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## Approval process report

York St John University, Speech and language therapy, 2023-24

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### **Executive Summary**

This is a report of the process to approve speech and language therapy programme at York St John University. 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:
    - Quality theme 1 – it was unclear what the education provider's plans were for regular and effective collaboration as the programme continues to be developed and once it is up and running. Clear information was received that demonstrated there is regular and effective collaboration at different levels.
    - Quality theme 2 – clearer understanding was sought on the practice-based learning capacity expected from the onsite clinic versus what needs to be sourced from practice partners. It was also clear the process for identification of practice-based learning capacity which will be in collaboration with other education providers.
    - Quality theme 3 – there were no details provided as to how much staffing will be required from other departments and whether suitable individuals have been identified who would have the capacity to be involved on the proposed programme or whether there was any commitment from those departments to provide teaching resource.  
The information provided demonstrated there will an adequate number of staff for the programme and that new staff will be well supported.
    - Quality theme 4 - we needed to know what key subject areas could be covered by existing staff and what would need to be covered either through recruitment of internal staff or through partnership with local services. We were satisfied that specialisms of staff have been considered in recruitment
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and that clear plans are in place for resourcing and to provide support for visiting staff.

- Quality theme 5 - details were provided about processes around access to equipment and that library resources are in place with the potential to purchase more books in the future. We were also satisfied that the equipment list demonstrated resources are appropriate to deliver the programme.
  - Quality theme 6 – we understood there may be situations where learners are placed in settings where practice educators are not registered speech and language therapists. Clarity was received demonstrating the education provider has a process in place to manage this and that support is in place for the practice educators and the learners.
  - Quality theme 7 – clarification demonstrated that the education provider has a process in place for checking that practice educators have the required knowledge, skills and experience.
  - Quality theme 8 – gaps were identified in how the learning outcomes met the revised standards of proficiency (SOPs). Updated evidence demonstrated that the SOPs are reflected within the modules and are covered by the programme learning outcomes.
  - Quality theme 9 – the information provided through the quality activity demonstrated the duration and range of practice-based learning will allow learners to achieve the learning outcomes and the standards of proficiency for speech and language therapists.
- The programme(s) meet all the relevant HCPC education standards and therefore should be approved.

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<b>Previous consideration</b>	Not applicable as the approval did not arise from a previous process.
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<b>Decision</b>	The Education and Training Committee (Panel) is asked to decide whether the programme is approved
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<b>Next steps</b>	The provider's next performance review will be in the 2028-29 academic year.
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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:

Lucy Myers	Lead visitor, Speech and Language Therapist
Paul Bates	Lead visitor, Paramedic
Temilolu Odunaike	Education Quality Officer

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

### **The education provider context**

The education provider currently delivers nine HCPC-approved programmes across four professions. It is a higher education institution and has been running HCPC approved programmes since 1992. The proposed programme sits within the School of Science, Technology and Health alongside other HCPC approved provision.

The education provider went through the performance review process in 2023/24. At their meeting in June 2024, the Education and Training Committee (Panel) (ETCP) decided that the education provider had performed well across all themes and was given the maximum 5-year review period.

The education provider's first engagement with our current model of quality assurance was for the approval of their MSc Paramedic Science (Pre-registration) programme in 2021/22. This was a new profession for the education provider and the programme was approved by the ETCP in July 2022. They have also recently been through approval process for a new BSc (Hons) Paramedic Science, Full time programme. It was presented to the Education and Training Committee (Panel) in May 2024 and received approval.

Previously, in the legacy model of quality assurance for their undergraduate occupational therapy programme, the education provider reported through the major change process an amendment to a module in 2019. In November 2019, our ETCP agreed there was sufficient evidence to demonstrate the programme continued to meet the relevant standards. They again engaged with the major change process in 2021 to make changes to module assessment. Due to the limited impact of the changes on the way the programme met our standards, we decided the most appropriate way to assess the changes was through the programme's next annual monitoring submission.

In 2019 for the physiotherapist profession, they reported twice through the major change process. First for the undergraduate provision, a new part time route was introduced. In addition, the education provider decided to revise the programme by making changes to the curriculum and changing the way collaboration was done with the practice education providers. There was also an increase in learner numbers across the two routes. Later they reported a curriculum redesign, and changes to assessments and the introduction of a part time route for their MSc Physiotherapy (Pre registration) programme in January 2020, and in August 2020 the ETCP agreed there was sufficient evidence to demonstrate the programmes continued to meet the relevant standards.

### 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	1992
	Paramedic	<input checked="" type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Postgraduate	2022
	Physiotherapist	<input checked="" type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Postgraduate	2013
	Practitioner psychologist	<input type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Postgraduate	2019

### Institution performance data

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

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

Data Point	Bench- mark	Value	Date	Commentary
Total intended learner numbers compared to total enrolment numbers	208	228	2024-25	<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>We are satisfied that the education provider is recruiting learners in line with expected numbers.</p>
Learners – Aggregation of percentage not continuing	3%	2%	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 below 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 improved by 1%.</p>

				<p>We did not explore this data point through this assessment because the data shows the education provider is performing above the expected norm in this area.</p>
<p>Graduates – Aggregation of percentage in employment / further study</p>	<p>93%</p>	<p>92%</p>	<p>2020-21</p>	<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 been maintained.</p> <p>We did not explore this data point through this assessment because there are no impacts on SETs considered. Since undertaking the assessment, more recent data has been received which now shows the education provider is performing above sector norms.</p>
<p>Teaching Excellence Framework (TEF) award</p>	<p>N/A</p>	<p>Silver</p>	<p>2023</p>	<p>The definition of a Silver TEF award is “Provision is of high quality, and significantly and consistently exceeds the baseline quality threshold expected of UK Higher Education.”</p> <p>We did not explore this data point through this assessment because the data shows the education provider is performing well in this area.</p>

Learner satisfaction	79.1%	85.7%	2024	<p>This data was sourced at the subject level. This means the data is for HCPC-related subjects</p> <p>The data point 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 improved by 8%.</p> <p>We did not explore this data point through this assessment because the data shows the education provider is performing well in this area.</p>
HCPC performance review cycle length	N/A	5 years	2023/24	<p>The education provider received the maximum review period of five years following their last performance review. Their reflection showed they had performed well in all areas.</p>

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 stated that the admissions policies ensure individual programmes are required to follow institution-level policies around clarity and transparency of information for applicants.
- Where there is specific variation under the policy (for example prerequisite entry criteria) this is detailed in the Programme Specification and displayed on the webpage for the programmes as well as all other advertising material.
- There will be no changes to how the institution-wide policies apply to the new provision.
- **Assessing English language, character, and health –**
  - Policies for assessing English language, character and health, for example, the English Language Policy and the Fitness to Practise and Study Policy are set at institution level and will be applied to the new programme.
  - For Masters level programmes, applicants from the UK or other English-speaking countries typically meet the English language requirement via completion of a degree at an English-speaking institution.
  - International applicants from non-English-speaking countries may also meet this requirement if their degree was taught in English and all other admissions criteria are satisfied. International applicants, with degrees from non-English-speaking institutions, must provide proof of English proficiency, usually through an International English Language Testing System (IELTS) test.
  - Enhanced Disclosure and Barring Service (DBS) checks are completed for all applicants. Equivalent checks from other countries, are requested, if the applicant has lived abroad.
  - Applicants are required to complete a medical questionnaire as part of the screening process. If any concerns arise, the applicant may be required to be required to independent occupational health service, before an offer is made. Referrals can also occur during enrolment to support reasonable adjustments and help learners succeed in their studies.
  - There will be no changes to how the institution-wide policies apply to the new provision.
- **Prior learning and experience (AP(E)L) –**
  - Academic Regulations and Prior Experiential Learning are some of the institutional policies around prior learning and experience. These policies function to provide an institutional level oversight as well as allowing profession specific application.
  - Profession specific requirements are outlined in each relevant programme specification document.
  - The education provider noted that as part of their academic regulations it is not possible to use AP(E)L to transfer credits on an accelerated MSc programme.
  - There will be no changes to how the institution-wide policies apply to the new provision.
- **Equality, diversity and inclusion –**

- The Equality and Diversity Policy helps ensure that each programme delivered by the education provider is not only compliant with the law but is also doing its best to increase diversity and promote equality.
- The education provider monitors key data such as retention, progression, continuation and attainment. This is then broken down by characteristics like gender, ethnicity, disability, age on entry, and the deprivation index. This is monitored annually and considered at various levels within the School and through the Quality and Standards Committee.
- There will be no changes to how this institution-wide policy applies to the new provision.

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

### Management and governance

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

- **Ability to deliver provision to expected threshold level of entry to the Register<sup>1</sup> –**
  - The Academic Regulations details the structure and function of all provision at the education provider. Such regulations include how learners can progress and rules for graduation.
  - The Assessment Policies govern the nature and structure of assessment to ensure they are robust and with accountable practice. The Quality and Programme Design policies set out the requirements and principles used in the design of programmes at the education provider. They also ensure all regulatory standards are met.
  - Where there is a need for programmes to be approved by regulatory bodies, the policies detail that the programmes must conform to the requirements.
  - Aligned with the education provider's strategic planning, the business case for the new provision was approved in August 2021. It includes details regarding staffing, equipment and teaching space proposals.
  - There will be no changes to how the institution-wide policies apply to the new provision.
- **Sustainability of provision –**
  - The education provider explained how there are structures and governance policies which ensure sustainability of their provision. We understood the Governance policy ensures that their provision is sustainable going forward and where there are potential issues, they are managed according to the risk they pose to continuation of a programme.
  - The Student Protection Plan sets out how the education provider will preserve the continuation of study for all learners whenever there is a risk to the continued study of learners.
  - In general terms, these policies function to ensure sustainability of the education provider and covers all aspects of their business.

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

- There will be no changes to how the institution-wide policies apply to the new provision.
- **Effective programme delivery –**
  - Programmes undergo formal validation process with the education provider and professional bodies to ensure quality. For example, the new programme received approval from the Quality and Standards Committee in July 2022. An external approval event was held with the Royal College of Speech and Language Therapists on 31 March 2025, further supporting the programme’s alignment with professional standards.
  - To maintain a high-quality learner experience and ensure teaching remains current, programmes are reviewed each semester. This is achieved through mid-module evaluations, the School Student and Staff Engagement Committee, and meetings between student academic representatives and the programme lead.
  - When feedback from learners or external examiners indicates a need for change, staff can propose module amendments. A process is followed to determine if the changes are minor, major, or requiring potential revalidation.
  - In addition to ensuring effective delivery in alignment with the aims and directions of the education provider, compliance is ensured through the education provider’s approval and change processes.
  - If a learner wishes to raise a concern or make a complaint about the practice environment, they will initially speak with their practice educator and/or academic tutor. The academic tutor, in collaboration with the Placement Lead, will assess the situation and determine the appropriate course of action, referring to relevant Whistleblowing policies (e.g. HCPC 2019). Depending on the nature of the concern, the Placement Lead may liaise directly with the practice educator or the practice liaison facilitator within the practice organisation.
  - There will be no changes to how the institution-wide policies apply to the new provision.
- **Effective staff management and development –**
  - The Staff Performance and Development and Governance policies are institution-wide policies that help to ensure the quality of the programmes as a whole and are part of the initial approval of all programmes.
  - Under both sets of policies, staff are supported by the education provider to maintain and develop professional and teaching skills throughout their tenure.
  - The professional programme lead is registered with HCPC within the relevant profession. Teaching staff on approved programmes are registered with the HCPC within the relevant profession. All applicants for Allied Health Professional (AHP) academic posts are asked to provide their HCPC registration number as part of the application process. All new staff are supported and expected to apply for a Higher Education Academy (HEA) Fellowship through the university-accredited continuing professional development scheme.
  - All School staff participate in the education provider’s cross-disciplinary learning and teaching partnerships, where newer staff are paired with

more experienced colleagues. These pairs are expected to meet twice a year, with records of meetings submitted and monitored by the Operations Manager or the School's teaching and learning lead.

- Annual review appraisals are conducted by the Associate Head (Head of Allied Health), with objectives and development plans recorded in the education provider's management system. These reviews also identify any ongoing professional or academic development needs.
- Learners are introduced to the HCPC guidance on conduct and ethics at the start of the programme. Training on raising concerns is embedded throughout, especially before practice-based learning or service user interactions.
- Each learner is assigned an academic tutor who serves as their main point of contact for support and guidance outside of scheduled sessions. During practice-based learning, the academic tutor remains the key contact and can escalate concerns to the programme lead or relevant organisation if needed.
- The Clinical practice handbook details the process for learners to raise concerns. If a learner has concerns about a client, patient, or service user, they will need to first discuss the issue with their practice educator and follow the local procedures in place.
- In cases involving safeguarding, appropriate agencies such as local authorities or, in exceptional circumstances, the Care Quality Commission (CQC) will be informed. The programme team will provide support to the learner throughout this process.
- There will be no changes to how the institution-wide policies apply to the new provision.
- **Partnerships, which are managed at the institution level –**
  - There are collaborative provision policies as well as individual memorandum of understandings (MOUs) that support effective partnerships at institution level.
  - Individual programme requirements are managed through the MOU process and fed into the central team. A centralised team is dedicated to managing partnerships at institutional level and the School Operations Manager oversees school-specific partnerships.
  - These policies are responsible for managing and organising practice education placements across professions. This is to ensure a consistent approach to regularity and legal requirements as well as adequate resourcing. For example, the School has secured funding for a new Placement Education Lead post, which will oversee and monitor placement provision across all ten health programmes. This role will work closely with both the programme and professional practice teams to ensure consistency and quality in practice-based learning experiences. Additionally, the education provider has partnered with York University to fund a 0.8 work time equivalent (WTE) fixed-term post for one year, focused on exploring professional practice-based learning in social care.
  - Both roles are designed to strengthen placement provision and foster effective institutional partnerships. They reflect a strategic investment in enhancing the quality and coordination of practice-based learning.

- There will be no changes to how the institution-wide policies apply to the new provision.

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

### Quality, monitoring, and evaluation

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

- **Academic quality –**
  - The education provider explained how the Quality and Programme Design policies provide a clear framework of internal and external assessment of the quality of approvals of programmes and changes to programmes. The policy works by ensuring the programmes meet the education provider's quality standards as well as external requirements such as the Quality Assurance Agency for Higher Education (QAA). The policy also works to ensure the approval paperwork meets pedagogic best practice.
  - Learners provide feedback on their learning experience through evaluations conducted at the mid-module, end-of-year, and end-of-programme stages. This feedback is compiled by the programme lead and shared with the School's staff and student engagement committee, as well as with the external examiner.
  - Learner attainment is reviewed through Subject Assessment Panels and School Assessment Boards. The education provider's assessment board, which meets in March and July, monitors trends in attainment and attrition, with the Associate or Head of School addressing any concerns raised.
  - The education provider appoints external examiners to their programmes. The educational provider's Quality and Standards Committee approves the appointment.
  - There will be no changes to how the institution-wide policies apply to the new provision.
- **Practice quality, including the establishment of safe and supporting practice learning environments –**
  - There are institutional policies in place that help to ensure that the practice-based learning environments are safe, effective, appropriate, and sustainable for learners. These are contained in Placement Provider documentation and Support for Learning in Practice documentation.
  - Practice-based learning experiences are evaluated at the end of each practice-based learning block by the placement lead, using tools such as the Placement Assessment and Evaluation Tool. This helps monitor the quality and effectiveness of practice-based learning.
  - The education provider noted they collaborate closely with each trust's Practice Learning Facilitator (PLF), who selects suitable practice educators. On an annual basis, the education provider ensures practice educators are appropriately registered with the HCPC. This information is monitored and allows them to generate reports for future practice-based learning to track registration status and identify those needing rechecks.

- The Support for Learning in Practice (SLiP) course is being updated to include content tailored for speech and language therapists. The course will be reviewed annually though, updates to the course cannot proceed until the proposed programme receives approval. SLiP courses are offered monthly, including full courses for new educators and refresher sessions for existing ones.
- The education provider noted practice-based learning within the health programmes are usually released to practice educators eight weeks in advance and then to learners six weeks before the start of the practice-based learning to ensure they are appropriately informed prior to the start.
- These policies and processes apply to all programmes, with specific addition for newly created programmes.
- There will be no changes to how the institution-wide policies apply to the new provision.
- **Learner involvement –**
  - The Student Voice and Assessment Policies are used to ensure the involvement of learners, and they apply equally across the programmes.
  - The policies also help to ensure a standardised approach to including the student voice in both design and change process.
  - There will be no changes to how the institution-wide policies apply to the new provision.
- **Service user and carer involvement –**
  - The Service User Policy specifically created for the School of Science, Technology and Health (STH) and includes all health programmes. It sets out the engagement and collaboration with service users across all healthcare programmes, including HCPC approved provision. The education provider noted that similar practices occur in other Schools that have HCPC approved provision.
  - This ensures active service user involvement in areas such as recruitment, teaching, and learner assessment,
  - The Quality and Programme Design policies require input from stakeholders during the process. They also require compliance with professional body requirements for service user involvement in the design and programme.
  - These policies aim to ensure that service user and carer involvement is embedded into programmes consistently by including it in the design and change processes.
  - There will be no changes to how the institution-wide policies apply to the new provision.

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

### Learners

**Findings on alignment with existing provision:**

- **Support –**

- There are institution-wide policies that function to ensure appropriate support is available to all learners. Some of these include the Student Charter and the Academic Tutoring policy.
- The Academic Tutoring policy ensures that the appropriate ongoing academic support is provided to learners as they progress, and this includes monitoring of engagement. The Student Charter was designed in collaboration with learners and ensures that all provision is delivered within a supportive environment that promotes learning.
- Learners have access to several processes for addressing complaints, depending on the nature of the issue, such as concerns about sexual misconduct, or another learner's behaviour. Initially, complaints are handled within the Academic School. If unresolved, learners may escalate the issue to the education provider's complaints officer for formal investigation, and ultimately to the Vice Chancellor for review. These steps are clearly outlined in the Student Complaints Procedure.
- The education provider actively monitors its policies to ensure they uphold principles of equality, diversity, and inclusion.
- These policies and service ensure compliance with relevant regulation, consumer protection legislation and partnerships with learner representative bodies.
- There will be no changes to how the institution-wide policies apply to the new provision.
- **Ongoing suitability –**
  - Fitness to Study and Practice, as well as the Academic Regulations, are some of the institution-wide policies that help to ensure ongoing suitability of learners.
  - The Quality and Programme Design policies form part of the design and change process of programmes and is included in decisions about progression. The policies also provide a means to support learners to understand the requirements of their chosen career and challenges involved.
  - There will be no changes to how the institution-wide policies apply to the new provision.
- **Learning with and from other learners and professionals (IPL/E) –**
  - The Interprofessional Learning (IPL) strategy is a School level policy that describes the guiding principles of interprofessional learning. Details of IPL is reflected in the design narrative of individual programmes. For example, interprofessional learning begins in Welcome Week with a “clinical games” afternoon, where learners engage with staff and activities across all programme areas. This is complemented by profession-specific sessions and the provision of branded uniforms to foster a sense of identity and belonging within the education provider and clinical settings.
  - Teaching is centred around the patient journey, using purpose-built simulation spaces to facilitate realistic, multi-disciplinary learning experiences. These simulations mirror clinical environments and include collaboration with learners from other health disciplines, such as physiotherapy, nursing, and operating department practice.
  - The Quality & Programme Design policies, which are set at institution level ensure programme design, including that the IPL component

meets professional body requirements as well as QAA Benchmark Standards.

- There will be no changes to how the institution-wide policies apply to the new provision.

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

## Assessment

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

- **Objectivity –**
  - Assessment Policies and External Examiner policies are institution-wide policies and processes that ensure objectivity in assessment. These ensure a robust and consistent approach to assessment that is compliant with relevant regulation and academic standards. All programmes must ensure compliance at the design stage and through ongoing monitoring.
  - The education provider noted they work closely with the appointed external examiner to uphold academic standards, ensuring timely access to learner work and sharing Module Evaluation Reports. The external examiner contributes to the School Assessment Board and submits a report at the end of the academic year. The programme lead formally responds to this
  - There will be no changes to how the institution-wide policies apply to the new provision.
- **Progression and achievement –**
  - Policies governing learner progression and achievement ensure that assessments are relevant, authentic, and robust, thereby appropriately evaluating learning outcomes.
  - The Code of Practice for Assessment describes the institutional level approach to ensure all learners understand the relationship between learning outcomes and assessment including the achievement of the HCPC standards of proficiency.
  - Progression and graduation requirements are outlined in programme specifications. The marks for learners are presented at the Subject Assessment Panel and then ratified by the School Assessment Board. Following the University Assessment Board, progression and award results are released to learners and a progression statement is emailed to the learner.
  - There will be no changes to how the institution-wide policies apply to the new provision.
- **Appeals –**
  - There is a clear process for learners to make academic appeals. Learners can appeal against an assessment decision if they believe and have evidence of:
    - valid exceptional circumstances (e.g. illness) and a genuine, uncontrollable reason for not informing the Exceptional Circumstances Panel sooner.

- an appeal may also be valid if the learner had previously reported exceptional circumstances but there is clear evidence that the procedure was not properly followed.
  - a procedural irregularity has occurred; the assessment was conducted unfairly or improperly.
- There will be no changes to how the institution-wide policies apply to the new provision.

**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:

- The education provider noted they have facilities already available for all health programmes including two simulation wards and four consultation rooms and these will be used by the new programme. They also noted they had created a list of required equipment in conjunction with the subject specialist and local clinicians and these will be available from Summer 2025.
- In relation to staffing, the education provider noted they had recruited a lecturer in Speech and Language Therapy in May 2024, with further recruitment of staff planned before delivery of the programmes commences. They also noted they are committed to adhering to the student:staff ratio indicated by the Professional, Statutory and Regulatory Bodies.

### 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
MSc Speech and Language Therapy (Pre-registration)	FT (Full time)	Speech and language therapist	20 learners, 1 cohort	25/09/2025

#### 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 – ongoing regular and effective collaboration with practice education providers

**Area for further exploration:** The education provider stated local stakeholders have been involved in each stage of the programme's development and they have a good working relationship with their stakeholders.

We noted information about one meeting which was held and appeared to have given useful feedback with a commitment from some individuals to have ongoing involvement in the programme. However, there was no indication of how many people attended the event and whether they were potential practice partners. There was no information about what plans were for ongoing regular and effective collaboration. As part of their response, there was mention of a placement co-ordinator meeting once per semester. The visitors requested more details around the membership and agenda for such meetings to be able to determine whether they are regular and effective. The visitors also requested to know if there were any planned collaboration at other levels of partner organisations such as collaboration with service head/leads.

**Quality activities agreed to explore theme further:** We decided to explore this area through email clarification and additional documentation. We considered it the most appropriate way to understand how the education provider ensures collaboration with their stakeholders is regular and effective.

**Outcomes of exploration:** The visitors noted in the Clinical Practice Placement Handbook details of how they ensure collaboration with their practice education partners. They noted several regional and national forums where the programme team continues to develop relationships with external partners. For example, the Yorkshire Speech Therapy Managers Meeting which happens three times a year, involving speech and language therapy service leads, and representatives from HEIs from across the Yorkshire and Humber sub-region of NHS England (North). In the meetings, we understood good practice is shared in relation to service delivery. They noted it also provides an opportunity for HEIs to gain a thorough understanding of current issues in practice and respond effectively, ensuring their programmes remain current.

In addition, we understood there were SLiP days which may involve training workshops, meetings or one-to-one support for practice education partners. Clinical

educator meetings will provide a formal and regular forum for open dialogue with Practice Education Facilitators (PEFs) and the placement lead will also work to build effective relationships with local partners.

The visitors were satisfied that the education provider had given details of collaboration at several levels including service managers, regional NHS, practice educators and practice-based learning coordinators. With this they were able to determine that collaboration is regular and effective. Following the quality activity, the visitors had no further concerns.

### Quality theme 2 – availability and capacity of practice-based learning

**Area for further exploration:** The SETs mapping indicated collaboration among education providers in the region to develop a joint allocation model, though specifics of the model were not detailed. The education provider highlighted collaboration with Leeds Beckett University (LBU) and noted available capacity in local areas but lacked clarity on how this would be implemented.

Meeting notes with practice partners showed a willingness to collaborate with the education provider to create practice-based learning opportunities, despite some barriers. Visitors sought to understand if there was a process to convert these intentions into secure practice-based learning capacity.

Visitors also wanted a clearer understanding of the practice-based learning capacity expected from the onsite clinic versus what needs to be sourced from practice partners. Additionally, understanding potential collaboration with NHS structures like PEFs and learning academies was deemed helpful, as some Speech and Language Therapy programmes have found PEFs invaluable in securing practice-based learning capacity.

**Quality activities agreed to explore theme further:** We decided to explore this area through email clarification as we considered this the most appropriate approach to address the visitors concerns.

**Outcomes of exploration:** In their response, the education provider provided further details of their collaboration with LBU. We understood they have together created a joint allocation model, where practice education providers around LBU and neighbouring areas of the education provider will provide 22 days per WTE which will be divided equally between LBU and the education provider, ensuring sufficient capacity for both institutions.

We understood LBU had discussed this model with practice education providers and had received positive feedback from them. In addition, the education provider noted they have several Memorandums of Understanding (MOUs) with regional trusts and regularly engages with NHS England colleagues to monitor regional capacity and demand.

We understood the development of an in-house clinic arose from meetings with local practitioners who identified a need for additional provision in the area and has been split into two phases. Phase I will establish hosting support groups for specific

service user groups, such as stroke survivors, with support from local practitioners and learners. This will evolve into more therapeutic services in Phase II.

The visitors were satisfied with the additional details provided around the process for identification of practice-based learning capacity which will be in collaboration with LBU and had no further concerns.

### Quality theme 3 – adequate staffing to deliver an effective programme

**Area for further exploration:** The education provider submitted their recruitment plans and noted that staffing resources will follow the standard university employment pattern and be in place for the start of the programme. The Curriculum Vitae provided indicates that the member of staff who has been recruited is a very experienced clinician who has worked in the area and worked across a range of mainly paediatric specialisms. There was however no identified experience in designing or delivering higher education and although the SETs mapping document described this as a development post, there were no details as to what the 'development' element referred to.

We noted the education provider's commitment to increase staffing to the programme for the proposed start date. We considered it helpful to have more detail as to what would be considered appropriate qualifications and experience for these positions and to what extent existing staff expertise would be a factor in the recruitment of new staff.

There was an indication in the SETs mapping document that staffing expertise will be drawn from within the institution, specifically Psychology and Language and Linguistics. There were no details provided as to how much staffing will be required from those other areas. There were also no details to determine whether suitable individuals have been identified who would have the capacity to be involved on the proposed programme or whether there was any commitment from those departments to provide teaching resource.

**Quality activities agreed to explore theme further:** We decided to explore this area through email clarification as we considered this the most appropriate approach to address the gaps identified by the visitors.

**Outcomes of exploration:** The education provider noted a staff member (0.6 WTE) had been in post since May 2024 and had been working alongside existing staff from other programmes, to develop knowledge and skills around higher education. Another staff member (0.4 WTE) joined the team in January 2025.

The education provider explained that new staff are assigned mentors who are senior lecturers in physiotherapy and occupational therapy. These mentors are experienced academics working in well-established subjects within the School and institution. Additionally, all new staff are encouraged to complete the Fellowship of Higher Education at the start of their academic careers.

To meet staffing requirements, the education provider plans to recruit an additional dedicated 1.0 FTE in 2026, ahead of the second cohort's start. This role is being

recruited for currently. This will create a total of 3.0 FTE permanent posts, supplemented by approximately 1.0 FTE of specialist staffing from casual staff opportunities and contributions from existing staff in Psychology and Language & Linguistics departments. They noted this approach aligns with the staffing requirements outlined by the RCSLT.

The new programme will be supported by a range of university services and teams, including academic liaison librarians, digital training team, health technicians, and professional practice and admissions teams. Collaboration with other health programmes will enhance the programme through shared expertise, such as literature searching skills. Additionally, learners, staff, and partners will benefit from broader institutional support from services like Registry, Student Welfare, Research Office, and Marketing.

The visitors were satisfied that the information provided demonstrated there will be an adequate number of staff for the programme and that new staff will be well supported and had no further concerns.

#### Quality theme 4 – ensuring all subject areas are covered by appropriately quality and experienced staff

**Area for further exploration:** The education provider stated that they are working towards having a team of staff with a range of knowledge and expertise. They also stated that they have had several offers of support and collaboration from local clinicians in areas such as teaching and learning, and assessment and evaluation of the programme. We noted staff recruitment was ongoing, so it was difficult to determine whether all subject areas will be covered, while the recruitment of substantive staff was ongoing. We considered it helpful to have an indication of what key subject areas could be covered by existing staff and what would need to be covered either through recruitment of internal staff or through partnership with local services.

The education provider noted in the programme specification that they were drawing in support from other expertise within the institution including in Deaf Studies, Counselling, Social Justice and Education. However, it was not clear how much of this will be needed and what the processes for securing it were.

It was clear from the partner event that local services were interested in inputting into teaching. We therefore sought to understand what the processes around this would be.

**Quality activities agreed to explore theme further:** We decided to explore this area through email clarification and documentary evidence as we considered this the most appropriate approach to address the gaps identified by the visitors. Specifically, we requested further details of the planning as to how subject areas will be covered as well as details about the processes around the use of local clinical staff or other visiting or guest lecturers including the resourcing of this.

**Outcomes of exploration:** The education provider explained that both their current Speech and Language Therapy lecturers have extensive knowledge and experience

in paediatric Speech and Language Therapy practice. Recognising the need for expertise in adult Speech and Language Therapy practice, they noted the team has recruited additional posts to address this requirement. We understood the staff member who designed the programme and continues to contribute as an Academic Consultant, brings significant experience in adult Speech and Language Therapy practice.

Financial planning for the School includes funding for guest speakers, such as service users, to provide specialist expertise beyond the programme team. This helps to ensure that learners receive diverse and comprehensive learning opportunities.

The visitors were satisfied that specialisms of staff have been considered in recruitment and that clear plans are in place for resourcing and to provide support for visiting staff and had no further concerns.

#### Quality theme 5 – resources to support learning

**Area for further exploration:** In their SETs mapping, the education provider noted, “No specific specialist teaching facilities are currently being developed. However, there are excellent facilities already available for all health programmes including 2 simulation wards and 4 consultation rooms. A ‘shopping list’ of required equipment has been created in conjunction with the subject specialist and local clinicians and will be purchased over the coming year to be available from Summer 2025. Resources and equipment are currently being sourced and will be in place for when the programme commences.”

The visitors required more detail about what these resources are and how they will be made available to learners and whether they will be available to learners who are on practice-based learning. The visitors also sought to understand if there were any processes for reviewing and updating such resources.

In addition, the visitors requested to understand what library resources had been identified as being required e.g. journals and textbooks and what the arrangements were for purchasing and reviewing these.

**Quality activities agreed to explore theme further:** We decided to explore this area through email clarification as we considered this the most appropriate approach to address the gaps identified by the visitors.

**Outcomes of exploration:** The education provider noted that all teaching rooms are bookable learning spaces by the programme team and learners. A full equipment list was subsequently provided, and we understood that was being sourced in the first half of 2025 via allocated School and Technician budgets.

The education provider noted resources will be stored in clinical resource rooms and managed by the on-site technical support team dedicated to health programmes. The team prepares materials for practical teaching sessions and maintains a booking system for learners to borrow materials, with some items requiring professional supervision. Collaboration with the library team has ensured that all required journals

and readings are available. Additionally, the team can request extra funds for books, journals, and learning materials during the education provider's Annual Planning round.

The visitors were satisfied with the further details provided about processes around access to equipment and that library resources are in place with the potential to purchase more books in the future. They were also satisfied that the equipment list provided demonstrated resources are appropriate to deliver the programme and had no further concerns.

#### Quality theme 6 – ensuring there is an adequate number of appropriately qualified and experienced staff in practice-based learning

**Area for further exploration:** The SETs mapping indicated that a member of the team will be assigned to the role of practice-based learning lead. This standard refers to people working in the practice-based learning environment such as practice educators. The education provider had not provided any indication of what they considered to be an appropriate number of staff for the number of learners, why they considered this was the case and how they would ensure this.

**Quality activities agreed to explore theme further:** We decided to explore this area through email clarification as we considered this the most appropriate approach to address the gaps identified by the visitors.

**Outcomes of exploration:** In their response, the education provider submitted further information around potential practice-based learning capacity showing clear collaboration with other local HEIs. However, no information was provided about what would be considered a suitable number of staff for the number of learners in a given practice-based learning setting or how they will ensure an adequate number of appropriately qualified and experienced staff. Therefore, we explored this further through a second quality activity. This involved a virtual meeting with the programme team to further understand how this standard is met.

From the meeting we understood that there may be situations where learners are placed in settings where practice educators who are not registered speech and language therapists, for example, in nursery settings. The education provider noted those staff will be supported by the practice-based learning team and learners will be advised of the identified supervision model when their practice-based learning is allocated to them. The education provider also submitted a follow up email to capture this. Following the meeting and additional clarification received, the visitors were satisfied that the quality activities had fully addressed their concerns.

#### Quality theme 7 – the process for ensuring that practice educators have relevant knowledge, skills and experience

**Area for further exploration:** The education provider stated they offered Support for Learning in Practice courses for new practice educators and refresher courses for established practice educators. Details of the practice educator training programme was also provided. The information provided suggested that individuals attend training every 2-3 years depending on trust policy.

In addition, it was not clear whether all practice educators were expected to be HCPC registered, and if not, how the education provider determines the suitability of alternatives and for which parts. We also sought to know if there was a minimum amount of experience that practice educators would be expected to have or any training required before they could take learners in practice-based learning. Additionally, we requested to know the processes that the education provider has in place to ensure practice educators have the knowledge, skills and experience that are required to support and develop learners in practice-based learning.

**Quality activities agreed to explore theme further:** We decided to explore this area through email clarification as we considered this the most appropriate approach to address the gaps identified by the visitors.

**Outcomes of exploration:** The education provider referred to the RCSLT guidance which requires that all learners must complete 150 sessions of clinical practice and that 100 of those sessions must be with a HCPC registered speech and language therapist. They noted all practice educators are expected to be registered. They added that learners are typically supervised by practice educators who are at least 12 months post-registration and have completed a professional practice placement educators' course or equivalent. When learners attend clinical practice opportunities without a speech and language therapist present, such as in nurseries or schools, the education provider explained that they follow protocols to ensure the suitability of these opportunities, including verifying Ofsted registration. New facilities registered as practice-based learning opportunities are also visited and audited to ensure compliance.

Further clarification was sought around situations where learners may be placed where there is no speech and language therapist. From a meeting, and subsequent email clarification, we understood that in such cases, each learner in such practice setting will be assigned a designated educator. This is typically the service manager or a senior qualified individual (such as a senior nurse in a residential setting or a team leader in a nursery). To establish the practice-based learning opportunity, the placement lead will review the CQC/Ofsted report and meet with the service manager to ensure the practice-based learning provides suitable learning opportunities for the learner to achieve the relevant learning outcomes.

The visitors were satisfied with the arrangements the education provider has in place when learners are placed where there is no speech and language therapist. They were also satisfied that there is a process for checking that practice educators have the required knowledge, skills and experience. They had no further concerns.

#### Quality theme 8 – ensuring learners meet all the standards of proficiency including the 2023 revised standards

**Area for further exploration:** It was helpful to see the specific standards of proficiency (SOPs) referenced throughout the module specifications making the link between the curriculum and the SOPs transparent for the learners. However, we noted the education provider referred to the previous version of the SOPs rather than the revised SOPs rolled out for new cohorts from September 2023.

For example, those relating to centralising the role of the service user. Within the documentation we noticed references to person centred care. However, we noted that for the most part, the mapping only obliquely or indirectly related to the revised standards of proficiency. As an example, for SOP 2.2 (promote and protect the service user's interests at all times) we were directed to module SLT2006P Clinical Practice 1 and its indicative content. From this we could not see any mention of promoting and protecting service users' interests. Similarly, for module SLT70013 Preparing for Qualified Practice, learning outcome 2 "Demonstrate an understanding of relevant health, education, social and professional policies and procedures", we could not determine how this related to promoting or protecting service users' interests.

We did note items in the core skills assessments which may relate to patient centred practice, but the examples given by the education provider, focused on consideration of the patient rather than working in collaboration with the patient.

For SOPs relating to managing own health and wellbeing, there was mention of how learners will be supported to manage their own health and wellbeing. However, there was no indication of how learners will develop their understanding of this as a professional requirement. For example, we were directed to the indicative content for module SLT7001M The Professional SLT Context and Evidence-Based Practice 1, but the visitors could not see anything that related to an individual managing their own health and wellbeing.

The visitors therefore requested that the education provider submit further evidence on how the programme will ensure that learners have met the revised standards of proficiency in relation to centralising the service user and managing health and wellbeing.

**Quality activities agreed to explore theme further:** We decided to explore this area through email clarification and additional documentation. We considered these the most appropriate approach for the education provider to address the gaps identified by the visitors.

**Outcomes of exploration:** The education provider recognised they had initially based the programme's core documentation on the 2013 Standards of Proficiency (SOPs), which were appropriate at the time of internal validation. They confirmed they have since updated the module specifications and provided a sample of these, along with a revised SOPs mapping, to align with current standards.

These demonstrated, they have further centralised the service user, with this principle embedded throughout teaching, learning, and assessment. In addition, professionalism, including managing health and well-being, is introduced early in the programme and reinforced throughout. The first module, SLT7001M, and the academic tutor system supports learners in reflecting on personal and professional development, while institutional processes are in place to help learners maintain their well-being.

The visitors were satisfied that the additional information provided, including the updated SOPs mapping, clearly demonstrated how the SOPs are reflected within the modules and reassured them that all SOPs are covered by the programme learning outcomes. The visitors therefore determined that the quality activity had adequately addressed the gaps identified.

Quality theme 9 – how the duration and range of practice-based learning would allow learners to achieve the learning outcomes.

**Area for further exploration:** The module specifications described a graduated approach to practice-based learning expectations with learners moving towards more autonomous practice throughout the programme and across the four practice-based learning modules. This demonstrated the structure of practice-based learning.

There was less detail provided on the duration and range of practice-based learning to reassure the visitors that all learning outcomes will be covered. The visitors therefore requested more information about these aspects better understand how practice-based learning is planned in a way that supports the development of clinical skills and achievement of the module learning outcomes. The visitors also requested clear information on what the practice-based learning requirements are and how they map across the two-year programme

**Quality activities agreed to explore theme further:** We decided to explore this are through email clarification as we considered this the most appropriate approach to address the gaps identified by the visitors.

**Outcomes of exploration:** The education provider submitted an overview of practice-based learning structures and duration, as well as the evidence demonstrating how practice-based learning is accounted for within some of the academic modules. The information provided demonstrated the duration and range of practice-based learning will allow learners to achieve the learning outcomes and the standards of proficiency for speech and language therapists.

## 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** –
  - Entry criteria are clearly stated and concise as a Masters level programme. The entry criteria have been set at a BSc (Hons) level 2:1, in an appropriate subject, followed by an interview and selection process.
  - As part of their academic regulations, it is not possible to use AP(E)L to transfer credits on an accelerated MSc programme.
  - The programme specification states “the English language qualification is guided by the HCPC Standards of Proficiency for Speech and Language Therapy (2023), required for the profession, which is International English Language Testing System (IELTS) grade 8 with no component lower than 7.5. “
  - The visitors were satisfied that the entry requirements are appropriate to the level and content of the programme. Therefore, they determined that the programme level standard is met.
- **SET 3: Programme governance, management and leadership** –
  - The education provider collaborates with stakeholders to develop and deliver the programme. As detailed in [quality theme 1](#), collaboration is at different levels with practice educators, practice education providers, regional coordinators and service managers. This helps to share best practice, ensure practice-based learning capacity and address issues in an effective way.
  - The education provider collaborated with other HEIs in the region using a joint allocation model to ensure practice-based learning. They also work with a range of NHS organisations, private, independent and voluntary organisations (PIVOs), nurseries and nursing homes to secure practice-based learning for their learners. Through [quality theme 2](#), details have been provided on the process of identifying practice-based learning capacity
  - Staff recruitment plans were detailed. This included the addition of a 0.6 full time equivalent (FTE) in a developmental role for 6 months, with an additional 0.4 FTE joining in December 2024. A further 1.0 FTE was added to prepare for recruitment interviews and launch in Spring 2025. Specialist staffing will be supplemented by casual staff opportunities and contributions from existing staff in Psychology and Language & Linguistics departments.
  - An additional 1.0 FTE will be recruited, creating 3.0 FTE permanent posts to support the staffing requirements. Through [quality theme 3](#), further evidence demonstrated support for new staff.

- The education provider noted they are working towards having a team of staff with a range of knowledge and expertise. It was clear through [quality theme 4](#) that specialisms of staff have been considered in recruitment and clear plans are in place to resource and support visiting staff.
- From seeking further information in [quality theme 5](#), evidence was provided demonstrating that there are adequate resources available to learners and educators. Teaching rooms and consultation rooms are available and accessible. A list of equipment was provided and there is an effective process in place to ensure the programme continues to be adequately resourced.
- From the initial documentation submitted and through quality activities, the visitors were satisfied that the evidence adequately demonstrates that all the standards within this SET area are met.
- **SET 4: Programme design and delivery –**
  - The programme is mapped to the standards of proficiency (SOPs) for speech and language therapists. Further details provided through [quality theme 8](#) detailed how the revised SOPs are delivered and assessed.
  - The education provider noted that professional behaviour is embedded throughout the curriculum. We noted the standards of conduct performance and ethics are referred to on the reading lists of the clinical modules.
  - The education provider noted the programme was mapped to the current Speech and Language Therapists curriculum guidance. Through clarification, we were reassured that the programme appropriately reflected the philosophy, skills and knowledge base as outlined in the RCSLT curriculum guidance. For example, relating to eating, drinking and swallowing disorders.
  - The education provider informed us that the curriculum has been designed to equip graduates with the skills and knowledge necessary for their future careers, ensuring they are well-prepared for the evolving workforce. Through clarification, we were assured how the education provider would continue to ensure the programme remained relevant to current practice. This would be through module evaluations, surveys and feedback from learners. These would contribute to the annual quality review process.
  - The curriculum content applies theory to practice. There are several assessments where learners are required to present work that they have been undertaking in practice-based learning either in writing or orally. We also noted case-based approaches to teaching which also support application of theory to practice.
  - The education provider noted that the design of learning and teaching revolves around the programme's learning outcomes. It blends theoretical knowledge with simulated skills to foster learner development, which in turn supports assessment and practical learning. Through clarification, the teaching hours were considered to be appropriate to the effective delivery of the learning outcomes.
  - Autonomous and reflective thinking is embedded into the programme specification, learning outcomes and core skills assessments.

- The importance of evidence-based practice is integrated into the programme from the start with the module SLT7001M Professional SLT Context and Evidence-Based Practice 1 and is picked up again in the second year with two further modules. This demonstrates how the programme supports and develops evidence-based practice.
- The visitors were satisfied with the level of information provided both through the initial submission and quality activity and determined that all standards within this SET area are met.
- **SET 5: Practice-based learning –**
  - The education provider noted that learners will be in the clinical environment and will be exposed to a range of areas to promote breadth of learning. There are four practice-based learning blocks over the two years of study, demonstrating that practice-based learning is integral to the programme.
  - The education provider noted the programme is structured to support appropriate practice-based learning and meet the guidance requirements outlined by the RCSLT. As outlined in quality [theme 9](#), further information was received that demonstrated how the duration and range of practice-based learning would allow learners to achieve the learning outcomes of the programme.
  - The education provider described the role practice educators and the admin team, in practice-based learning. In [quality theme 6](#), the education provider demonstrated how they ensure an adequate number of appropriately qualified and experienced staff in practice-based learning.
  - As detailed above, through a quality activity meeting, we understood how the education provider manages situations where learners are placed with practice educators who are not registered speech and language therapist. We understood that while traditional one-to-one supervision may be used initially, the education provider will collaborate with external partners to explore various and blended approaches. Supervision models will be tailored to the learner's needs and practice-based learning outcomes.
  - As detailed through [quality theme 7](#), we understood all practice educators will need to have at least one year's experience. A further quality activity reassured us how the education provider ensures parity and transparency across all their practice education providers to ensure practice educators have the relevant knowledge, skills and experience to support safe and effective learning.
  - Following a review of the initial submission and quality activities, the visitors were satisfied that all standards within this SET areas had been met.
- **SET 6: Assessment –**
  - Each assessment has been mapped to the programme learning outcomes for each module and subsequently, the standards of proficiency. The assessment strategy has been designed to ensure that it is inclusive for all learners and are transferable to practice-based learning.
  - The assessment regulations make it clear that learners need to pass each module successfully complete the programme. Learners are

offered one opportunity to resit assessments. Non-clinical exit qualifications are specified in the programme specification.

- Modules with more than one assessment require learners to achieve a pass in each assessment component. The pass mark is stated in the programme handbook and is 50% which is typical for postgraduate qualifications.
- The core skills assessment incorporates the assessment of professional behaviour and conduct. Assessments are aligned with the learning outcomes for the programme and are designed to meet varying learning needs.
- There is a range of assessment methods used within the programme. The assessment methods are matched to the specific module learning outcomes. Some modules have one summative assessment while others have more than one. Where there is more than one assessment in a module, there is more than one type of assessment. The assessment load is well matched to the credit value for the credit bearing modules.
- There was sufficient evidence to satisfy the visitors that the standards in this SET area met.

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

## Section 5: Referrals

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

There were no outstanding issues to be referred to another process.

### **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.

## Section 6: Decision on approval process outcomes

### **Assessment panel recommendation**

Based on the findings detailed in section 4, the visitors recommend to the Education and Training Committee that all standards are met, and therefore the programme should be approved.

## **Education and Training Committee decision**

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

Based on all information presented to them, the Committee decided that the programme is approved.

**Reason for this decision:** The Panel accepted the visitor's 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.

<b>Education provider</b>	York St John University		
<b>Case reference</b>	CAS-01579-M1M7Q6	<b>Lead visitors</b>	Lucy Myers, Paul Bates
<b>Quality of provision</b>			
Through this assessment, we have noted: <ul style="list-style-type: none"><li>• The areas we explored focused on:<ul style="list-style-type: none"><li>○ Quality theme 1 – it was unclear what the education provider’s plans were for regular and effective collaboration as the programme continues to be developed and once it is up and running. Clear information was received that demonstrated there is regular and effective collaboration at different levels.</li><li>○ Quality theme 2 – clearer understanding was sought on the practice-based learning capacity expected from the onsite clinic versus what needs to be sourced from practice partners. It was also clear the process for identification of practice-based learning capacity which will be in collaboration with other education providers.</li><li>○ Quality theme 3 –there were no details provided as to how much staffing will be required from other departments and whether suitable individuals have been identified who would have the capacity to be involved on the proposed programme or whether there was any commitment from those departments to provide teaching resource. The information provided demonstrated there will an adequate number of staff for the programme and that new staff will be well supported.</li><li>○ Quality theme 4 - we needed to know what key subject areas could be covered by existing staff and what would need to be covered either through recruitment of internal staff or through partnership with local services. We were satisfied that specialisms of staff have been considered in recruitment and that clear plans are in place for resourcing and to provide support for visiting staff.</li></ul></li></ul>			

- Quality theme 5 - details were provided about processes around access to equipment and that library resources are in place with the potential to purchase more books in the future. We were also satisfied that the equipment list demonstrated resources are appropriate to deliver the programme.
- Quality theme 6 – we understood there may be situations where learners are placed in settings where practice educators are not registered speech and language therapists. Clarity was received demonstrating the education provider has a process in place to manage this and that support is in place for the practice educators and the learners.
- Quality theme 7 – clarification demonstrated that the education provider has a process in place for checking that practice educators have the required knowledge, skills and experience.
- Quality theme 8 – gaps were identified in how the learning outcomes met the revised standards of proficiency (SOPs). Updated evidence demonstrated that the SOPs are reflected within the modules and are covered by the programme learning outcomes.
- Quality theme 9 – the information provided through the quality activity demonstrated the duration and range of practice-based learning will allow learners to achieve the learning outcomes and the standards of proficiency for speech and language therapists.

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

#### **Facilities provided**

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

- The education provider noted they have facilities already available for all health programmes including two simulation wards and four consultation rooms and these will be used by the new programme. They also noted they had created a list of required equipment in conjunction with the subject specialist and local clinicians and will be purchased over 2024/25 and be available from Summer 2025.
- In relation to staffing, the education provider noted they had recruited a lecturer In Speech and Language Therapy in May 2024, with further recruitment of staff planned before delivery of the programmes commences. They also noted they are committed to adhering to the student:staff ratio indicated by the Professional, Statutory and Regulatory Bodies.

#### **Programmes**

<b>Programme name</b>	<b>Mode of study</b>	<b>First intake date</b>	<b>Nature of provision</b>
MSc Speech and Language Therapy (Pre-registration)	FT (Full time)	25/09/2025	• Taught (HEI)

Appendix 2 – list of open programmes at this institution

<b>Name</b>	<b>Mode of study</b>	<b>Profession</b>	<b>Modality</b>	<b>Annotation</b>	<b>First intake date</b>
MSc Occupational Therapy (Pre-registration)	FTA (Full time accelerated)	Occupational therapist			01/03/2017
BSc (Hons) Occupational Therapy	FT (Full time)	Occupational therapist			01/08/2018
MSc Paramedic (Pre-Registration)	FT (Full time)	Paramedic			19/09/2022
BSc (Hons) Paramedic Science	FT (Full time)	Paramedic			23/09/2024
MSc Physiotherapy (Pre registration)	FT (Full time)	Physiotherapist			01/01/2013
BSc (Hons) Physiotherapy	PT (Part time)	Physiotherapist			01/08/2019
BSc (Hons) Physiotherapy	FT (Full time)	Physiotherapist			01/09/2019
MSc Physiotherapy (Pre registration)	PT (Part time)	Physiotherapist			01/01/2021
Doctorate of Counselling Psychology (DCounsPsy)	FT (Full time)	Practitioner psychologist	Counselling psychologist		01/08/2019