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## Approval process report

University of Leicester, Diagnostic radiography, 2021-22

### Executive summary

Process stage – final visitor recommendation reached, covering:

This is a report on the approval process undertaken to review diagnostic radiography provision at the University of Leicester. This assessment was undertaken as part of our quality assurance model in the 2021-22 academic year.

In our review, we considered the programme to meet all the standards of education and training.

There are no referrals and issues to highlight. This report was considered by our Education and Training Panel on 28 April 2023, who make the final decision on the approval.

The visitors have judged the standards and investigated two areas further via a quality activity. Following this further investigation and additional evidence we found the provider to have demonstrated that they are meeting all standards and have robust systems in place to support the implementation of the programme.

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Previous consideration	Not applicable. This approval process was not referred to from another process interaction.
Decision	..... The Education and Training Committee (Panel) is asked to decide whether the programme is approved
Next steps	..... Subject to the Panel's decision, the programme will commence in September 2023. .....

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## Section 1: About this assessment

### About us

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

This is a report on the approval process undertaken by the HCPC to ensure that the programme(s) detailed in this report meet our education standards. The report details the process itself, evidence considered, outcomes and recommendations made regarding the programme(s) approval.

### Our standards

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

### Our regulatory approach

We are flexible, intelligent and data-led in our quality assurance of programme clusters and programmes. Through our processes, we:

- enable bespoke, proportionate and effective regulatory engagement with education providers;
- use data and intelligence to enable effective risk-based decision making; and
- engage at the organisation, profession and programme levels to enhance our ability to assess the impact of risks and issues on HCPC standards.

Providers and programmes are [approved on an open-ended basis](#), subject to ongoing monitoring. Programmes we have approved are listed [on our website](#).

### The approval process

Institutions and programmes must be approved by us before they can run. The approval process is formed of two stages:

- Stage 1 – we take assurance that institution level standards are met by the institution delivering the proposed programme(s)
- Stage 2 – we assess to be assured that programme level standards are met by each proposed programme

Through the approval process, we take assurance in a bespoke and flexible way, meaning that we will assess whether providers and programmes meet standards based on what we see, rather than by a one size fits all approach. Our standards are split along institution and programme level lines, and we take assurance at the provider level wherever possible.

This report focuses on the assessment of the self-reflective portfolio and evidence.

### **How we make our decisions**

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

The ETC make the decisions about the approval and ongoing approval of programmes. In order to do this, they consider recommendations detailed in process reports, and any observations from education providers (if submitted). The Committee takes decisions through different levels depending on the routines and impact of the decision, and where appropriate meets in public. Their decisions are available to view [on our website](#).

### **The assessment panel for this review**

We appointed the following panel members to support this review:

Mark Widdowfield	Lead visitor
Shaaron Pratt	Lead visitor
Alistair Ward-Boughton-Leigh	Education Quality Officer

## **Section 2: Institution-level assessment**

### **The education provider context**

The education provider currently delivers four HCPC-approved programmes across three professions. It is a higher education institution and has been running HCPC approved programmes since 1995.

### **Practice areas delivered by the education provider**

The provider is approved to deliver training in the following professional areas. A detailed list of approved programme awards can be found in [Appendix 1](#) of this report.

	Practice area	Delivery level		Approved since
Pre-registration	Operating Department Practitioner	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2016
	Physiotherapist	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2018
	Practitioner psychologist	<input type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Postgraduate	1995

### Institution performance data

Data is embedded into how we understand performance and risk. We capture data points in relation to provider performance, from a range of sources. We compare provider data points to benchmarks, and use this information to inform our risk based decisions about the approval and ongoing approval of institutions and programmes.

This data is for existing provision at the institution, and does not include the proposed programme(s).

Data Point	Bench-mark	Value	Date	Commentary
Total intended learner numbers compared to total enrolment numbers	141	119	2021-22	The enrolled number of learners across all HCPC approved provision is slightly lower than the approved intended numbers we have on our record. This is something we considered prior to our review, in order to determine the programmes sustainability.
Learners – Aggregation of percentage not continuing	3%	8%	2021-22	The percentage of learners not continuing is more than the benchmark at the education provider. This implies that learners are generally satisfied with their studies with 92% continuing as expected. However, it is worth noting this is lower than the benchmark still. The visitors were made aware of this before their assessment and considered this data as part of their assessment
Graduates – Aggregation of percentage in employment	93%	94%	2021-22	The percentage in employment or further study appears to be slightly more than the benchmark at the education provider. This data suggests learners who complete their studies at this education provider have a very probability of

/ further study				finding employment or continue studying. This is a positive outcome for the education provider. The visitors considered this data as part of their assessment
Teaching Excellence Framework (TEF) award	n/a	Silver	2017	A silver award would indicate that the institution is performing well, but that there is room for improvement.
National Student Survey (NSS) overall satisfaction score (Q27)	75.3%	96.0%	2021 -22	This score indicates that the percentage of learners who are satisfied with their learning is higher than average. This is a positive score for the education provider.

### The route through stage 1

Institutions which run HCPC-approved provision have previously demonstrated that they meet institution-level standards. When an existing institution proposes a new programme, we undertake an internal review of whether we need to undertake a full partner-led review against our institution level standards, or whether we can take assurance that the proposed programme(s) aligns with existing provision.

As part of the request to approve the proposed programme(s), the education provider supplied information to show alignment in the following areas.

#### Admissions

#### **Findings on alignment with existing provision:**

- **Information for applicants –**
  - The Director of Admissions is responsible for ensuring that admissions are conducted in a fair and equitable manner and meet the requirements of the United Kingdom Quality Code for Higher Education. This is an education provider policy. All applicants applying are advised of the need for a criminal conviction check and occupational health clearance. When an offer is made, the education provider emails an official offer and includes the terms and conditions. Universities and Colleges Admissions Service (UCAS) guidelines are followed for contacting applicants. Applicants for the interviewing courses are invited to an offer holder day.
  - This aligns with our understanding of how the education provider runs.
  - We think this as the education provider has indicated delivery of the new programme is consistent with the above summary of this area.
- **Assessing English language, character, and health –**
  - The Senate Regulation One, regarding minimum entry qualifications and language requirements for taught courses, is a university wide

policy. All suitable candidates will be invited to interview where values-based questioning will be used to explore character traits and suitability. This will be conditional to a successful criminal conviction check. All candidates offered a position to study will also be subject to successful clearance by occupational health including vaccination status.

- This aligns with our understanding of how the education provider runs.
- We think this as the education provider has indicated delivery of the new programme is consistent with the above summary of this area.
- **Prior learning and experience (AP(E)L) –**
  - Senate Regulation Two, governing taught programmes and admissions to programmes, registration procedures, transfers, suspension, withdrawal and resumption of studies and accreditation of prior learning, is a university wide policy. This includes the University APL Policy.
  - This aligns with our understanding of how the education provider runs.
  - We think this as the education provider has indicated delivery of the new programme is consistent with the above summary of this area.
- **Equality, diversity and inclusion –**
  - The Code of Practice for Admissions covers equal opportunities, widening participation and fair access. It is a university wide policy which will be implemented for the proposed programme. The equality, diversity, and inclusion strategy 2017-2021 is a public declaration of the institutions commitment to develop a community that is fully inclusive, recruiting and retaining staff and learners from all sectors of society. The ‘Access Ability’ centre offers support to learners with dyslexia and other specific learning difficulties, sensory disabilities, mobility difficulties, mental health conditions and autism.
  - This aligns with our understanding of how the education provider runs.
  - We think this as the education provider has indicated delivery of the new programme is consistent with the above summary of this area.

**Non-alignment requiring further assessment:** None.

### Management and governance

#### **Findings on alignment with existing provision:**

- **Ability to deliver provision to expected threshold level of entry to the Register<sup>1</sup> –**
  - The curriculum has been against the HCPC standards of proficiency for radiographers. There is the appointment of external examiners at an appropriate level. Procedures for validation and re-approval of programmes will apply to the new provision. The proposed programme provides undergraduate, pre-registration education, leading to a Bachelor of Science degree.
  - This aligns with our understanding of how the education provider runs.

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<sup>1</sup> This is focused on ensuring providers are able to deliver qualifications at or equivalent to the level(s) in SET 1, as required for the profession(s) proposed

We think this as the education provider has indicated delivery of the new programme is consistent with the above summary of this area.

- **Sustainability of provision –**
  - The ‘Learner Protection Plan’ sets out the education provider’s assessment of risk relating to the ongoing delivery of the education provider’s programmes and the mitigating actions they would take to protect studies if any of the risks were to crystallise. All business cases are approved by the college business group and programme development group, financial scrutiny and market analysis is conducted to ensure there is adequate demand to make the programme viable.
  - This aligns with our understanding of how the education provider runs. We think this as the education provider has indicated delivery of the new programme is consistent with the above summary of this area.
- **Effective programme delivery –**
  - The Education Committee determines academic strategy. The learner-staff committee is a school level committee, led by learners and raises any concerns or issues arising on the course or placement. Learners are also encouraged to complete module evaluation forms following the completion of the teaching to feed back about the programme and its delivery.
  - This aligns with our understanding of how the education provider runs. We think this as the education provider has indicated delivery of the new programme is consistent with the above summary of this area.
- **Effective staff management and development –**
  - The Code of Practice on managing higher education provision set the minimum requirements of staff qualifications and experience. All staff undergo a developmental review known as the annual performance development review. Any staff who do not hold a teaching qualification at appointment are expected to successfully complete one during their probation period. All staff have an allocated annual continual professional development budget to ensure professional currency.
  - This aligns with our understanding of how the education provider runs. We think this as the education provider has indicated delivery of the new programme is consistent with the above summary of this area.
- **Partnerships, which are managed at the institution level –**
  - The Code of Practice on managing higher education provision with others governs the approval of collaborative and partnership arrangements, practice placements and the quality assurance education provider code which will be applied to the programme.
  - This aligns with our understanding of how the education provider runs. We think this as the education provider has indicated delivery of the new programme is consistent with the above summary of this area.

**Non-alignment requiring further assessment:** None.

Quality, monitoring, and evaluation

**Findings on alignment with existing provision:**

- **Academic quality –**



- All colleges are represented on the Education Committee and quality and standards sub-committee, and each programme feeds into the school representative. The process for the approval of new programmes and the major modification of existing programmes includes stages of approval for both the academic and business case of the proposed programme. The annual and periodic developmental review is an annual developmental review process which provides an opportunity for a regular review of the on-going learning and teaching provision at departmental level. The periodic developmental review process provides an opportunity for the review of the management and standards of academic provision across a department. Senate Regulation 13 governs emergency regulation in the event of significant disruption or serious unexpected events outside of the education provider's control.
- This aligns with our understanding of how the education provider runs. We think this as the education provider has indicated delivery of the new programme is consistent with the above summary of this area.
- **Learner involvement –**
  - 'Senate Regulation Four', governing learner obligations, is an education provider-wide policy which will be implemented. The learner engagement policy is an umbrella policy which allows the education provider to adhere to UK government requirements, ensure compliance with UK visa and immigration requirements for sponsored learners and the Student Loan Company where needed. Each school will then advise programme specific engagement requirements. The learner staff committee provides a formal channel of communication between learners and staff in academic and related matters. The committee affords an effective forum for discussing matters of interest to learners and staff and allows schools to feed learner-informed views into other education provider committees, as well as providing learners with the means of raising matters of concern.
  - This aligns with our understanding of how the education provider runs. We think this as the education provider has indicated delivery of the new programme is consistent with the above summary of this area.
- **Service user and carer involvement –**
  - Current processes are in place and will be used in relation to this programme. Service users are involved in the delivery of existing provision, and this will be similar for this new provision. Examples of involvement include teaching on single- and multi-discipline modules. Service users are engaged through focus groups regarding curriculum development of all existing and future provision.
  - This aligns with our understanding of how the education provider runs. We think this as the education provider has indicated delivery of the new programme is consistent with the above summary of this area.

**Non-alignment requiring further assessment:** None.

Learners

**Findings on alignment with existing provision:**

- **Support –**
  - The programme will be subject to ‘Senate Regulation 12’, governing formal complaints from learners. This is an education provider-wide policy. The programme will be subject to the code of practice for personal support for learners, which recognises that each learner is an individual and therefore personal tutoring is the primary form of support. There is a learner equality and liberation champion, who is a lead contact within a department for learners to raise concerns or provide feedback on issues of race, gender, sexuality, diversity, and accessibility.
  - The code of practice governing freedom of speech and code of practice governing the student’s union are both education provider-wide policies. There is a learner exam guide, and an education provider-wide guide to exam regulations. Learners can submit evidence of mitigating circumstances which they wish to have considered which may have impacted their performance. All learners on programmes across the school of allied health professions are given a learner handbook which includes details of expectations, contact details, placement requirements, and timetable information.
  - This aligns with our understanding of how the education provider runs.
  - We think this as the education provider has indicated delivery of the new programme is consistent with the above summary of this area.
- **Ongoing suitability –**
  - The ‘Senate Regulation 11’ governing learner conduct, and discipline will be implemented for the programme. Learners may be referred to the health and conduct committee if there are concerns regarding health or conduct. A panel of multi-professionals and a lay person review the evidence provided and a resolution is found, or the learner may be referred to the fitness to practice process. The fitness to practice procedure sets out the policies and procedures to be followed by the college’s fitness to practise committee and others involved in fitness to practise issues. They reflect the fitness to practise guidelines of the relevant professional bodies. Regulations are underpinned by the education provider’s regulations for learner discipline.
  - This aligns with our understanding of how the education provider runs. We think this as the education provider has indicated delivery of the new programme is consistent with the above summary of this area.
- **Learning with and from other learners and professionals (IPL/E) –**
  - The education provider has a research-inspired education strategy 2022-2026 and policy on attendance at timetabled teaching events. These are education provider-wide policies which will be implemented for the programme. As learners within a school of allied health, they will undertake interprofessional modules and teaching across areas such as basic life support, moving and handling, communication skills, research methods and the patient journey, alongside other professions include nursing, midwifery, physiotherapy, and operating department practitioners.
  - This aligns with our understanding of how the education provider runs.
  - We think this as the education provider has indicated delivery of the new programme is consistent with the above summary of this area.

- **Equality, diversity and inclusion –**
  - The ‘Senate Regulation Seven’ governing the assessment for those with disability and long-term conditions is an education provider-wide policy and will be implemented for the programme. The equality, diversity, and inclusion strategy is a public declaration of the education provider’s commitment to develop a community that is fully inclusive. It aims to recruit and retain staff and learners from all sectors of society. All education provider staff are expected to own and act upon it. The equality, diversity and inclusion committee is chaired by the vice-chancellor, and meets three times a year. There are equality action groups who lead on informing the setting of strategic priorities and overseeing aligned activities to advance equality.
  - This aligns with our understanding of how the education provider runs.
  - We think this as the education provider has indicated delivery of the new programme is consistent with the above summary of this area.

**Non-alignment requiring further assessment:** None.

### Assessment

#### **Findings on alignment with existing provision:**

- **Objectivity –**
  - ‘Senate Regulation Seven’ (governing the assessment of taught programmes including internal and external examining, panels, and boards of assessment, mitigating circumstances, publication of results) and senate regulation eight (governing examinations including registration for exams, setting exam papers and security and alternative examination arrangements) are education provider-wide policies. This will be implemented for the programme. The programme will use external examiners, suitably qualified external academics who review both the exam papers / materials prior to the assessment and the marking and moderation following assessment. They are also present at exam boards and mitigating circumstances panels.
  - This aligns with our understanding of how the education provider runs.
  - We think this as the education provider has indicated delivery of the new programme is consistent with the above summary of this area.
- **Progression and achievement –**
  - The programme will be subject to ‘Senate Regulation Five’, regulations governing composition of degree programmes, rules of progression, awards and classification, borderline learners, and the board of examiners. These are both education provider-wide policies.
  - This aligns with our understanding of how the education provider runs.
  - We think this as the education provider has indicated delivery of the new programme is consistent with the above summary of this area.
- **Appeals –**
  - The programme will be subject to ‘Senate Regulation 10’ governing academic appeals and the fitness to practice appeals procedure. These are both education provider-wide policies.
  - This aligns with our understanding of how the education provider runs.

- We think this as the education provider has indicated delivery of the new programme is consistent with the above summary of this area.

**Non-alignment requiring further assessment:** None.

### Section 3: Programme-level assessment

#### Programmes considered through this assessment

Programme name	Mode of study	Profession (including modality) / entitlement	Proposed learner number, and frequency	Proposed start date
BSc (Hons) Diagnostic Radiography	FT (Full time)	Radiographer - Diagnostic radiographer	30 learners per cohort, one cohort per year	18/09/2023

#### Stage 2 assessment – provider submission

The education provider was asked to demonstrate how they meet programme level standards for each programme. They supplied information about how each standard was met, including a rationale and links to supporting information via a mapping document.

#### Quality themes identified for further exploration

We reviewed the information provided and worked with the education provider on our understanding of their submission. Based on our understanding, we defined and undertook the following quality assurance activities linked to the quality themes referenced below. This allowed us to consider whether the education provider met our standards.

Quality theme 1 – How has the education provider regularly and effectively collaborated with their placement partners in the development of the programme and how do they plan to collaborate going forward.

**Area for further exploration:** We have found from the education providers some evidence of meetings and collaboration between themselves and Leicester NHS Trust. This included Practice Placement Forum Committee that meets twice a year and the minutes from a meeting. The education provider also referred to their oversight group and project board as being involved in the development of the programme. However, we were unsure what exactly these two bodies were, how effective they have been and their exact role. The evidence supplied regarding the collaboration also did not suggest that a regular system is in place for collaboration or how effective this collaboration has been.

It is important for us to know if the practise placement partner has been involved in the development of the programme and how effective this is. It is also important for us to know if they will be involved in the ongoing management and future running of the proposed programme. This is also an area of the standards of education and

training that refers to regular and effective collaboration between the education provider and practice education providers. The education provider has not demonstrated to us that a robust system of regular effective collaboration is in place and therefore we decide to explore this further via a quality activity.

**Quality activities agreed to explore theme further:** We decided to explore this initially by requesting an email response from the education provider as well as an additional documentary submission. We determined this to be the most effective way to explore the theme as we decided it would allow the education provider to answer any of our queries directly and also provide additional evidence of meetings they have held or a timeline of future planned meetings. They would also be able to answer our queries regarding the oversight group and project board.

**Outcomes of exploration:** The education provider supplied further information in the form of the minutes from an additional meeting and also blank templates used for agenda and meetings with the practice providers. We decide this was insufficient demonstrate there was a system of effective and regular collaboration. It did address our queries with regards to the roles of the oversight group and project board. We agreed the additional information did address We therefore do not consider the concerns we highlighted had been addressed. We decided the next logical step would be to meet with representatives of the education provider to discuss our concerns further

**Area for further exploration:** We noted the inclusion of the additional minutes as part of the quality activity. This was insufficient to show there have been the required levels of interaction and dialogue. The evidence did not show how or if action points were acted upon and no evidence provided for future collaboration. The information provided regarding the planning group appears to indicate this is a temporary arrangement that will stop once the programme is rolled out. This does not demonstrate the education provider has a system of regular and effective collaboration. If a system of collaboration is in place, then further evidence of meetings are required to show plans for future interaction.

**Quality activities agreed to explore theme further:** We determined that the previous request for information via email and documentary evidence may not have presented our concerns clearly. We agreed that a meeting with representatives of the education provider and NHS trust would better allow us to articulate our queries and for them to respond. We also provided some context / guidance of what we wish to discuss, stating that we require further details / minutes of other meetings. A timetable for planned onward meetings, details / description of the oversight group and project board and articulation of the purpose and objective of meetings

**Outcomes of exploration:** During our meeting the education provider was able to explain that that the oversight group meets monthly and is made up of representatives from both the education provider and the practise provider Leicester NHS Trust. They explained that the project board is a spin off from this group and works to resolve specific issues involving key members. Both shall remain in place and jointly run the new programme. Both have been involved and collaborated in the development of the programme.

Following the meeting the education provider also submitted a timeline of collaboration to us. This shows the planned meetings they have in place by month with different external partners including Health Education England, the East Midlands Network and external events with individual clinics or partners. This also included a brief description of all these meetings such as this involving action groups or planning meetings or placement orientation for learners.

Considering this addition of a timeline of collaboration as well as the inclusion of additional minutes demonstrates to us that a system is in place for ongoing collaboration. The explanation of the role / purpose of the oversight group and project board has resolved our query regarding them and explain how they enable collaboration. We are satisfied with the evidence provided and considered the quality activities have adequately addressed the issues raised. The education provider has demonstrated regular and effective collaboration to be in place and we have no further concerns.

### Quality theme 2 – Ensuring adequate numbers of appropriately qualified and experienced staff are in place at the provider

**Area for further exploration:** The visitors noted from the education provider submission that they currently have three members of staff in place to deliver the proposed programme. The WTE (whole time equivalent) of all three was not stipulated (one is 0.6wte), this refers to the how many full-time members of staff are available to run their programme. The WTE for two other members of staff was not provide. two members of staff are identified but we are not made aware if these members of staff are full time or not. The initial cohort is indicated as 10 learners and the visitors also noted that the associate professor is a Therapeutic Radiographer not a Diagnostic Radiographer.

We also only have an example, blank audit document for the assessment of placement staff. This did not provide information on the staffing levels of placement sites or demonstrated how staff at placements sites' levels of qualification / experience are determined. The visitors sought evidence there would be a sufficient number of appropriately qualified staff in place to support the introduction of the programme. We therefore explored this further to ensure that sufficient levels of appropriately qualified staff are in place to deliver the proposed programme.

**Quality activities agreed to explore theme further:** We decided to explore this by requesting an email response from the education provider. We thought this was the most effective way to explore the theme as we decided it was a query to which we needed to clarify our understanding.

**Outcomes of exploration:** They provided additional details on the numbers of staff available and information on their levels of experience / qualification. This included the explanation that there are currently three members of staff who operate as two full time members between them, one being full time the other two on a job-share. They explained that they have one associate professor, a staff member who focusses on projection radiography and the other cross-sectional imaging with the staff member due to complete an MSc Radiography (MRI) in June 2023. All staff members are HCPC registered Radiographers.

Interprofessional education will be supported across the school of healthcare with teaching delivered by other HCPC registered course academics such as physiotherapy/ODP and also nursing and midwifery academics. An additional full time lecturer post is being advertised for to be in post prior to the commencement of the initial cohort.

In addition to their existing / planned for staff, the education provider has plans in place for staff from the practice placement sites to deliver guest teaching in order to demonstrate a commitment to collaboration and professional development of the workforce with those guest lecturers having access to academic support. These guest lecturers will deliver sessions on topics which they are confident in and may include professional behaviours, communication skills, cultural competence, scientific elements and patient care etc.

We found this additional evidence clearly articulated their staffing numbers and levels of experience / qualification. The quality activity allowed the education provider to demonstrate which staff are available and will be responsible for different areas. We are satisfied with the information provided and considered the quality activity adequately addressed the issues raised.

Quality theme 3 – Ensuring a system is in place to monitor and ensure an adequate number of appropriately qualified and experienced staff are in place placement sites.

**Area for further exploration:** As part of their submission, the education provider submitted an example document to show how they will conduct audits of their placement partners. The visitors noted that this showed examples of the kind of questions that have / will be asked. We found this approach did not address how they will ensure there will be an adequate number of appropriately qualified and experienced staff are in place at practice sites. The information showed us the audit that can be conducted, but no evidence of previous evidence.

We also noted that there is a four-part agreement in place between the different partners and the education provider. The visitors found information to be limited and requested clarifications. We found no indication in terms of the practice placement agenda how the associated standards will be met via these meetings. This is important as there is an agreement in place, which would have an effect on the staff-learner ratios within the practice setting. It is important that the education provider can demonstrate that an adequate number of appropriately qualified and experienced staff are in place at placement sites. We therefore explored this further to ensure that there are sufficient numbers of appropriately qualified and experienced staff in place to support the practice-based learning and that a robust system is in place to monitor this.

**Quality activities agreed to explore theme further:** We decided to explore this by requesting an email response from the education provider. We thought this was the most effective way to explore the theme as we decided it was a query to which we needed to clarify our understanding.

**Outcomes of exploration:** The education provider submitted further information and clarified the number of staff available at placement sites. They provided additional details on the numbers of in place and information on their levels of experience and roles they occupy. They stated that across the Trust??? there are 155 HCPC registered diagnostic radiographers ranging from band five to consultant radiographers. There are three dedicated band seven practice education radiographers who rotate around all sites within the trust to support learning, develop rota's and offer pastoral support.

There are 45 radiographers across the trust who have undertaken training from other HEI's and are therefore considered eligible to support learning and also provided a spreadsheet detailing this. They also informed us those audits have been conducted at all proposed placement sites. These being Leicester Royal infirmary (LRI), Leicester General hospital (LGH) Glenfield hospital (GH) and the additional sites (Coalville, Hinckley, Loughborough, Melton Mowbray and St. Lukes) are all community sites of Leicester hospital Trust. Proof of these audits was also supplied with the recent audits having been conducted in 2022.

We noted the details of available staff and the process in place for conducting audits that they provided. We found the examples of the of the November 2022 audits provided in support of this helpful in making our assessment and to confirm that the described process are in place and being utilised. We were satisfied with the evidence provided and considered the quality activity to have adequately addressed the issues raised.

## Section 4: Findings

This section details the visitors' findings from their review through stage 2, including any requirements set, and a summary of their overall findings.

### Conditions

Conditions are requirements that must be met before providers or programmes can be approved. We set conditions when there is an issue with the education provider's approach to meeting a standard. This may mean that we have evidence that standards are not met at this time, or the education provider's planned approach is not suitable.

The visitors were satisfied that no conditions were required to satisfy them that all standards are met. The visitors' findings, including why no conditions were required, are presented below.

### Overall findings on how standards are met

This section provides information summarising the visitors' findings against the programme-level standards. The section also includes a summary of risks, further areas to be followed up, and areas of good practice.



### Findings of the assessment panel:

- **SET 1: Level of qualification for entry to the Register –**
  - this standard is covered through institution-level assessment and is detailed in the education provider's senate regulations.
  
- **SET 2: Programme admissions –**
  - The selection and entry criteria were clear and set at an appropriate level for this programme. These are detailed on their website for learners to access, in their senate regulations and appear within the programme specifications.
  - These criteria include specifications around DBS (disclosure and barring service) checks, academic prerequisites and health check requirements.
  - The visitors assessed this area and found the standards relating to admissions to be met.
  
- **SET 3: Programme governance, management and leadership –**
  - We examined the SETs mapping and the supporting evidence available. We explored this area further via quality activity [one](#) to determine that regular effective collaboration with partners had been achieved.
  - The education provider detailed how they will ensure that the programme is properly managed, resourced and sustained in their mapping document.
  - The education provider has plans in place to ensure that there are an adequate number of appropriately qualified and experienced staff in place to deliver their programmes. This is detailed in their mapping document, in supporting documents / emails provided by the education provider and we explored this further via quality activity [two](#). The visitors found this to be clearly articulated and details provided of which staff are available and are responsible for different areas. Recruitment for a new member of staff began in early 2023, this new member has been appointed and will start on 3<sup>rd</sup> July 2023. This new member of staff is an experience diagnostic radiographer and was previously a programme leader running an MSc in Diagnostic Radiography programme.
  - The education provider also detailed how subject areas are delivered by educators with relevant specialist experience and knowledge.
  - The resources and support mechanisms available for learners have been discussed as part of their submission. These include library resources such as journals and e-book and software such as Shaderware. These resources can be accessed remotely as well as on campus and learners are provided an iPad that can be used remotely and used for practice-based learning.
  - The visitors therefore considered the relevant standards within this SET area met.
  
- **SET 4: Programme design and delivery –**
  - Through the module descriptors and mapping document, the visitors noted the learning outcomes were clearly outlined. The visitors found

sufficient to evidence that learners meet the standards required. The education provider also provided comprehensive mapping against the Standards of Proficiency of the module learning outcomes.

- Expectations of professional behaviour, standards of conduct and performance and ethics were clear in the module descriptors. If necessary, the education provider will utilise the Fitness to Practice, though for learners on a degree apprenticeship programme, the employer process could also be followed.
  - The philosophy, core values, skills and knowledge base were clearly articulated in the Course Specification and Course Handbook.
  - The education provider has detailed in their mapping document that there are sufficient processes and curriculum content / design in place to ensure relevance to current and future practice. The assessment mapping document is detailed and demonstrates this and has also shows where service users are involved.
  - The integration of theory and practice is facilitated by the design of the curriculum and the crossover between practice and academic learning. This is evidenced in the use of Shaderware, the block plan, the assessment map and the order of a digital x-ray room for learners to practice their skills. The annual planner also clearly shows the integration of practice and theory.
  - A wide variety of teaching and learning methods were appropriately outlined in the module specifications and the mapping document. These are all appropriate to the learners being able to develop and meet their learning outcomes.
  - The methods used to deliver and assess the curriculum encourage the development of autonomous and reflective practitioners. It is clear from the learning and teaching being employed that learners will be developed in their development of autonomous and reflective thinking.
  - The visitors therefore considered the relevant standards within this SET area met.
- **SET 5: Practice-based learning –**
    - Practise based learning is integral to the programme and clear integration of practise-based learning into the programme has been demonstrated. A plan of the arrangement of academic and clinical placement weeks has been provided as well as a description of block learning.
    - Details of the modules and also mapping of the standards of proficiency was provided as part of their submission. This demonstrated appropriate range of practice-based learning to ensure the learners are able to meet the standards of proficiency (SOPs).
    - Through quality activity [three](#) the visitors were able to determine that an adequate number of appropriately qualified and experienced staff are involved in practice-based learning.
    - The visitors therefore considered the relevant standards within this SET area met.
  - **SET 6: Assessment –**

- Standards of proficiency and standards of conduct, performance and ethics are assessed. The education provider has also detailed in the module directory the standards learners are expected to hold themselves too and how these are assessed. Clinical documentation also contains guidance for learners on how they are expected to behave / operate in a clinical setting
- A range of assessment methods are identified. These are relevant to the learning to be assessed. The programme is described in the documentation as a vocational degree and as such there is a focus on assessment in a clinical area.
- A range of assessment methods, appropriate to the learning outcomes, are clearly outlined across the proposed programme. These were outlined in the module descriptors.
- The visitors therefore considered the relevant standards within this SET area met.

**Risks identified which may impact on performance:** None

## Section 5: Referrals

This section summarises any areas which require further follow-up through a separate quality assurance process (the approval, focused review, or performance review process).

There were no outstanding issues to be referred to another process

## Section 6: Decision on approval process outcomes

### **Assessment panel recommendation**

Based on the findings detailed in section 4, the visitors recommend to the Education and Training Committee that:

- All standards are met, and therefore the programme should be approved.

### **Education and Training Committee decision**

Education and Training Committee considered the assessment panel's recommendations and the findings which support these. The education provider was also provided with the opportunity to submit any observation they had on the conclusions reached.

Based on all information presented to them, the Committee decided that:

- The programme is approved

**Reason for this decision:** The Education training panel reviewed the report and have agreed with the visitors' findings and rationale. Therefore, all standards are met, and therefore the programme should be approved.

Appendix 1 – list of open programmes at this institution

<b>Name</b>	<b>Education provider</b>	<b>Mode of study</b>	<b>First intake date</b>	<b>Programme status</b>
BSc (Hons) Diagnostic Radiography	University of Leicester	FT (Full time)	18/09/2023	Proposed
BSc (Hons) Operating Department Practise	University of Leicester	FT (Full time)	01/09/2016	Open
BSc (Hons) Physiotherapy	University of Leicester	FT (Full time)	01/10/2018	Open
Doctorate in Clinical Psychology (DClinPsy)	University of Leicester	FT (Full time)	01/01/1995	Open
Operating Department Practitioner (Integrated Degree)	University of Leicester	WBL (Work based learning)	01/04/2020	Open