
Approval process report

University of Liverpool, Radiography, 2022-23

Executive Summary

This is a report of the process to approve the MSc Therapeutic Radiography and Oncology (Pre-Registration) programme at the University of Liverpool. This report captures the process we have undertaken to assess the institution and programmes against our standards, to ensure those who complete the proposed programmes are fit to practice.

We have recommended all standards are met, and that the programme should be approved.

We conducted a quality activity to explore how the education provider integrated the standards of conduct, performance and ethics (SCPEs) into the programme. The outcome of this quality activity was that the visitors considered the SCPEs would be appropriately addressed in curriculum design and assessment.

Through this assessment, we have noted the programme meets all the relevant HCPC education standards and therefore should be approved.

Previous consideration	Not applicable as this case did not arise from a previous case.
Decision	The Education and Training Committee (Panel) is asked to decide whether the programme is approved.
Next steps	The panel is asked to decide whether they agree the visitors' recommendation that the programmes be approved.

Included within this report

Section 1: About this assessment	3
About us	3
Our standards	3
Our regulatory approach	3
The approval process	3
How we make our decisions	4
The assessment panel for this review	4
Section 2: Institution-level assessment	4
The education provider context	4
Practice areas delivered by the education provider	5
Institution performance data	5
The route through stage 1	8
Admissions	8
Management and governance	9
Quality, monitoring, and evaluation	10
Learners	11
Outcomes from stage 1	12
Section 3: Programme-level assessment	13
Programmes considered through this assessment	13
Stage 2 assessment – provider submission	13
Quality themes identified for further exploration	13
Quality theme 1 –	13
Section 4: Findings	14
Conditions	14
Overall findings on how standards are met	15
Section 5: Referrals	18
Section 6: Decision on approval process outcomes	19
Assessment panel recommendation	19
Appendix 1 – summary report	21
Appendix 2 – list of open programmes at this institution	22

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 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:

Mark Widdowfield	Lead visitor, Diagnostic radiographer
Shaaron Pratt	Lead visitor, Diagnostic radiographer
Niall Gooch	Education Quality Officer

Section 2: Institution-level assessment

The education provider context

The education provider currently delivers 19 HCPC-approved programmes across 5 professions. It is a Higher Education Institution and has been running HCPC approved programmes since 1992. This includes 2 post-registration programmes for POM - Sale / Supply (OR), and Supplementary prescribing; Independent prescribing annotations. The provider has had HCPC-regulated professions since the 1990s and

has large medical and nursing programmes. In the last few years, the HCPC-regulated provision has expanded.

The education provider underwent performance review in the 201-22 academic year and were given a four year review period. The performance review did not note any particular issues and the visitors determined the education provider was performing well, although we noted that there was a multi-institution project underway to develop and expand placement capacity in the north west of England, due to conclude in 2023. There is an existing BSc in Therapeutic Radiography at the education provider, which this programme is intended to replace.

Commented [SP1]: 2021-22

Practice areas delivered by the education provider

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

	Practice area	Delivery level		Approved since
Pre-registration	Occupational therapist	<input checked="" type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Postgraduate	1998
	Orthoptist	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	1992
	Physiotherapist	<input checked="" type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Postgraduate	1999
	Practitioner psychologist	<input type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Postgraduate	1993
	Radiographer	<input checked="" type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Postgraduate	1993
Post-registration	Independent Prescribing / Supplementary prescribing			2017
	Orthoptist Exemptions			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	Benchmark	Value	Date	Commentary
Total intended learner numbers compared to total enrolment numbers	1128	1152	23/10/23	<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.</p> <p>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 education provider is proposing through the new provision.</p>
Learners – Aggregation of percentage not continuing	3%	1%	2022	<p>This data was sourced summary data. This means the data is the education provider-level public data.</p> <p>The data point is below the benchmark, which suggests the education 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 explored this by considering how well learners on the new programme would be supported to complete, and perform well, on the programme.</p>

<p>Graduates – Aggregation of percentage in employment / further study</p>	<p>94%</p>	<p>98%</p>	<p>2023</p>	<p>This data was sourced from summary. This means the data is the provider-level public data.</p> <p>The data point is above the benchmark, which suggests the education 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 5%.</p> <p>We did not explore this data point through this assessment because we were satisfied that the education provider has strong performance in this area.</p>
<p>Learner satisfaction</p>	<p>77.1%</p>	<p>82.0%</p>	<p>2023</p>	<p>This National Student Survey (NSS) positivity score data was the summary data. This means the data is the provider-level public data.</p> <p>The data point is above the benchmark, which suggests the education provider is performing above sector norms.</p> <p>We explored this by considering how the education provider responds to learner feedback, and takes action.</p>
<p>HCPC performance review cycle length</p>				<p>The education provider completed performance review in the 2021-22 cycle and were granted a four year review period.</p>

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 –**
 - Applicants will be provided with most of the same information as on the education provider's existing undergraduate programmes. The relevant webpage will explain the nature of the programme and note the specific requirements. These include the need for applicants to have a previous relevant undergraduate degree.
 - This aligns with our understanding of how the education provider operates. The approach is institution-wide and will apply to the proposed new programme.
- **Assessing English language, character, and health –**
 - The approach for the programme set out in the approval request form is closely aligned to the approach already used at the education provider. It involves a specific proficiency test for English language skills, a Disclosure & Barring Service (DBS) check, and an occupational health assessment. We know that there is alignment with existing approaches based on a comparison with the baselining exercise and information received through the 2021-22 performance review.
- **Prior learning and experience (AP(E)L) –**
 - There is an established mechanism at the education provider for assessing AP(E)L. They have developed a skills assessment which will form part of the process by which learners are brought on to the programme. If appropriate, this skills assessment will feed into a decision about whether learners should have considered AP(E)L.
 - This is closely aligned with the provider's existing approach, which they have set out in the baseline document and the performance review portfolio.
- **Equality, diversity and inclusion (EDI)–**
 - The education provider state that they have an institutional approach to EDI based on their institutional policies.

- This approach to EDI will be applied to admissions on the new programme. The proposed approach for this programme is therefore closely aligned with the overall institutional approach.

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 Register¹ –**
 - There has been approved radiography provision at the education provider for thirty years. They have existing undergraduate and postgraduate programmes in this curriculum area. The proposed new programme is closely based on this existing provision and will incorporate many of the same modules and assessments.
 - The education provider has the staff, and the institutional infrastructure and experience, to deliver Level 6 education in physiotherapy.
- **Sustainability of provision –**
 - The education provider noted in correspondence that they have high level support for this programme from senior leadership. They are a well-established education provider who recently completed performance review and no issues around sustainability were highlighted through that process. The approval request form (ARF) notes that the current provision is well supported.
 - The arrangements for maintaining programme sustainability are appropriate. We are confident of this based on the above information and on the recent performance review.
- **Effective programme delivery –**
 - The education provider has been delivering radiography programmes at Level 6 or above for three decades. This means there is a large amount of institutional experience and expertise available, as well as the facilities to enable effective delivery of the programme. All programmes at the education provider are expected to make annual reports to ensure their ongoing effectiveness and viability.
 - Considering this experience, we are confident that the new programme can be delivered effectively and align with existing approaches.
- **Effective staff management and development –**
 - Established development and management systems at the education provider will be used for the new programme as well. This assessment is based on the approval request form (ARF).
 - These include regular appraisals and a university-level performance management and workload monitoring system.

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

- We are already familiar with these systems from the education provider's performance review. The visitors in that review found that performance in staff management and development was strong.
- **Partnerships, which are managed at the institution level –**
 - The education provider noted the key stakeholders for the programme will be the practice educators. The approval request form states that existing relationships will continue.
 - We can be satisfied from their recent performance review, in which visitors recommended a four year interval to the next review, that the mechanisms in place for managing partnerships are strong and appropriate. The visitors agreed that the education provider was well-integrated with regional consortiums and working groups and had clear internal mechanisms for managing partnerships.

Non-alignment requiring further assessment: None.

Quality, monitoring, and evaluation

Findings on alignment with existing provision:

- **Academic quality –**
 - The proposed new programme will follow all the established procedures at the education provider for monitoring and enhancing quality. They have supplied relevant regulations and noted a specific external examiner will be appointed for the proposed programme. This in line with their established approach.
 - The new programme has already been approved internally using the education provider's quality assurance processes.
 - We can be confident in the education provider approach in this area because they have just completed performance review, and were given a four year period. The visitors concluded that their performance in this area was good.
- **Practice quality, including the establishment of safe and supporting practice learning environments –**
 - Audit of practice educators will be carried out via the existing arrangements as laid out in the documentation noted in the approval request form.
 - These arrangements are aligned with existing quality practice at the education provider which have recently been assessed as appropriate through performance review.
- **Learner involvement –**
 - Similar mechanisms will be used to gather and implement learner feedback on the new programme as on the existing HCPC-approved provision. These include formal mid and end of module feedback and ongoing informal feedback.
 - We can be satisfied with the alignment of the new programme and the existing arrangements at the education provider. Those arrangements are

laid out in the baseline document and have been recently reviewed by the HCPC via performance review. Learners have regular opportunities to feedback, through both informal and formal mechanisms. These include regular meetings with supervisors and tutors, and termly written surveys.

- **Service user and carer involvement –**
 - The education provider's established service user team will be used for the new programme.
 - The recent performance review considered that use of service users by the education provider was effective and appropriate. There is a university-level service user group which co-ordinates and quality assures service user involvement with all healthcare programmes. Specific individuals within faculties have responsibility for working with this group for their programmes. This includes the HCPC-approved provision. It is clear from the approval request form and the baseline document that the new programme will be aligned with these approaches.

Non-alignment requiring further assessment: None.

Learners

Findings on alignment with existing provision:

- **Support –**
 - The approval request form (ARF) notes that learners on the new programme will have access to all the normal pathways for support. These include matters relating to study support, finance, and mental health.
 - These arrangements are aligned with the existing arrangements at the education provider which were considered appropriate and well-performing through performance review.
- **Ongoing suitability –**
 - As well as regular meetings, learners on the programme will have access to the whole suite of support at the education provider if there are concerns about academic performance or professional suitability.
 - These arrangements have been considered as part of performance review and have also been considered through previous approval processes. The new programme will be appropriately aligned with them.
- **Learning with and from other learners and professionals (IPL/E) –**
 - The approval request form states the arrangements for IPL/E will be aligned with those used on existing programmes.
 - The education provider's general approach to this area is appropriate, as shown through their recent performance review. Additionally, the programme format will give opportunities for multi-disciplinary learning. This is because the learners will have access to the many different health programmes and professionals available at the education provider.
 - The recent performance review found that IPE at the education provider was good, because it enabled the learners to have access to a wide range of experiences with other learners and professionals in relevant areas.

- **Equality, diversity and inclusion –**

- As noted above, the new programme is intended to use the education provider's existing approach. The recent performance review found that the programme had strong EDI policies in place, which were closely followed and informed the education provider's actions.
- We can therefore be confident that the proposed programme's alignment will enable the relevant standards to be met.

Non-alignment requiring further assessment: None.

Assessment

Findings on alignment with existing provision:

- **Objectivity –**

- As far as is practical, assessment will follow the same policies and approaches as on the existing provision.
- No concerns were raised around assessment in the recent performance review for the education provider. The information provided strongly suggests that the programme's alignment with current practice will be appropriate, with changes made as necessary.

- **Progression and achievement –**

- Monitoring of learner progress will involve the normal mechanisms in place at the education provider. These were considered through performance review and found to be effective and appropriate.
- The approach used for this area appears appropriate and is aligned closely with existing provision.

- **Appeals –**

- Learners will have access to appeals through the normal pathways governed by appropriate policies. The new programme will not use different approaches in this area and therefore we can be confident that there is alignment between the new programme and the existing 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.

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 Therapeutic Radiography and Oncology (Pre-Registration)	FT (Full time)	Radiographer, Therapeutic radiographer	Learners: 24, Cohort: 1	05/02/2024

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 education provider meets standards, including the areas below, through the [Findings section](#).

Quality theme 1 –

Area for further exploration: The education provider submitted module descriptors. These included some information about how the learning outcomes on the programme would be aligned with the standards of proficiency (SOPs) and the standards of conduct, performance and ethics (SCPEs). They also included some information about how the SOPs and the SCPEs would be assessed.

From this evidence, the visitors reviewed how the learning outcomes on the programme would enable learners to meet the SOPs. However, regarding the SCPEs, they noted it was not clear how all the SCPEs were aligned with learning outcomes. Certain SCPEs were not presented in the evidence and the visitors were not able to determine where they would be covered in the programme. This meant

they could confirm that the programme would enable learners to meet the SCPEs (SET 4.2), or that learners' ability to meet the SCPEs could be appropriately assessed (SET 6.2).

They therefore explored through quality activity how the education provider would enable learners to understand and meet the SCPEs. This information would enable them to understand how the programme would appropriately prepare learners for safe and effective professional practice.

Quality activities agreed to explore theme further: To further explore this area, we requested a virtual meeting with the education provider, followed up by an email clarification. We considered this the most effective way for us to clarify our understanding.

Outcomes of exploration: In the virtual meeting, the visitors asked the education provider to explain how learners would be enabled to meet the SCPEs, and how the education provider could ensure that all the SCPEs were appropriately assessed. The education provider gave verbal assurances that the SCPEs were integrated into the modules.

At the visitors' request, the education provider supported these verbal assurances with a document. This showed how certain SCPEs that the visitors had identified as being missing from the module descriptors and the mapping were included and assessed in the programme.

The visitors considered that the standards were now met at threshold. However, they did include a recommendation around alignment of the learning outcomes and the SCPEs, to mitigate the risk of any learners not gaining a full understanding of the SCPEs.

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** –
 - The education provider set out their admissions requirements in the mapping exercise, referring to the more detailed information available in the programme specification document.
 - They stated that “normally a 2:1 classification in health, science, biomedical sciences or social sciences subject” would be expected from applicants, to ensure that learners were suited to the programme. Applicants would be required to have appropriate maths and English qualifications.
 - The visitors considered that the relevant standard was met, as the education provider was applying appropriate academic and professional entry standards. This should enable those admitted to the programme to have a strong likelihood of completing the programme.
- **SET 3: Programme governance, management and leadership** –
 - The education provider set out their approach to this SET in their mapping document and supporting evidence.
 - Regarding SET 3.5, they noted that at the senior level, there would be bi-annual meetings with stakeholders from all clinical sites. These meetings would be attended by staff at both the strategic and operational level, from both the education provider and the practice placement partners. Attendees include clinical managers, clinical educators and the programme team. Placement sites are required to provide written updates on their status and capacity. In addition there is a Clinical Educators Group (CEG) which meets monthly with the education provider's placement co-ordinators.
 - Link tutors have regular meetings with clinical staff and this is an opportunity for them to discuss issues arising and provide support as needed. These issues can be escalated to the radiography programme team meeting if necessary.
 - With regards to capacity in practice-based learning (SET 3.6), this is a standing item at the meetings of the Professional Advisory Committee, which meets twice a year. The education provider also has

Memorandums of Understanding with all clinical partners, which include commitments to monitoring and maintaining capacity. There is regular contact, between programme staff and practice educators in the clinical placements.

- The education provider demonstrated through the submission of CVs, programme handbooks, and agreements with visiting staff that they are able to meet SETs 3.9 and 3.10. These SETs require education providers to have an appropriate number of staff and for those staff to have the necessary range of skills, knowledge and experience to deliver the programme.
 - With regards to providing support for learners and practice educators (3.12), the visitors saw evidence of a range of on-campus resources. They also understood that the virtual learning environment (VLE) was available to staff, including practice educators (PEs), and learners. Staff and PEs would have access to the clinical skills suite and other resources on campus, including study areas, libraries, and teaching rooms.
 - There was sufficient evidence to satisfy the visitors that all standards within this SET area have been met. The visitors did request some clarification around regularity of interaction with practice placement settings, and this was provided.
- **SET 4: Programme design and delivery –**
 - The education provider submitted a programme specification and a standards of proficiency (SOPs) mapping document. These documents support the standard requiring alignment between learning outcomes and SOPs (SET 4.1).
 - The visitors asked for some clarification around the alignment between learning outcomes and the standards of conduct, performance and ethics (SCPEs). The education provider submitted additional evidence to demonstrate their alignment in this area, and the visitors considered that the standard was now met.
 - The visitors were satisfied that the education provider had met the other standards within SET 4. Module descriptors, the programme specification, and an assessment overview were used by the education provider to explain the nature of the programme. The education provider demonstrated that the programme would reflect the philosophy, core values, skills and knowledge base of the profession. They had also shown that theory and practice would be appropriately integrated, and that there were mechanisms for ensuring that the programme continued to reflect current practice. The visitors saw evidence that a range of learning and teaching approaches would be used on the programme. The curriculum documents they reviewed demonstrated that evidence-based practice and autonomous working would be taught appropriately and integrated with the content of the programme.
 - There was sufficient evidence to satisfy the visitors that all standards within this SET area have been met.

- **SET 5: Practice-based learning –**
 - The education provider demonstrated that practice-based learning was integral to the programme by citing the detail of the structure in the programme specification and the module descriptors. They also referred to the assessment overview, to provide additional detail for how the integration would function. They used some of the same evidence to demonstrate that the structure, duration and range of practice-based learning was appropriate.
 - SETs 5.5 and 5.6 require that education providers have an appropriate number of practice educators, and that they are sufficiently experienced and skilled to support programme learning and ensure a safe clinical environment. The documentation submitted by the education provider set out sample audits, the clinical handbook, and the standing agenda for meetings of the Clinical Experts Group (CEG), which meets twice a year. The visitors asked for additional clarity around the management of practice educators, as it was not clear to them how the education provider would ensure that this was appropriately carried out.
 - The education provider submitted further evidence showing how they would monitor and maintain the quality of placements, including the terms of reference for the Radiotherapy Professional Advisory Committee, and a training presentation for practice educators. The visitors considered that this additional information demonstrated that the standards were met.
 - There was sufficient evidence to demonstrate to the visitors that all standards within this SET area are met. This was because the education provider had clear mechanisms to ensure that practice-based learning was fit for purpose, integrated with the other parts of the programme, and overseen by appropriate practice educators.
- **SET 6: Assessment –**
 - The education provider submitted a standards of proficiency (SOPs) mapping, module and assessment overviews, and a programme specification to support this standard.
 - The visitors considered that the evidence provided did not sufficiently explain how particular learning outcomes were linked to particular assessments. This meant they could not be confident that SETs 6.1, 6.2 and 6.5 were met. This was because they were not sure how the education provider would ensure that both the SOPs (SET 6.1) and the standards of conduct, performance and ethics (SCPEs) (SET 6.2) were addressed through assessment. Additionally, they could not determine whether the assessment methods would measure the learners meeting the learning outcomes appropriately (6.5). They therefore requested additional clarification around two areas: how the education provider would ensure that assessment of the learning outcomes on the programme would address the SOPs, and that assessment methods would be appropriate.

- Following the clarification, the visitors were satisfied that the education provider had met SETs 6.1 and 6.5. This was because they had seen evidence of learning outcomes being aligned with the SOPs. They had also seen a good range of planned assessment methods, which had been designed to ensure that learners' knowledge, professionalism and skills were appropriately assessed at the relevant points in the programme.
- Separately, they explored [through quality activity](#) how the education provider would ensure that learners' understanding of the SCPEs was appropriately assessed on the programme (as required by SET 6.2). This quality activity enabled the visitors to understand how the education provider would integrate assessment of the SCPEs into the programme. They therefore considered the standard met subsequent to the quality activity.

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

- Simulation suite
- Teaching and learning spaces
- Libraries and information centres

Risks identified which may impact on performance: None.

Outstanding issues for follow up: None.

Areas of good and best practice identified through this review: 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.

4.2 The learning outcomes must ensure that learners understand and are able to meet the expectations of professional behaviour, including the standards of conduct, performance and ethics.

6.2 Assessment throughout the programme must ensure that learners demonstrate they are able to meet the expectations of professional behaviour, including the standards of conduct, performance and ethics.

Recommendation: The education provider should consider how they ensure that the programme learning outcomes are aligned to the standards of conduct, performance and ethics.

Reason: The education provider submitted module descriptors which contained some information about how particular learning outcomes would address the standards of conduct, performance and ethics (SCPEs). They also submitted some evidence of how learners' adherence to the SCPEs would be assessed. The visitors considered that this did not adequately show how learning outcomes and SCPEs would be aligned on the programme, and how learners' understanding of the SCPEs would be assessed. They therefore requested clarification of how this would be achieved.

The education provider submitted a document outlining in more detail how the SCPEs and the learning outcomes would be matched up. This was not a full mapping exercise. The visitors considered that this did not entirely explain how the SCPEs and the learning outcomes would be aligned, and how the SCPEs would be assessed. However, they considered that it would have been disproportionate to withhold approval or insist on a full mapping. The HCPC does not require such mapping exercises as part of the approval processes.

They did however consider that it would be appropriate to suggest to the education provider that they consider how the programme documentation presents the SCPEs, the learning outcomes and the assessment methods. This would ensure that all programme stakeholders had a clear understanding of how the SCPEs were aligned with the learning outcomes, and how they were assessed. This would avoid the risk of learners completing the programme without a full understanding of the SCPEs.

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 programmes is approved.

Reason for this decision: The Panel accepted the visitors' recommendation that the provider and its proposed programme have demonstrated they meet our standards and 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	Case reference	Lead visitors	Quality of provision	Facilities provided
University of Liverpool	CAS-01421-Y4B5X9	Mark Widdowfield Shaaron Pratt	Through this assessment, we have noted the programme meets all the relevant HCPC education standards and therefore should be approved.	Simulation suite Teaching and learning spaces Libraries and information centres
Programmes				
Programme name			Mode of study	Nature of provision
MSc Therapeutic Radiography and Oncology (Pre-Registration)			Full-time	Taught (HEI)

Commented [AC2]: RE: Programme Record report - Could/should administrative changes such as programme name changes be recorded on this form?

Commented [AC3R2]: It may be that this information is more appropriately recorded elsewhere in ETP papers.

Appendix 2 – list of open programmes at this institution

Name	Mode of study	Profession	Modality	Annotation	First intake date
BSc (Hons) Diagnostic Radiography	FT (Full time)	Radiographer	Diagnostic radiographer		01/09/1993
BSc (Hons) Occupational Therapy	FT (Full time)	Occupational therapist			01/01/1998
BSc (Hons) Orthoptics	FT (Full time)	Orthoptist		POM - Sale / Supply (OR)	01/09/2016
BSc (Hons) Physiotherapy	FT (Full time)	Physiotherapist			01/09/1999
BSc (Hons) Therapeutic Radiography & Oncology	FT (Full time)	Radiographer	Therapeutic radiographer		01/09/2019
Doctorate in Clinical Psychology (D.Clin.Psychol)	FT (Full time)	Practitioner psychologist	Clinical psychologist		01/01/1993
Medicine Exemptions for Orthoptists	DL (Distance learning)			POM - Sale / Supply (OR)	01/01/2019
MSc Diagnostic Radiography (pre-registration)	FTA (Full time accelerated)	Radiographer	Diagnostic radiographer		01/01/2022
MSc Non-Medical Prescribing	PT (Part time)			Supplementary prescribing; Independent prescribing	01/09/2017
MSc Occupational Therapy (pre-registration)	FT (Full time)	Occupational therapist			01/01/2022
MSc Orthoptics	FTA (Full time accelerated)	Orthoptist		POM - Sale / Supply (OR)	25/09/2023
MSc Physiotherapy (pre-registration)	FT (Full time)	Physiotherapist			01/01/2022
Post Graduate Diploma (PGDIP) Therapeutic Radiography & Oncology	FT (Full time)	Radiographer	Therapeutic radiographer		01/01/2021