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## Approval process report

London South Bank University, Diagnostic Radiography, Therapeutic Radiography, Degree Apprenticeship, Occupational Therapy, 2021-22

### **Executive summary**

Stage 1 was an executive-led review and further Stage 1 assessment was not required based on the new programme(s) being proposed for delivery. The visitors then examined the evidence as part of a Stage 2 review and then reviewed additional evidence via a quality activity.

Following this the visitors recommended the programme(s) be approved but set some conditions for approval following their Stage 2 assessment. The education provider supplied observations on the conditions, which were considered by the Education and Training Committee (Panel) on 3 August 2022. The Panel decided to make changes to the conditions and reasoning, which are reflected in this version of the report.

The provider will now need to meet conditions for the programmes to be approved.

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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:

Shaaron Pratt	Lead visitor, Radiographer
Patricia McClure	Lead visitor, Occupational therapist
Alistair Ward-Boughton-Leigh	Education Officer

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

### **The education provider context**

The education provider currently delivers 18 HCPC-approved programmes across 4 professions. It is a Higher Education Institution and has been running HCPC approved programmes since 2002.

### **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
<b>Pre-registration</b>	Occupational therapy	<input checked="" type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Postgraduate	2002
	Operating Department Practitioner	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2012
	Physiotherapist	<input checked="" type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Postgraduate	2017
	Radiographer	<input checked="" type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Postgraduate	2002
<b>Post-registration</b>	Independent Prescribing / Supplementary prescribing			2014

### 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	Benchmark	Value	Date	Commentary
Total intended learner numbers compared to total enrolment numbers	657	945	2021	Data from the EP (Value) was submitted this year and is up to date. There is quite a disparity between the two numbers. The visitors were made aware of this prior to their review and this is being examined as part of the providers' ongoing performance review.
Learners – Aggregation of percentage not continuing	3%	5%	2019/20	A difference between 3 and 5% here is notable. 3% is the average for most HEIs and whilst 5% is not greatly different it is still a higher value than the benchmark. However, this is still within a normal range but does indicate a higher than expected percentage of learners are not continuing.

Graduates – Aggregation of percentage in employment / further study	93%	86%	2016/17	This data point also shows a lower than expected score but it is worth bearing in mind that; firstly, this data is from several years ago. Secondly, a score of 86% is also still a high score.
Teaching Excellence Framework (TEF) award	N/A	Silver	2017	Awarded in 2017. Silver indicates that there is room for improvement, but also worth noting that this award was several years ago and the TEF replacement has not yet been introduced that would provide an alternative score. Silver is also a positive score and TEF states that this shows a 'high quality' of teaching and that the provider 'consistently exceeds rigorous national quality requirements for UK higher education
National Student Survey (NSS) overall satisfaction score (Q27)	74.3	68.3	2021	This does indicate a lower than expected overall satisfaction score being 6% lower than the benchmark. This data dates from 2021. It is a recent data point and could be a reflection of the challenges the provider has faced in recent years. The Covid-19 pandemic may have impacted this score.. The provider has also previously spoken about a cyber-attack that they experienced in 2020.

### 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 provider has discussed policies that are in place relating to information being available for applicants in the baselining document and within their approval request form. These policies are set at the institution level and will apply to the new proposed programmes. There will of course be slight differences in alignment with profession level criteria and profession specific entry requirements. This aligns with how we understand that the provider operates as we have seen this evidenced in both their baselining document as well as within other cases, including their ongoing Performance Review case.
- Assessing English language, character, and health – This area is covered in the provider's admissions policy with a specific entry criterion for all learners described by the provider as 'health students'. This policy is applied to all programmes and will therefore apply to all proposed programmes being examined as part of this case. The provider has demonstrated on previous occasions that in some areas, policies are run at an institution level and at others a school level.

All the proposed policies will sit within the same school with the same policies being applied to them. The policies in place are demonstrated in this case's baselining document. This same baselining exercise has carried over to the ongoing Performance Review case and shows that the provider has not altered policies / have applied the same policies and structures are in place to support this.

Prior learning and experience (AP(E)L) – The provider has structures and policies in place to support and recognise prior learning learners may have that apply to their application to the proposed programmes. They have stated in their baselining document that “the School welcomes claims from students who wish to use the accreditation / recognition of prior (experiential) (AP(E)L / RPL) learning as a means of entry to courses”. This is set out in the provider's APL/ AP(E)L / RPL Policy and Procedures and meets what we would expect from the provider. It also aligns with their way of working at both institutional and school level. This is an area and policy identified in the baselining document in the approval case but has also been used as part of the evidence in their ongoing performance review case.

- Equality, diversity and inclusion – The provider has reflected upon this in their baselining document and referenced their 'Access and Participation Plan' in support of this area. They have provided a range of reflections covering many different areas. This includes their 'Act for change' project and a system of performance targets to help 'empower' learners regardless of their circumstances or backgrounds. They state that, “Key performance targets were set across all stages of the student life cycle, with a particular focus on ethnicity, socio-economic disadvantage (including care leavers), mature students, and disabled students”.

This is in line with our understanding of how the institution runs and we know this due to other cases that the provider has / is running. This includes their ongoing performance review, where they have reflected on their approach to

equality and diversity with their baselining exercise, but also within the portfolio document they have prepared for us. They have reflected on both the challenges they have faced in this area since 2018 and on successes that they have identified. These include the introduction of the aforementioned 'Act for change' process as well as their efforts to de-colonise their curriculum.

**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 – The provider has a 'qualification network' in place and proposed programmes are mapped to the SETs. The provider has stated the following in their baselining document: "Courses are mapped to and can be evidenced to meet all the SET requirements professional specific." This aligns with our understanding of how the institution runs based on our engagement with the provider both in this case and as part of previous annual monitoring activities.

The provider was willing to complete the Stage 1 mapping to our standards, but this was not required because the programme was reviewed as of the previous annual monitoring process. Following a stage one review by the executive of the approval request form and the baselining document, we are satisfied that the standards are met at the threshold level.

- Sustainability of provision – The provider has reflected upon the sustainability of the provision within their baselining document. They have set out the policies and mechanisms that are implemented to support the provision and ensure its sustainability. In particular, they have referenced the 'portfolio review' that has taken place and clinical partners meeting(s) that take place. This aligns with our understanding of how the institution runs because they are being assessed via the performance review process. As part of this process, they should provide evidence of how their programmes will be resourced, sustainable and fit for purpose.

The provider has described that they have engaged in this internal 'Portfolio review' process, stating that the aim of this process is to 'create a more focused portfolio and a curriculum which better supports student outcomes'. It is expected that, this should deliver benefits across their whole provision and 'improve the efficiency of teaching, enhance the ability to have quality contact time with learners, and provide digitally enhanced learning.' The outcome of their internal review suggests that the new approach will not have a negative impact on the current provision. The staff are appropriately qualified and also information on these structures and processes are contained.

- Effective programme delivery – The provider has presented the policies they have in place to ensure the effective delivery of the programme. These include the staffing structures in place and areas of responsibility of the staff. The Course Directors have responsibility for the overall management of the



programmes, and they report to the Heads of Divisions and Dean of the School. There are discussion forums for the senior management team such as Head of Departments and course directors to meet and discuss current matters. This aims to foster a collaborative working environment. They have confirmed that all academic staff and the Course Directors are appropriately qualified within the profession that they teach and are experienced and registered with the HCPC. The updates / insight provided aligns with our understanding of how the provider functions and is confirmed throughout their stage one documentation.

- Effective staff management and development – The provider submitted policies and provided an explanation of their approach to ensure effective staff management and development. They provided an explanation of how staff are supported by their line managers and members of the senior management team. They also explain their approach to staff development which is addressed via the annual appraisal process. This process sets out activities related to academic and research development and mentorships that are available to members of staff. They have provided further details of the learning and development opportunities for staff, their commitment to staff continuous professional development and the academic framework which provides a structure to enable staff to develop and progress within the University.

The policies submitted by the provider to manage staff management and engagement include:

- Institute of Health and Social Care Organisational Chart June 2021
- LSBU Appraisal and MyRoadMap
- LSBU Learning and Development Policy and IHSC Staff Development Policy Achieve participant handbook and Achieve CRIT partnership
- Academic Framework

The review of the documents provides further details of how staff are supported and the management of their development.

- Partnerships, which are managed at the institution level – The provider has provided an explanation of how Partnerships are managed at the institution level. This includes:
  - meetings with three major NHS providers;
  - the Dean attends the London Higher Group;
  - representation on the 'London and South East Placement Partnership Group (LSEAPP)'.

They have submitted meeting minutes as evidence of their engagement with the parties listed above.

They report that all clinical relationships for apprentices will be undertaken with a 'tripartite' (three-way) agreement that outlines the relationship and responsibilities of all parties. They provide further details about the plans to enhance the relationships with these parties with the involvement of LSBU apprenticeship teams. They have a dedicated contract apprenticeship

manager who liaises between the providers and the partnership stakeholders. They also describe how each Allied Health Profession programme has a 'course board' that meets twice a year and provides a platform for stakeholders to feedback, to report progress and to raise any concerns that they may have.

Our insight into how the provider operates in this area is taken from the baselining document. This document allows us to understand how the provider operates and we can take assurances from this of what is in place and how they operate. This adheres to how we know the provider operated as it was also demonstrated as part of the annual monitoring audit held in 2020. The provider demonstrated that they continue to be meeting all standards when audited, the policies are in place and will also apply to the new programme(s).

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

Quality, monitoring, and evaluation

**Findings on alignment with existing provision:**

- Academic quality – The provider submitted their Academic Regulations (2021/2022) and Assessment and Examinations Procedure (2021/2022) as evidence of their approach to maintaining academic quality. This explains how the regulations guarantee the standards of the awards and that the responsibility lies with the Academic Board. The documents also set out the procedures associated with assessments and examinations.

This aligns with our understanding of how the provider operates as it is set out clearly in the baselining document provided earlier in this approval process. The baselining document is the product of the baselining exercise that sets out how the provider operates in the various sections identified. Additionally, the provider was audited as part of our annual monitoring process held in 2020. The provider was found to be meeting all standards. This was assessed and these policies are in place and will apply to the new programme(s).

- Practice quality, including the establishment of safe and supporting practice learning environments – The provider stated that the School of Allied and Community Health Practice Placement guidelines sets out the roles and responsibilities for learners and their Practice Educators / Assessors / Supervisors. A summary of the guidelines includes the process in place to provide learners with support while on placement; which includes access to their tutors and learning resources and support on the provider's intranet. The narrative indicates that there is an effective process in place to support learners during their placement.

There is a wide range of individuals at the University that learners can contact for support e.g. cohort leaders and course directors. There is also support available within the learners' and their Practice Educators' / Assessors' / Supervisors' organisations where the learners completed their placements. An

explanation of the quality monitoring of the practice learning was provided. This is conducted by a specific group of staff and there is an audit process which is completed on a two yearly basis; or more frequently if issues are identified.

- Learner involvement – A review of the evidence and narrative submitted suggests that there is a variety of mechanisms for engaging with learning in place. It also explains how learners are involved with regards to the development (validation) and review (revalidation) of programmes. The provider reports that learners' representatives from different cohorts provide feedback and concerns at the bi-annual course boards.

Learners are also able to provide feedback after sessions, at the midway point of every module via a mid-module questionnaire and a student focus group. These updates suggest that the provider has appropriate processes in place to ensure learner involvement in course development.

This is in line with how we know the provider operates based on the discussions we have held as part of their ongoing performance review where much of this area has been discussed. Additionally, much of this narrative is outlined in their baselining document which provides us with information on how the provider operates. Furthermore, all existing programmes and the policies in place were assessed as part of the annual monitoring audit held in 2020. The provider was found to be meeting all standards when audited. These policies are in place and will apply to the new programme(s).

- Service user and carer involvement – The information presented by the provider suggests they understand and value service user and carers in the programme. They have established a department called the People's Academy (PA) which is involved with the provider's broader public and patient/service-user involvement function. The PA utilises the expertise and resources of the School of Arts and Creative Industries at London Southbank University to support learners' learning with regards to interacting and engaging with people with diverse needs. Examples of the skill sets they expect learners to attain include compassion, empathy and resilience. Learners are assessed through performance in classroom or OCSE (Objective Structured Clinical Examination).

This is in line with how we know the provider operates based on the information / reflections gained from their ongoing performance review where much of this area has been discussed. Additionally, much of this narrative is outlined in their baselining document which provides us with information on how the provider operates.

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

Learners

**Findings on alignment with existing provision:**

- Support – The provider has already provided us with some information regarding learners and the support they receive in other sections such as the accessing of guidance and resources from intranet sources, tutors, placement staff, service users and carers. However, this is explored further in the section of the same name in the baselining document. The provider has reflected on this section in a few different ways, highlighting here the mechanisms present and how they are applied.

These mechanisms include 'The Late Submission and Extenuating Circumstances Notification Procedure', the London South Bank University 'MyAccount', the School of Allied and Community Health Practice Learning Guidelines (2021) (Consent) and the School of Allied and Community Health Practice Learning Guidelines (2021) (Raising Concerns). This aligns with our understanding of how the provider operates as this is demonstrated and evidenced in both their baselining exercise and the ongoing performance review.

- Ongoing suitability – This is reviewed through the lens of the provider's fitness to practise policies and procedures and is outlined in the Institute of Health Fitness to Practise procedure. The provider has also referenced the 'Annual Directional Statement' as evidence for this section. The provider has stated how the fitness to practise of a learner is assessed if called into question and what the scope of this is, stating that it covers 'all students in the Institute of Health and Social Care who are undertaking a programme of study which involves patient or service user contact, and/or allows for registration to practise as a professional.' The provider has also provided information on the behavioural framework that is in place, stating that aside from the named documents, additional standards / documents as set out by the regulatory bodies that accredit their programmes are identified and considered within this section, this would include the HCPC Standards of Proficiency (SOPS).

Our insight into how the provider operates in this area is taken from the baselining document. This document allows us to understand how the provider operates and we can take assurances from this of what is in place and how they operate. Furthermore, these policies were assessed as part of the annual monitoring audit held in 2020. The provider was found to be meeting all standards when audited. These policies are in place and will apply to the new programme(s).

- Learning with and from other learners and professionals (IPL/E) – The provider has set out their approach to this area in their 'IPL and Shared Modules'. This is defined in what they have titled 'the three levels', these being;
  - Level 4: Concepts of Interprofessional and Collaborative Practice;
  - Level 5: Appraising Evidence for Research Informed Practice; and
  - Level 6: Improving Quality, Change Management and Leadership.

They have reflected upon this in their baselining document, describing how the situation that allows for IPE develops organically via practice across the three years of the programme. They reflect on how engaging IPE / shared

learning activities, learners are offered the opportunity to firstly be ready for interprofessional working when they complete their programme and join the allied health professions (AHP) workforce. But it also adds a wider perspective to their academic work and allows them to meet learners from other programmes. Additionally, it allows them to widen their professional and social network.

We know this because we have gained this insight and information from the provider's baselining document. The document is the product of the baselining exercise. We conducted this earlier in the process to gain an insight into how the provider currently works in the various sections and is a reflection of this.

- Equality, diversity and inclusion(EDI) – The provider has set out the following policies and mechanisms for assessing and working within this area. Firstly, their 'EDI Strategy 2021-2025', their 'LSBU Corporate Strategy 2020-2025' and finally their initiative for 'Decolonising the University and Curriculum'. They have also provided an accompanying narrative that describes the diversity of the institution and that EDI is 'at the heart of its work' and 'woven into' their very DNA. This indicates to us how the provider feels about this and that this appears to be embedded into their functions and processes. They describe the different initiative and policy areas, with how this fits in with their mission statement and also how the framework for decolonising the curriculum was formed. This provides insight into what they mean by this and how they seek to embed a diversity of knowledge and cultural perspectives to reduce the racial awarding gap.

This aligns with how we know the provider operates. The review of the evidence demonstrates how this came to be within the baselining document. Discussing how it aligns with their mission statement and how the Academic Board moved forward to embed the principles and policies, such as decolonising the curriculum and why these fit into their principles and values.

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

### Assessment

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

- Objectivity – The provider has reflected on this point and described how their existing process for this has been approved during the validation and approval process. Requested assessment changes are presented to the School's Academic Standards Committee for assessment in terms of appropriateness, fairness and reliability. Furthermore, once assessments are confirmed they are then looked at by internal academic teams before then being assessed by the External Examiner who looks at it in terms of appropriateness and suitability. The provider has also referred to the following policies that are in place for this section; 'Information for External Examiners - 9th Edition', 'Becoming an External Examiner at London South Bank University'.

This aligns with our understanding of how the provider operates as this is demonstrated and evidenced in their baselining exercise and was assessed in historic annual monitoring audits (2020).

- Progression and achievement – Provisions and mechanisms for progression and achievement are set out in the provider's following policies; the "Assessment and Examinations Procedure (2020-21)" and in the "Operational Manual for Academic Staff 8th edition". The provider has also provided some additional narrative explaining these policies and how they apply to this area. With regards to progression, they have discussed the need for learners to complete the programme, otherwise needing to 'step off' at the exit points they have reaffirmed here, as doing so will not confer eligibility for registration.

The Operations Manual outlines the processes for staff to support learners with progression and achievement. All learners have their attendance monitored and any absences noted and followed up. Learners can also be referred to Occupational Health following ongoing absences to ascertain if a student is fit to continue. The provider described the support in place for learners to progress in the programme, including being provided with module descriptors, learning outcomes, assessment briefs, marking criteria among other factors. They have detailed how learners can receive feedback on their work and what they have termed 'feed forward' to work on issues going forward.

- Appeals – The provider has an appeals policy in place which is available to every enrolled learner. The policy is set out in their 'LSBU Student Academic Appeals Procedure'. They have stated that more information on this is available in the student handbook (including exceptions to this policy).

We have gained this insight and information from the provider's baselining document. The document is the product of the baselining exercise. We conducted this earlier in the process to gain an insight into how the provider currently works. Additionally, these policies were assessed as part of the annual monitoring audit held in 2020. The provider was found to be meeting all standards when audited, these policies are in place and will apply to the new programme(s).

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

### **Outcomes from stage 1**

We decided to progress to stage 2 of the process without further review through stage 1, due to the clear alignment of the new provision within existing institutional structures, as noted through the previous section.

### **Findings of the assessment panel:**

- **SET 1: Level of qualification for entry to the Register** – Standards relating to this area found to be met after an executive-led review of the stage one document (approval request form and baselining document). Policies were

recently examined through annual monitoring events including the full audit in 2020.

- **SET 2: Programme admissions** – Standards relating to this area found to be met after a review of the provider’s approval request form and baselining document. The provider has robust policies in place that will apply to the new provision and in line with our standards. These were recently assessed in 2021 (audited in 2020) and ongoing approval was granted.
- **SET 3: Programme governance, management and leadership** – Standards relating to this area were looked at through the lens of sustainability, programme delivery, staff management, institution level partnerships and also provision delivery to the expected threshold level. Following the stage one assessment by the Executive, standards relating to this area were found to be met. These were demonstrated in their baselining document, approval request form and across other existing and historic assessments.
- **SET 4: Programme design and delivery** – Standards relating to this area were looked at in the ‘management and governance sections’ (detailed in the report). Many programme(s) specific areas were also examined within the stage two assessments conducted by the visitors. Areas relating to this looked at as part of stage one found those relevant standards met at the threshold level
- **SET 5: Practice-based learning** – Nothing was raised at this stage following a review of the baselining document and approval request form. However, regional insight did alert visitors to the ongoing placement shortages faced in London. Practice based learning was then assessed as part of the stage two assessment, but no concerns raised from the stage one review.
- **SET 6: Assessment** – Assessment policies and procedures were looked at through the lens of objectivity, appeals, progression and achievement. The institution level policies in place are robust and appropriate to support the introduction of these new polices. These were assessed in the annual monitoring audit of 2020 and also looked at during the stage one assessment of this case. Standards were found to be met at the threshold level.

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

**Outstanding issues for follow up:** None

**Areas of good and best practice identified through this review:** N/A

## 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 Integrated Apprenticeship Degree	PT (Part time)	Diagnostic radiographer	10 learners in one cohort per year	19/09/2022
BSc (Hons) Occupational Therapy Integrated Apprenticeship Degree	PT (Part time)	Occupational therapist	10 learners in one cohort per year	19/09/2022
BSc (Hons) Therapeutic Radiography Integrated Apprenticeship Degree	PT (Part time)	Therapeutic radiographer	10 learners in one cohort per year	19/09/2022

### 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.

### Performance data

We also considered intelligence from a regional perspective from Health Education England (London) who gave us insight into the challenges around securing practice placement provision, particularly in relation to Occupational Therapy placements.

### 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 – collaboration between the education provider and practice education providers

**Area for further exploration:** There was insufficient evidence to demonstrate an effective process in place to the ongoing collaboration between placement providers and the education provider for the Diagnostic Radiography and Therapeutic Radiography programmes. Although there are processes and policies in place, there was a concern that they are not being effectively implemented. For example, the development of the new Apprenticeship programme has not been discussed at the Diagnostic Radiography meetings. Additionally, there was no evidence of the three stakeholder meetings that were reported in the *Academic Rationale and Review of Therapeutic Radiography* document submitted by the education provider.

**Quality activities agreed to explore theme further:** We decided to explore this area by requesting additional documentary evidence 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:** We received additional documentation from the provider and also held a virtual meeting with the provider. The visitors were given verbal assurances regarding meetings that have taken place. However, we requested additional evidence of partnerships and collaboration with Practice Providers to support these assurances.

Following the submission of additional documents, the visitors still found that there were some areas that required further clarification. Therefore, conditions have been set relating to this area.

## Quality theme 2 – availability of practice-based learning opportunities for all learners in a range of settings

**Area for further exploration:** This quality theme is related to quality theme 1 regarding practice placements. The number of apprentices to be recruited to Diagnostic and Therapeutic Integrated Apprenticeship programmes is unclear. The numbers of learners on the existing BSc Hons Diagnostic and Therapeutic programmes have not been identified and how the additional learners i.e. apprentices might impact on the availability and capacity of the practice-based learning opportunities. We do not know how many learners will be in the same clinical area at a time.

**Quality activities agreed to explore theme further:** We decided to explore this area 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 provider submitted additional documents and a virtual meeting was held where the visitors were able to pose questions to the representatives from the provider. Following the meeting, the provider made an additional documentary submission.

Following the review of the documents and the virtual meeting, the visitors still have outstanding concerns relating to practice placement capacity and the quality and monitoring that takes place of practice placements. Therefore, conditions have been set relating to this area.

### Quality theme 3 – Staffing and Resources

**Area for further exploration:** After examining the stage 2 submission, the visitors had outstanding queries relating to the number of learners intended for the programme (to determine if there were sufficient staff in place to accommodate them). The number of learners would also impact whether sufficient resources were in place too. Additionally, that the staff in place at both the education provider and practice placement providers are sufficiently qualified and the visitors also wished to have further information / clarifications on some of the roles in place.

**Quality activities agreed to explore theme further:** The visitors posed a series of questions as well as requesting further information such as job descriptions, module handbooks, placement audits etc. Due to the nature of their requests, email clarifications and an additional documentary submission were judged as being the most appropriate ways for the provider to respond to this quality activity. The visitors also had the opportunity to pose further questions and gain clarifications via the planned virtual meeting.

**Outcomes of exploration:** Following the submission of additional information via the further documentary submission and the discussion held in the virtual meeting, the visitors decided that the provider had demonstrated that sufficient staff and resources were in place at the education provider. Further information on different roles was also provided, such as the skills coach and how they will support the school across different programmes.

A question remained after the meeting regarding future audit processes to ensure practice based learning and conventional learning is appropriate and that learning outcomes can be achieved. The provider subsequently provided additional evidence, but only regarding the resources in place. A question remains for the visitors regarding the monitoring (and auditing) of staff at practice placement sites. Therefore, a condition of approval has been set in relation to this theme.

### Quality theme 4 – learning and teaching methods.

**Area for further exploration:** Following the stage two submission, the visitors had queries about the learning and teaching methods being deployed and how these ensured that the learning outcomes were achieved. The visitors felt it was unclear how learning outcomes can be met when the majority of the programme is delivered in a placement site with the SETs mapping document stating that 70% of the programme is delivered in a 'clinical environment'. The documentation also states that apprentices will be taught alongside conventional learners on the undergraduate programme(s). The visitors questioned how learning outcomes will be achieved when modules undertaken by the established undergraduate route and apprentices are different.

This theme is also connected to the structure, duration and range of practice-based learning and how this will support the achievement of the learning outcomes and the standards of proficiency.

**Quality activities agreed to explore theme further:** The visitors felt that the questions they posed concerning this theme could be addressed via a discussion in the planned virtual meeting and by email response.

**Outcomes of exploration:** Following the virtual meeting, the visitors were satisfied that the standards relating to this theme are met. A breakdown of how often learners are in class and also a comparison for apprentices was provided. The provider explained how apprentices have dedicated study hours, traditional learners have study days and study sessions. Additionally, if required, extended assessment submission times can be offered to help achieve learning outcomes. Furthermore, if learning outcomes are not available at the learner's assigned practice-based learning site, then an alternative site can be offered to help achieve this. More opportunity is also available to build knowledge and skills in the 'on the job' setting as apprentices do not follow the traditional academic year. The provider is also going to encourage a system of reciprocal placement provision to support PBL across the employers engaged in the apprenticeship programme.

## 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 Education and Training Committee (Panel) set the following conditions at their meeting of 3 August 2022. These conditions must be met before the programmes can be approved.

Standard: 3.6. There must be an effective process in place to ensure the availability and capacity of practice-based learning for all learners.

**Condition:** The education provider must provide evidence there is placement capacity which can accommodate the intended learner numbers for the programme.

**Reason:** In relation to this standard, the education provider referred to the section on placement information from their Course Specification document. The visitors noted this document discusses why practice placements are used and how they fit into the apprenticeship programme. They also discuss when in the programme, placements are planned to occur, how many placements are intended and their intended

duration. There is also a section on the auditing and monitoring of placements, where they refer to the National Education and Training Survey (NETS) administered by Health Education England and their tripartite agreement being in place for this. However, this document does not discuss actual numbers of learners involved at practice placement sites, or information about placement capacity at the sites.

The quality activity involved a documentary submission, clarifications that could be responded to via email and a virtual meeting that allowed the visitors to pose questions directly to the provider. These centred on the following themes:

- During the meeting, the visitors were able to gain further understanding of the monitoring processes in place, with the tripartite agreement forming the cornerstone of this, along with the dialogue between the provider and practice placement provider.
- Capacity of practice placement providers, and exactly how many learners would be involved at each placement site. Linked to this, they explored how many apprentices were intended, how many BSC (Hons) learners were in place, and how they would share existing placements, including those shared with other providers. The education provider was not able to confirm the number of learners they were able to place at each placement site, which meant the visitors were unable to confirm there were enough placements secured for intended learner numbers.
- The number of learners in clinical settings at any one time, and what the likely impact of this would be on delivery of learning outcomes.

The education provider informed the visitors that some information confirming placement capacity and securing placement numbers was lost during a cyber attack in 2020. For quality and resourcing purposes, the visitors would expect information agreed and lost to be reconfirmed with relevant partners.

This standard requires that there is practice placement capacity for all learners, and that there is an education provider led process in place to ensure this availability both at the programme's intended start and on an ongoing basis. We understand that for apprenticeship programmes, the employer has systems for monitoring and reporting in place, however a provider level system for monitoring and auditing is also required. Through their review, the visitors were not satisfied that this was the case. Therefore, the visitors suggest the education provider's evidence shows:

- confirmation of the number of apprentice learners and how placement allocation works across radiography and occupational therapy provision by the provider;
- the maximum number of apprentice learners each placement site can accommodate from this provider, including some form of formal confirmation by the placement provider; and
- evidence of the system(s) for ongoing monitoring of placement capacity across the provision.

Standard: 5.5. There must be an adequate number of appropriately qualified and experienced staff involved in practice-based learning.

Standard 5.6. Practice educators must have relevant knowledge, skills and experience to support safe and effective learning and, unless other arrangements are appropriate, must be on the relevant part of the Register

The following condition applies to the above standards. For simplicity, as the issue spans several standards, the education provider should respond to this condition as one issue.

**Condition:** The education provider must provide evidence that shows sufficient staff are in place at practice placement sites, that these staff are appropriately qualified, experienced, and registered (where required) to support learners, and that a system is in place to ensure this going forward.

**Reason:** The stage two documentation in support of this area included the course specification, operational manual and curriculum vitae for five members of staff. This demonstrated to the visitors a degree of insight into the qualification and experience of these members of staff. Additionally, through the course specification, the visitors noted that staff undertake continuing professional development to ensure they remain up to date with curriculum development. The visitors noted there is intended to be a Placement Lead role within the provider, who will oversee placements including staffing.

The quality activity meeting provided more information and allowed the visitors to pose further questions to the provider on this area, specifically asking if an audit was in place or a system of monitoring to ensure there is sufficiently qualified and experienced staff. Following this meeting, more documents were submitted which also explained that the Placement Lead is not currently in place but an advert has been placed for recruitment to this role. The provider also provided evidence of a bi-annual survey that is in place for learners (Radiography) to feedback on placements. Themes explored through quality activity were:

- through the submitted evidence including their mapping document, 'course guide', 'operational manual' and five staff curriculum vitae, the visitors were able to gain some insight into the level of qualification of practice placement educators, such as previous roles they held and the qualifications that they have;
- the course guides refer to the 'practice placement facilitator' but little information exists on this role, including their level of qualification and experience;
- during the meeting, the visitors were able to discuss the role of the skills coach and how they will support all areas of the school and work with academic teams;
- the provider submitted some evidence of discussions held with the practice placement providers and evidence of their tripartite agreements that are in place;
- the skills coach's role was discussed as having a training capacity and also how can support outside of their professional area (skills coach is an Operating Department Practitioner by background). The intention being that

the skills coach will build a team around themselves to support other professional areas (radiography); and

- evidence was also provided during the quality activity regarding the training of Diagnostic Radiography educators.

These standards require that there are sufficient numbers of appropriately qualified and experienced staff in place at placement provider sites both at the programme's intended start and on an ongoing basis. Through their review, the visitors were not satisfied that this was the case. Therefore, the visitors suggest the education provider's evidence shows:

- evidence of an audit(s) that have been completed of practice placement providers/sites to ensure staff and educators at sites have the relevant knowledge, skills and experience to support safe and effective learning;
- evidence of the system(s) is in place for the ongoing monitoring of the knowledge, skills, experience and registration status of practice placement educators; and
- confirmation of the number of staff in place at each practice placement site involved in practice placement education.

#### **Findings of the assessment panel:**

- **SET 1: Level of qualification for entry to the Register** – this standard is covered through institution-level assessment
- **SET 2: Programme admissions** –
  - This is largely assessed in stage one of this case, but standard 2.2 relating to admissions is assessed at this stage. The visitors noted that the provider has mapped all three proposed programmes to the stage two SETs separately and provided this information in their stage two submission.
  - The provider's entry requirements are detailed in their course specification which is a part of their admissions document. This includes academic entry requirements, prior learning accreditation, interview information, Occupational Health clearance information, fitness to practice requirements, Disclosure and Barring Service (DBS) check requirements and English language requirements.
  - The visitors reviewed the documents submitted by the provider and concluded the processes and mechanisms in place to be robust. They are satisfied with the evidence to determine that selection and entry criteria would allow learners to be able to meet our standards for registration upon successful completion of the programme.
  - The visitors considered the relevant standard within this SET area met.
- **SET 3: Programme governance, management and leadership** –
  - The standards related to this section were reviewed as part of the stage two submission but were also subject to enhanced investigation as part of a quality activity with conditions also being set relating to this section.
  - The provider supplied the required documentation which clearly described their processes and mechanisms relating to this area. . Following the quality activity, the provider submitted further evidence, including the minutes of meetings held with a number of their

stakeholders, to demonstrate the engagement that has taken place, Information on their Pre-registration Educators Placement Preparation Day and their clinical liaison meeting from December 2021.

- This was assessed as part of the conditions set by the panel. The provider submitted further reflections and documents to demonstrate that there is placement capacity which can accommodate the intended learner numbers for the programmes and that a robust system is in place to monitor this going forward.
- Following this additional information and review, the visitors saw sufficient evidence that demonstrated that the programme. this included how the practice-based element will be properly managed, and both staffing and physical resources will be adequate to ensure effective delivery.
- There are sufficient and effective placement capacity for all learners. The placement written agreements, commitment statements and audit process appear are sufficiently comprehensive to capture all the necessary detail required. The provider has also committed to the new Strategic Practice Learning Lead engaging with external stakeholders at a strategic level to monitor and ensure apprenticeship provision and undergraduate provision remain compatible and sustainable.
- The visitors considered standards within this SET area met at threshold to a level such that approval can be recommended.
- **SET 4: Programme design and delivery –**
  - The proposed programmes ensure that graduates can meet our standards of proficiency and understand the expectations and responsibilities associated with being a regulated professional.
  - The structure and delivery of the programme reflects the core philosophy and associated core values, skills and knowledge base.
  - The programmes are based upon an Inquiry based learning design, with opportunities for blended learning to provide an ideal, flexible strategy for all apprentices' within an inclusive manner.
  - The block plans provided and the module descriptors explain how theory and practice are integrated throughout the programme.
  - The visitors found that the outcomes are clearly documented in the Course Specification and the module descriptors and are linked to the standards of proficiency. The documentation clearly specifies the expectations around professional behaviour. Procedures and policies in place to address any areas of concern with regard to students' professional behaviour, conduct and performance.
  - The visitors therefore considered standards within this SET area met.
- **SET 5: Practice-based learning –**
  - Standards relating to this area were assessed as part of the stage two assessment by the visitors and further explored as part of a quality activity. Following this quality activity, the visitors did not feel that the provider had demonstrated sufficient evidence of meeting standards relating to this area. This was therefore examined further with the setting of conditions relating to two standards.
  - The provider submitted further reflections and explanations as well additional document to respond to the conditions set by the panel.

- This included evidence of audits, practice educator workbooks, feedback from clinical placement sites and the checklist for the setting up of a new placement provider.
- Following the assessment of the submission that was sent to respond to the set conditions, the visitors were satisfied that practice-based learning is a central part of the programme and there are effective systems and processes in place to support its delivery. There are sufficient, effective partnerships in place with placement providers to facilitate and maintain the provision of adequate, appropriately qualified and experienced staff involved in PBL, and that regular practice educator liaison meetings with the education provider will monitor the ongoing quality of the provision
- The visitors therefore considered standards within this SET area met at threshold to a level that approval can be recommended.
- **SET 6: Assessment –**
  - The provider's assessment strategy seeks to support the learning outcome and help learners demonstrate that they have gained the necessary competencies and essential skills to be eligible on completion of the programmes to apply for registration.
  - The visitors found a wide selection of relevant assessment methods used which are appropriate and effective at measuring the programme learning outcomes. Professional behaviours are integrated into the practical assessments and are also strongly emphasised and assessed with practice-based learning.
  - The provider has demonstrated throughout their submission that the expectations and assessment of professional behaviours / professional practice standards, including the standards of conduct and performance and ethics, is embedded throughout the curriculum, including consideration of patient safety.
  - The visitors saw sufficient evidence that demonstrated that standards within the SET area are met.

**Risks identified which may impact on performance:** The risks initially identified centred on the practise based learning, the risk being that it was unclear what monitoring of practise based learning was in place. Following the submission responding to the conditions, evidence of audits, feedback and regular meetings have shown that there is a robust system in place to monitor practise-based learning provision and the risks have been allayed.

**Areas of good and best practice identified through this review:** Not identified through this process

## 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).

### **Referrals to next scheduled performance review**



Following the stage two review and conditions set during this case, the visitor now agree that the provider has demonstrated that all the standards have been met at the threshold level. The visitors would like to refer two matters to the providers next performance review.

### Capacity of Practise-based learning

**Summary of issue:** The first of these is related to practice-based learning capacity. They recommend that the provider reflects upon how the quality and capacity of practice placements and practice-based learning has operated since approval and how they ensure that they have sufficient capacity for all learners. Furthermore, how they intend for this to develop going forward.

### Sufficient staffing for practise-based learning

**Summary of issue:** The second of these is related to staffing withing practice-based learning. They recommend that the provider reflects upon staffing within practice-based learning and the level and quality of knowledge, skills and experience that PBL staff have and how they ensure this, as part of the provider's next performance review.

## 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 the proposed programmes should be approved with the conditions now being met.

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 programmes should be approved
- The issues identified for referral through this review should be carried out in accordance with the details contained in section 5 of this report

**Reason for next engagement recommendation:** The visitors have found all standards to be met and are recommending approval for the proposed programmes. The visitors have raised two points for referral to be looked at during the providers next performance review.

### **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 proposed programmes are now approved

Reason for this decision: The Panel accepted the visitor's recommendation that the provider and its proposed programmes have demonstrated they meet our standards and should receive approval.

## Appendix 1 – list of open programmes at this institution

Name	Education provider	Mode of study	First intake date	Programme status
BSc (Hons) Diagnostic Radiography	London South Bank University	PT (Part time)	01/09/2007	Open
BSc (Hons) Diagnostic Radiography	London South Bank University	FT (Full time)	01/09/2002	Open
BSc (Hons) Diagnostic Radiography Integrated Apprenticeship Degree	London South Bank University	PT (Part time)	19/09/2022	Proposed
BSc (Hons) Occupation Therapy Integrated Apprenticeship Degree	London South Bank University	PT (Part time)	19/09/2022	Proposed
BSc (Hons) Occupational Therapy	London South Bank University	PT (Part time)	01/09/2007	Open
BSc (Hons) Occupational Therapy	London South Bank University	WBL (Work based learning)	01/09/2002	Open
BSc (Hons) Occupational Therapy	London South Bank University	FT (Full time)	01/09/2008	Open
BSc (Hons) Operating Department Practice	London South Bank University	FT (Full time)	01/09/2012	Open
BSc (Hons) Operating Department Practice Apprenticeship	London South Bank University	WBL (Work based learning)	01/09/2020	Open
BSc (Hons) Physiotherapy	London South Bank University	FT (Full time)	01/09/2017	Open
BSc (Hons) Therapeutic Radiography	London South Bank University	FT (Full time)	01/09/2007	Open
BSc (Hons) Therapeutic Radiography Integrated Apprenticeship Degree	London South Bank University	PT (Part time)	19/09/2022	Proposed
Integrated Masters in Physiotherapy - MPhysio	London South Bank University	FT (Full time)	01/09/2017	Open

MSc Diagnostic Radiography (pre-registration)	London South Bank University	FTA (Full time accelerated)	19/09/2022	Proposed
MSc Occupational Therapy	London South Bank University	FT (Full time)	01/09/2016	Open
MSc Physiotherapy (Pre-registration)	London South Bank University	FTA (Full time accelerated)	01/09/2017	Open
MSc Therapeutic Radiography	London South Bank University	FT (Full time)	01/08/2016	Open
Non-Medical Prescribing V300 Independent Prescribing (for PH, CH, TRad and PA)	London South Bank University	PT (Part time)	01/09/2019	Open
Non-Medical Prescribing V300 Supplementary Prescribing (for DRad and DT)	London South Bank University	PT (Part time)	01/09/2019	Open
Pg Dip Occupational Therapy	London South Bank University	FT (Full time)	01/01/2003	Open
Pg Dip Therapeutic Radiography	London South Bank University	FT (Full time)	01/09/2007	Open
Postgraduate Certificate in Non-Medical Prescribing	London South Bank University	PT (Part time)	01/01/2014	Open