

NOTE: The Panel also asked that any amendments to the proposals for the Occupational Therapy and Diagnostic Radiography be considered by the full panel in order to ensure that there would be no impact on the structure and philosophy of the Physiotherapy programme.

2. INTRODUCTION

The School of Health and Social Care at the University of Teesside was established in 1996 and delivers Healthcare Education to a wide geographical area encompassing County Durham and Teesside.

The School is a major provider of Healthcare Education in the fields of Nursing, Midwifery, Clinical Psychology, Radiography, Physiotherapy, Occupational Therapy, Medical Ultrasound and Social Work. Provision for the majority of these programmes is through a contracting process primarily with the Durham and Teesside Education and Training Consortium, which is part of the Northern and Yorkshire Regional Executive of the NHS although some programmes, such as Social Work and Health Sciences are funded through the Higher Education Funding Council for England (HEFCE).

The School has broadened its provision from primarily undergraduate programmes to satisfy increasing demand for study at postgraduate level. The Centre for Health and Medical Research, the Rehabilitation Research Unit and the Centre for Practice Development all contribute to these developments and in 2000, the School established a Post-Graduate Institute.

The University's provision of programmes in the Allied Health Professions Diagnostic Radiography, Occupational Therapy and Radiography are well established. All three undergraduate Allied Health Profession programmes have been approved and reviewed on a conjoint basis with the appropriate professional bodies.

The MSc Rehabilitation Science (with Licence to Practise Physiotherapy) was approved in May 1999 and the first students commenced on the programme in 2000. This approval was subject to review by the University and professional and statutory bodies in 2002. In 2001, the Durham and Teesside Workforce Development Confederation and the School of Health were successful in their bid for First Wave status for Modernisation of pre-registration education for the Allied Health Professions. This created an opportunity for an inter-professional project to modernise the curricula, in line with Government expectations and Service Developments.

Some of the essential features of the modernisation agenda are shared learning, innovative curricula and widening access. With this in mind, the School of Health & Social Care put forward a generic postgraduate Allied Health Professions Framework which will lead to the award of either:

- MSc Allied Health Professional Studies (Diagnostic Radiography)
- PgD/MSc Allied Health Professional Studies (Occupational Therapy)
- MSc Allied Health Professional Studies (Physiotherapy).

Students will registered on one of these programmes and the degree awarded will confer a licence to practise in the relevant profession. The existing MSc programme in Rehabilitation Science will no longer recruit.

3. DISCUSSION

Critical Appraisal / Self-Evaluation

The Panel asked for the Rationale for the programme development. The Team replied that the programme was a new development for Diagnostic Radiography and Occupational Therapy but was developing on an existing programme, the MSc Rehabilitation Science, for Physiotherapy. The starting point for the development of the programme was to ask the curriculum development group what would be required from a graduate of these programmes. It was suggested that there were many opportunities for professional development and students would need to be well equipped to develop professionally whilst also valuing the more routine aspects of care. The programme was centred around a client centred care philosophy but the approach was student centred within the subject group.

The Panel asked whether there had been any particular shift in modules in the new programme in Physiotherapy. The Team felt that the basic structure of the programme had worked well. However, the clinical area had been redefined from an acute based care system towards more primary and community based care settings which reflected the changes externally. Also, the programme was generally more flexible. In addition, in year 2 of the existing Physiotherapy masters programme, there was a double module in neurology but this has now been divided into two in order to assist students to better prepare for clinical practice.

Programme Rational & Philosophy

The Panel asked why the programme had chosen to develop a conversion Masters programme rather than a Masters programme aimed at existing practitioners. The Panel also asked for clarification as to whether qualified Radiographers would be able to access the programme. The Team replied that qualified Radiographers would not be able to access the programme but there were a number of postgraduate programmes within the School that might be appropriate for practitioners e.g. MSc Health Sciences and MSc Evidence Based Practice. The intention of the Masters programme was to take students with related degrees and provide an entry gate. It was anticipated that the programme would increase the pool of Radiographers.

The Panel noted that the documentation was being presented as a Framework with different routes and questioned why the programmes did not all fit into the framework e.g. the Occupational Therapy students were required to undertake an additional semester of study. The Team stated that this was a College of Occupational Therapists (COT) requirement. The COT representatives noted that this was an area under exploration by the professional body but suggested that students could submit the Masters dissertation very shortly after completing the Postgraduate Diploma and would not have to wait an extra semester in order to submit it. They suggested that students could start work on the dissertation earlier in the programme.

The Panel asked for details of the philosophy of the modules in relation to clinical practice. The Team were keen for the clinical modules to mirror that of the undergraduate programmes and therefore the competencies would be the same as the qualifying undergraduate programmes. However the academic and intellectual aspects were enhanced. This philosophy had been developed following discussions with clinicians who expressed concern about working with Masters level students. It would be difficult to distinguish Masters level in practice. Experience from the Masters programme in Rehabilitation Science had shown that this approach worked.

The Panel asked the Team why the clinical reasoning processes employed to contextualise the implementation of clinical skills did not separate out clinical skills from clinical reasoning. The Team replied that they were keen for the students to be able to demonstrate the skills and articulate them. The Clinicians were more secure with this approach and did not wish them to be separated out. The Panel asked how this approach related to other postgraduate programmes available within the school. In addition, the University had a Postgraduate Learning, Teaching & Assessment Strategy and Masters level outcomes which the programmes were required to address.

The Panel asked for details of demand for the programmes and how students would be selected. The Physiotherapy Team informed the Panel that students were interviewed over a day. The first half of the day was an introduction to Problem Based Learning where an informal assessment of the students' ability to work in a group was established. This would be followed up by a formal individual interview where a student's prior academic work and the understanding of the role of the Physiotherapist would be discussed. There were 35 students on the current programme and their background was mainly Sports Therapy, Sports Science and Anatomy. The main requirements were a sound scientific background and some previous anatomy and physiology studies. The Team did not expect students to have any clinical experience. It was pointed out that the School had experience of taking students from a variety of backgrounds onto the existing Masters programmes and if necessary students were referred to appropriate level 3 modules as preparatory work through either block or distance study.

In relation to demand, the Physiotherapy programme had a target of 15 students initially although it was not commissioned at that time. However the programme had since been commissioned by both Teesside and Trent Health Authorities. The Team were confident that they would be able to recruit sufficient students for Radiography and Occupational Therapy although neither is commissioned at present. A number of enquiries had already been received.

For entry to the Radiography programme the applicants must have spent some time in the clinical area and be aware of current issues in the NHS and the type of programme they would be undertaking. A willingness to come on the programme, evidence of commitment, recognition of a student's own individual strengths and weaknesses and a willingness to do pre-reading was important. The programme was intended to provide an opportunity for students to change direction.

The Programme Teams acknowledged that many other skills were also required for health practitioners e.g. communication, leadership etc. Although these skills would not be essential for junior clinical practice, they were essential for the modern profession and the programmes are keen to develop students who would be able to

initiate clinical change. The programmes have been developed as MSc Allied Health Profession Studies with licence to practise rather than as Masters in the specific clinical area which they are clearly not.

Aims & Outcomes

The Panel asked the Team to revisit page 14 of the framework document, as there appeared to be an error in the levels indicated. The Panel pointed out that for the Occupational Therapy module, where the point of registration was reached at Postgraduate Diploma level, the outcomes for licence to practice should be met at that point. The Team acknowledged that all the academic modules were at Masters level but there were clear stepping off points. There was also a volume of achievement to be met. There were profession specific outcomes and generic outcomes to be met and producing the tables of outcomes had been a challenging activity.

The Panel asked how the students achieved M level in the outcomes but not in practice. The Team replied that the practical skills had to be at undergraduate level as the students were learning how to undertake basic tasks. The Panel asked why the competencies had not been specifically identified rather than listed as undergraduate modules carrying academic credits. The Team felt that students could be expected to write from a clinical perspective at masters level but the way they justified the decisions would be based on their limited clinical experience. In a two-year period, it was not possible for students to reach an advanced level in clinical skills. The Panel suggested that there could be a separate listing of postgraduate outcomes and clinical competencies.

Curriculum

The Panel noted that the clinical induction made reference to shared Problem Based Learning (PBL) but asked where it was located within the module. The Panel replied that the PBL would be used as a way of sharing across profession specific modules. The Team noted that there would be a scheme of work planning exercise undertaken in order to ensure that students could be brought together. The Panel asked whether there was a schedule for this. The Team replied that this was being developed and would be trialed through both years of the programme.

One of the Panel members suggested that the PBL approach was very resource intensive and asked whether the resources were available to support this approach. The Team replied that although the PBL philosophy was followed, some modules such as Contemporary Issues and Research followed the more traditional approach. The Team suggested that the PBL model had been adapted to meet the needs of the programme and was used to the best advantage at different parts of the programme. e.g. Information could be provided to students in order to prevent them from using PBL time in searching for information and this could be supported using Blackboard VLE. This allowed more PBL time for thinking. It was noted that the School had invested heavily in the PBL approach and further details could be provided if required.

The Panel noted that there was some option choice in Physiotherapy but not in the other programmes. The Team replied that the Team had discussed this but did not feel there was sufficient space in the programme at present. However it was intended

to keep this under review for future developments as it was felt that options could assist in inter-professional learning.

Teaching, Learning & Assessment

The Panel suggested that there was a difference in the use of portfolios in the three programmes with it being summative in Physiotherapy but formative in Radiography and Occupational Therapy. The Panel asked for further details of how the portfolio was used and whether there was parity across the programmes. The Team replied that there was a documentation error in that the portfolio was completely shared and adopted the multi-disciplinary approach. It was intended to be a formative tool. The Team were keen for students to engage with the portfolio process as a basis for work in other modules. The actual portfolio would be managed on a one to one basis with the personal tutor and it was intended that it would be used by the students for support at interviews, CPD etc. The Team asked how the Panel justified a formative approach to the portfolio when the undergraduate programme was summative. The Team replied that they had discussed this at length and arrived at the decision on both a philosophical and practical issue. The Team did not wish to overload students on what was a very intensive programme and practically it could not substitute for a other credits. The portfolio was intended to be a vehicle in which to facilitate the autonomy of the students.

The Panel noted the constant references in the documentation to the University of Teesside Postgraduate Learning, Teaching & Assessment Strategy and asked whether there were any specific priorities that the School was seeking to address. The Team replied that one of the key agenda items for the University was developing Information & Communications Technology (ICT). Within these programmes and in the School as a whole the Team had tried to integrate the use of ICT across the modules. Another priority was the first year experience which was applied in this programme. The Team were trying to support students as much as possible in year one with the structure and outcomes of the programme. The PBL approach particularly led to learning autonomy and co-operation which was another feature of the Learning, Teaching & Assessment Strategy.

The Panel asked how the student would be introduced to ICT. The Team replied that this would be approached initially during Induction. The Panel suggested that it was not clear from the Module Descriptors where the preparation for ICT would take place. The Team informed the Panel that the School had been a pilot for Blackboard Virtual Learning Environment (VLE) with the Malaysian delivery and these students had managed well with on-line support and induction. However the Team acknowledged that the VLEs were just another method of Learning & Teaching and were intended to compliment other studies. The students were generally very supportive of the VLE approach. Technician support was also available for the students. From the experiences of students on the existing Physiotherapy programme, the students were graduates and most had good ICT skills.

Student Progression

The Panel noted that the students were required to obtain 180 level M credits in order to obtain the award but that there were also stepping off points at Postgraduate Certificate with 60 credits and at Postgraduate Diploma with 120 credits. The Panel asked for clarification as to whether the students also had to achieve th

undergraduate credits in order to achieve these awards. The Panel also asked for clarification as to the situation for a student who obtained the 180 M level credits but did not obtain sufficient level 2 and 3 practice modules. The Team replied that students obtaining sufficient M level credits would be eligible for a generic award at the appropriate stepping off point but a student would not be able to obtain the MSc Allied Health Profession Studies and associated licence to practise unless they had achieved the full credits at both Masters and undergraduate level.

Learning Resources

The Panel did not wish to raise any further issues in this area on the basis that their specific topics had already been addressed .

Quality Management & Enhancement

The Panel noted that this was a new Scheme and some staff were new to teaching at M level and asked what staff development would be undertaken to support this. The Team replied that the School had a Research and Development Strategy which was very comprehensive. It built upon existing expertise within the School and intended to develop new researchers. It was acknowledged that Research & Development in the NHS was rather embryonic and the School were working with colleagues in the NHS to build upon that. The Postgraduate Institute provided support for staff wishing to become research active.

In the recent Research Assessment Exercise the School submitted under Unit 11 and were awarded a 3A which implies national excellence in two thirds of the research submitted and evidence of international excellence. The more experienced staff within the School act as mentors for less experienced staff. Also, within the Allied Health Professions some key themes in research around Rehabilitation and Health Promotion have been developed. There was a rehabilitation research unit and both staff and students worked within that.

The Panel were informed that some members of the Radiography Team already taught on the Postgraduate Certificate & Diploma in Medical Ultrasound and so had experience of teaching at Masters level. Also some of the shared modules such as Research Methods and Contemporary Issues were already delivered to existing Masters programmes.

The Panel asked about membership of the Institute of Learning & Teaching (ILT) amongst staff. The Team replied that all new staff without previous higher education teaching experience were required to undertake the Postgraduate Certificate in Learning & Teaching in Higher Education and successful completion of that programme also awarded ILT membership. The University had encouraged staff to join the ILT by funding the first year of ILT membership and two members of the University were National Teaching Fellows. The University also offered an in-house Teaching Fellowship Scheme. The School of Health & Social Care had the highest level of ILT membership within the University.

The Panel asked why the programmes were being put forward for approval in a period when there was a considerable amount of change within the Allied Health Professions with the approval of the undergraduate programmes and QAA Pilot Academic Review. The Team replied that they had a very successful relationship with the local consortium and the confederation were happy with the proposals. The

subject area was constantly evolving and the School was responding to the modernisation of Health and Social Services. Therefore the main drivers for the proposals were the Confederation and the School. The School was keen to be at the leading edge of developments. In addition, the team had identified that one of the main barriers to shared learning was timetabling and in order to co-ordinate this, it was felt appropriate to approve all the programmes at the same time. For some of the undergraduate programmes this had meant bringing the approval forward by 3 years. The MSc Rehabilitation Science was due for review and so it seemed an appropriate time to bring all three proposals forward within a common framework.

The Panel suggested that some aspects of the programme still sounded transitional. However the Team felt that this was because the proposed programmes were intended to start in February 2003 and therefore the Team felt they still had time to work out the finer details of the proposal.

ACADEMIC STANDARDS COMMITTEE

Approval of the MSc Allied Health Professional Studies Framework incorporating MSc Allied Health Profession Studies (*Pre-registration Diagnostic Radiography), MSc Allied Health Profession Studies (*Pre-registration Occupational Therapy) and Review & Re-approval of MSc Allied Health Profession Studies (Pre-Registration Physiotherapy) held on 20th March 2002

SECTION OF REPORT RELATING TO DIAGNOSTIC RADIOGRAPHY

** Amended titles subject to final approval by Academic Policy Committee*

PANEL

Dr Nick Hodge (Chair)	Director Academic Projects
Ms Mary Embleton	Validation Officer Joint Validation Committee
Mr Richard Price	Representative Joint Validation Committee (Radiography)
Mr Mark Viner	Representative Joint Validation Committee (Radiography)
Dr David Wright	School of Science & Technology
Ms Carol Joyce (Secretary)	Quality Unit

PROGRAMME TEAM (Framework)

Mr Philip Cosson	School of Health & Social Care
Ms Susan Cutler	School of Health & Social Care
Ms H. Rosemary Lee	School of Health & Social Care
Ms Susan Nixon	School of Health & Social Care
Ms Shirley Taylor	School of Health & Social Care
Ms Margaret Trevor	School of Health & Social Care
Ms Barbara Wilford	School of Health & Social Care

1. CONCLUSIONS

(See also framework report)

The Panel supported the proposal for the MSc Allied Health Professional Studies (*Pre-Registration Diagnostic Radiography) in principle but were unable to finalise approval until some further development had taken place. The need for a further formal approval meeting will be considered in the light of the proposed revisions.

The Programme Team were invited to consider the following issues when developing the documentation:

1. Revisit the Award Specifications. There seems to be some duplication between the proposed Masters Award and undergraduate provision.
2. Clarify the structure diagram
3. Clarify at what point the licence to practise is achieved. Would this be possible on achievement of the Postgraduate Diploma?
4. Give details on how applicants could make good any deficits in Anatomy and Physiology knowledge e.g. use of Autumn College programmes.
5. Revisit the level 2 and 3 practice modules and how these relate to the delivery of theory at M level
6. Revisit the learning outcomes and ensure that all outcomes specified can be assessed.
7. Produce a staff development strategy for the Medical Imaging team which should make explicit reference to Research.

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2. INTRODUCTION

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3. DISCUSSION

Programme Structure

The panel asked the programme team to explain the reason why the educational aims of the programme within the Award specification were identical to those identified at undergraduate level. The programme team acknowledged that the aims should be different and agreed that this needs to be addressed.

The panel requested clarification on the programme structure, in particular the number of credits studied during the summer clinical placement modules. The team referred the panel to the structural diagram on Page 61 of the programme document