
Approval process report

University of Huddersfield, Diagnostic Radiography 2024-25

Executive Summary

This is a report of the process to approve diagnostic radiography programme at the University of Huddersfield. This report captures the process we have undertaken to assess the institution and programme(s) against our standards, to ensure those who complete the proposed programme(s) are fit to practice.

We have

- Reviewed the institution against our institution level standards and found our standards are met in this area
- Reviewed the programme(s) against our programme level standards and found our standards are met in this area following exploration of key themes through quality activities
- Recommended all standards are met, and that the programme(s) should be approved
- Decided that all standards are met, and that the programme(s) is approved

Through this assessment, we have noted:

- The areas we explored focused on:
 - Evidence of collaboration with practice education providers included meetings with several stakeholder and steering groups and an action plan showing all completed actions including timescales.
 - The process of growing practice-based learning capacity and managing over-recruitment to the programme was established through creative strategies around timings/patterns of practice-based learning with plans for expansion with existing partners, new partners, and apprentice partners.
 - There was appropriate support in place to ensure staff are appropriately qualified and experienced to deliver the programmes effectively
 - Evidence of the expertise of existing staff and the use of visiting lecturers where knowledge or skill gaps are identified reassured us that staff have the relevant knowledge and expertise
 - Details of building plans, including the timeline, showed us the availability of adequate resources to support learning
 - There is a contingency plan in case of absence of practice-based learning staff and numbers which reassured us there is adequate number of practice educators.
 - The following areas should be referred to another HCPC process for assessment:
 - The visitors noted the education provider has a number of approaches that might be used in supporting the learners which they considered sufficient and appropriate to meet the threshold standard. However, they considered
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the need for the education provider to focus on the feedback from learners' about their experience of teaching and learning in any future reviews.

- The programme(s) meet all the relevant HCPC education standards and therefore should be approved.

Previous consideration	No applicable. The approval process was not referred from another process
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Decision	The Education and Training Committee (Panel) is asked to decide: <ul style="list-style-type: none">• whether the programme(s) is/are approved, and• whether issues identified for referral through this review should be reviewed, and if so how
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Next steps	<ul style="list-style-type: none">• Subject to the Panel's decision, we will undertake further investigations as per section 5
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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 / ongoing 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:

Helen Best	Lead visitor, Diagnostic Radiographer
Carly Elliott	Lead visitor, Therapeutic Radiographer
Temilolu Odunaike	Education Quality Officer

Section 2: Institution-level assessment

The education provider context

The education provider currently delivers 16 HCPC-approved programmes across six professions and including two Prescribing and two podiatric surgery programmes. It is a Higher Education provider and has been running HCPC approved programmes since 1993.

The new programme sits within the School of Human and Health Sciences, in the Department of allied health professions (AHP), sport and exercise where other HCPC approved programmes sit.

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 2](#) of this report.

	Practice area	Delivery level		Approved since
Pre-registration	Chiropodist / podiatrist	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	1993
	Occupational therapy	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2021
	Operating Department Practitioner	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2013
	Paramedic	<input checked="" type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Postgraduate	2020
	Physiotherapist	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	1997
	Speech and language therapist	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2021
Post-registration	Independent Prescribing / Supplementary prescribing			2014
	Podiatric surgery			2020

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
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Learner number capacity	359	384	2024	<p>The benchmark figure is data we have captured from previous interactions with the education provider, such as through initial programme approval, and / or through previous performance review assessments. Resources available for the benchmark number of learners was assessed and accepted through these processes. The value figure is the benchmark figure; plus the number of learners the provider is proposing through the new provision.</p> <p>The education provider is recruiting learners to their programmes as expected.</p>
Learner non-continuation	3%	7%	2020-21	<p>This data was sourced from a data delivery. This means the data is a bespoke Higher Education Statistics Agency (HESA) data return, filtered bases on HCPC-related subjects</p> <p>The data point is above the benchmark, which suggests the provider is performing below sector norms</p> <p>When compared to the previous year's data point, the education provider's performance has dropped by 3%</p> <p>We had explored this through a focused review process and determined the change can be reviewed during the education provider's ongoing performance review process</p>

				in the 2024/25 academic year.
Outcomes for those who complete programmes	93%	89%	2020-21	<p>This data was sourced from a data delivery. This means the data is a bespoke HESA data return, filtered bases on HCPC-related subjects</p> <p>The data point is below the benchmark, which suggests the provider is performing below sector norms</p> <p>When compared to the previous year's data point, the education provider's performance has dropped by 7%</p> <p>We did not explore this data point through this assessment because there is another process running where this will be picked up. In addition, a more recent (2021-22) data return showed an improved performance in this area with a data point of 91% compared to a benchmark of 92%.</p>
Teaching Excellence Framework (TEF) award	N/A	Gold	2023	<p>The definition of a Gold TEF award is: "Provision is consistently outstanding and of the highest quality found in the UK Higher Education sector." This the highest possible award and this would indicate that the education provider is performing very well in this area.</p> <p>We did not explore this as the data indicates that the</p>

				provider is performing well in this area.
Learner satisfaction	79.5%	83.5%	2024	<p>This data was sourced at the subject level. This means the data is for HCPC-related subjects. The data point is above the benchmark, which suggests the provider is performing above sector norms.</p> <p>When compared to the previous year's data point, the education provider's performance has dropped by 2%.</p> <p>We did not explore this data point through this assessment because the data point is still higher than the benchmark and this suggests the education provider is performing well in this area.</p>
HCPC performance review cycle length		3 years	2024-25	At their first ever performance review in 2021/22, the education provider received a recommendation of a 3-year review period. They are currently going through the performance review process this 2024/25 academic year.

We did not consider data points / intelligence from other organisations through this approval review.

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 education provider has institutional policies, procedures and processes which all their Allied Health Professions (AHPs) provision need to comply with. For example, the Admissions Policy (Taught courses) covers admission for all undergraduate and taught postgraduate programmes, including Apprenticeships and programmes based at partner institutions.
 - Entry requirements including profession-specific information is detailed in programme specifications and available on the education provider's website. Each programme has a Programme Specification Document (PSD) that outlines the admissions process and provides information for applicants. Any additional considerations are detailed in the PSD for each programme.
 - The new programme will follow the institutional approach.
- **Assessing English language, character, and health –**
 - Applicants educated outside the UK are required to have International English Language Testing System (IELTS) at a score of 6.0 with a minimum score of 6.0 in writing and a minimum of 5.5 in any single component. For applicants who do not meet the IELTS requirements, the education provider offers a range of pre-sessional English programmes. For the new programmes the education provider has informed us that applicants educated outside the UK are required to have IELTS score of 7.0 with a minimum of 6.5 in each component. As this is different for the proposed programmes, we will consider through stage 2 assessment.
 - Learners will need to have satisfactory enhanced Disclosure and Barring Service (DBS) and occupational health clearances before enrolling on the programme. These will be arranged by the education provider. Applicants must disclose information about their current disciplinary record and criminal offences.
 - Practice education providers require learners to have received some vaccinations unless medically exempt. Evidence of exemption will be required.
 - These align with our understanding of how the institution runs their AHP provision.
- **Prior learning and experience (AP(E)L) –**

- The education provider has guidelines on the assessment of AP(E)L claims for enrolment on taught programmes. APEL information is provided in the programme specification and considered on an individual basis.
- The education provider noted that for programmes regulated by Professional Statutory Regulatory Body (PSRB), these may be subject to further or alternative requirements.
- This aligns with our understanding of how the institution runs and the education provider has not indicated any changes for the new programme.
- **Equality, diversity and inclusion –**
 - The education provider has an Equality, Diversity and Inclusion Framework 2020-2025 which sets out the vision, objectives and strategy for equality, diversity and inclusion (EDI) at the education provider. Their Equality and Diversity policy is monitored through the School Teaching & Learning Committee. The policy helps to ensure everyone who applies for programmes and meets minimum entry requirements is given same opportunity in the selection process regardless of any disability.
 - The education provider has a range of EDI support available through their wellbeing service. Some of which include, wellbeing and mental health support, welfare support, counselling, getting back to track with your studies and support for learners who are parents.
 - Information on EDI support mechanisms available at the education provider is provided to applicants via open days and applicant visit days.
 - This aligns with our understanding of how the institution runs and the education provider has noted no changes to the new programme.

Non-alignment requiring further assessment: The English language requirement for the new programmes is different from the institutional requirement. Therefore, we will need to consider this through the stage 2 assessment.

Management and governance

Findings on alignment with existing provision:

- **Ability to deliver provision to expected threshold level of entry to the Register¹ –**
 - The education provider has degree awarding powers for all the programmes they deliver. Programmes must be validated by the education provider before they can run. As part of the requirements for validation, programmes must demonstrate how the learning outcomes map onto all modules. Programmes must also demonstrate how the learning outcomes map onto the relevant Subject Benchmark

¹ 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

Statements Programme learning outcomes must be mapped onto any regulatory and/or professional body requirements (where appropriate).

- Programme specification documents state the requirements to enter onto the HCPC Register. The education provider noted the School is required to demonstrate commitment to continuous funding by submitting a resource statement, which includes detailed costings that must be reviewed and approved by the Dean.
- The HCPC standards of proficiency (SOPs) mapping is completed to demonstrate how programmes meet the SOPs.
- This is in alignment with our understanding of how the institution runs. There will be no deviation for the new programme.
- **Sustainability of provision –**
 - The education provider's quality assurance process ensures programmes are validated and revalidated as required. The methods for validation and annual evaluation of programmes are specified in the education provider's Quality Assurance Procedures for Taught Courses and Research Awards. As part of the quality assurance process, Schools are required to demonstrate a commitment to the ongoing resourcing for the provision. This is done by submitting a resource statement with costings considered and approved by the Dean.
 - The programme numbers have been agreed upon with NHS England to meet national demand.
 - The programme specification document details the Methods for Evaluating and Improving the Quality and Standards of Teaching, Regulation of Assessment and Learning and Indicators of Quality and Standards.
 - In addition, the education provider noted how the structure of staffing supports the development and delivery of the new programme.
 - These align with our understanding of how the institution runs and there will be no changes to how the new programme aligns with the above.
- **Effective programme delivery –**
 - The education provider noted that their AHP programmes are situated within the School of Human and Health Sciences, in the Department of allied health professions, sport and exercise. The new programme will also sit in the department; therefore, they will benefit from the existing management and staff structure as well as the available facilities.
 - The education provider noted that the management as well as the support service available allow programmes to run effectively. Posts are advertised based on the level of qualification and expertise required. Professional programmes follow professional body guidance for the amount of experience required for programme leaders and professional leads.
 - This aligns with our understanding of how the institution runs and there will be no changes to the new programme.
- **Effective staff management and development –**

- Staff teams are supported by their line manager. Support is provided through individual support and collectively through team meetings as required. All staff are involved in the appraisal process via The Personal Development and Performance Review (PDPR). The PDPR is a clear and structured process designed to set objectives, identify development needs, review progress, and align with the education provider's core values. It ensures continuous support for both personal growth and organisational goals.
- Training opportunities are provided internally by the people and organisational development team. Academic staff with teaching responsibilities must complete peer observation as part of the Institutional Quality Assurance Framework. Full-time academic staff are expected to hold a teaching qualification, become fellows of the higher education academy, and complete a PhD, which is essential for senior lecturer positions.
- Peer support is available for programme leaders, admissions tutors, and practice-based learning forums. There are also opportunities for networking, sharing good practices, and discussing developments through divisional groupings and departmental meetings.
- The above are existing institutional processes and procedures which the new programme will follow.
- **Partnerships, which are managed at the institution level –**
 - The education provider noted their partners are mostly practice education providers and service user groups.
 - Practice-based learning experience is integrated into the module structure of programmes, with ongoing evaluation from both programme and feedback perspectives. Audits are conducted with Placement Learning Facilitators (PLFs) and through the Practice Assessment Record and Evaluation (PARE) portal, while learners provide feedback on practice areas.
 - Collaboration with practice education providers is maintained through the Strategic Health education Partnership (SHEP) and Practice Placement Quality Committee (PPQC) meetings, ensuring the availability and capacity of practice-based learning. The Practice Placement Quality Assurance (PPQA) tool holds practice-based learning audit details, including capacity. Practice educators are invited to seminars and annual programme evaluations, and they support learners through regular action planning and progress recording.
 - These processes are institutional and will apply to the new programme.

Non-alignment requiring further assessment: None.

Quality, monitoring, and evaluation

Findings on alignment with existing provision:

- **Academic quality –**

- The education provider noted quality assurance procedures they have that help to assure academic quality. For example, their Committee structure, terms of reference and responsibilities. This highlights that The University's Teaching and Learning Committee oversees all matters relating to the development and delivery of taught programmes and ensures the maintenance of appropriate academic standards.
- Validation panels are appointed by and report to The University's Teaching and Learning Committee. Their primary focus is the assessment of the academic validity of programmes and modules based on their aims, learning outcomes, staff expertise, and available resources.
- Awards are regulated by the education provider's Regulations for Awards. The education provider grants all awards. Award titles, principles of awards as well as the conditions of awards are all detailed on the education provider's website.
- Learner panels and programme committees are held twice a year, allowing learner representatives to discuss their programme with staff, service user representatives and representatives from practice education providers. Issues can also be logged via the learner rep portal on Brightspace.
- Annual evaluations and subject reviews ensure programmes meet the education provider's requirements. Each module has an end-of-year survey for feedback. External examiners review coursework and exams and attend programme assessment boards.
- This aligns with our understanding of how the institution runs and the new programme will follow the same approach.
- **Practice quality, including the establishment of safe and supporting practice learning environments –**
 - Practice-based learning is evaluated with practice education providers to ensure an appropriate learning environment for the learner. The practice placement unit, with support from the programme team practice placement coordinator, manages learners' practice-based learning allocations.
 - The Practice-based learning unit and the PPQC oversee audits. The PARE system gathers all audit and practice-based learning evaluation data. Audits are conducted with PLFs and details, including practice-based learning capacity, are stored in the PPQA tool.
 - Practice Placement Handbooks and the Virtual Learning Environment (VLE) outline processes for raising concerns and fitness to practice, tailored to each profession. Collaboration with practice education providers occurs through SHEP and PPQC meetings, where practice-based learning availability and capacity are discussed. Each practice-based learning module undergoes programme and learner evaluation. The education provider provides training and regular updates for practice educators.
 - All of these are institutional processes which will apply to the new programme and there will be no changes.

- **Learner involvement –**
 - Learners are actively involved in programme development and evaluation through various mechanisms supported at both education provider and school levels. This is done through their Students Union.
 - Learners provide module evaluations via formal and informal feedback methods. Through the education provider's Annual Evaluation process and the VLE, learners provide their feedback formally.
 - Regular tutorials with personal tutors help them to discuss their progress and any issues, ensuring access to additional support if needed.
 - Learners are also represented on committees, including Student Panels and the School Board, and can contribute to curriculum development through the Student Council.
 - This aligns with our understanding of how the institution runs and the new programme will follow this approach.
- **Service user and carer involvement –**
 - The education provider has a Public Partnership Group (PPG) that supports service users in teaching learners. Service users are involved in learner selection events, programme changes, teaching, and assessment. They also participate in quality assurance processes, attending validation of new provisions and contributing to Course Committees.
 - Specific activities requiring PPG support are managed through a booking system coordinated by the team leader.
 - This aligns with our understanding of how the institution runs and service users will be involved in the new programme in the same way.

Non-alignment requiring further assessment: None.

Learners

Findings on alignment with existing provision:

- **Support –**
 - The education provider noted that support for learners is accessed centrally. This includes help and guidance, wellbeing, finance, disabilities and careers. The wellbeing services provide wellbeing and mental health support, welfare support, counselling amongst others. The wellbeing services also help learners to access Togetherall – a free platform that provides a range of self-help options to support emotional and mental wellbeing.
 - Disability Services support learners with a range of needs, including specific learning difficulties (like dyslexia), mental health issues (such as anxiety and depression) and autism spectrum conditions. They also provide support for learners with hearing and visual impairments, long-term medical conditions (like diabetes or cancer), and physical or mobility challenges.

- Careers and employability services provide support to learners with jobs, work experience and volunteering. They also provide support with CVs, applications and interviews, advice on further study as well as other areas.
- The Students Handbook of Regulation provides the process that learners would follow to make complaints. The education provider has a Personal Academic Tutor system that aims to improve the learner learning and teaching experience while also boosting learner retention and achievement rates.
- This aligns with our understanding of how the institution runs and the new programme will follow this approach.
- **Ongoing suitability –**
 - The education provider's Fitness to Practice policy addresses unsuitable learner behaviours. With learner consent, health issues are referred to the occupational health department for reasonable adjustments or study suspension until the learner is fit to continue.
 - Practice-based learning handbooks and practice modules on the VLE outline procedures for addressing difficulties during practice-based learning. These issues are documented, and the practice educator contacts the academic tutor.
 - The education provider noted attendance is monitored in accordance with University Regulations.
 - This aligns with our understanding of how the institution runs and the new programme will align with this approach.
- **Learning with and from other learners and professionals (IPL/E) –**
 - The education provider noted that programmes within their AHP provision emphasise meaningful interprofessional learning opportunities, detailed in the teaching and learning strategy. The School of Human & Health Sciences focuses on excellence in interdisciplinary teaching and research. They noted that learners in the Department of Allied Health Professions, Sport and Exercise participate in professional development and research modules each year.
 - The education provider noted that in these modules, learners share knowledge and experiences from their professions, learn key principles together, engage in group work, and consider profession-specific contexts. They also participate in inter-professional learning in practice settings, reflect on these experiences at the education provider, and have opportunities for broader interprofessional engagement.
 - This aligns with our understanding of how the institution runs. There will be no changes to how the new programme meet this area.
- **Equality, diversity and inclusion –**
 - The education provider has an equality, diversity and inclusion (EDI) strategy, which is integrated into their philosophy, ensuring it is embedded in programme design, teaching, learning, and assessment

strategies. The policy also requires staff to complete EDI modules as part of their mandatory training and update regularly.

- The education provider's EDI Framework 2020-2025 ensures programmes demonstrate compliance with the framework during subject review or validation/revalidation. During such reviews, the EDI checklist must be used to guide development discussions and detail how EDI features are embedded into programmes.
- In addition, the education provider noted the Students Union has a Black, Asian and minority ethnic (BAME) ambassador who participates in committee and EDI training. They also seat at school committees and senior committees to negotiate BAME attainment.
- This aligns with our understanding of how the institution runs and the new programme will follow the same approach.

Non-alignment requiring further assessment: None.

Assessment

Findings on alignment with existing provision:

- **Objectivity –**
 - The education provider has a policy for marking and moderation which demonstrates that marked work is subject to internal moderation process. The marking and moderation processes are clearly detailed on the education provider's website.
 - The education provider also has a progress and assessment grading policy which all programmes must adhere to.
 - At the programme level, assessments are marked with a rubric, allowing learners to understand the assessment criteria. Details are published on the VLE and in handbooks, outlining marking expectations. Feedback is provided promptly within the VLE. All marks are ratified at programme assessment boards scheduled throughout the academic year.
 - This aligns with our understanding of how the institution runs and will apply to the new programme.
- **Progression and achievement –**
 - The education provider noted Interim and exit awards including eligibility to apply for HCPC registration are detailed in the programme specification document for all programmes.
 - Assessment regulations relating to progression and achievement are clearly detailed on the education provider's website with exceptions provided in individual programme specification documents across all their AHP provision.
 - Programme handbooks provide details on progression and consequences of failing to complete or pass stages. Programme leaders, module leaders, and personal academic tutors support learners in understanding assessment regulations.

- This aligns with our understanding of how the institution runs and the new programme will follow the same approach.
- **Appeals –**
 - The education provider has a process for academic appeals clearly detailed on their website. The process explains what learners must do if they believe the marks or classification they received should be reconsidered and have evidence to support it.
 - The education provider stated that learners are also directed to the student handbook of regulations and are signposted to receive support from the student union.
 - These are institutional processes which will also apply to the new programme.

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.

Education and training delivered by this institution is underpinned by the provision of the following key facilities:

- Staff resources - the education provider noted a programme leader has been in post from July 2024 and have continued to contribute to programme development, development of learning resources, set up and transition to the new estate, as well as admissions and marketing activity.
- A wider programme team will be appointed prior to the programmes' proposed start date in September 2025. These include 0.5 full time equivalent (FTE) Lecturer (Grade 7) and 1 FTE Skills Educator (Grade 6) for 2025/26. Further expansion is scheduled for the subsequent two years.
- For physical resources, the education provider noted learners will have access to a range of journals and other books will be purchased to support learners' learning. This is in addition to existing hard copies and online resources. They noted Picture Archiving and Communication Systems (PACS) labs, identified as specialist space to allow learners to learn how to analyse the images they produce, will also be provided.
- In relation to the new estate, the education provider noted they have two new campus developments which are buildings they are extending their facilities across their range of health programmes. The education provider is going through their performance review in the current year (2024/25) and will reflect on this development in their performance review.

Risks identified which may impact on performance: None.

Outstanding issues for follow up:

1. The English language requirement for the new programmes is different from the institutional requirement. Therefore, we will need to consider this through the stage 2 assessment.

Section 3: Programme-level assessment

Programmes considered through this assessment

Programme name	Mode of study	Profession (including modality)	Proposed learner number, and frequency	Proposed start date
BSc (Hons) Diagnostic Radiography	FT (Full time)	Radiography, Diagnostic Radiography	25 learners, 1 cohort per year	22/09/2025

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.

We have reported on how the provider meets standards, including the areas below, through the [Findings section](#).

Quality theme 1 – evidence of collaboration with practice education providers

Area for further exploration: In their New Placement Development Process Document, the education provider outlined the process of developing new practice-based learning and referred to agreements between them and their practice education providers. Other documents submitted included the Strategic Healthcare

Education Partnership (SHEP) and their Practice Placement Quality Committee (PPQC) Terms of Reference but neither provided clear information about how the education provider collaborates with their practice providers to ensure they provide ongoing quality and effectiveness of practice-based learning. Therefore, we requested evidence such as minutes of meetings, feedback, actions plans, schedule of meetings to understand how collaboration works. We also requested evidence about the constitution of the Strategic Healthcare Education Partnership (SHEP) Group, so we could understand how the partnership between the education provider and the Group works.

Quality activities agreed to explore theme further: We explored this area through email clarification as we considered this an appropriate way to address the issues raised.

Outcomes of exploration: The education provider explained that the proposed programme had several stakeholder and steering group meetings right from the development of the programme. The meetings helped to inform curriculum development and programme structure. Although there were no specific minutes, instead, agendas and an action tracker were used by the project manager to steer the meetings and develop the programme. A copy of the project initiation document was submitted, outlining the key stakeholders involved in the meetings. It also evidenced a range of internal and external partners instrumental in the development of the programme. Key dates for stakeholder and steering group meetings were provided. In addition, we noted an action plan which showed all completed actions including timescales.

The visitors considered the education provider's response provided context relating to their collaboration with stakeholders, in particular to support programme development. The action plan screenshot and development day notes and padlet, indicated a productive, and positive relationship with practice providers.

Future events were noted with key stakeholders planned. We also noted that on-going collaboration continues for Diagnostic Radiography every two weeks. There were quarterly meetings at executive level where the Senior Leadership Team in the School meet with executive teams in their main partner organisations. Action trackers also demonstrated evidence of collaboration, and we also noted the SHEP Terms of Reference.

Overall, the visitors were satisfied that the response to quality activity has demonstrated there is evidence of collaboration which meets the standard.

Quality theme 2 – the process of growing practice-based learning capacity and managing over-recruitment to the programme

Area for further exploration: We noted the process for setting up new practice-based learning.

We noted that all NHS practice-based learning is being shared with the University of Bradford. The plan, as outlined in the standard of education and training (SETs) mapping document, was to grow by ten learners in 2026/27 and a further five in 2027/28 with no process provided for growing practice-based learning capacity. Therefore, we requested the education provider's process / approach to progressively grow practice-based learning capacity. We also requested an understanding of how the capacity of practice-based learning will be managed if the programme was to over-recruit.

Quality activities agreed to explore theme further: We decided to explore this through email clarification. We considered this would be appropriate in allowing the education provider to address the issues identified by the visitors.

Outcomes of exploration: The education provider acknowledged how challenging it had been managing practice-based learning capacity. In response to the challenge, they have established a Head of Practice for AHP role in February 2022, who is responsible for strategically expanding practice-based learning opportunities. They are supported by programme-specific placement coordinators and a central placements unit responsible for allocation and monitoring. The education provider's Placement Capacity Strategy outlines a structured plan to increase capacity, particularly for Diagnostic Radiography, while also aligning with a broader School-wide initiative to diversify practice-based learning models. These include innovative approaches such as on-campus health and well-being clinics, immersive simulation practice-based learning, and leadership or service development experiences, selected based on alignment with practice learning outcomes.

In relation to how they would manage capacity in the case of over-recruitment to the programme, the education provider explained their approach to managing year-on-year growth in AHP programme admissions and emphasised how ensuring practice-based learning availability is a key factor in determining intake numbers. Oversight is provided by the Director of Home Recruitment and the Head of Department for AHP, who consider practice-based learning pressures and other variables to make informed, sustainable admissions decisions. In cases of over-recruitment, the education provider noted they adopt creative, flexible strategies such as adjusting practice-based learning timing and exploring alternative practice-based learning models. They added that this solution-focused approach prioritises learning experience and safety, ensuring that all decisions support high-quality learning outcomes.

The visitors were satisfied with the response noting that it clearly outlines the challenges and provides creative strategies regarding potential over-recruitment, including timings/patterns of practice-based learning. The Placement Capacity Strategy includes plans for over-recruitment with plans for expansion with existing and new partners. Following the quality activity, the visitors had no further concerns.

Quality theme 3 – ensuring educators are appropriately qualified and supported to deliver the programme

Area for further exploration: The Course Management and Staffing Structure document provided information around the staffing structure. We noted the programme leader is new to higher education and started in summer 2024. Although a highly experienced Magnetic Resonance Imaging (MRI) research radiographer, there was no indication of their experience and knowledge relating to being a higher education practitioner. There was also no indication of a professional development plan for them to gain / expand their knowledge of being a higher education practitioner. We also noted this individual was on a fixed term contract with plans to convert to permanent.

Another Radiography lecturer (0.5 full time equivalent (FTE)) was to be appointed, along with a skills educator, in time for the first cohort in Sept 2025. It was unclear whether these people will be appointed as experienced educators or how they will be supported to develop skills in higher education. It was unclear what knowledge /skills / experience the additional staff will have, and there was a risk that there would not be qualified / experienced educators delivering the programme.

There were no plans around assessing and mitigating any skills gaps related to staff team. We therefore requested to know how the radiography specific delivery team will be supported to ensure they are appropriately qualified as educators in higher education. We needed to understand if there were any plans to ensure they are adequately qualified as educators for example undertaking the Postgraduate Certificate in Education (PGCE).

Quality activities agreed to explore theme further: We decided to explore this through email clarification / narrative. We considered this would be appropriate in allowing the education provider to address the visitors' concerns.

Outcomes of exploration: We understood the Programme Leader role has now been made permanent at 1.0 Whole Time Equivalent (WTE), with a support structure in place. The education provider noted the programme development has been a collaborative effort involving key academic and professional staff through regular meetings, which continue to support the transition from development to implementation.

They also noted formal personal development is supported through resources like iPARK, which offers guidance on teaching tools, assessment, and digital learning. Additional training is available through Learning Bytes sessions. Completion of the Post Graduate Certificate in Higher Education (PgCertHE) and Higher Education Academy (HEA) Fellowship is expected, with development needs identified through regular appraisals and personal development planning. In addition, there is an extensive peer support and shared learning for educators, who will also be supported in developing knowledge and skills around delivering teaching. We understood the education provider will use their existing networks to identify staff who may support skills gaps. Identified knowledge and skills gaps would also be

mitigated with visiting lecturers. An update was provided regarding the additional posts, including start dates and specialist areas.

A full description, including timelines for the three Clinical Skills Educator appointments, were provided and the education provider noted they have completed a scoping exercise for the first year to provide a prediction of where additional support may be required.

The visitors were satisfied that the response clearly outlined the informal and formal development opportunities for the educator team, and that personal development plans/objectives will be identified and supported through the appraisal process and regular meetings with line managers. The visitors were satisfied that the education provider's response had adequately addressed their concerns.

Quality theme 4 – ensuring educators have the relevant specialist knowledge and expertise

Area for further exploration: As noted in quality theme 3, there was only one radiography specific educator who was relatively new to higher education (HE) and with no HE qualification. Other team members (5) were not radiographers. We noted that there was no job descriptions evidenced for the roles to recruit to, and no framework / plan related to gap analysis for specialist knowledge, or expert knowledge. There was also no clear definition of what subject areas require specialist/ expert knowledge, or how experts or visiting lecturers will support programme delivery.

Therefore, it was unclear how radiography experts/ visiting lecturers will be used in the delivery of radiography specific content and as a result, we were unable to determine whether they will have the necessary knowledge and expertise to deliver all parts of the programme.

Therefore, we requested to know if a knowledge/skills gap analysis had been undertaken, with roles mapped out to help mitigate the gaps. We also requested that the education provider clarify if there were expected gaps which experts/visiting lecturers will be required. If so, we needed to know where the gaps were and the plan/ framework for recruitment to these roles. Finally, we asked the education provider how visiting lecturers in radiography will be used to deliver specific elements of the programme.

Quality activities agreed to explore theme further: We decided to explore this through email clarification / narrative. We considered this would be appropriate in allowing the education provider to address the issues identified by the visitors.

Outcomes of exploration: The education provider described the expertise of the programme leader which included MRI, neuroimaging, clinical research, paediatric academic and clinical research imaging. We noted there were other areas within Radiography which were not covered by the programme leader's expertise. We

understood this expertise will be completed through the recruitment of additional staff members as detailed below:

- Post 1: Commences in week commencing 2nd June 2025 – Specialist areas are sonography, specialist in women, paediatric and orthopaedic radiographic procedures.
- Post 2: Commences early August 2025 – Specialist in CT and enhanced diagnostic practice
- Post 3: Commencement date not yet confirmed - Specialist in sonography and non-NHS provision.
- Interviews for Senior clinical technician were planned on 5th June 2025 (6 Candidates).

We understood that where knowledge or skill gaps are identified, visiting lecturers may be brought in to deliver specific sessions, following standard education provider human resources (HR) procedures for appointing part-time staff. The education provider added that they have completed a skills-mapping exercise for the first year to identify where additional teaching support may be needed based on the expertise of current staff. Interprofessional modules will be supported by a broad range of colleagues, with Diagnostic Radiography staff contributing only to essential areas requiring their professional input during the programme's early stages. They stated this phased support model had been successfully used in the past as new AHP programme have been introduced and embedded.

The visitors were satisfied with the updates to additional staff recruitment with details of the specialist areas that will be covered. They also noted the response also referred to gap analyses being performed to determine what knowledge / skills / expertise would be required for visiting lecturers, and that a scoping exercise has been performed for the first year. Therefore, the visitors determined the quality activity had adequately addressed their concerns.

Quality theme 5 – availability of the resources to support learning

Area for further exploration: The Kit, equipment and safety requirements document illustrated the extensive investment in radiography specific equipment to be installed at the education provider. There was a list of radiography equipment required, but no evidence of funding agreed, timescales or target dates for purchasing. Therefore, there was limited assurance around the equipment being available for the start of the programme.

There was also reference in various pieces of documentation to the National Health Innovation Campus (NHIC) with 'exceptional simulation facilities being a key feature of building 2'. We also noted reference to the Community Diagnostic Centre (CDC). The presentation provided relating to the Daphne Steele building which opened in 2024 and talked about public facing clinics; teaching and learning spaces and staff spaces. However, no radiography specific facilities were described. It was unclear

whether this is the same physical space as the NHIC or the CDC and what radiography specific facilities it will include, if any.

We noted a high-level contingency plan for the Emily Siddon Building. We noted that the radiography specific facilities will be based in this building which appeared to be at risk of not being ready on time as noted by the education provider that this was due to constraints and delays in the planning and construction phases.

We also noted in the Computing and Library Services Resources document, only two hard copies of each book were being requested and one user for ebooks.

To address the above identified queries, we requested the following:

- Progress updates regarding investment into Diagnostic Radiography Kit. We requested to know if there were any risks to programme delivery surrounding the availability of equipment / requirements
- The contingency plan should the Emily Siddon building not be delivered on time for the simulation weeks in January 2026
- When the NHIC will be ready to occupy. We also needed to understand if it will be in the Emily Siddon Building, or the Daphne Steele Building
- When the Emily Siddon Building and Daphne Steele Buildings will be ready and when the rooms will be commissioned
- If the resources are sufficient for 30 learners (in year 1) and how they will grow the resources over time

Quality activities agreed to explore theme further: We decided to explore this through email clarification / narrative. We considered this would be appropriate in allowing the education provider to address the issues identified by the visitors.

Outcomes of exploration: In relation to the update on equipment, we understood the education provider had been successful with their bid for live x-ray equipment with installation planned for October and November 2025. Other equipment such as trollies, lead jackets, phantoms are planned into their 2025/26 budget. A simulated MRI scanner has been purchased, ready for delivery and installation.

The contingency plans for equipment storage prior to the Emily Siddon Building being open included delaying the delivery of the equipment until December 2025 when the building will be open.

The response also noted that there is a close working relationship with project teams, with clear lines of communication and escalation, and no further delays were expected to building completion. Contingency plans were being discussed for options to cover certain equipment, including support from practice education providers being explored. Practical completion of the Emily Siddon building is on schedule for November 2025, with teaching spaces being available for use from January 2026. This was in line with previously reviewed evidence around the contingency for the Emily Siddon Building. In the event of further delays to the Emily Siddon building, the education provider had held discussions with a company called

DMS Imaging to supply a mobile RAD Room. This, in conjunction with mobile x-ray machine hire, would mean they could establish simulated environments on campus.

Further clarity was provided on the National Health Innovation Campus (NHIC). We understood this is a long-term programme for the education provider and will be a campus built within the town and close to transport links. It will contain seven buildings, first of which is the Daphne Steele building already opened in September 2024 and delivers theory and simulated teaching to a range of healthcare professional learners, including paramedics, physiotherapists, midwives and nurses. As noted above, the second is the Emily Siddon building scheduled to be completed in November 2025 and commissioned (opened) between December 2025 and January 2026. Other buildings on the campus are still in the planning stage.

The response regarding resources outlined that these have been planned for the full three years at a full capacity of 30 but can expand as required. There will also be resources for multiples of 15 to allow for group-based delivery where required. Further clarification received demonstrated gradual increase of new intakes of 40 learners in 2026/27 and 45 learners in 2027/28 with corresponding resources to support learning. There was reference to utilising additional facilities and resources of the Daphne Steel Building, as well as across campuses/sites.

The visitors were satisfied that the education provider's response had addressed all their concerns. Following the quality activity the visitors had no further concerns.

Quality theme 6 – contingency plan to ensure adequate number of appropriately qualified and experienced practice-based learning staff in case of absence

Area for further exploration: The Tripartite Agreements, Placement Audit Capacity Agreements, and College of Radiography (CoR) Placement Proforma demonstrated a duty to ensure there is adequate numbers of experienced staff involved in practice-based learning.

However, there was only one practice-educator for Calderdale and Huddersfield NHS Foundation Trust (CHFT) which covers a number of clinical sites for the programme. We needed to know if the education provider considered this adequate support for learners, and what the contingency was in their absence.

Quality activities agreed to explore theme further: We decided to explore this through email clarification / narrative. We considered this would be appropriate in allowing the education provider to address the issue raised by the visitors

Outcomes of exploration: The education provider noted the Head of Practice Education (HOP) at CHFT oversees trained practice educators in each modality who provide specialised learner support and collaborate closely with a clinical teacher at the education provider. We understood there will be two Clinical Skills Educators by September 2025 (one is already in post and the other will start in September). The education provider noted that a further clinical skills educator is planned to be

appointed at the start of 2027/28 in line with the internal recruitment strategy. Some of the roles the clinical skills educators will undertake include teaching a range of clinical skills relevant to the postholder's own profession through a variety of methods. They also deliver mandatory training and other generic skills to learners across allied health programmes as required by curricula demands. In addition, they assess learners' clinical skills through a range of assessment methods.

They added that CHFT has 166 qualified Diagnostic Radiography staff, all of whom contribute to practice education to varying degrees. Each department has at least one senior practice educator leading undergraduate education, supported by trained band 5, 6, and 7 staff who supervise and support learners including those on the proposed programme. The education provider offers work-based mentor training for new and returning work-based mentors every August as well as work-based mentor network meetings every 12 weeks. They also highlighted they have a full range of practice educator courses available across their AHP programmes which includes introductory practice educator as well as refresher and update sessions.

The visitors were satisfied that the response outlines the collaboration and communication between the education and their practice education providers, and there are sufficient staff resources to support absences of practice educators. In addition, the visitors were satisfied that the numbers of qualified staff members at practice providers gave an indication of the threshold size of qualified workforce who would support learners in practice-based learning. Following the quality activity the visitors had no further concerns.

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
- **SET 2: Programme admissions** –
 - Selection and entry criteria were clearly defined in Programme Specifications as expected. For example, some of the entry requirements were ABB-BBB at A Level including a relevant Science subject (Biology, Chemistry, Physics, Maths, Human Biology or Applied Science) and excluding General Studies. The requirements were also noted on the external website.
 - As referred from [Stage 1](#), the Programme Specification confirmed that for applicants educated outside the UK, they are required to have International English Language Testing System (IELTS) at a score of 7.0 with a minimum score of 6.5 in all single components.
 - From the documentation and the clarification received, we are satisfied that the selection and entry criteria include academic and professional entry standards
- **SET 3: Programme governance, management and leadership** –
 - The education provider noted they have regular and effective collaboration with all their practice education providers through the Strategic Health Education Partnership (SHEP) and the Practice Placement Quality Committee (PPQC) meetings in the school. Further details evidencing regular and effective collaboration was provided through [quality theme 1](#),
 - The education provider listed the trusts that are central to providing practice-based learning and have been part of their stakeholder group. These include Calderdale and Huddersfield NHS Foundation Trust, Mid Yorkshire Teaching NHS Trust, and Circle health Group. Each Trust has a list of hospitals under them. The education provider also noted the memorandum of understanding that exists between them, their practice providers and the University of Bradford which sets out how they work together to ensure practice-based learning capacity is shared in a fair manner. There is also Placement Audit Capacity Agreement with each provider which supports how the capacity of practice-based learning will be ensured.
 - Through [quality theme 2](#), we received clear evidence of investment in dedicated staff and infrastructure with an explanation for how the increasing capacity for the planned growth will be managed. The education provider's Placement Capacity Strategy outlined their current capacity and plan for over recruitment, expansion plans with existing and new partners all of which demonstrated the education provider's

process for ensuring availability and capacity of practice-based learning.

- The education provider noted their commitment to the development of Diagnostic Radiography and their agreement to an incremental increase in staff numbers as part of the development all captured in their Course Management and Staffing Structure document. Staff curriculum vitae (CVs) were submitted alongside their staff to learner ratio and their year-on-year growth and investment and staffing plans.
- Through [quality theme 3](#), details of planned staff appointments were provided. Clear explanation was also given on how staff are being supported to ensure they are able and equipped to deliver the programme effectively.
- In relation to having staff with expertise knowledge, the education provider reiterated their initial commitment to recruit a lecturer in Diagnostic Radiography and a Skills Educator for Diagnostic Radiography before September 2025. We also noted their plan to recruit part time hourly lecturers where any specialist teaching is required.
- As noted through [quality theme 4](#), we understood the expertise of the programme leader is in Magnetic Resonance Imaging (MRI), neuroimaging, clinical research, paediatric academic and clinical research imaging with knowledge and skills in sonography, women, paediatric, orthopaedic, Computed Tomography (CT), enhanced diagnostic practice, and non-NHS provision. Gap analysis will be performed to determine what knowledge / skills / expertise would be required for visiting lecturers. We also understood a scoping exercise has been performed for the first year.
- The education provider noted their internal validation process ensures that both staffing and wider institutional resources are in place to deliver a high-quality learning experience. This includes guaranteed access to computing and library services, alongside significant investment in health education infrastructure through their new Health Innovation Campus. The first building, Daphne Steele Building opened in September 2024 to support AHP and nursing programmes, with a second, Emily Siddon Building scheduled for the 2025/26 academic year and contingency plans in place for any delays. Dedicated space and specialist equipment for Diagnostic Radiography have been integrated into the planning and development of the new facilities through ongoing project management and steering group oversight.
- Through [quality theme 5](#), we were reassured that plans are in place regarding resources to support learning, with contingency planning underway should it be needed. The visitors considered the second building - the Emily Siddon Building an exciting development with a community service on the ground floor and a simulated diagnostic imaging learning environment on the first floor.
- We noted some module indicative reading lists have outdated references to Ionising Radiation (Medical Exposure) Regulations

(IR(ME)R). Clarification sought demonstrated that this had been escalated appropriately.

- From reviewing the initial submission and the response to quality activity, the visitors were satisfied that all the programme level standards within this SET area have been met.
- **SET 4: Programme design and delivery –**
 - The standards of proficiency mapping document demonstrated how the modules and specific learning outcomes linked to the standards of proficiency for diagnostic radiographers.
 - The standards of conduct, performance and ethics (SCPEs) are all mapped against modules and the learning outcomes. Professional behaviours are included in a number of modules across the academic year groups. For example, HFZ1004 Radiographic Practice-Based Learning 1, preparatory sessions include professionalism and values-based practice. HFG1000 Professional Development and Research 1, includes professionalism and boundaries, confidentiality, communication, ethics, critical thinking etc. HHZ3004 Enterprise, Employability and Leadership includes legislation, leadership, health inequalities, and team working.
 - There was detailed mapping of the module learning outcomes against the College of Radiographers (CoR) Education and Career Framework Indicative Curriculum Mapping Document.
 - The curriculum, Course Learning Outcomes; Module Learning Outcomes are relevant to current practice and mapped to the CoRs Education and Career Framework. The education provider also noted that a curriculum development day involving local clinical partners, the service user and carer group, and the education provider's development team has played a key role in shaping the programme. They noted this collaborative input, alongside ongoing stakeholder and steering group meetings, has ensured and will ensure going forward the curriculum remains relevant to current clinical practice and aligned with sector needs.
 - The education provider noted that the programme structure integrates alternating blocks of classroom-based theory and practice-based learning. Learners will have access to advanced facilities, including fully functional radiography and ultrasound equipment, MR and CT simulation software, and transitional simulation weeks to bridge theory and practice. Practical learning is further enhanced through the use of mobile radiography equipment in simulated clinical environments such as adult wards, Special Care Baby Unit (SCBU), and theatre spaces.
 - We noted module 3D HFZ1004 Radiographic Practice-Based Learning 1 referred to introducing learners to mobile imaging and bone densitometry, but limited information about general imaging equipment. Clarification was sought to understand the appropriateness of this module as the first practice-based learning module. From seeking further clarification, we understood inclusion of bone density at year 1 needed amending and received confirmation this had been done.

- Justification around the inclusion of mobile imaging was expanded on, which showed that learners would start to be engaging with this (observing / assisting) towards the end of Year 1 with assessments being carried out in Year 2.
- The education provider noted that teaching on the programme is delivered through a blend of lectures, seminars, group work, simulation, and practice-based learning, supported by independent study and use of the virtual learning environment (VLE). Simulation-based learning (SBL) is a core strategy, allowing learners to develop clinical skills and decision-making in realistic, safe environments using roleplay, case-based learning, and scenario-based activities. The programme integrates digital radiography practices, including the use of imaging software, MR/CT simulators, and virtual reality to enhance learning and provide exposure to specialised clinical settings.
- Induction sessions with tutors focusing on expectations, will help with potential identification of issues, and good practice will be sought from experienced programmes and tailored as necessary.
- The visitors noted the education provider has a lot of approaches that might be used in supporting the learners which they considered enough to meet the threshold standard but considered the need to focus on the feedback on learners' experience of teaching and learning in any future reviews.
- Evidence that the programmes support and develop autonomous and reflective thinking is built into the modules. For example, the education provider noted self-evaluation is integral to the practice-based learning modules (HFZ1004 Radiographic Practice-Based Learning 1, HIZ2005 Radiographic Practice-Based Learning 2, HHZ3003 Radiographic Practice-Based Learning 3) grading. To prepare for this, HFZ1003 Preparation for Radiographic Practice introduces reflective assessment, encouraging learners to evaluate their in-class practical learning experiences. This reflective practice continues during practice-based learning where learners are required to maintain a reflective log as part of their practice-based learning portfolio.
- Evidence that the programme supports and develop evidence-based practice is provided in the content of the modules and associated learning outcomes, specifically the modules around professional development and research for example in HFG1000 - Professional Development and Research 1.
- There was sufficient evidence to determine that all the programme level standards within this SET area are met with one area referred to the education provider's next performance review. This is in relation to feedback from learners regarding their experience of learning and teaching.
- **SET 5: Practice-based learning –**
 - The programme is designed, through its module delivery, approach to simulation and placements to integrate practice-based learning.

Practice-based learning modules are identified for each year and overlapping between year groups is avoided.

- The programme plan clearly outlines how the academic modules, and practice-based learning are scheduled, and this has been designed appropriately with practice-based learning following academic modules. The practice-based learning modules and the placement plan support the achievement of the standards of proficiency for radiographers.
- The education provider noted that the practice-based learning has been designed to allow learners to achieve the standards of proficiency for diagnostic radiographers. They noted the four pillars covered in practice-based learning which include clinical, leadership, research and education. Learners will also have experience in Positron Emission Tomography and Computed Tomography (PET-CT), Magnetic Resonance Imaging, CT, Dual-energy X-ray Absorptiometry (DEXA), ultrasound and plain film x-ray. They noted the minimum number of practice-based learning hours is 1000, aligning with AHP programmes.
- The education provider noted they have well established processes to ensure adequate number of appropriately qualified staff in practice-based learning. They described how they liaise with other HEIs and private practice providers around practice-based learning. As part of their process for setting up new practice-based learning, a partnership agreement detailing the roles and responsibilities of the HEI and the practice partner is signed. A PARE audit is completed and re-done within one year and if satisfactory every two years after that. As outlined in [quality theme 6](#), contingency for absences of practice educators was provided as well as the numbers of qualified staff.
- All practice educators undergo a two-day training on the education provider's educator course which includes one day on site attendance and one day online. This is followed by an annual refresher course with a one-day top up every two years. Practice educators must be HCPC registered.
- The visitors were satisfied that all standards within this SET area are met.
- **SET 6: Assessment –**
 - The SOPs mapping evidenced how the assessments meet the SOPs. There is a high number of formative and summative assessments used throughout the programme.
 - We noted some of the learning outcomes were assessed multiple times. Further clarification was sought on the clinical examinations that learners will undertake and be assessed on for the first practice-based module HFZ1004. We understood this would include positioning for the appendicular skeleton and for chest x-rays. Observation and assistance with other procedures include mobile imaging and possible fluoroscopy will be expected by the end of the year.
 - Learners are expected to consistently demonstrate professional behaviour in line with the standards of conduct, performance, and ethics throughout the programme. These standards are embedded

across the curriculum, supported by case studies, reflective discussions, and both formative and summative assessments starting in the first term. Learners must show appropriate communication, teamwork, and ethical practice in classroom sessions and placements, as evidenced in the practice portfolio. If concerns arise regarding professional conduct, the education provider's fitness to study or fitness to practise procedures will be followed.

- The education provider noted the programme was designed with a broad and varied range of assessment methods to evaluate learners' knowledge, understanding, and skill application. Some of these include multiple choice questions, written evidence-based essays for argument presentation, and communication ability. There are also written reflective essays for self and practice evaluation as well as oral presentation of material for verbal communication ability. They added that the methods aim to reflect real-world practice and support diverse learning styles. The education provider stated that their validation process has ensured that all assessments are closely aligned with the intended module learning outcomes.
- From seeking further clarification around the weighting of the written assessment for the practice-based modules, we understood the practice-based learning and portfolio is the pass/fail element and the written assignment will be the academic mark for the module at 100%. There was also clarification that both elements of the assessments need to be passed in order to pass the practice module at each level.
- The visitors determined that all standards within this SET area have been met.

Risks identified which may impact on performance: As noted earlier in the report, there are several potential approaches being used in supporting the learners which the visitors considered enough to meet the threshold standard but considered the need to focus on the feedback from learners on their experience of teaching and learning in any future reviews. We will consider this through the education provider's next performance review.

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).

Recommendations

We include recommendations when standards are met at or just above threshold level, and where there is a risk to that standard being met in the future. They do not

need to be met before programmes can be approved, but they should be considered by education providers when developing their programmes.

The visitors did not set any recommendations.

Referrals to next scheduled performance review

The learning and teaching methods

Summary of issue: We noted several potential approaches being used in supporting the learners which the visitors considered enough to meet the threshold standard but considered the need to focus on the feedback from learners on their experience of teaching and learning in any future reviews.

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 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

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(s) are approved
- The issues identified for referral through this review should be carried out as detailed in [Section 5](#).

Reason for this decision: The Panel accepted the visitors' recommendation that the programme should receive approval.

Appendix 1 – summary report

If the education provider does not provide observations, only this summary report (rather than the whole report) will be provided to the Education and Training Committee (Panel) to enable their decision on approval. The lead visitors confirm this is an accurate summary of their recommendation, and the nature, quality and facilities of the provision.

Education provider	University of Huddersfield		
Case reference	CAS-01706-G9X5W9	Lead visitors	Helen Best Carly Elliott
Quality of provision			
<p>Through this assessment, we have noted :</p> <ul style="list-style-type: none">• The areas we explored focused on:<ul style="list-style-type: none">○ Evidence of collaboration with practice education provider included meetings with several stakeholder and steering groups and an action plan snip showing all completed actions including timescales.○ The process of growing practice-based learning and managing over-recruitment to the programme was established through creative strategies around timings/patterns of practice-based learning with plans for expansion with existing partners, new partners, and apprentice partners.○ There was appropriate support in place to ensure staff are appropriately qualified and experienced to deliver the programmes effectively○ Evidence of the expertise of existing staff and the use of visiting lecturers where knowledge or skill gap is identified reassured us that staff have the relevant knowledge and expertise○ Details of building plans including timeline showed availability of adequate resources to support learning○ There is contingency plan in case of absence of practice-based learning staff and numbers reassured us there is adequate number of practice educators.• The following areas should be referred to another HCPC process for assessment:<ul style="list-style-type: none">○ Regarding the learning and teaching methods, we are satisfied that the evidence received meets the standard at threshold level. However, we will consider learners' feedback on their experience of teaching and learning in future reviews. This has been referred to the education provider's next performance review. <p>The programme(s) meet all the relevant HCPC education standards and therefore should be approved.</p>			

Facilities provided			
<p>Education and training delivered by this institution is underpinned by the provision of the following key facilities:</p> <ul style="list-style-type: none"> • Staff resources - the education provider noted a programme leader has been in post from July 2024 and have continued to contribute to programme development, development of learning resources, set up and transition to the new estate, as well as admissions and marketing activity. • A wider programme team will be appointed prior to the programmes' proposed start date in September 2025. These include 0.5 full time equivalent (FTE) Lecturer (Grade 7) and 1 FTE Skills Educator (Grade 6) for 2025/26. Further expansion is scheduled for the subsequent two years. • For physical resources, the education provider noted learners will have access to a range of journals and other books will be purchased to support learners' learning. This is in addition to existing hard copies and online resources. They noted Picture Archiving and Communication Systems (PACS) labs, identified as specialist space to allow learners to learn how to analyse the images they produce, will also be provided. • In relation to the new estate, the education provider noted they have two new campus developments which are buildings they are extending their facilities across their range of health programmes. The education provider is going through their performance review in the current year (2024/25) and will reflect on this development in their performance review. 			
Programmes			
Programme name	Mode of study	First intake date	Nature of provision
BSc (Hons) Diagnostic Radiography	FT (Full time)	22/09/2025	Taught (HEI)

Appendix 2 – list of open programmes at this institution

Name	Mode of study	Profession	Modality	Annotation	First intake date
BSc (Hons) Podiatry	FT (Full time)	Chiropodist / podiatrist		POM - Administration; POM - sale / supply (CH)	01/09/1993
BSc (Hons) Podiatry	PT (Part time)	Chiropodist / podiatrist		POM - Administration; POM - sale / supply (CH)	01/09/2003
Podiatry (Degree) Apprenticeship	WBL (Work based learning)	Chiropodist / podiatrist		POM - Administration; POM - sale / supply (CH)	01/09/2019
BSc (Hons) Occupational Therapy	FT (Full time)	Occupational therapist			01/09/2005
BSc (Hons) Occupational Therapy (Degree Apprenticeship)	FT (Full time)	Occupational therapist			01/09/2021
BSc (Hons) Operating Department Practice	FT (Full time)	Operating department practitioner			01/09/2013
BSc (Hons) Operating Department Practice (Degree Apprenticeship)	FT (Full time)	Operating department practitioner			01/09/2019
MSc Paramedic Science	FT (Full time)	Paramedic			01/01/2020
BSc (Hons) Paramedic Science (Degree apprenticeship)	WBL (Work based learning)	Paramedic			01/09/2020
BSc (Hons) Paramedic Science	FT (Full time)	Paramedic			01/09/2021
BSc (Hons) Physiotherapy	FT (Full time)	Physiotherapist			01/09/1997
BSc (Hons) Physiotherapy (Degree Apprenticeship)	WBL (Work based learning)	Physiotherapist			01/09/2021

BSc (Hons) Speech and Language Therapy	FT (Full time)	Speech and language therapist			01/09/2021
Independent and Supplementary Prescribing	PT (Part time)			Supplementary prescribing; Independent prescribing	01/02/2014
Master of Podiatric Surgery	PT (Part time)			Podiatric Surgery	01/09/2020
Master of Podiatric Surgery (degree apprenticeship)	WBL (Work based learning)			Podiatric Surgery	01/09/2020