were not fully involved in discussions around the move. Staff had been working with students to ensure that they were supported around the transition but that the halt to the move had been very unsettling for students. Staff were very much not in favour of moving the Radiography provision to the Magee campus and the rationale for doing so seemed very unsatisfactory.

The Team had been embracing the change and the synergies that would be available at the Coleraine campus to work with dietetics, pharmacy and psychology for example, however, many of the specialist sites were in the Belfast area. The Team had already started to seek out visiting lecturers in the Coleraine area, as it was not deemed feasible for many of the existing ones to travel, as well as developing a network of service users. The Team acknowledged the superb physical environment at the Coleraine campus.

6.9 Resources and infrastructure

The Panel enquired if the required infrastructure would be in place to deliver the course or was additional support needed. The Course Team stated that the drive towards block placements had greatly assisted in this regard and was more fit for purpose, particularly in final year. The Team had worked very closely with placement providers in reviewing the structure of the programme to ensure that it worked for everyone.

6.10 Placement

In respect of placement and the proposed change of campus, the Course Team advised that students were already expected to be prepared to travel throughout Northern Ireland to undertake placement. The current model used enabled Trusts to indicate how many placements they were able to accommodate and this facilitated early planning for both the University and the provider. Placements were now also coded and this had proved extremely beneficial in identifying capacity in each particular area as well as facilitating a much more professional and partnership model of working. The new model had transformed and enhanced the entire placement process.

The Course Team advised that, for example, a different model of delivery had been trialled for the move to Coleraine for the module *A Focus on Fluency* whereby creativity in delivery was maximised to minimise student travelling time when the move takes place.

6.11 Diversity

The Panel enquired how the Team encouraged diversity of the student group and indeed of the subject and profession. The Course Team advised that this was a challenge, however, an increased number of students were coming onto the course from different backgrounds and via different avenues including Access and other non-cognate undergraduate degrees. Northern Ireland was by nature not very culturally diverse in comparison to other parts of the UK but the Team very much encouraged diversity. The gender imbalance was also a challenge but the Team endeavoured to increase the number of males coming into the profession. The Panel advised the Team that they should undertake a review of their website and marketing material in respect of how the School was being portrayed in terms of diversity – it currently appeared very one gender focused.

6.12 Placement

The Panel enquired if placement opportunities were available outside of Northern Ireland and was advised that there had been a few to date, however, an agreement was in place with the Department of Health where placements were provided solely within NI. If international student numbers were to increase, this may bring with it opportunities to explore ways for students to go abroad and for international students to come to Ulster.

6.13 Assessment strategy

The Panel enquired as to the overall assessment strategy and noted that many modules had more than one item of assessment. The Course Team advised the Panel of the University's

new curriculum design principles which had been used in reviewing and streamlining assessment overall as well as ensuring that all learning outcomes were being formally assessed. The reduction to four module learning outcomes as part of this process had been welcomed by staff and students. The Team acknowledged that a number of modules contained more than one assessment but provided assurance that all assessments were relevant and mapped to learning outcomes.

The Panel asked if the amount of assessment was manageable within current staff resources and suggested that some assessment be formative rather than summative. The Course Team informed the Panel that assessment was manageable and that they also utilised other assessment methods including online which greatly reduced the burden on staff.

6.14 Inter-professional education (IPE)

The Panel enquired as to the level of IPE within the provision and what the impact would be on this with the move to Coleraine. The Team acknowledged that IPE could be a challenge but that it had changed significantly over the past few years and was something which the students really enjoyed. IPE started in year one and ran right through the programme covering areas including child protection, health and safety and using interprofessional workshops, in and out of class tasks, group work and presentations. Student feedback on all areas of IPE on the course had been very positive to date. The Team highlighted the opportunities to link with the Schools of Education and Psychology at the Coleraine campus and they were keen to nurture these and other opportunities going forward. The Team also already contributed to other courses including Occupational Therapy and took steps to maximise adjacencies.

6.15 Service users

The Panel asked to what extent service users were involved and their level of input to the course and was advised that the Team had run focus groups with parents around what they felt the skills of graduates should be and what a good session with a speech and language therapist should entail. Their input had been extremely valuable and had really helped to inform placements. A panel of parents would also be brought in as part of preparation for placement. Complex paediatric issues was an area which the Team wished to build on further.

The Team had also availed of different survey data and this showed clear guidance on how to build in skills such as empathy, communication skills, building resilience and coaching skills. It was important to build up a body of experts with the ultimate goal being that service users could co-teach and co-assess although this situation was some way off at this time. The voice of the person affected was always at the core of every part of the course.

6.16 Professional membership

The Panel sought clarification in the inconsistency around registration with the Royal College of Speech and Language Therapists and was advised that this was required although students self-funded in this regard. Details were included in the students' joining instructions so that they were aware to factor in this cost. The Course Team also made students aware of the very rich resource available through the RCSLT and encouraged all students to engage with the professional body.

6.17 RCSLT standards

The Panel sought clarification on where the RCSLT standards in relation to mental health, psychiatry and emotional resilience were covered in the programme and was advised that these were embedded within other topics. For example, communication and mental health issues were very dominant in the module *Advanced Management: Children and Young*

People. The *Biological Sciences* module introduced students to the ear and hearing and this was further developed in *Neurodevelopmental Disorders*. Audiology and hearing impairment was given further coverage as a condition in a number of other modules. The *Neuroscience* module covered specialist sensory systems.

6.18 Student feedback - Placement

The Panel enquired what mechanisms were used to seek feedback from students on their placement. Students were able to give feedback online and this fed into training for practice educators. The Team recognised that this was an area which required review in order to be able to provide more detailed feedback to placement providers. Students were currently able to raise issues at any point with their personal tutor or year tutor. All issues were given due regard by staff and action taken as appropriate. There was also a formal mechanism for feedback at the end of each placement; a summary of the main themes were then shared with practice educators.

The issue of feedback to practice educators was currently under review to identify how it would be best provided to ensure that educators could see more detailed but anonymised feedback, as well as from across all Trusts and not just their own.

6.19 Research Skills

The Course Team advised the Panel that students' research skills were developed through all three years of the course. It was agreed across all course teams that the research module be introduced earlier in the programme and this would be good preparation for the final year project. Critical skills were used and developed extensively throughout year 2 and into year 3. The Course Team also arranged SLT specific coaching seminars in the first semester of final year which students had found very beneficial to date. Furthermore, the Team would also be putting out a request to clinicians this year for research ideas and questions.

BSc Hons Speech and Language Therapy

6.20 Revalidation process

The Panel asked the Course Team to set out the rationale and process for the revised programme. The Team advised that the process had commenced two years previously and had involved a number of focus groups and workshops with practice educators, service users and students which had informed the review. All stakeholders were very much involved throughout the process. The review had included the following - a move the pass/fail in placements of which everyone was very supportive; more prominent occupational performance through the lifespan model and further development of role emerging placements.

The rationale for the move to pass/fail for placement was to remove much of the subjectivity of marking which could result in an inflated degree classification. The Panel noted that a number of students had concerns with some practice educators not using the full range of marks but acknowledged that staff were continually trying to expel the myth that a mark of 70 or over could not be awarded. The pass/fail aspect would continue to have an element of grading to provide motivation and distinguish different levels of student performance.

The Panel noted that the Five and Fifty Strategic Plan had very much informed the revised course but enquired how national and international influences were also included. The Team advised that within the internationalisation agenda there would be increased international opportunities, for example, the two-way exchange partnership with Western Michigan University which was available for both staff and students. Such opportunities also existed for

staff to work on research projects. Role emerging placements also continued to provide international opportunities and students had been to Zimbabwe and Thailand, for example. The *Occupational Well-being in Communities and Society* covered the very current issue of refugees.

Nationally, many staff were involved in groups through the Royal College of Occupational Therapists. Policy aspects were covered in a number of modules but specifically in the level 6 module *Professional Development and Employability* students were assigned a policy on which they would prepare a poster and presentation. Such activities helped to make students much more politically aware. Students were also encouraged to respond to consultations and they could often see how their own ideas and thoughts could help to shape policy documents. It was important that the student voice was seen to be heard.

The aspect of leadership was evident within all policy documents and this was emphasised throughout the programme but specifically integrated into *Knowledge and Skills for Personal and Professional Development*.

6.21 Student intakes

The Course Team advised that they had 60 commissioned places and wished to be revalidated at that number. Going forward, the Team wanted to recruit self-funders and international students in addition to the commissioned places. Going forward, they may also consider developing a pre-registration Master's programme. The Team confirmed that the maximum recruitment within current resources would be 60 students. It was noted that should additional numbers be recruited in the future, this would require a major change with the professional body.

6.22 Staff resources

The current staff resource comprised nine full-time staff which included the Head and Associate Head of School, each at 0.5 FTE. The Panel enquired as to contingencies to cover any eventualities such as sickness and was advised that module content was designed to be delivered by at least two members of staff. Flexibility existed across the Team and other staff were able to step in as required. Access to part-time hours was also available as well as input from experienced and specialist therapists.

6.23 Physical resources

The Team advised the Panel that updates to specialist equipment were identified by the Course Team and discussed with the Head of School and managed within the overall School budget across all course teams. It was hoped that additional funding would be made available for the move to Coleraine to ensure that excellent facilities would be available for students.

6.24 Relocation to the Coleraine campus

The Panel asked the Team for their views on the move to the Coleraine campus and how it was being planned for. The Course Team saw the move as a good opportunity to have new, purpose-built facilities and resources but also acknowledged the challenges that came with it. They hoped to be able to avail of flexible, configurable learning spaces and to make an increased use of digital learning options such as the flipped classroom. Excellent student hubs already existed at the Coleraine campus.

The Panel enquired if the move would enhance opportunities for interprofessional learning. The Course Team confirmed that this would very much be so with opportunities to collaborate with psychology and dietetics, for example.

The Course Team advised that the proposed move was now due to take place from September 2019. The Team was strongly of the opinion that all six AHP programmes should remain together on the same campus.

The Panel noted the hesitancy and uncertainty amongst practice educators and service users in relation to the model for relocation. The Course Team advised that they would endeavour to keep all stakeholders informed as much as they could but that the postponement from September 2018 provided valuable additional time to work through the relocation process. Students came onto the programme from across NI and, in fact, the Northern Health and Social Trust, which covered the Coleraine area was the largest Trust in NI. The School was also investigating the possibility of block booking student accommodation at the Jordanstown campus to minimise student travel during placements.

6.25 Professional development

The Team advised the Panel that their own continuing professional development was maintained on an ongoing basis. This included staff projects on autism, sensory integration and mindfulness and opportunities to link with other departments and Universities. One such example was the recent evaluation of the MSc Art Therapy on which staff worked collaboratively with colleagues from the School of Art.

Staff professional development needs were identified through the Development Appraisal Review process and senior staff within the School were very supportive of relevant activity. The University provided staff with opportunities for CPD and many staff also attended and presented at specialist conferences and events. CHERP also ran events and workshops throughout the year. Staff were very clinically research active and this helped to maintain currency in terms of their own practice and the profession.

6.26 Admissions - HPAT

The Panel enquired how the HPAT operated and how opportunities for a value based approach were assessed as part of that process. The Team advised that the admissions process was led by the Faculty office. A number of service users had been involved to advise on the qualities and attributes they felt occupational therapists needed. This had very much informed and shaped the HPAT.

6.27 Inter-professional Learning

The Panel enquired how the interprofessional learning strategy had been enhanced in the revised curriculum and the Team advised that this was mainly through the *Knowledge and Skills for Professional Development* module which was now long 'thin' rather than two separate modules and included more psychology and sociology content. Interprofessional learning was further developed through placement during which students were encouraged to engage with others and explore different roles. The School also ran themed workshops, for example, in relation to the story of cancer in conjunction with Macmillan which had proved very beneficial. Going forward, others would involve stroke and rehabilitation, autism and dementia for example and a very current issue of human trafficking which should prove very useful for all professions.

During the interprofessional workshops students were encouraged to learn from each other and this was facilitated through small group working to ensure true interprofessional engagement and learning. This aspect was linked into assessments and was very much valued by the students.

6.28 *Digital literacy*

The Panel enquired how the Team intended to further utilise the digital environment to enhance learning. The Team advised that in *Environmental Contexts Enabling Participation* covered the use of assisted technology and looked at how computers could be adapted for particular user requirements. In the move to Coleraine, the Team was keen to increase the use of digital technologies in innovative and creative ways in the classroom. In the wider context, students may also interact with service users in a different way. Staff were also collaborating with colleagues from the School of Computing and Engineering to investigate ways of working with undergraduate students and using iPads and apps to monitor different activity and issues.

The Course Team confirmed that the lifespan module to include the aging population was covered in the module *Occupational Well-being in Communities and Society* in which students were required to undertake a therapeutic group work task which focused on the older age groups as well as health promotion and condition management.

6.29 *Course Structure*

The Panel enquired how the move from long 'thin' modules and sustained student learning, interspersed with placement would be managed. The Course Team advised that the modular structure was at times limiting which tended students to 'package' modules separately. The revised structure was an attempt to move away from this tendency and for students to see the linkages between modules and a move towards more integrated assessment.

The Team explained the background to the new curriculum design principles and the fact that the assessment schedule was very mindful of staff and student workloads. Feedback on assessment would be provided to students within fifteen working days.

6.30 *Group Work*

The Team confirmed that group work was an issue sometimes raised by students but staff made sure that students know this was how the real working environment would be and that they needed to be able to communicate and work with others. In undertaking a group work assessment, students were encouraged to set out an action plan and assign each member of the group to a similar amount of work. For the poster and presentation in the *Professional Development and Employability* module the peer assessed mark was assigned to the poster and an individual mark to the presentation. Students were provided with clear marking criteria at the start of each module and for each assessment.

6.31 *Student Support*

The Team confirmed that students had an assigned studies advisor with whom they could raise academic or other issues. Students would be provided with guidance or, where appropriate, be signposted to the relevant support system/area.

6.32 *Practice Educators*

The Team advised the Panel that a very keen workforce was present in the Trusts who were very willing to take on the role of practice educator. Workshops would be delivered for those interested in taking students on placement both on campus and offsite as required. Handbooks were provided to all practice educators which set out all requirements including the assessment processes. Annual updates were provided and this year included a review of the assessment process as a result of the proposed move to pass/fail.

Placements were audited on a dedicated audit form for occupational therapy every two years as well as staff undertaking regular placements visits to ensure that they were fit for purpose. Placement results were also moderated to ensure the mark awarded correlated with the descriptors and this process commenced at the half way visit. The audit of emerging placements was more of a challenge as these were often international and had been identified by the students themselves. Technology such as Skype was utilised for this purpose rather than physical visits.

BSc Hons Radiotherapy and Oncology and BSc Hons Diagnostic Radiography

6.33 Changes to the provision

The panel asked about the Teams' approach to the development of the new curricula and whether there had been any inhibitors to the process.

Radiotherapy

The Team stated that the revalidation process had been viewed as an opportunity to improve the programme. Feedback had been received from current and past students and practice clinicians. The main issue identified was a need for more interaction with patients. Another issue of note related to the impending relocation to the Coleraine campus. Currently, in the placement modules, students would spend three days per week on placement and two on campus. This would not be possible if the programme were to relocate to Coleraine so the two activities had to be divided into an 'academic week' on campus and then a 'placement week' in the cancer centre at the Belfast City Hospital or Altnagelvin Hospital. The Team had been working with the practice educators at the new centre at Altnagelvin Hospital to ensure that the student experience would match that of the Belfast City Hospital. The biggest challenge of the relocation would be in ensuring an equivalency of equipment in the new campus which the Team had been assured would be the case.

Radiography

The Team had received feedback from students in each year of the current programme. Placement had been identified as the programme's key strength; one that students had emphasised should be retained. The main changes to the programme had involved some restructuring in year 2 to address relatively high failure rates in modules, *Diagnostic Imaging of Systems 1* and *Diagnostic Imaging of Systems 2*. The Team detailed all the changes and restructuring that had taken place throughout the programme, the reasons for same, the modules involved and their content and the revised academic progression through the programme.

6.34 Assessment of practice

Radiotherapy

Practice placement modules would be assessed through a combination of a practical skills assessment assessed on a pass/fail basis, a written assignment, completion of a work portfolio that included a reflective element, and an Objective Structured Clinical Examination (OSCE). Students would be required to pass each assessment component. The programme had been designed to align with the HCPC Standards of Proficiency and the completion of the placement portfolio would enable students to demonstrate not only achievement of the proficiencies but also how they had been achieved. This would be helpful to graduates seeking employment in the international market.

The Panel asked about how judgments would be reached about competences in practice. The Team explained that a monthly meeting of the Education Group Committee comprising academic staff, clinicians and practice educators would address, inter alia, issues around assessment designed to ensure a consistent approach across the sites. In addition, practice educators and clinicians would receive a copy of the Staff Placement Handbook that included a section on assessment procedures and guidelines to assist standardisation of marking of practice performance. Moreover, the University organises on an ongoing basis workshops for practice educators on various topics including assessment. These can take place on campus or at the placement sites.

Radiography

Practice placement modules would be assessed by a practical skills test that would be marked on a pass/fail basis and a portfolio in which students would be required to record their practice experiences and complete set tasks in a workbook including reflection on their performance and achievements. An oral assessment would be conducted during the visit by the academic tutor when students would have the opportunity to accurately critique and discuss radiographic findings. While this would be a formative assessment, it would provide crucial feedback for students and initiate supportive follow-up action where students had failed to demonstrate satisfactory performance. The Team confirmed that, regarding written work, there were no word count limits, that the emphasis was on quality rather than quantity.

6.35 Assessment

Radiotherapy

The Team responded to a Panel suggestion that the programme was over assessed by agreeing that this had been the case. They stated however that they had tried to significantly reduce assessment in the new programme. For example, the final placement OSCE, which had instilled huge anxiety in students, had been removed since the programme level outcomes had already been achieved by that stage. The Team had tried to adhere to the University's new curriculum design principles of having only two components of assessment per module. Some components however contain a number of small assessments such as a small number of online tests each of perhaps 15 minutes duration. Instant feedback would be provided through the provision of correct answers allowing self-marking which would provide formative feedback. Student feedback had indicated that they preferred assessments in a series of small 'chunks'. Different assessment methods were used such as class tests, written examinations, practical skills tests, written assignments and presentations. This was considered necessary in order to test the breadth and depth of students' knowledge and skills. The Team opined that the approach provided for a balanced assessment strategy and although developing the strategy had taken time, the Team had felt it worthwhile.

Radiography

The Panel queried the assessment strategy in level 5 module, *Specialist Diagnostic Imaging Modalities*, which consisted of two 1-hour class tests and a written assignment. The Team explained that their rationale had been to position assessments at staged points throughout the semester. The class tests, which would complement the final written assignment, would be taken in weeks 4 and 8 and would play a formative role prior to students undertaking the final written assignment. Student feedback indicated that they preferred this approach to having a single final assignment at the end of the semester. The Panel suggested that the programme assessment strategy might be regarded as too fragmentary. The Team replied that their aim had been to achieve an appropriate balance that they believed had been achieved. Students appreciate the different forms of assessment that provide them with opportunities to demonstrate their learning and the achievement of learning outcomes in a

number of different ways. The assessment methods were of a type designed to be useful to graduates in subsequent practice. Assessments relatively early in the module enabled students to identify what they did not know as well as what they had learned. This aided improvement in performance in subsequent assessments.

Regarding assessment by group work, both Teams stated that group members were awarded an individual mark based on their contribution to the group activity. Moderation across clinic practices was made easier because of the small numbers involved and also because practice skills were assessed on a pass/fail basis.

6.36 *Erasmus exchange*

Radiotherapy

The Erasmus placement module was one of two optional placement modules that students would be able to choose from in the final semester of the programme. It provided students with an opportunity to undertake a placement with one of the School's partner institutions in Europe. Alternatively, students would be able to undertake placements within module, *Cancer Service Evaluation*. This module was also international in part, as it facilitated student engagement in elective placements to departments of their choosing either locally or through the 'Work the World' initiative. The element of choice in final year was a feature welcomed by students. Given the number of students electing to go abroad, additional placement locations had been established as far apart as Canada, Australia and Tanzania. As part of the Erasmus exchange programme, international students attended local placement sites. Their presence enriched the learning experience of local students as did visiting lecturers from Portugal and Malta who contribute to the programme. When Erasmus students returned, they presented their experiences to staff and the student cohort. Both optional modules were marked on a pass/fail basis because of the difficulty in equating student experiences across a wide range of placement sites.

Radiography

The revalidated programme now included module, *Elective/ERASMUS Diagnostic Radiography Placement*, a new module that facilitated an element of student choice to include an international exchange opportunity which up until now been integrated into the final year placement experience. The programme had been a partner in the Erasmus Radiography Group (ERG) since 1994. The group currently had exchange arrangements established between 19 institutions in 14 countries throughout Europe. An ERG management meeting takes place each year to finalise and agree learning agreements between exchanging partners. Regarding those students not wishing to participate in Erasmus exchange, an elective placement opportunity was facilitated enabling students to organise placements in departments of their choice including an opportunities for global engagement as it facilitated placements through the 'Work the World' initiative.

6.37 *Attendance*

Radiotherapy

The attendance policy was in line with University regulations. Attendance was monitored carefully and persistent non-attenders would be required to leave the programme. Practice placements constitute a significant and very important part of the programme and attendance was mandatory. Absence on placement therefore must be made up in a student's own time and in negotiation with the practice educator and clinical tutor. Where a student's absence becomes a cause for concern, staff would interview him or her with a view to taking remedial action. A new attendance monitoring system was to be introduced in the next academic year.

Radiography

Students were made aware from the outset of the consequences of not achieving 'fitness to practice' and the need for regular attendance to meet that level of achievement. In the Team's experience a student would very quickly realise if he or she had made the wrong career choice and leave. Those who remained were normally committed to successful completion of the programme and attendance was not a problem. In response to the Panel, the Team stated that a student who failed more than 60 credit points at the June Board of Examiners in the first two years of the programme would be required to repeat the year. If there were exceptional circumstances resulting in a repeat year, the repeat year would be funded by the Trust otherwise costs would be incurred by the student.

6.38 Campus relocation

The Team opined that each member of staff had their own perspective on the move. The impending relocation to the Coleraine campus was described as "unsettling", "demoralising" and particular anxiety was expressed over the, yet unconfirmed, report that the radiography programme would be relocating to the Magee campus because of perceived synergies with medics and the anticipated new medical school to be established at that location. The consensus was that no natural synergy existed between the medical and radiography fields. Concern was expressed that no consultation had yet taken place with affected staff. Travelling distance for staff was a major concern and there was criticism that recent recruits to the School had not been made aware of the impending move. Radiotherapy staff suggested that for their programme, the focus was in Belfast where great working relationships existed with cancer centre staff. The travelling distance between Coleraine/Magee and Belfast was regarded as a major impediment and detrimental to the student experience creating a risk to the future viability of the programme.

The Head of School outlined various consultations that she had been (and will continue to be) engaged in with students and staff regarding the proposed relocation. A formal consultation process would take place with staff during April. She confirmed that a move to the new Belfast campus would now not happen. She opined that a relocation of *all* programmes to Coleraine, which she supported, would allow the current consolidation of the provision to continue and stated that the Coleraine Provost was keen to have the provision at Coleraine.

A number of those present outlined personal difficulties that the relocation would bring. No one present supported the move.

6.39 Centre for Health and Rehabilitation Technologies (CHaRT)

The Team stated that CHaRT aimed to enable healthy living throughout the life span of people with long-term conditions. This was achieved through high quality patient-centred translational research that supported and empowered patients in developing self-management of their condition. Research encompassed health-related research across all the allied health professions and was not only therapy-based. The research was multidisciplinary involving staff from a range of allied health professions and health sciences. Research focused on health practices and health technologies in the areas of clinical sciences, diagnostic radiography, occupational therapy, physiotherapy, podiatry, and speech and language. Research active staff also taught and full-time staff had protected time for research. Workload meetings take place within the School to ensure that there is an equitable distribution of teaching and research time across all staff. Currently all posts within the radiotherapy and radiography programmes were filled with staff/student ratios of 1:15 and 1:22 respectively.

BSc Hons Podiatry

6.40 Changes to the provision

The Panel asked about the Team's approach to the revalidation process and whether they had encountered any inhibitors during the process. The Team stated that the process had provided an opportunity to review and update the curriculum and its delivery. Current and past students, practitioners, employers and focus groups had been consulted. Student feedback had been very positive. The revised programme had been presented to students and practice educators who were satisfied with the changes. The principle changes involved changes to delivery rather than to the curriculum. This involved re-sequencing of delivery in a number of areas including musculoskeletal podiatry, patient assessment teaching, local anaesthetics and nail surgery techniques and an increase in research teaching. The use of flipped classrooms would be piloted in modules such as *Patient Assessment*, *Musculoskeletal Podiatry* and *High Risk Foot* where there was a need to apply knowledge rather than learn by rote. Module assessments were reviewed in line with the University's curriculum design principles from the viewpoint of looking at what needed to be assessed and then designing the assessment around that.

The Course Team, through its contacts in the placement locations, would quickly become aware of future trends in the profession. In addition, the Department of Health's workforce planning strategy that affects postgraduate commissioning would provide an indicator. By these means, the Team would remain current about the medium- to long-term future direction of the profession and where appropriate, the curriculum would be updated accordingly.

The Panel queried who the main driver of the programme was, those in academia or in the profession. The Team replied that while no formal contracts existed between the two bodies regarding programme development, they had excellent working relationships with the Trusts and all relevant stakeholders. There was a constant exchange of information apart from the more formal consultation arrangements that take place during a revalidation process. Professional body views were also taken into account. The Head of School stated that she constantly looked strategically at programme sustainability and how best to harness the expertise within all stakeholders to deliver a viable programme for the long term.

6.41 Curriculum content

The Panel asked about the embedding of research and inter-professional education (IPE), themes that were to run through the programme from level 4. The Team stated that while the first research *module* would not be delivered until year 2, in year 1, the research theme would be introduced as early as initial induction for example, when addressing topics such as study skills and accessing library materials, and later, during professional practice placements. Research would also be touched on in year 1 during tutorial sessions. Regarding IPE, The School was committed to promoting and enhancing inter-professional collaboration and learning both within the academic and the practice placement modules. IPE would commence early in the programme to prevent the development of negative stereotyping of other professions. During practice placements, inter-professional working and learning experiences would permeate the entire process and students would be required to reflect upon, explore and evaluate their inter-professional learning experiences.

The theory and practice of injection therapy would be addressed in a number of modules including the later placement modules. The teaching and practice would take place over a number of weeks. The focus would be entirely on *safe* practice and to that end, a student may be required to give an injection multiple times. While the number of injections a student might give would not be recorded, a competency checklist had to be fully addressed before a student

would receive a 'pass'. The Panel suggested that a record should be kept of the number of times a student was required to give an injection.

A professional body requirement was that a public health strand should must run through the programme. The Team confirmed that all clinical modules and module, *Knowledge and Skills for Personal and Professional Development*, included references to public health and that a Professor in Public Health, who has a teaching brief, had just been appointed to the School.

Entrepreneurship would be covered in module, *Professional Development and Employability*, and, inter alia, would cover areas such as the establishment of a private practice and issues around financing and marketing. Entrepreneurship would be a strong aspect of the module assessment that would include a presentation relating to not only a local, but an international context, as well as two 'elevator' pitches, for example, to a local MLA for extra funding for podiatry.

6.42 Curriculum design principles

The curriculum design principles had been taken into account as far as possible since the review process was already far advanced whenever the new design principles had first been muted. Module learning outcomes had been reduced to four only and assessment had been reviewed. The process had focused the Team on precisely what students would achieve on successful completion of a module and how it should be assessed. Regarding assessment, the biggest challenge had been not to over-access. The Team opined that overall, the correct balance had been achieved. In response to a Panel query regarding some modules with multiple assessments (as opposed to the design principles' recommended two), the Team explained that some single assessments contained a number of related small assessments, for example, short MCQs quizzes, which student feedback indicated was an approach they preferred.

6.43 Assessment and feedback

Because of the relatively small numbers on the programme, feedback would normally be delivered almost immediately well within the University's stipulated 15 working days. Regarding feedback during placement modules, it would be made clear to students when they were receiving feedback to ensure that they recognised it as feedback. Feedback would be given during 'one-to-one' sessions, group sessions and also in written form. 'Studiosity' support for student writing skills, a recent innovation within the University, was also now available to students.

Regarding assessment by group work, generally each group member would be awarded the same mark unless feedback indicated that any of the group members had made little contribution to group activity in which case, marks may be adjusted.

6.44 Modules: Pharmacology and Prescription Only Medicines

A discussion took place around modules, *Pharmacology* and *Prescription Only Medicines*. *Pharmacology* was a long-thin module delivered in year 2 of the programme. This module would introduce students to the core drug groups utilised in the therapeutic management of common medical disorders. During the module, the student would develop an in-depth understanding of pharmacokinetics and pharmacodynamics as well as the individual drug classifications, mode of action, dosage, side effects, contraindications and interactions of these drugs. This would provide the evidence basis for the safe use of different drug regimens specifically approved on the Prescriptions Only Medicines (POMs) list for Health and Care Professions Council (HCPC) registered podiatrists. In year 3, *Prescription Only Medicines* would build on *Pharmacology* and, inter alia, would introduce students to the professional,

legal and ethical dimensions and implications of prescribing including access, supply and administration of medicines under exemption order, patient group directives, supplementary and independent prescribing. Emphasis would be placed on the legislative scope of the practice and the importance of record keeping of medicines management. Specially designed e-learning scenarios will allow students to work through the theoretical aspects of both the *Pharmacology* and the *Prescription Only Medicines* modules. However, while antibiotics would be available in the clinics, students would be unable to use them. Only the theory underpinning their use is permitted to be taught in the modules because of the stance taken by general practitioners. The Trusts set strict guidelines about when and where antibiotics can be used during training and the University cannot change this.

6.45 *Campus relocation*

The Team stated that the Head of School had engaged fully with staff concerning the proposed relocation to the Colerain campus. Currently, there were no formal arrangements in place to support delivery of the programme at Coleraine. The Associate Dean (Education) stated that a transition plan under the direction of a project manager would be drawn up to facilitate the move and to ensure that all necessary facilities had been put in place in advance. The Head of School stated that she was confident that the campus would be ready for occupation in 2019 and stated that the Coleraine Provost welcomed the addition of the School's provision to the campus.

6.46 *Expansion*

Regarding the expansion potential of the programme, the Team explained that while they had capacity for expansion, set against a background of strictly controlled Department of Health commissioned places, which constrained numbers for workforce planning reasons, and the limited availability of practice placement opportunities, expansion was difficult. Intake numbers for AHP commissioned programmes were currently negotiated on an annual basis. It was emphasised that if student numbers were to increase, the Team had the flexibility and physical space to cope. The long-term aim would be to increase recruitment of international and national students.

While there had been some early leavers in recent years, it was pointed out that last year's year 1 intake had all been retained this year. There were currently a significant number of applications for next year. The Team stated that they had no set optimum number of students, that they had capacity for expansion.

6.47 *Regulations*

The Team confirmed that only one resit would be permitted following a failure in a practice placement module. The course director outlined the system and timing of resits and Boards of Examiner meetings.

7 CONCLUSIONS

The Ulster Panel commended the Course Teams on the following.

- Involvement of the student body in the redesign of the provision and the extensive consultation with practice, placement providers and service users
- Clear evidence of strong relationships with clinical staff in consultation and delivery of the provision
- Strong team ethos across all the provision

- Evidence of innovation in programme design and approaches to learning, teaching and assessment
- High level of support provided for students while on placement
- Effective and strong School leadership
- Evidence of strong research and culture across the provision

The Ulster Panel agreed to recommend to the Academic Standards and Quality Enhancement Committee that the provision within Subject Unit 28M Health Professions 5J: be approved for a period of five years (intakes 2018/19 – 22/23 inclusive) provided that:

- 1) the existing facilities available to support delivery of the provision is replicated on another campus when relocation is carried out and the integrity of the existing provision is preserved and enhanced;

and

- 2) the conditions and recommendations of the Panel and each professional body are addressed and a satisfactory response and revised submission being forwarded to the Academic Office by the date agreed with the Academic Office and each professional body for approval by the Chair of the Panel.

Ulster Panel

Conditions

- 1) that all issues identified appendix 3 of the panel report be addressed;

Recommendations (Generic)

- 1) that all staff and students be closely involved in consultations and decision-making in relation to campus relocation;
- 2) that the Faculty strongly consider the collocation of *all* programmes within the subject unit on the *same* campus (which the Panel would recommend to be the Coleraine campus);
- 3) that the process by which students are marked/graded on placement be kept under review to ensure sharing of best practice across the provision;
- 4) that all opportunities for embedding technology enhanced learning in the provision be taken and make explicit current innovative teaching practice in the documentation;
- 5) that consideration be given to strategies for future-proofing, sustaining and developing provision locally, nationally and internationally;
- 6) that a review of current assessment loads across the provision be carried out focusing on the number of assessments to ensure that it is not excessive for students.

Recommendation - BSc Hons Diagnostic Radiography and Imaging

- 1) that the Faculty considers the development and implementation of a workload model to ensure consistency between and across course teams.

Recommendations - BSc Hons Occupational Therapy

- 1) that consideration be given to a review of the assessment load across the programme in line with the University's Curriculum Design Principles i.e. two assessments per module;

- 2) that the term, 'role emerging' used throughout the documentation be replaced with, 'diverse';
- 3) that technology related interventions be added to module content along with examples of disadvantaged groups.

Recommendation - BSc Hons Physiotherapy

- 1) that leadership and identified themes be embedded throughout the curriculum.

Recommendations - BSc Hons Podiatry

- 1) that the HPAT process be kept under review in terms of its appropriateness for Podiatry;
- 2) that the course team explore ways of empowering practice educators to have confidence in students.

Recommendation - BSc Hons Radiotherapy and Oncology

- 1) that staffing levels be kept under review.

Recommendation - BSc Hons Speech and Language Therapy

- 1) that steps are taken to ensure that links are developed with education to mirror those with health as evidenced throughout the Faculty.

College of Radiographers - BSc (Hons) Radiotherapy & Oncology

Commendations

- Well established opportunities for elective placements including access to Erasmus programme and Work the World opportunities.
- That interprofessional learning is embedded as core course philosophy.
- There is strong collegiate working with clinical practice partners including robust mechanisms to support students in practice.

Conditions

- 1) That to meet the requirements of College of Radiographers ongoing approval, that following programme relocation the course team should liaise with the professional body and seek a further CoR accreditation visit to reappraise the impact of move on programme design, delivery, and resources.

Recommendations

- 1) That the programme team should undertake periodic evaluation of impact of overall course assessment load with respect to students' workload and staff duties.
- 2) That the programme team consider reviewing the manner in which items of assessment can be more clearly mapped against specific module learning outcomes.
- 3) That the Faculty Senior Management team ensure that resources are made available to ensure adequate staffing to ensure the programme is deliverable.

- 4) That the programme team explore greater involvement of clinical practice colleagues with respect to marketing, selection and recruitment for the programme.

College of Radiographers - BSc Hons Diagnostic Radiography and Imaging

Commendations

- Good practice
- Well established opportunities for elective placements including access to Erasmus programme and Work the World opportunities.
- That interprofessional learning embedded as core course philosophy.
- Strong collegiate working with clinical practice partners including robust mechanisms to support students in practice.

Conditions

- 1) That to meet the requirements of College of Radiographers ongoing approval, that following programme relocation course team should liaise with the professional body and seek a re-visit a further CoR accreditation visit to reappraise impact of move on programme design, delivery, and resources.
- 2) Once programme relocation is secured on the other Campus, the team will initiate notification to the SoR to enable completion of the approval process.

Recommendations

- 1) Undertake periodic evaluation of impact of overall course assessment load with respect to students' workload and staff duties.
- 2) Consider reviewing the manner in which items of assessment can be more clearly mapped against specific learning outcomes.
- 3) Faculty Senior Management team ensure that there are resources are made available to ensure adequate staffing across both programmes to ensure the programme is deliverable.
- 4) Consider rewording module descriptors for clinical modules to clearly identify how the module mark is allocated.
- 5) The team acknowledge the various recommendations and will undertake review across the various components of the programme.

College of Podiatry - BSc Hons Podiatry

Commendations

The accreditation team would commend The University of Ulster for the following aspects of provision:

1. The clinical education provision that is available to the undergraduate students including the multidisciplinary exposure within the acute settings,
2. The programme team's innovative implementation of entrepreneurship within the programme.

Conditions

- 1) The programme team are required to amend the documentation to reflect the process and clinical application of the steroid injection therapy element of the programme. This should include a detailed description of the academic, clinical, mentoring and assessment processes.
- 2) The programme team must revisit the documentation and correct inaccuracies and typographical errors. They must also ensure that the module descriptors accurately reflect the assessment process.

Recommendations

- 1) The programme team should continue to work with the University to monitor the impact that the new academic principles have on cohesion of the programme.
- 2) 2The programme team should work with the Department of Health to enable access to POMs within the community setting.
- 3) The programme team should explore the facilitation of the implementation of honorary contracts in the health care setting for academic staff. There should also be a reciprocal agreement to ensure that clinical staff have the opportunity to compliment the academic teaching.
- 4) The programme team should review the current practice education training and consider the implementation of the Masters module for all clinicians involved in undergraduate practice education.
- 5) The programme team should keep under review the impact that the proposed move to Coleraine has on the podiatry undergraduate provision.
- 6) The programme team should strongly consider introducing a values based interview procedure for undergraduate selection and within this process include both clinical and academic staff.
- 7) The programme team should consider a review of the threshold pass mark for the separately annotated components of the programme LA and POMs.
- 8) The programme team should consider, in their preparations for the move to Coleraine, the provision of technical support within the new clinical facility

Royal College of Occupational Therapists – BSc Hons Occupational Therapy

Commendations

- The responsiveness of the programme team to the feedback of students and Practice Educators in supporting continuous improvement.
- The scholarship and research led teaching and contribution to the professional body activities of the programme.
- Extent of enterprise and community development projects across the programme

Conditions

No conditions are required to be met.

The Royal College will however be required to undertake a visit to the programme to review the resources following the proposed move to the Coleraine Campus for the purpose of ensuring that the learning and development standards are continuing to be met.

Recommendations

For the University

- 1) Continue to influence the Allied Health Professions managers in reconsidering their use of the occupation selection tool for the first post destinations in occupational therapy.

Standard 2: Programme curriculum standards, A: The programme curriculum is designed to develop occupational therapists who meet the entry-level profile and regulatory standards and are fit for contemporary and developing professional practice.

- 2) Identify the potential for broadening the Inter Professional Education opportunities with the move, if agreed.

Standard 2: Programme curriculum standards, C.3: All participating professions in Inter Professional Education should contribute to the development of its curriculum and the scope of Inter Professional Education should be clearly defined.

- 3) Take advantage of the potential move to enhance the technology enhanced learning strategy.

Standard 3: Learning, teaching and assessment standards, A.3: The learning, teaching and assessment methods utilise a range of techniques and technologies to address the pedagogic needs of the student body.

- 4) Demonstrate an effective communication plan to all stakeholders who will be impacted by any change of campus.

Standard 4: Quality assurance and monitoring standards, A,2: Quality assurance processes include feedback from external examiners, academic staff, placement educators, students, service users and stakeholders.

For the Programme

- 5) Provide assurance as to how the model of Inter Professional Education adopted is collaborative and the ways students are involved in learning with, from and about each other in years 2 and 3.

Standard 2: Programme curriculum standards, C.2: Inter Professional Education modules must contain a core set of values and include a clear rationale for inclusion in any programme. Assurance must be made that the model adopted is collaborative and involves and values each profession equally.

- 6) Existing resources for the course to be kept under constant review and replacement of specialist resources ensuring students are fit for practice.

Standard 1: Programme management and resources standards, E.1: There is a clear resource strategy in place for the delivery of the programme to ensure professional accreditation.

- 7) Evaluate the benefits of the new course design in using long thin modules and consider the potential for integrated assessment approaches in the future.

Standard 3: Learning, teaching and assessment standards, B.1: The programme ensures rigorous and robust assessments that enable the student to demonstrate professional competency and safe practice commensurate with the level of study.

- 8) Consider an additional element to the recruitment process alongside the HPAT tool such as an applicants' day to assure admission of individuals who hold values appropriate to the profession on the Occupational Therapy programme.

Standard 3: Programme curriculum standards, A.3: The programme is able to evidence a strategy for the admission of individuals who hold values appropriate for professional practice as an occupational therapist working with individuals, groups and communities.

Royal College of Speech and Language Therapists – BSc Hons Speech and Language Therapy

Commendations

- The BSc Hons Speech and Language Therapy programme is a high quality, research led programme led by a small team of expert staff.
- The BSc Hons Speech and Language Therapy Programme meets the RCSLT Curriculum Guidelines.
- The BSc Hons Speech and Language Therapy programme is innovative in its teaching delivery and use of technology.
- The BSc Hons Speech and Language Therapy programme employs a range of creative and innovative assessments across both the theoretical and professional practice components of the programme.
- The BSc Hons Speech and Language Therapy programme receives very positive student feedback. The programme is well organised in its delivery. The programme documentation is very detailed, clear and comprehensive.
- The BSc Hons Speech and Language Therapy programme prepares graduates very well for the regional workforce. Practice educators are very supportive and clear in their role. There are strong collegiate relationships between Ulster University, the programme team, the regional speech and language therapy services and practice educators. Professional relationships between Ulster University, the programme team, RCSLT as the professional body and students are working very well.

Condition

- 1) A further visit from a RCSLT representative once the proposed move to the campus a significant distance from the current location is completed. This could be combined with the proposed HCPC re-approval event to be held when the move is completed.

Recommendations

- 1) With the proposed and imminent move to a different campus approximately 30 miles North of the current location, the programme team need support from Ulster University in identifying and securing appropriate space and resources to continue to deliver this high quality programme in the new building on the new campus.

- 2) The Inter-Professional Education (IPE) strategy across the AHP programmes including the BSc (Hons) Speech and Language Therapy programme needs clearer signposting to students. There also needs to be a stronger focus on education, i.e., schools/education provision/inter-professional working with education professionals for children and young people with speech, language and communication needs.
- 3) Practice educators to receive student feedback on the quality of the placement experience they are offering to students to enable improvements to be made where needed.
- 4) To focus on increasing diversity into the student population and therefore the speech and language therapy workforce. To re-invigorate marketing materials to show that the programme and Ulster University are committed to widening diversity in the student population and therefore the workforce.
- 5) To monitor the amount of assessment in the programme with a view to further streamlining the amount of assessment.

Chartered Society of Physiotherapy – BSc Hons Physiotherapy

Commendations

- 1) The excellent research culture embedded within the team. It is evident that it informs the curriculum, supports clinical practice, and is clearly linked to staff's own professional development.
- 2) Interprofessional elements of the programme are a real strength. It was evident that students have a clear understanding of who they are as physiotherapists, and how they fit/support within healthcare delivery that is multidisciplinary in nature.
- 3) Approach to the reaccreditation of the programme: We would like to commend the team for choosing to embrace the change of direction made at University level to its teaching and learning strategy. Your module development has benefitted from this approach.
- 4) Commend the university for making the decision to pause the plans for moving to ensure that any move is cognisant of the potential impact of the IPL opportunities and the quality of student experience.
- 5) Commend the School leadership team for their supportive and forward-thinking approach to management and leadership.

Conditions

- 1) For the team to make explicit the current excellent practice in the following areas:
 - Key themes such as Leadership and supporting students' understanding of the political context within which physiotherapists operate
 - Placements – to reflect the existing robust quality mechanisms that are in place, and to reflect the full range of placements on offer across sectors and settings
 - Current IPL strategy make explicit what you are currently doing at school and discipline level
- 2) For the University to ensure that the move to Coleraine is fit for the future provision whether that is innovation in practice and/or expansion of provision.

We note that condition 2 will sit outside of the University timescale for responding to conditions. CSP will expect the team to respond to this fully through the AQR reports. An additional question will be included relating to the move until 2020/21 (or later if the move is delayed). However, should any issues arise ahead of each AQR submission, CSP requests that the team notify CSP so that we can offer the University/School/team appropriate support.

Recommendations

For the School and the team to:

- 1) Seize the opportunity to explore and expand the pre-registration provision in Northern Ireland including considering different models of provision such as Pre-Registration Masters.
- 2) With regard to IPL, make the most of the existing provision within the school, whilst also be proactive about exploring the opportunities afforded with the potential introduction of a medical school.

For the team to:

- 3) Explore ways to share placement audit feedback across sites to encourage benchmarking/moderation.

8 APPRECIATION

The Chair thanked the Panel members for their valuable contribution to the revalidation/approval/accreditation exercise and the course teams for the substantial work involved in the preparations for the event.