

Agenda Item 19

Enclosure 17

Paper ETC 53 / 03

Education and Training Committee

**NOTES OF MEETINGS OF PRE-REGISTRATION
EDUCATION AND TRAINING WORKING GROUPS AND
JOINT VALIDATION / JOINT QUALITY ASSURANCE
COMMITTEES SINCE THE LAST COMMITTEE MEETING
AND SCHEDULES OF CHAIRMAN'S ACTION TAKEN**

together with

THE NOTES FROM THE PREVIOUS MEETING RECIRCULATED

from the Secretary

for discussion and decision

FOR ACTION

PHYSIOTHERAPISTS

**PRE-REGISTRATION EDUCATION AND TRAINING WORKING
GROUP**

PHYSIOTHERAPY

CATEGORIES OF APPROVAL & CONTINUED APPROVAL

**1. Approval of New Courses under Section 4(1)(a) and (b) and
Institutions under Section 4(1)(c) of the PSM Act 1960**

(By the Privy Council, forwarded from the Council on the recommendation of the ETC acting on the advice of a subordinate body)

Title of Course	MSc Rehabilitation Science (with eligibility to practice physiotherapy)
Type of Course	Full-time 2 year accelerated
Institute delivering the Course	University of Brighton
Qualification(s) to be approved for State Registration	MSc
Awarding Body	University of Brighton
Length of Course	2 year accelerated
With effect from	24 March 2003
Date of Validation of Event	11 September 2003
Participants in the approval process	<p>Representing IIPC and relevant Professional Bodies <i>Chartered Society of Physiotherapy:</i> Dr Lynn Clouder Mrs Jane Lockwood</p> <p>Representatives from University of Brighton Academic Standards Committee</p>
Outstanding Conditions	None
JVC/JQAC Comments and Conditions	The three conditions (set out in the attached visitors report) were met by December 2002. A report on action taken in relation to the recommendations has also been received and reviewed by JVC. The course team were congratulated on

		good documentation and the thought that had been given to the problem based learning structure of the course.
Recommendation for Approval supported by: Course Documents A visitors report (or equivalent) Record of peer professional discussion and agreement to the recommendation		Visitors report attached. One set of revised course documents received and checked by CSP for additions and amendments requested at the event.

4. Minor Changes to Provision Approved under Section 4 of the PSM Act 1960

For consideration by ETC on the advice of a subordinate body

Title of Course	BSc (Hons) Physiotherapy
Type of Course	3 years full-time
Institute delivering the course	University of East Anglia

Change to the assessment of the OPT-3PDY unit (research unit) revising the dissertation requirements in light of the implications of the implementation of Research Governance making it no longer possible for undergraduate students to conduct primary research because of the lengthy approval processes now involved. Students now required to submit an extended literature review on a chosen topic of clinical and professional relevance and a research proposal together with full ethics application to include subject information letters, consent forms.

Approved by JVC 11 February 2003

4. Minor Changes to Provision Approved under Section 4 of the PSM Act 1960

For consideration by ETC on the advice of a subordinate body

Title of Course	MSc Rehabilitation Science
Type of Course	2 years full-time accelerated
Institute delivering the course	Glasgow Caledonian University

Change to neurology modules, removing peer assessment and devoting more time to neurorehabilitation.

Approved by JVC 11 February 2003

Minutes

Pre-Registration Education & Training
Working Group for Physiotherapy (JVC)

2003
MEETING 1

Committee Pre-Registration Education & Training Working Group for Physiotherapy (JVC)
Date Tuesday 11 February 2003
Time 9.00 a.m.
Venue Council Room, CSP

Present:

Margaret Curr
Lynn Clouder
Anne Galbraith
Louise Jones
Sheila Lennon
Jane Lockwood
Valerie Maehle
Nigel Palastanga
Janet Price
Richard Stephenson

Chair

Observers:

Ily Laws (Student Executive Committee)
Niamh O'Sullivan (HPC)

In attendance:

Jenny Carey (Secretary)
Sally Gosling
Alex Warne

WELCOME & APOLOGIES

1. Apologies were received from Carolyn Edwards, John Harper, Jenny Morris and Eileen Thornton.

MINUTES OF THE LAST MEETING

2. The minutes of the meeting of the Joint Validation Committee held on Thursday 14th November 2002 were confirmed as an accurate record of the meeting.

Action

MATTERS ARISING

i) Accreditation of Clinical Educators (minute 91)

ORAL

3. The latest developments in relation to the Framework for the Accreditation of Clinical Educators were reported. Helen Bristow said she had constructive and supportive comments from a number of CSP committees including the Education and Professional Practice Committees, the CPD Panel and the Student Executive Committee. Guidance packs had now been produced in readiness for piloting the experiential route which would start at the end of February. 10 institutions had agreed to pilot the route with a total of 45 clinical educators. Guidance for institutions wishing to present their clinical educator programmes for endorsement by the CSP was also in preparation. The next meetings of the steering group were scheduled for 4 April and 2 May 2003. JVC asked about the cost implications of the project and recommended that a budget be sent for the implementation of the scheme.

HPC EDUCATION AND TRAINING ISSUES – FUTURE ARRANGEMENTS

JVC(03)1

4. Sally Gosling provided the meeting with an update on developments to date around future arrangements for education and training for the HPC. Proficiency standards had been drafted by working groups of each of the professions, which were to be predicated by generic proficiency standards, a draft of which had recently been published. The professions had all expressed concern about the generic standards and these concerns would be discussed at the next meeting of the Education and Training Committee on 12 February 2003. In addition to the proficiency standards HPC were receiving applications for visitors for all the professions, the interviews for which were scheduled for March. HPC were also drafting Standards of Education and Training, both generic and profession specific, and checklists for visitors. These drafts were also due to be discussed by the ETC on 12 February. Clarity was being sought about the status of the JVC after 1 April 2003 and also who would be eligible for approval and reapproval visits after that date.

It was noted that the CSP had a meeting scheduled with the President and Chief Executive of HPC on 11 March to discuss a range of issues related to the Order.

ISSUES RAISED BY THE MODERNISATION AGENDA: DEVELOPING PRINCIPLES TO GUIDE THE GROUP'S APPROACH

JVCC(03)2

4. The Committee discussed a paper outlining draft guiding principles relating to the Committee's approach to programme approval in light of the modernisation agenda. Its purpose was to inform JVC's thinking and to advise institutions and education commissioners engaged in developing more accessible and more flexible healthcare education programmes on requirements and expectations in relation to physiotherapy.
6. The Committee agreed that it had to look at flexibility of approach when considering issues such as Foundation degrees and APEL/APL but ultimately its responsibility was to ensure that standards of education were not compromised, the

THE CHARTERED SOCIETY OF PHYSIOTHERAPY

eligibility to practise was only awarded to those who met the curriculum framework outcomes and that students were not put in a vulnerable position regarding their chances of success. It was agreed that in addition to the issues discussed in the paper, stepping on and stepping off issues needed to be addressed as this was already an issues with some other professional programmes. In addition, the issue of how much APEL could be awarded for work experience needed to be explored. It was also pointed out that the modernisation agenda may also alter the way JVC monitored student intake and that it may be necessary in future to look at overall student numbers for an institution rather than individual cohort intakes.

7. It was agreed that the paper would be amended and submitted to the Education Committee in April for discussion and at the same time be circulated to all higher education institutions for comment.

DATE ON QAA PROTOTYPE REVIEW EVALUATION AND DoH PLANS FOR TAKING ARRANGEMENTS FORWARD

8. It was noted that this initiative only applied to institutions in England i.e. those programmes funded by the Department of Health. QAA and the Department of Health had published evaluations of the prototype reviews and indications were that it had been a more positive experience for all concerned than the previous round of reviews. It was therefore intended to implement the revised review process, with some additional amendments, from the end of 2003. The bidding process for the organisation to undertake the reviews was still underway so it was currently unclear as to who would be doing future reviews. QAA had published a Handbook for Major Review of Health Profession Programmes in January but the coversheet of this made it clear that it should not be presumed that QAA would be delivering the major review work.

ORAL

9. The final meeting of the QAA/DoH steering group had been held on 31st January 2003. The Department of Health was very keen that all key stakeholders in quality assurance activities in healthcare provision were signed up to the review method and had confidence in the evidence base since it recognised that this was the only way integration and streamlining of quality assurance processes could take place. The DoH had therefore set up a framework to take forward partnership working arrangements. This would consist of working groups, reference groups and expert groups made up from nominations from NMC, HPC, professional bodies (via AHPF), WDCs, HEIs (via UUK/SCOP), independent sector, students and patients depending on the level and nature of the group. Sally Gosling reported that she would be involved in the Approvals working group.

EXPECTATIONS OF M'LEVEL PROGRAMMES AT QUALIFYING LEVEL

10. The committee welcomed the amendments made to the information paper in light of discussions held at the November meeting, particularly the guidelines on the differences between qualifying and post-qualifying masters degrees in physiotherapy. The Committee endorsed the view of the Education and Professional Practice Committee that a shorter explanatory paper for managers and clinical educators should be produced clarifying the differences between the two

JVC(03)3

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types of Masters programmes.

PHYSIOTHERAPY PROGRAMMES

University of Brighton

11. The Committee received the report from the validation event for the MSc Rehabilitation Science qualifying route held on 11 September 2002, together with the University's response to the conditions and recommendations. A definitive document had been submitted amended according to the conditions and recommendations set at the event and there were now no outstanding conditions. The Committee approved the programme and recommended its submission to the HPC Education and Training Committee for approval. It was noted that the course was due to start on 24 March 2003.

JVC(03)4

University of East Anglia

12. The Committee noted the University's intention to submit an outline proposal for an accelerated Masters programme in physiotherapy in May 2003, with a view to taking a first intake in February 2004.
13. The Committee approved a minor amendment to the Research Module OPT-3PDY, required due to new research governance arrangements.

Glasgow Caledonian University

14. The Committee approved minor modifications to neurology modules on the MSc Rehabilitation Science programme, previously approved by the scrutineer for the programme.

JVC(03)5

Colchester Institute

14. The Committee approved the appointment of Miss Jenny Morris as Head of Physiotherapy at Colchester Institute from December 2002.

JVC(03)6

University of Northumbria at Newcastle

15. It was noted that the University had requested to defer the validation of its part-time and accelerated routes from March to June 2003 due to a delay in the WDC confirming funding arrangements. It was noted that WCPT Congress was in June which would mean availability of visitors would be a problem.

Queen Margaret University College.

16. The Committee approved the deferral of the MSc Physiotherapy (pre-registration) review to Spring 2004 in light of current developments at the College.

University of Salford

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17. It was noted that 20th May 2003 had been set for the validation of the AHP modernisation qualifying route.

Southampton University

18. The Committee approved an outline proposal for a qualifying MSc Physiotherapy Studies programme which was due to be presented for validation in autumn 2003.

JVC(03)7

South Bank University

19. The Committee received the report from the validation event for the Interprofessional Scheme for Allied Health: pre-registration part-time in service physiotherapy route held on 12/13 November 2002, together with the University's response to the conditions and recommendations. A definitive document had been submitted amended according to the conditions and recommendations set at the event and there were now no outstanding conditions. It was noted that Chair's action had been taken to approve the programme in advance of the meeting as the course was due to commence on 3 February 2003. The Committee endorsed action taken by the Chair to approve the programme and recommended its submission to the HPC Education and Training Committee for approval. It was noted that the issues over parity of staff contribution to shared modules, based on student numbers, and staffing would be monitored over the next four years.

JVC(03)8

University of the West of England

20. It was noted that the intention to develop a part-time route to qualification had been deferred to 2004.

JVC(03)09

University of Wales/Cardiff School of Physiotherapy

21. The Committee gave approval in principle to the development of a part-time qualifying route but noted that a start date was dependent on the completion of a scoping exercise within the College of Medicine to accommodate additional numbers on both routes, and also availability of placements. JVC asked for the Welsh Assembly's response to the College's statements about physical and staff resources to be made available.

JVC(03)10

ANNUAL MONITORING OF QUALIFYING PROGRAMMES

22. The Committee divided into pairs to discuss the monitoring reports from all qualifying physiotherapy programmes. Correspondence outlining any outstanding issues of concern would be sent to the institutions concerned, and in accordance with the new process, to the external examiners as well.

23. UK-wide statistics on withdrawals, completion and applications to intake ratios

THE CHARTERED SOCIETY OF PHYSIOTHERAPY

had been produced and were noted by the Committee.

External Examiner Applications

Dr Stephanie Enright

24. This application was approved.

JVC(03)11

SCHEDULE OF VISITS 2003

25. This was noted.

ANY OTHER BUSINESS

26. There was no additional business discussed.

DATE OF NEXT MEETING

27. The date of the next meeting had been scheduled for Tuesday 13th May 2003 starting at 10.30 a.m. It was agreed to notify members of the future status of the JVC after 1 April 2003 once this had been clarified by HPC.

CHIROPODISTS

**PRE-REGISTRATION EDUCATION AND TRAINING WORKING
GROUP**

CATEGORIES OF APPROVAL & CONTINUED APPROVAL

1. Approval of New Courses under Section 4(1)(a) and (b) and Institutions under Section 4(1)(c) of the PSM Act 1960

(By the Privy Council, forwarded from the Council on the recommendation of the ETC acting on the advice of a subordinate body)

Name of Profession	Chiropody/Podiatry
Title of Course	BSc(Hons) Podiatry
Type of Course	Full-time and Part-time
Institution delivering the course	University of Salford
Qualification(s) to be approved for State Registration	BSc(Hons) Podiatry
Awarding Body	University of Salford
Length of Course	3 Years Full-time 4 ½ Part--time
With effect from	September 2002
Date of Validation of Event	6 th December 2002
Participants in the approval process	HEI, Professional Body, Statutory Body Representatives
Outstanding Conditions	None
Recommendation for Approval supported by: Course Documents A visitors report (or equivalent) Record of peer professional discussion and agreement to the recommendation	To be Tabled

Education and Training Committee

PETG Chair's Action - University of Salford

Please note with regard to item 5, bullet point 2 of the minutes of the First Transitional Period Pre-Registration Education and Training Group for Chiropody, Chair's action has been taken on the response sent by the Director of Podiatry, University of Salford.

The chair recommends that the course be approved.

Please note response from Director of Podiatry, University of Salford will be tabled.

MINUTES of a meeting of the 1st Transitional Period Pre-registration Education and Training Group for Chiroprody (so designated by the HPC and formally known as JQAC), held at the Society's offices on Tuesday 18th February 2003 at 10.30am.

Present: Mr P Frowen (SB) (In the Chair)
Mr J G Burrow (PB)
Miss G French (PB)
Mrs J Shanks (SB)
Mr D Jessett (SB)
Miss P Shenton (SB)
Miss P Sabine (SB)
Mrs J McInnes (PB)

In Attendance: Mr G Milch (Director, HPC) (SB)
Mr D Ashcroft (PB) (Director of Education)
Miss A Hart (PB) (Undergraduate Education Officer)
Mr D Lorimer (JQAC Visits Co-ordinator)
Mr P Graham (PB) (Chairman of Council)

Apologies: Mrs P Renwick (PB)
Prof. S Frost (SB) (Educationalist)
Mrs S Braid (PB)
Mr M Potter (PB)
Mr R Ariori (SB)
Mrs G Bligh (SB)
Ms C Farrell (SB)
Mr J Black (SB)
Mr W McCartney (SB)
Mr S Baird (PB)
Dr C Townsend (PB Chief Executive)

NB: (PB) Professional Body
(SB) Statutory Body

- Mr Frowen, on behalf of the committee, expressed his best wishes to Mr McCartney and his wife at this very sad time.
- Mr Shenton was congratulated by the committee on his recent honour of being made a MBE.

Minutes The following amendments were made to the minutes:
1 Janet McInnes was added to the list of attendees.
Minute 67 Salford The word 'Edinburgh' was inserted, in brackets after the 4th sentence referring to the fact that the two representatives, Mr Shenton and Dr Carline, both came from Edinburgh and not Salford.

Minute 69 Plymouth A capital P was added to 'Mr Potter'.

Minute 75 UWIC Mr Frowen clarified that the school had not lost a member of staff as stated in the minutes as Sarah Curren took up post on 1st September as a lecturer. Mr Frowen at the same time succeeded Ann Bryan in the role as Head of Centre.

Minute 53 LA It was reported that a questionnaire had been sent to all schools regarding the method of assessment for LA. Not all schools had responded but Miss Hart agreed to remind them to do so. The responses would then be presented at a later meeting.

**Matters
Arising**
2

Minute 49 Durham Mrs Shanks asked why the review of the criteria for external examiners had not been put on the agenda as stated in the minutes. Mr Ashcroft apologised for the oversight and it was agreed that this would be discussed under any other business.

**Council of
Deans**
3

Mr Ashcroft had received an invitation to respond to a proposal from Mr Paul Turner, Executive Officer of the Council of Deans, to widen the formal role of the Council to encompass the Allied Health Professions (AHPs). Mr Ashcroft had responded positively to the proposal but expressed concerns that as the AHPs were numerically small in relation to those represented on the Council, the title 'and Allied Health Professions' would merely be tacked onto the end of the existing generic nursing title. Mr Graham reported that he had heard that there were only going to be two representatives for the whole of the AHPs. This was felt to be unsuitable and Mr Ashcroft was asked to write again to Mr Turner seeking clarification of the current position.

**SMAE
Institute**
4

Correspondence between Mr Ashcroft and Mr Batt was discussed. Mr Batt had sent another request asking JQAC to make an informal visit to the SMAE Institute. Mr Ashcroft had politely declined pointing out that there was not much point in meeting for JQAC to give advice based on knowledge of the 1960 Act which will very shortly be repealed. Mr Frowen reported that he had met with some SMAE trained members and felt that from what they had told him they were being totally misled by their institute regarding the grandfathering process. Mr Milch stated that continued correspondence between the HPC and the unregistered institutes was ongoing, so they should be perfectly clear on their current position.

Salford
5

Several items relating to Salford were discussed:

- Mr Ashcroft gave a verbal report of a meeting held on 7th February at Salford regarding the proposed Foundation Degree with step-off points leading to a generic practitioner at level 1 and an assistant practitioner at level 2 with an ability to continue to an honours degree following completion of a bridging course and further one year study. Mr Ashcroft sought opinion on 3rd party indemnity

insurance offered by the Society for generic health care worker training in year 1; the considerable extent of the bridging course in one semester and the scope of practice of the assistant practitioner. It was felt by the committee that training students as assistant practitioners to have most of the skills of a podiatrist but working under supervision may contravene the Code of Conduct of the HPC. There was considerable discussion and a number of questions that were unable to be answered by Mr Ashcroft and in the absence of anyone to speak with inside knowledge of the course, Mr Milch felt that the only way forward was for Salford to submit the course in its entirety for approval but they must be clear that they cannot call the course a BSc(Hons) Podiatry as they already have such a course validated. The course would therefore be a foundation degree? It was decided that there was an urgent need to see the whole course document and that this should be sent to Mr Milch as soon as possible.

- A report on the recent visit to the revalidation event for the full-time programme incorporating a mode of part-time training was discussed. The committee decided to defer the recommendation for approval to the ETC until the following points were clarified:
 1. *What is the maximum length of the course (period of candidacy)?*
 2. *Is there a clinical examination at the end of the course?*
 3. *If so, what does the final examination consist of?*
 4. *What place does the Viva in assessment have and do all students do a viva?*
 5. *How many attempts may a student have at the final examinations?*
 6. *What QA processes took place prior to the approval event?*
- A letter from Sue Braid regarding changes to the definitive document incorporating the condition and recommendations following the validation event was discussed in conjunction with the above report.
- A recommendation from the Faculty of Undergraduate Education to approve the course was received but JQAC could not recommend approval to the ETC until a satisfactory response to the above questions had been received.

Durham
6

A letter from Mr Milch to Mr Monaghan, Podiatry Course Leader, Durham School of Podiatric Medicine was discussed. It appeared from the correspondence that the staff had not been informed that a move to closure had been proposed. Mr Milch reported that letters

had been sent to the Principal of the College, Mr Widdowson and most of the correspondence regarding the move to closure copied to Dr. Johnson. Mr Shenton reported that he had recently been to the school on two occasions and had not met with such a concerned group of staff. It was noted that there was to be a visit to the school on 11th & 12th March and it was suggested by Mr Milch that a representative from the University of Sunderland, as the awarding University, should be invited to attend. Mr Lorimer reported that a request for their attendance had been made. Mr Ashcroft would also be attending. A report on the availability of placements was now available but it made bleak reading with no suitable options clearly identified. This would be made available to the visitors

Plymouth
7

A report of the fourth monitoring visit to the Plymouth School was received. Mr Jessett as convenor went through the report in detail. Staffing had been reduced, there was concern about verrucae treatments and using cadavers for the practice of LA which was possibly contrary to the Anatomy Act. It was decided that it would be a requirement that the course team must produce an assessment strategy for the administration of LA consistent with practice in other schools of podiatry. This would need to be done by Easter 2003. Otherwise there was no indication that the course was not being delivered as validated by the university and approved by the statutory and professional bodies. Correspondence from Professor Watkins to Mr Milch and Mr Ashcroft was noted. The visit for the new institutional and course approval was to take place over 3rd, 4th and 5th March 2003 with the representatives of JQAC being Mrs Braid (S) Mr Burrow (S) Mrs Shanks (HPC) and Mr Frowen (HPC). It was noted that the course had been recommended for approval by Mr Potter and Mrs Renwick but that a further review would be required after two years (two cohorts)

A nomination to appoint Dr Brain Ellis as the chief external examiner was received and approved.

Huddersfield
8

An e-mail regarding the proposed validation event for the Huddersfield part-time route was received. It was reported that the course was exactly the same as the full time course but run over four and a half years. The proposed date for the event was 30th April 2003 and the nominated visitors were Mrs McInnes (HPC) and Dr Carline (S). Dr Carline would replace Mr Potter who was unable to attend.

**London Foot
Hospital**
9

Mr Ashcroft reported that the review was going well and Mr Pickard was doing an excellent job. A decision has been made to separate service and education functions. A document from PACT consultancy, who had been appointed to do a review of Podiatry education in London was also received and noted. The conclusion was felt entirely appropriate

- Ulster
10** Mr Ashcroft reported that he had met informally with Bronagh Monaghan, Podiatry Manager Belfast City Hospital and Fiona Hodkinson Podiatry DOH advisor who had raised concerns that they felt that the course at Ulster was currently 'rudderless'. It was reported that it had been four years since the approval of the course in Belfast so now would be an appropriate time for a formal visit. As this visit would take place post April 1st it was agreed that the ETC should be notified of intent.
- Glasgow
11** The Head of School's response to the quinquennial visit report was received. Following clarification of various issues, Mr Frowen indicated that it seemed that all of the recommendations and requirements had been met. JQAC therefore accepted the report with a recommendation for it to be sent to the next meeting of the ETC. A letter from Maureen O'Donnell regarding the implementation of a shared learning module across all first year programmes within the School of Health and Social Care was received. Mrs O'Donnell was requesting a letter of support for this module, from JQAC, prior to the University's internal module approval process taking place in April/May 2003. This would be done subject to the External Examiners approval as the modifications were of a minor nature only.
- Edinburgh
12** A verbal report on the recent re-validation event at Queen Margaret University College was given. A full report will be received at the next meeting
- Northampton
13** Correspondence had been received from a student at Northampton School of Podiatry. She had a complaint regarding the 'transparency' of the BSc (Hons) podiatry course and also concerns regarding the design of the course in relation to the assessment of clinical practice. It was agreed at the Faculty of Undergraduate Education that Mr Ashcroft should write to Ben Yates, Head of School to clarify the outcome of the situation with Ms Knowles, though the matter of the appeal was for the institution to determine. It was felt that it was inappropriate to comment on one side of the account of events only, so the committee would wait for the response from Mr Yates.
- ETC Meeting
14** Mr Frowen reported that at a recent meeting of the Education and Training Committee it had been decided that the committee could not uncouple the generic standards of proficiency from the profession specific standards. This was a reversal of the advice given to the team setting the standards. As both sets would now have equal legal status, this begged the question as to why only the generic standards were initially deemed to be legally binding. However, this was a better outcome than was initially expected. It was noted that the date of the next meeting was the 26th March 2003.

**Dr Peter
Burley**
15

It was noted that Mr Ashcroft had invited Dr Peter Burley, HPC, to attend the JQAC meeting to discuss the future of JVCs and JQACs post April 1st. Mr Burley was unable to attend due to other commitments but indicated in his response that all would become clear at a later date when the secretaries and validation officers met on 10th March. Mr Milch reported that the Order made no reference to Professional Bodies in the approval process and therefore everything would be done by partners of the HPC and the only people permitted to attend visits would be 'partners' of the HPC. Mr Milch also stated that if the Professional Body wanted to send representatives to a visit that was up to them and the university involved. Mr Frowen suggested that a letter should be written to the Chief Executive of the HPC and the Chairman of the ETC requesting clarification regarding the future of committees such as JQAC's and JVC's post April 2003, indicating that the professional body wished to work jointly with the statutory body. This should not compromise the HPC as each body had its own agenda but in the interests of streamlined activity joint approvals were seen by the Society as desirable and in all the stakeholders' best interests. However it was recognised that the regulatory body was unlikely to officially adopt a conjoint approach as the Orders were not being interpreted to permit such activity. Mr Ashcroft indicated a meeting had been called by Marc Seale to discuss the future servicing of 'JQAC' on 5th March to be attended by Chief Executives and/or their nominees.

It was also necessary to inform the ETC of new activity after April 2003 so that any visitors or representatives could be confirmed as partners.

It was also noted that all work in connection with new approvals would be carried out at Park House after April 2003. However in view of the need to attend to 'run-off' business from the 1960 Act, a further joint meeting should take place on April 22nd with business confined to that which was necessary to complete outstanding matters.

**Financial
Compensation**
16

It was noted that 'partners' for the HPC were to be paid financial compensation for institutional/course approvals. It was agreed that the possibility of financial compensation to 'non partners' should be referred back to the Society's Council requesting that they continue to support the work of the visitors to institutional/course approvals and provide financial recompense commensurate with that paid to the HPC partners. This would be necessary if the Society wished to continue to approve courses leading to membership in accordance with its Articles of Association

AOB
17

Cardiff Miss French gave a verbal report on the tabled report of a follow up visit made to Cardiff on 6th & 7th February. A

recommendation was made that the report should go to the next ETC meeting with Mr Frowens' minor amendments. This was agreed

Matthew Boulton It was noted that no report had been received regarding the validation event. Mr Ashcroft would contact Mr Fraser and Dr Ellis regarding this.

External Examiners The issue of having external examiners who were retired and only teaching part-time was discussed. It was agreed that such people could act as an external examiner where their expertise would be of value but not as a Chief External Examiner. For this role it was felt there were advantages in being part of a course team in full-time employment where they would be likely to be up to date through day to day involvement with course development, delivery, assessment and monitoring

Date of next meeting
18

The date of the next meeting was noted as Tuesday 22nd April 2003 at 10.30am.

.....
Signed

Date

Education and Training Committee

Recommendation – Quinquennial Visit – Division of Podiatry, Glasgow Caledonian University

The First Transitional Period Pre-registration and Training Group for Chiropody recommends to the ETC that Institutional Approval of the Division of Podiatry, Glasgow Caledonian University under Section 4 of the Professions Supplementary to Medicines Act 1960 should continue.

See attached:

- ◆ *Report of the Quinquennial Visit*
- ◆ *Response from Head of School*

Jan 79

The Chiropodists Board

Visitors Report

DIVISION OF PODIATRY GLASGOW CALEDONIAN UNIVERSITY

**QUINQUENNIAL VISIT
13th, 14th & 15th March 2002**

Prepared by the Joint Quality Assurance Committee of the Chiropodists Board and the Society of Chiropodists and Podiatrists, in accordance with Section 5 of the Professions Supplementary to Medicine Act 1960

The Council for the Professions Supplementary to Medicine, Park House, 184 Kennington Park Road, London SE11 4BU

THE CHIROPODISTS BOARD

THE JOINT QUALITY ASSURANCE COMMITTEE FOR CHIROPODY/PODIATRY

VISITORS REPORT

Report of the Visitors on the Quinquennial Visit made to the Division of Podiatry, Department of Physiotherapy, Podiatry and Radiography, Faculty of Health, Glasgow Caledonian University under Section 5 of the Professions Supplementary to Medicine Act 1960 / Part IV (Articles 15 – 18) of the Health Professions Order 2001.

Date of Visit: Wednesday, Thursday & Friday 13th, 14th and 15th March 2002

Visitors: Mr. P Frowen (Convenor), Miss G J French, Mr. D F Jessett, Mr. L Russell, accompanied by Mr. D. L Lorimer (Joint Quality Assurance Co-ordinator).

1 FOR INFORMATION

1.1 The Professions Supplementary to Medicine Act, 1960

It is the duty of the Chiropodists Board, under Section 4 of the Act, to approve courses of training, qualifications and the institutions offering courses leading to registration with the Chiropodists Board. It is also the duty of the Board under Section 5 of the Act, to keep itself informed of the nature of instruction given at approved institutions leading to approved qualifications for state registration purposes.

1.2 The Joint Quality Assurance Committee for Chiropody/Podiatry (JQAC)

The Joint Quality Assurance Committee for Chiropody/Podiatry is a committee composed of representatives of both the Chiropodists Board of the Council

Supplementary to Medicine and the Society of Chiropractors/Podiatrists. For the purposes of Section 4 and 5 of the Act, the Joint Quality Assurance Committee is regarded as the agent with responsibility for advising the Board on issues relevant to the above two sections of the Act. The committee therefore undertakes the process by which the Board carries out its statutory educational responsibilities, in conjunction with those responsibilities that relate to eligibility for membership of the Professional Body.

**2. PREVIOUS VISITS AND OUTSTANDING RECOMMENDATIONS:
PROGRAMME AND DOCUMENTATION FOR CURRENT VISIT**

2.1 Requirements and Recommendations from the previous Report, 11th, 12th and 13th November 1997

Continued Institutional approval was not conditional on any requirements, but there were fifteen Recommendations (5a & 5b counted as separate items).

- R1** The intention of the Department of Physiotherapy, Radiography and Podiatry to introduce greater transparency in the allocation of budgets between courses is endorsed by the Visitors (3.3.1)
- R2** The Visitors recommend a one day Follow-up Visit during the 1998/9 academic year to view the new Faculty building and teaching facilities following the move from the Southbrae Campus (4.1.2)
- R3** The technician post, currently vacant in the Department of Podiatry at SGH NHS Trust should be filled as soon as possible (4.2.3, 9.2.5 & 9.2.6)
- R4** A rolling programme for the replacement of clinical equipment should be established (4.2.4)
- R5a** Monitoring of dust levels in the machine room at the Department of Podiatry at SGH NHS Trust should take place at regular intervals to eliminate the potential for a health hazard (4.2.5)
- R5b** Monitoring of noise levels in the machine room in the Department of Podiatry at SGH NHS Trust should be carried out and remedial action taken as necessary (4.2.5)
- R6** Replacement teaching hours in semester II for the member of staff on sick leave should be confirmed and the outcome communicated to the Board (5.1.3)
- R7** Dedicated secretarial support for the Division of Podiatry should be available when required. Should the Department request additional personnel from the

institution, the Visitors would support such a request (5.2.1)

- R8** The Departmental policy of returning external income generated by a Division, to the generating Division, should be re-iterated to the staff (5.3.2)
- R9** Clarification is required regarding the release of staff from teaching duties to undertake research (5.3.3)
- R10** The effect of semesterisation with regard to pressure on student's time for effective revision should be monitored (6.2.5)
- R11** A clear rationale should be produced to underpin 'shared learning'. The rationale should be communicated to the students (6.2.7)
- R12** The pivotal post of Clinical Manager should be advertised as soon as possible and at a level which reflects the responsibilities and expertise required. The Visitors would urge the institution to ensure the appointee reports directly to the Head of Division (9.2.4)
- R13** A policy for the management of students' clinical instruments should be implemented to prevent loss and consequent expense of replacement (9.2.6)
- R14** The job specification of the Clinical Manager should include responsibility for clinical rotations in conjunction with the GCU placement co-ordinator (9.2.7)

2.2 Documents

The Visitors were supplied with the following documents prior to the Visit:

- ◆ External Assessors Annual Report 1999/2000, 2000/2001
- ◆ Annual Programme Analysis 1999/2000, 2000-2001
- ◆ List of all staff concerned with course delivery
- ◆ Progress Report October 2000
- ◆ Years 1, 2, 3 & 4 2001-2002 Timetables Semesters A & B
- ◆ Staff Research Profile
- ◆ Programme Module Descriptors for Levels 1 & 2 and Levels 3 & 4
- ◆ Faculty Academic Quality and Standards Committee, Programme Related Sub-

Committee

2.2.1 Documents Received During the Visit

- ◆ First Destinations Paper 2000.
- ◆ Recruitment Literature
- ◆ Service Profile, Department of Podiatry, South Glasgow University Hospitals NHS Trust

2.3 Programme

The programme for the visit was as follows:

Wednesday 13th March 2002

17.30 Meet with Mr. Stuart Baird, Head of Division, and Mrs. M O Donnell, Course Leader, to discuss the programme and other issues concerning the Visit.

Thursday 14th March 2002.

09.15 Meet with Senior Management, Professor Dennis Parker, Dean of the Faculty of Health and Mr. Stuart Baird, Head of the Division of Podiatry.

09.45 Meet with Levels Three and Four student representatives

11.00 Meet with Levels One and Two student representatives.

12.30 Buffet lunch with the service managers of the placement locations, Mr. Jamie Quin GGHB Primary Care Trust, Mr. David Wylie, SGUH NHS Trust, Mrs. Audrey Murdoch, Stobhill NHS Acute Trust and Mr. Steven Long GRI NHS Acute Trust.

13.30 Meet with Staff representatives

15.30 Tour of Library and IT and general facilities at the University

16.30 Private meeting of Visitors

17.00 End of first day of visit

19.30 Meet with Dr. Brian Durward, Head of Physiotherapy, Podiatry and Radiography, Mr. Stuart Baird and Mrs. M O'Donnell

Friday 15th March 2002.

09.00 Visit to Podiatry Clinic at South Glasgow University Hospital Trust

09.30 Meet with Placement Manager, Mr. David Wylie.

10.30 Tour of clinical facilities

12.30 Buffet Lunch with Mr. Wylie and staff at SGUH Podiatry Clinic.

13.30 Visit to Stobhill NHS Acute Trust and Yorkhill Hospital

15.45 Private meeting of Visitors at Cowcaddens site.

16.00 Report to Senior Management, Professor Denis Parker, Dean of Faculty of Health and Dr. Brian Durward, Head of Physiotherapy, Podiatry and Radiography

16.30 End of Visit

- 2.4 The Visitors wish to record their thanks to: Professor D Parker; Dr. B. Durward; Mr David Wylie and his NHS colleagues, together with all the staff and students, for the excellent co-operation which they received during the visit. The Visitors would also like to record their thanks to the Head of Division of Podiatry, Mr. S. Baird, Mrs M O'Donnell, Programme Leader, Mrs Marion Kelt, Subject Librarian, and Mr David Wylie, Head of Service at SGH for the detailed arrangements made for the visit and to all concerned for the excellent hospitality provided.

3 INTRODUCTION

- 3.1 The historical background of the Glasgow School of Chiropody to the present Division of Podiatry in Glasgow Caledonian University was recorded in the previous Quinquennial Report.

4 MEETINGS

4.1 Meeting with Mr S Baird and Mrs M O'Donnell

- 4.1.1. Mr Frowen gave a brief resume of the purpose of the Visit, in particular, the need for the Board to be well informed of the quality of the clinical experience received by the students. As a result there was some discussion about the visits to the placements and it was decided that the Visitors would visit two sites on the second complete day.

- 4.1.2. The Visitors were informed that the University was in the process of considering a change

to its structure. It was proposed that the Faculty structure would be abandoned and replaced with a School structure. The principal objective was to make the working of the university more flexible and to make better use of the support staff who would, in general, be deployed on a university wide basis. There was some discussion about this manner of deploying support staff that in the experience of some of the Visitors at another institution had found that it had created difficulties in identifying responsible persons.

4.1.3. The present Faculty of Health included Social Science but under the new structure it was proposed to separate this out into a new school leaving all the health courses in a school headed by Dr Brian Durward who would be Dean of the School. The Deans of the schools would be members of the Executive of the university. The proposed new structure would consist of an Executive, Schools, Divisions and Directorates. There was some discussion around the possibility of Programmes led by Programme Leaders but the Visitors were given to understand that this was not a favoured option. The Visitors were informed that under these proposals there would be a Division of Physiotherapy, Podiatry and Radiography that would have autonomy and clear reporting structure.

4.1.4. The Visitors were informed that part of the thinking behind the placing of the schools into professional groupings was the possible benefits of shared learning programmes being developed. There was some discussion about the merits and demerits of such programmes particularly in relation to subjects that appeared to be common core. Examples were cited of the establishment of such courses, most notably in anatomy and also in physiology where such moves had been found to be less than successful, resulting in the duplication of teaching and the necessity for extensive tutorial support.

There was further discussion about areas of common learning that had been shown to be successful, most notably in what was entitled professional skills. This area of study designed to prepare students to be able to manage patients and their cases presents a good opportunity to introduce shared learning over what is effectively common ground. This type of shared learning follows well from the proposals contained in Modernisation of the Professions Allied to Medicine. The Visitors were generally in agreement that such shared learning did better when it was based on a strong understanding of the professional role.

4.1.5. The Visitors were informed of the changes that had taken place at the Department of Podiatry at the South Glasgow University Hospital (SGUH) NHS Trust. The contract is no longer dependent on the delivery of a fixed number of patient treatments that had been a barrier to developing the unit to its full potential as an effective teaching unit. This had allowed a change of focus on patient treatment and the teaching of clinical practice was now more effective.

The Visitors were pleased to learn that all podiatric academic staff spent two sessions on clinical teaching at the SGUH unit. At present honorary contracts are not in place with

the Trust although it is generally accepted that these are being developed. Similarly teaching members of staff of the Trust based at the SGUH do not have honorary contracts with Glasgow Caledonian University but also teach parts of the course, theory and practice.

- 4.1.6. The Visitors learned about the development of higher degrees geared towards podiatry in the university, in particular they were interested to learn of the work-based masters programme. Developments were also being made on a new masters programme based around four areas of study, Podiatric Practice, Wound management, Biomechanics and Neurological & Vascular Analysis. The development of these programmes while not within the remit of this visit is important for the effects that filter through to the undergraduate programme.

4.2. Meeting with Professor D Parker, Dean of the Faculty of Health – 14-03-2002.

- 4.2.1. Mr Frowen introduced the members of the visiting panel and outlined the purpose of the visit under the terms of the 1960 Act. He also outlined the changes that were likely to take place with the introduction of the Health Professions Council in April 2002 and the fact that for the time being the structures that existed under the 1960 Act, particularly the Joint Quality Assurance Committee (JQAC), would be continuing for some time.

Mr Frowen started the discussion by saying that the Visitors had been told in general terms about the proposals to reorganise the management structures in the university and invited the Dean to elaborate on the proposals.

- 4.2.2. Professor Parker said that the reorganisation had been considered essential by the Senate of the university to enable it to be competitive and responsive in a time of change. Funding of Higher Education had not kept pace with the expansion and there was a need to ensure that the overall structure delivered the best possible service. One of the most important prompts for change was the fact that the unit of resource in the universities generally was approximately one half of its value in 1980 and there had to be much better use of resources.

The first change that had taken place was with the Faculty of Business Studies, which had moved to a school structure. Similarly nursing which was a large section also had decided that it wished to become a school. This had made it essential that the Faculty of Health also changed its structure. The decision by Social Science to become a school had left little choice but for the health courses to elect to become a school grouping.

The Senate decision to adopt the schools structure was based on a number of areas of concern so that it was possible to allow a clear process to protect the professional identity of the professional groups within the schools. In addition the new structure would allow for financial information to allow comparative analysis between the professional groups.

A paper produced by the Principal enabled the scheme to be clearly analysed and was able

to show the clarity of the proposed structure. It would facilitate professional groupings in departments or divisions. The most important aspect of the change was to relieve academic staff of the burden of administration and allow them to concentrate on academic work and research. It would also allow more of the resources to go towards learning and away from administration.

There would be a school manager who would provide professional support on a broader basis than the current faculty registrar, which is currently more academically focused.

4.2.3. The Visitors asked if the new structure would allow what was required under Section 5 of the 1960 Act. In particular how the individual heads of the professional groups would be identified for Statutory purposes. Professor Parker replied that the Dean of the new school would be on the University Executive Board and would be able to deal with issues of staffing without reference upwards as at present. These devolved responsibilities would make dealing with issues such as staffing in the various divisions much easier. The head of the division would be an appropriate professional member of the teaching staff. The Dean was of the opinion that the changes would not complicate the line of professional contact with the professional and regulatory bodies (R5).

4.2.4. The Visitors were informed that the current Department Management group meet every two weeks and their agenda concentrates on finance and staffing. The Dean reiterated that the titles of the divisions/departments and their leaders has not been decided but the subject leader would have a similar level of responsibility to the subject area leaders as at present (R2).

4.2.5. The University is aware of the department of health agenda on modernising the Allied Health Professions. However while it shares the objectives these are not seen as a university priority rather something that could come from within the professions. There is a discussion currently within the Faculty on the subject of shared learning. So far it has not been easy to define it and as yet no decision has been taken.

4.3 Meeting with Students in Levels Three and Four.

4.3.1. Those present were:

Fiona Lockart Level 4
Gillian Herdman Level 4
Lynn Richardson Level 3
Manjeet Sagoo Level 3

4.3.2. Mr Frowen introduced the Visitors and outlined the reasons for the visit as well as the role of the Statutory body. In particular he outlined the changes that were about to take place with the introduction of the Health Professions Council.

- 4.3.3. In response to a question about how they were selected for the meeting the students intimated that they were the year representatives for the staff/student liaison meetings. Those representing level three were not the class representatives who were on clinical duties and had agreed to be represented by the two students who would be available.
- 4.3.4. The students representing Levels 3 & 4 are all on the earlier programme, which had an optional fourth year. The Visitors learned that there were thirty-four students in level three and twenty-four students in level four. When this latter group had been in level three the number had been thirty-two. The students, when asked about their choice of course, gave two main reasons for the choice the first of which was the convenience of the course to their homes and the second was that they liked the idea of a fourth year during which they could develop their professional skills. The students were highly complementary about the course and were very grateful for the strong tutorial support they received from the staff of the division.
- 4.3.5. The students were concerned that they were not able to have the pharmacology course that was now in the new course, passing which would gain them access to Prescription Only Medicines (POM) as part of their degree programme. The students had been informed, through the staff/student consultative mechanisms, that they could not have an additional module included in the existing course as this could produce complications to the regulations for the course if there were to be failures. The students said that there had been some suggestion that an add-on course could be provided after the satisfactory completion of the fourth level and that there would be an extra cost. The Visitors accept that the existing course cannot be changed but suggest that there should be a clear statement about the provision of the course and consideration be given to treating this add-on in the same way as the local anaesthetic course was developed and not make additional charge.

The students raised the issue of possibility that if one of the present level three students had to retake the year. There was some concern raised about this, hopefully remote possibility; and it was suggested that the Visitors should raise this issue (R9).

- 4.3.6. The students were concerned about the access to computers in the university. The particular problem seems to be the provision of computer hardware with Apple Mac computers in the Health Building and PCs elsewhere in the university, particularly the library. This incompatibility of computer software together with some limitations on the access to various rooms where computers are located, particularly in the Health Building, caused difficulties for the students in the preparation of assessment and projects. The hours of access to computers in the Health Building are limited with no weekend or late night opening and are further restricted by heavy demand (R3).
- 4.3.7. The students receive interlibrary loans free of cost but the students found the cost of printing in the library expensive. They also found a shortage of journals in a number of areas but were able to photocopy at low cost.

- 4.3.8 The students found the staff/student liaison committee meetings useful for raising points for discussion and in general terms problems raised at these meetings were addressed and if possible solutions found. However they considered that it would be helpful if these could be held on days when the representatives can attend easily, i.e. not on a clinic day. The students also considered that it would be useful if the minutes of the meetings could be displayed on student's notice board so that all students could read them.
- 4.3.9 The students were concerned at the length of time that had elapsed before ethical approval for their project work was decided. They quoted that submissions had been made in May and not notified before November of the same year. The students thought that this was near to the normal time delay and suggested that a speedier process should be implemented to give more time in the production of data for their projects (R7).
- 4.3.10. The students said they kept logbooks to record procedures. They recorded nail operations performed but were unaware of the number they were required to carry out. They were concerned that the nail operations in which they participated at Stobhill Hospital were not included in the total assessment. Similarly the students were unaware of how many successful injections of Local Anaesthesia (LA) they were required to carry out. The students were of the opinion that LA practice on oranges was of little value but they considered that the false toes were of more value.

4.4 Meeting with Students in Levels One and Two

4.4.1. Those present were:

Kyleigh Dunlop Level 1
Pamela Muirhead Level 1
John Locke Level 2
Paula Ferrie Level 2

- 4.4.2. Mr Frowen introduced the Visitors and outlined the purpose of the visit as well as the changes that may follow with the new Health Professions Council. The students were interested in the possible outcomes and asked a number of questions.
- 4.4.3. The students were all representatives on the Staff/Student Liaison committee and were generally happy with the way the mechanism worked. There were also class representatives on the Programme Board. The students considered that this was a particularly useful arrangement as it was possible to seek explanation of the new programme at an early stage.
- 4.4.4. The students in levels one and two were also concerned about the computer problems that existed between the Apple Mac Computers in the health Building and the PCs in the rest of the university. The students were not happy with the method of IT support. The

described a method of support using other students identified and paid for the purpose but often they were working on their own studies and took a long time to answer calls for assistance and often were not well informed about the software.

The students were of the opinion that, generally, the ratio of computers to the numbers of students in the university was not adequate. The students expressed concern over access to computer laboratories/rooms. The Visitors were informed that there were occasions when computer classes were arranged when part of the laboratory was being used for that purpose but it was accepted that the area not being used for teaching was available for “drop in” use by the students. The students reported that there were occasions where the members of staff taking these sessions prevented the use of the PCs not being used for teaching. The Visitors consider this situation should be clarified (R8).

The students found the course introducing them to IT skills was useful but rather rushed as there were quite a number of mature students in the group who were not familiar with these skills. The students considered that it would be useful to have an optional module for mature students to assist them to gain study and IT skills (R6).

4.4.5. The students considered that the opening hours for the library were rather restrictive and were of the opinion that they should be longer. Although they were generally complimentary about the texts in the library they considered the Dewey system of classification made the identification of relevant texts difficult. The students considered that it would be useful to have a leaflet to focus the relevant texts to podiatrists. They considered the cost of photocopying reasonable but the cost of printing was, in their opinion, expensive.

4.4.6. The students informed the Visitors that the Hepatitis “B” inoculations were given to them free of charge. The Level One students intimated they had started practising scalpel technique and were shadowing Level Two students in clinical situations and were looking forward to the clinical block. They expressed some concern that they would have forgotten what they had learned when they returned in Level Two. They suggested that perhaps it would be better to have, either more clinical practical time or the session at the beginning of the Level Two studies.

The Level Two students were similarly convinced that with the clinical block at the end of the Level One Studies they tended to forget the skills they had learned and joined in with the general plea that consideration should be given to possibly relocating the block.

4.4.7. The students all said that they kept logbooks of their experience but as far as they understood they did not form part of the summative process in assessment. The students did not see their use as a reflective exercise either (R4).

4.4.8. The students were very appreciative of the open door access to staff and considered the support given to them by the podiatry staff was better than any other that they had

experienced in the university.

- 4.4.9. The students were very concerned that the recruitment literature issued by the university and also of a more general nature, did not give the true worth of the course and indeed the profession. They considered that many more would be attracted into the profession if better information were available.

4.5 Lunch-time Meeting with Service Managers

- 4.5.1 During the course of a buffet lunch the Visitors had the opportunity to meet informally with a number of the service managers concerned with the placements. This very useful session enabled a number of issues concerned with the acceptance of students to be explored by the Visitors.

4.6 Meeting with Representatives of Staff

- 4.6.1 Those present were:

Robert Campbell
Meg Reed
Christine Skinner
Glennis Tavener
Gordon Watt

- 4.6.2. Mr Frowen Introduced the Visitors and explained the purpose of the Visit. He also explained the way in which the Health Professions Council would possibly carry on the process.
- 4.6.3. There was general agreement that podiatry was generally in good health in Glasgow and the introduction of the new course was going according to plan. There was more reliance on skill laboratories now that level one students were not in clinic until the end of the first year. Podiatry now had access to the skills laboratories (A132 & 133, A248 & A248a) in the university but these were equipped with furniture that was designed for physiotherapy. While the equipment can be used for some of the podiatric skill activities such as biomechanical assessment it is inappropriate for general skills (R1).
- 4.6.4. The podiatry members of staff use the movement laboratory (A253) with its range of instrumentation to teach biomechanical assessment and gait studies. This well equipped laboratory is used for research and teaching and there are occasions when these uses clash.
- 4.6.5. The staff agreed that the IT was a problem for the students but the reorganisation of the IT service may be the answer to the incompatibility between the Apple Mac computers in the Health Building and the PCs in the rest of the university. The members of staff were

finding the use of Blackboard software a useful aid to teaching although there was some caution about the possible uses of the material.

- 4.6.6. The staff considered that the problems of the two courses had been minimal although this current year was probably the worst year with overlap and duplication in teaching particularly in medicine. There was also some concern should it be necessary to have repeat years. One of the modules – Aspects of Health Promotion – will have to be taught to two years in the next academic year. However, instead of it being taught over two semesters, dispensation is being sought to teach the module to the two years simultaneously. If this is approved it will need some additional resources. It will not contribute to the Honours classification of the level three students who will be taking the course.
- 4.6.7. There was general approval for the placements, which were valuable in introducing the students to specialist aspect of practice. It was general opinion that the number of placements should be increased. The members of staff were in favour of the mix of teaching between the two groups of staff, those in the university and those in the SGUH and would like to see some sort of clear contractual arrangement, such as honorary contracts, for each of the groups of staff in the others institution. Apart from the SGUH staff placement staff were not used in assessment of students.

The members of staff were in favour of all placement staff holding teaching certificates and being more involved in the overall teaching strategy of the students.

- 4.6.8. In discussion about logbooks the members of staff found these useful but did not feel that they were important in overall assessment. They were not clear about the required number of assessed LA injections and nail operations.

4.7 Meeting with Support Staff, Glasgow Caledonian University.

- 4.7.1. The work of the Department of Podiatry, Physiotherapy and Radiography is supported by secretarial, administrative and technical staff. The department secretary works for the Head of Department and for each the Section Heads. There are three administrative assistants serving the three sections as well as five technicians.

The Visitors were able to meet Moira MacAskill, the department secretary, Catherine Muir one of the administrative assistants and Danny Rafferty, the senior technician. The administrative and technical staff had been invited to participate in focus groups that were formed to consider the implication of impending changes in the organisation and structure of the University. At the time of the visit no final decision had been announced and not surprisingly there was a hint of concern about the implications of possible changes (R10).

The Visitors were pleased to note that the Department had a rolling programme of

replacement for IT and other equipment. It is planned to replace the MACs with PCs. For other expensive pieces of equipment a priority list is established and the highest priority is given to items that are essential to the delivery of a particular course.

It is evident that the members of support staff are a valuable and experienced group of staff who are an asset to the Department and contribute to its success.

5. LEARNING RESOURCES

5.1 Library – Caledonian Library and Information Centre (CLIC)

5.1.1. Mrs Marion Kelt, Subject Librarian, who started the tour of the facilities by demonstrating the library web pages, met the Visitors. Using this facility it is possible to locate a very wide range of information as well as databases and electronic journals. The number of electronic journals that are available is very extensive and to some extent has rendered the need for hard copy redundant.

5.1.2 Glasgow Caledonian library is part of UK Plus, a co-operative scheme that operates between academic libraries in the UK which, in addition to the co-operation that exists between Scottish academic libraries and those the institutions in Glasgow and the British Lending Library gives a wide range of possibilities for interlibrary loan. With this system most requests seem to be able to be satisfied fairly quickly.

5.1.3. The library opening hours are reasonable during semester time but during vacations they are shorter and closed all day on the Saturday. There is some discussion that these may be extended. There is a good variety of study spaces scattered through out the library as well as a number of group seminar rooms. Photocopying facilities are also well spread throughout the floors of the library and the cost of photocopying becomes cheaper if a higher denomination photocopy card is purchased. On the top floor of the library the Electronic Services area is located where there are PCs and some Apple Mac computers. On the day the Visitors were there the facilities were being used heavily but there seemed to be spaces available.

5.2 Athletic and Recreation Centre (ARC)

5.2.1 This centre, as its name suggests, is a comprehensive sports centre that only lacks a swimming pool. In this centre the Division of Podiatry has two facilities. The first is a private practice suite and the second is a sports injury clinic.

5.2.2. The private practice suite is a well-equipped large room in which a private practice is managed by Mrs M O'Donnell at the moment on Tuesday afternoons only. The patients are treated by a practitioner who is employed specifically for that purpose. Any money made from this activity is retained in the podiatry account. It was intended to be used to

allow students to experience private practice and would have been used more except that about the time it was opened Boots the Chemist opened a private service in their shop nearby. This has slowed down the rate of development.

- 5.2.3. The sports injury clinic is managed by Mr R Campbell and operates in evenings. Mr Campbell is associated with Hampden Park Sport Injuries Centre. This is a multi-professional venture and also allows access to the students.

5.3. Lecture and Staff Room Accommodation and other Teaching Accommodation.

- 5.3.1 The classroom accommodation is pooled use as is normal in institutions such as Glasgow Caledonian University. The Visitors were shown a large tiered lecture theatre (A005), which could seat in excess of 200 and was well supplied with all the latest audio-visual aids. The Visitors were also shown two smaller lecture theatres (A303 & A 330) and another classroom that is regularly used by students of podiatry (A313). All of these were also well fitted out.

- 5.3.2. The staff room accommodation is also of a high standard. There are four rooms for single occupancy and three rooms that are occupied by two members of the podiatry staff.

- 5.3.3 The Division of Podiatry also uses Room A253, a well-equipped gait laboratory (4.6.4 of this report). It is also used by the physiotherapy course. The Visitors met Mr Danny Lafferty, the Chief Technician, who gave a comprehensive overview of the equipment in the laboratory that included a Kistler Forceplate, Musgrave system and F Scan equipment. There was also a recently upgraded video motion analysis system as well as a range of fitness testing equipment, polar heart rate monitors and gas analysis equipment. This very well equipped room is used for teaching and research, which make demands on its use that are not easily reconciled.

The sheer volume of equipment in the room gives it a very cramped appearance that is made worse by another section of the room, approximately one fifth, being sectioned off as a work area for the technicians. While it could be argued that it is valuable to have the technicians closely juxtaposed to the equipment for the expediency of its use, the massing of so much valued and useful equipment in such a small space must limit its effective use.

The situation could be improved by moving the technicians to another location and releasing the space they currently occupy or by locating some of the equipment in another room also designated as a gait laboratory.

If such a move was considered and made it would dramatically improve the value and use of this very valuable resource.

- 5.3.4. The Division of Podiatry also shares the use with the Division of Physiotherapy of four skills laboratories. These are A132 & A133 and open to form one large area. These are furnished with "Rehab" style Physiotherapy couches. The other two rooms are A248 &

A248a and these also open to form one large area and also adjoin the gait laboratory (A253). The equipment in these two rooms consists of older physiotherapy plinths.

These four rooms are used by the Division of Podiatry for the teaching of clinical skills (4.6.3) and as such are a useful resource. However their use could be much enhanced for the Division of Podiatry with more flexible equipment. The Visitors suggest that when a decision is being made to re-equip laboratories A248 & A248a that consideration be given to the purchase of equipment that would satisfy both needs (R1).

6. DEPARTMENT OF PODIATRY (SGUH NHS Trust) 14-03-2002

6.1 Meeting with Mr. David Wylie

- 6.1.1 The Visitors met with Mr. D Wylie and Mr. S Baird. Mr. Wylie gave the Visitors a resume of the activities of the department and the changes that he had made since being appointed a little over three years ago in 1999. The department was originally established in 1993 as a collaborative venture between the Southern General Hospital and Glasgow Caledonian University (see previous Quinquennial Report) and was contracted to provide some 36,000 patient treatments in a year. A contract has been in place since 1993 involving the payment of around £30,000 per year by the university towards the running costs of the service. A new arrangement is currently being negotiated which will replace the contract with a "Memorandum of Agreement" that will produce a secure and robust, partnership between the establishments without the exchange of finance. This is planned to commence later in 2002 and will move the operation of the clinic and its teaching activity into a more mature relationship allowing the two partners in the provision of podiatric education to concentrate on their strengths.
- 6.1.2. There are 13.66 whole time equivalent staff employed by the Department including Mr Wylie's staff who also work in the diabetic clinic at the Victoria Infirmary. The patient treatment numbers are about 22,500 and the department provides 70% of the total student clinical activity. The range of conditions seen in the patients includes vascular and diabetic conditions, neurological conditions, rheumatic disorders, biomechanical, children's and surgical conditions. The department is seen as a regional centre of excellence and receives a significant number of referrals from areas throughout Scotland.
- 6.1.3 Until recently the unit has not been managed with an NHS agenda but is now pursuing the implementation of Clinical Governance and its various elements. This includes clinical effectiveness, risk management, performance management, evidence-based practice and the introduction of care pathways for patients. However this had been done taking care of the educational requirement of the students.
- 6.1.4 Up to the present time the manufacture and supply of orthoses lacked a clear structure and a system to track their prescription, manufacture and eventual supply but this has now been established. This system now allows the process to be monitored much more

accurately and is also a useful educational exercise.

- 6.1.5. With the delegation of budgetary control to departmental level it is now possible to establish mechanisms to replace such items as instruments. There had not been a replacement programme for at least six years and this was now a substantial programme. A programme of replacement of the clinical equipment was also being undertaken and this had reached about three-quarters of what was necessary. Prudent budgetary management has enabled more money to be spent on improvements within the department.
- 6.1.6. Other advantages in the changes in the way the department was managed was the improvements in staff morale which had been at a low ebb amongst the Trust staff as a result of lack of clear leadership. A system of staff appraisal had been implemented and the staff felt more accountable as well as better able to embark on staff development schemes. The establishment of a staff-training budget had facilitated such activities as conversion of diploma qualifications to degree, attendance at wound training courses and also pharmacology courses. Issues surrounding staff grading as a result of the move from the Crookston Road site to the Southern General Hospital had also been resolved.
- 6.1.7. All but two of the members of the NHS clinical teaching staff who come into contact with the students at the Department of Podiatry hold the teachers certificate of the Society of Chiropodists and Podiatrists. There is also an initiative in Scotland called "Learning Together" which has provided funding to extend the Department's teaching role and to develop basic learning modules for NHS staff in Scotland. So far honorary contracts have not been established for the staff of each establishment but progress is being made towards this outcome.
- 6.1.8. As a way of ensuring effective management of the unit and correlating its activities within the teaching programme Mr Wylie is a member of the Programme Board in the university and Mr Baird is a member of the management team at the Department of podiatry at the Southern General Hospital. In addition Mr Wylie and Mrs O'Donnell meet each month, together with one additional member of staff from each organisation to deal with day-to-day service planning issues.

6.2. Visit to the Clinical Facilities at the Southern General Hospital

- 6.2.1. The Visitors were joined on the tour by Ms Donna Buchan, Divisional General Manager (Surgical Services). The Visitors had the opportunity to talk informally with Ms Buchan who was highly supportive of what was being done with the unit.
- 6.2.2. The Visitors were taken to the Out Patients Department of the hospital where there is a one-chair clinic. This operates within the diabetic department and the podiatrist who attends there on a Tuesday and a Friday is Mr R Skinner, one of the staff of the Department of Podiatry SGH. On Thursdays Mrs C Skinner, a member of staff from

Glasgow Caledonian University operates the clinic. Students attend this department as part of their clinical placement on each of the sessions. The department operates on a multi-professional basis and the Visitors were introduced to the sister-in-charge of the diabetic unit, Ms Ann Boal. The Visitors were shown round the rest of the department and were of the opinion that it would be a very useful experience for the students particularly in inter-professional co-operation.

- 6.2.3. Returning to the Department of Podiatry building the Visitors started the tour of the facilities in the gait analysis laboratory (Room 1.15). This useful facility contains a power jog machine, which together with the video system is useful for practical gait analysis. There is also an upgraded Musgrave force-plate system. This system together with the other facilities at Glasgow Caledonian University provide a good range of experience for the students.

The value of the room was very much reduced by a large number of boxes in which patient records were stored. These were all open and, apart from their ability to gather dirt, must contribute to a serious breach in patient confidentiality. The Visitors strongly recommend that these are dealt with as a matter of urgency and placed in a secure storage area (R14).

- 6.2.4. The Visitors were shown into the theatre, which is unchanged from the previous visit. This very good facility is significantly underused as no podiatric surgery is carried out. It is to be hoped that this state of affairs does not continue too far into the future and perhaps the current initiatives in Scotland with the Royal College of Surgeons in Edinburgh may provide a solution.

- 6.2.5. In the Reception the Visitors met Miss Marie Graham and Mrs Catherine Ramsey who manage the records in the department. There have not been many changes since the last visit but there was a major problem with the storage of patients records. Boxes of these records were spread on every available space in the record storage room. These, together with the boxes of records in the gait analysis laboratory, show that there is a major storage problem, which needs to be tackled as a matter of urgency. The position of the boxes on the floor and the general accessibility of the individual cards could possibly be construed as a Health & Safety matter.

When in the record storage space it was noted that there was an electric fan heater, which when questions were asked, was used regularly to supplement the heating. On the occasion of the previous Quinquennial visit this was noted and as a result two additional radiators were fitted (1997 - 4.2.2). Apparently this has not been successful and it is recommended that consideration should be given to the installation of an additional set of doors (R11).

The Visitors were concerned that there was no computerised appointment and patient information retrieval system in the reception. Such a system would allow the

identification of patients suitable for particular aspects of clinical teaching as well as assisting in clinical audit. It is suggested that such a system is given serious consideration (R15).

- 6.2.6. As a result of some lottery money some attractive toys have been provided in the waiting room. On the occasion of the visit it was noted that the WRVS tea bar was now not used. Apparently there has been no such provision for some time. It is suggested that efforts be made to restore this useful facility for patients (R18).
- 6.2.7. The biomechanics laboratory is a very pleasant teaching and treatment room with adequate space for circulation of patients, students and staff. This room is ideal for the taking of plaster cast impressions. Leading off this room is a small room for physical therapy. It is still used but the appearance of the equipment suggests that it is approaching the end of its useful life.

Next to the biomechanics room is a plaster room and leading from that is the machine room. There is no door between these rooms and when the machines are in use it is almost impossible to talk or more importantly hear anything that could be happening. Similarly between the machine room and the fabricating room a door is not fitted. The noise level in this room is very high when the machines are being used. The Visitors recommend that self-closing sound proofed doors be fitted between these rooms (R16). In addition consideration should be given to double glazing the windows between these rooms.

The Visitors were also concerned that the doors from the biomechanics laboratory to the corridor and from the fabricating room to the corridor did not have door closers and recommend that consideration be given to fitting them (R19).

There was also some concern that the level of extraction of fumes from adhesive used at the two fume extraction points in the fabricating room was not adequate. The Visitors suggest that this be given attention (R17).

- 6.2.8 The clinical facilities are in reasonable order. There are twenty-four chairs in one clinic and three private surgeries. There is a good programme of replacement of equipment underway but the Visitors would wish to draw attention to several of the Rehab type chairs where there is damage to the covering material on the leg-rests. Recovering of the damaged sections would be a simple matter and the Visitors strongly advise this course of action. The Visitors would question the ratio of nail drills to units and would wish to see a rationale for the number eventually provided (R13).

Leading off from the main clinic is a small room (1.36) with three bench-top sterilisers. These are called "Instaclave" and are of an ageing design and in some places on the outer surface there is rust appearing. The Visitors were advised that these machines have been upgraded by the addition of Sterilog recording devices to record their sterilising cycle but

the sterilisers break down frequently. The ratio of three bench-top sterilisers to twenty-four, or if the other three rooms are also being used, twenty-seven chairs being used seems to be very low. This becomes worse if breakdown of the bench-top sterilisers is common. The Visitors recommend that urgent consideration be given to appropriate steps being taken to ensure that there is adequate arrangements in place to guarantee appropriate sterilisation procedures for instruments (R12).

7. VISIT TO PLACEMENTS

7.1 Yorkhill Hospital

7.1.1. Half of the Visiting party were taken to Yorkhill Hospital which is a major Children's hospital and in which the Division of Podiatry operates a paediatric clinic. This clinic is operated by Mr Gordon Watt and is a very good example of interprofessional co-operation in patient management. Mr Watt has managed this clinic for ten years and although the podiatry clinic operates its own list of in-patients and out-patients the whole operation is so much embedded in the department that cross professional management of the patient is the norm with ready access to consultants and all hospital services. The unit has one treatment room and the use of two others plus access to two plaster rooms. The students attend for two sessions in the duration of the course and receive an unique experience in podo-paediatrics.

7.2. Stobhill Hospital

7.2.1 The Visitors met Mrs Audry Murdoch, Chief Chiropodist in charge of the unit. This unit was visited on the last occasion and the Visitors commented on the very professional approach demonstrated by Mrs. Murdoch. The Visitors were once again impressed by this very good role model given to the students. The unit had had been awarded a Charter mark for service to patients. The placement is valuable as it gives a unique opportunity for the students to experience a wide range of diabetic treatment modalities. The staff are very experienced in this area and demonstrate a keen interest in involving the patients in the general management of their case and also the students whilst they are on placement.

The accommodation is old and basic; however, the actual clinical areas are appropriately equipped. This is a very useful example for the students as to how a very high level of care can be delivered within what is at best described as basic clinical accommodation.

8. REQUIREMENTS AND RECOMMENDATIONS

8.1. At the verbal report-back session at the conclusion of the visit the Visitors included three Recommendations dealing with the monitoring of the performance by the students of the administration of local anaesthesia and nail surgery, the virtual learning environment and the position of certificated courses for the supply of prescription only medicines for the

students in the present third and fourth years. These were all areas that emerged during the meetings the Visitors had with the various groups. At the final meeting the Visitors discussed these matters with Mr Baird and Mrs O'Donnell and were satisfied that they were already addressed. Therefore they were not included in the final list of recommendations.

There was also some discussion about the provision of a Pharmacology programme to meet the requirements of certification. The Visitors were told that a statement had been given to students at the programme board about the arrangements that had been made to provide an add-on course at the completion of their fourth year. Additionally both the Head of Division and the Programme Leader had spoken to all level three students concerned.

- 8.2 Continued Institutional approval is not conditional on any requirements, but attention is drawn to the recommendations in 8.4. Recommendations 11 to 19 refer to the clinical accommodation at the Southern General Hospital clinical site.
- 8.3 The Visitors, in accordance with the Board's policy, request that the Head of Division, in conjunction with the University authorities, submits a progress report, at the completion of each academic year, on the following recommendations. The report should also include progress on the matters that relate to the Southern general Hospital clinical site.
- 8.4. **R1.** Recommended that when re-equipment of the skills laboratories (A248 & A248a) occurs that equipment, flexible enough to allow a greater range of podiatric simulated activity is purchased (4.6.3, 5.3.4).
- R2.** The Board would wish to be informed of the Senate's final decision regarding the re-organisation of the staffing and the position of the professional head of podiatry in the new structure (4.2.4).
- R3.** It is suggested that urgent consideration be given to ensuring IT compatibility and rationalisation (4.3.6).
- R4.** Recommend that the student logbook be modified to ensure a clear audit trail of student activity and encourage reflective practice (4.4.7).
- R5.** Recommend that the role of the new school manager is clarified (4.2.3).
- R6.** Recommend that there is clarification of the role of the students who receive payment to provide IT support (4.4.4).
- R7.** Suggest that procedures for ethical approval prior to the commencement of the students' Honours projects be investigated and clarified with a view to streamlining the

process (4.3.9).

R8. That consideration be given to the availability of IT rooms used on a “drop in” basis be clarified when sections of these rooms are also being used for class teaching (4.4.4).

R9. That a statement be made regarding the position of students in the current level three who may have to retake a year (4.3.5).

R10. That effective dissemination of information of the proposed changes to staffing be made to all staff (4.7.1).

R11. Measures be taken to prevent the loss of heating in the patient reception area at Southern General Hospital in line with Health & Safety measures (6.2.5).

R12. The Board expresses serious concern over the inadequate provision of bench-top sterilisers for the twenty-four-chair clinic and strongly recommends that measures are taken to rectify the situation (6.2.8).

R13. The Visitors identified several patients’ chairs on the twenty-four chair clinic that were in an unsatisfactory condition and urge that steps are taken to effect their repair (6.2.8).

R14. The Board views with grave concern the inadequate and unsatisfactory arrangements for the storage and safe keeping of the patient’s confidential records currently on the floor of the record room and in the gait laboratory (6.2.3).

R15. The Board strongly recommends that urgent consideration be given to the installation of electronic patient information retrieval systems to facilitate patient bookings and data collection for the purposes of research (6.2.5).

R16. The Board strongly recommends the installation of self-closing soundproofed doors between the machine room and the plaster room as well as between the machine room and the fabrication room. In addition it is suggested that consideration be given to the installation of windows between these rooms (6.2.7).

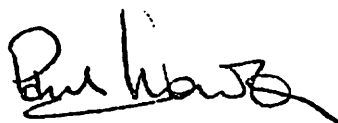
R17. It is suggested that consideration be given to a more adequate extraction system at the sites where volatile adhesives are used (6.2.7).

R18. It is suggested that consideration be given to resuming the supply of refreshments to patients in the waiting room (6.2.6).

R19. It is suggested that door-closing mechanism be fitted to the doors from the fabricating room and the plaster room to the corridor (6.2.7).

9. CONCLUSION

The Visitors during their Visit found that the two programmes in Podiatry have major strengths and the Visitors opinion of the new course is that it will contribute largely to the education of podiatrists in the United Kingdom. The Visitors were also impressed with the high level of commitment shown by all the Clinical and University staff and their students. The Visitors would like to reiterate their thanks contained in section 2.4 of this report and recommend that institutional approval of the Division of Podiatry, Glasgow Caledonian University under Section 5 of the Professions Supplementary to Medicine Act 1960 should continue.



Mr. P Frowen (Convenor)



Mr. D F Jessett (Visitor)



Miss G J French (Visitor)



Mr. L. Russell (Visitor)



Mr. D. L Lorimer
(JQAC Coordinator)

Item 12

Glasgow Caledonian University School of Health and Social Care:- Division of Podiatry Joint Quality Assurance Committee Quinquennial Review 13 - 15 March 2002 Programme Board Response		
	Recommendation	Response
R1	<p>“When re-equipment of the skills laboratories (A248 7 A248a) occurs that equipment, flexible enough to allow a greater range of podiatric simulated activity is purchased.”</p>	<p>At the time of the review the visitors were informed that the majority of the pre clinical podiatry programme was taught within the dedicated facility at the Southern General Hospital. The skills laboratories were utilised for anatomy, gait analysis etc and were therefore considered adequate for this purpose by the course team. When re - equipping these labs occurs in the future the recommendation made by the visitors will be considered.</p>
R2	<p>“The Board would wish to be informed of the Senate’s final decision regarding the re-organisation of the staffing and the position of the professional head of podiatry in the new structure.”</p>	<p>Following the University restructuring process and the emergence of the School of Health and Social Care it has been confirmed that the new School comprises of five Divisions one of which is Podiatry. The Professional Head has been confirmed as Head of the Division of Podiatry. In line with the School governance policy the Head of Division is a permanent member of The School Management Group, The School Board, and the School Advisory Committee.</p>
R3	<p>“It is suggested that urgent attention be given to ensuring IT compatibility and rationalisation.”</p>	<p>This matter has received urgent attention. The Programme Board, School Management Team and School Board have all debated this serious issue. Consequently the Dean of School has been charged with pursuing this matter with the Pro Vice Chancellor in charge of C & IT within the University.</p>
R4	<p>“The student log book be modified to ensure a clear audit trail of student activity and encourage reflective practice.”</p>	<p>As explained to the visitors, students have been using log books within the undergraduate programme for some time. Log books are currently used as a formative assessment tool in both 1st and 2nd year. First year complete a log book in the modules entitled Clinical Studies 1 and Podiatric Anatomy. Second year complete their log book in Podiatric Clinical Studies 2. These Log Books are designed to facilitate reflective practice and form the basis of a clinical record throughout the undergraduate studies. In third year a reflective practice log book forms a component of the summative assessment procedure. In addition the students are required to keep a reflective log book and diary which forms part of the assessment procedure for all local anaesthetic injections and nail surgery procedures carried out. An audit of student exposure to</p>

		LA and Nail surgery techniques is held electronically at the Southern General Hospital, Department of Podiatry. This record was demonstrated to the Visitors.
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	Recommendation	Response
R5	“The role of the new school manager is clarified.”	The School Manager has been in post for the last six months. The job description is comprehensive and to date this new post has been very beneficial to all Heads of Division within the School and to the Dean
R6	“There is clarification of the role of students paid to provide IT support.”	This practice has now stopped. Students have access to a full time member of the computing staff who provides IT support in the computer labs.
R7	“It is suggested that procedures for ethical approval prior to the commencement of the students’ Honours projects be clarified with a view to streamlining the process.”	The Division are aware of the cumbersome process which students had to follow in order to gain both internal and external ethical approval for the final year projects. Currently the Division has developed, and are implementing, a more streamlined process. This includes level three students submitting a project outline along with the appropriate ethics forms by the mid point of semester B. This should allow due time for consideration by both internal and external ethics committees before students commence level 4. All projects in level 4 will therefore commence in September as opposed to December / January
R8	“That consideration be given to the availability of IT rooms used on a drop in basis be clarified when sections of these rooms are being used for class teaching.”	The practice of using computer labs for drop in sessions and teaching sessions has now ceased.
R9	“That a statement be made regarding the position of the level three students who may have to retake a year.”	All level three students successfully completed level 3 therefore this eventuality did not occur
R10	“That effective dissemination of information of the proposed changes to staffing be made to all staff.”	The School restructuring process was completed smoothly with no alteration to academic staff roles. All administrative staff were informed of potential changes in role. The Division of Podiatry have now been allocated a new full time administrator which eases the administrative burden on academic staff in particular the Programme Leader and Admissions Tutor.

R11	"Measures be taken to prevent the loss of heating in the patient reception area at the Southern General Hospital in line with Health & Safety measures."	To date two additional central heating radiators have been installed at the entrance to the building. There is little else which can be achieved at this present time to prevent heat loss from the building.
R12	"The Board expresses serious concern over the inadequate provision of bench top sterilizers for the 24chair clinic and strongly recommends that measures are taken to rectify the situation."	The purchase of two new bench top sterilizers has been authorised. These should be fully commissioned by the end of 2002 / beginning of 2003. Continual updating of this equipment to meet Health and Safety requirements is ongoing.
R13	"The visitors identified several patients' chairs on the 24 chair clinic that were in an unsatisfactory condition and urge that steps are taken to effect repair."	Over the last two years there has been a rolling programme of equipment replacement. To date 18/24 bays have been completely replaced. This includes the replacement of units, chairs lights and instruments. As was explained to the visitors at the time the final 6 chairs are due for replacement during the next financial year.
R14	"The Board views with grave concern the inadequate and unsatisfactory arrangements for the storage and safe keeping of the patients confidential records currently on the floor of the record room and in the gait laboratory."	This problem has now been resolved and all non active patient notes are now kept in secure storage out with the Hospital site.
R15	"The Board strongly recommends that urgent consideration be given to the installation of electronic patient information retrieval systems to facilitate patient bookings and data collection for the purpose of research."	Podiatry was not scoped within the Hospital's procurement for the Hospital Information System (HIS). The Head of Department of Podiatry at the Southern General Hospital is currently working with the Information Systems Manager to identify the best strategy for Podiatry to be provided with an IT solution that is "fit for purpose"

R16	<p>“The Board strongly recommends the installation of self closing sound proofed doors between the machine room and the plaster room as well as between the machine room and the fabrication room. In addition it is suggested that consideration be given to the installation on the windows between these rooms.”</p>	<p>The estates Department have been made aware that this piece of work is still outstanding</p>
R17	<p>“It is suggested that consideration be given to a more adequate extraction system at the sites where volatile adhesives are used.”</p>	<p>When used correctly, the extraction system within the orthosis manufacturing area works to a satisfactory standard. All students are taught to work with the glue pot under the extraction system and not to place the adhesive at the edge of the bench therefore placing the pot at the furthest point away from the extraction system.</p>
R18	<p>“It is suggested that consideration be given to resuming the supply of refreshments to the patients’ waiting room.”</p>	<p>As was discussed at the time of the visit the WRVS would be delighted to service the refreshment area within the Department of Podiatry. This however will not be possible as the WRVS are struggling throughout the Hospital to provide a service as the number of volunteers continues to dwindle.</p>
R19	<p>“It is suggested that door closing mechanism be fitted to the doors from the plaster room to the corridor.”</p>	<p>Completed</p>

THE HEALTH PROFESSIONS COUNCIL

FIRST TRANSITIONAL PERIOD PRE-REGISTRATION EDUCATION AND TRAINING GROUP FOR CHIROPODY/PODIATRY

VISITORS REPORT

Report of the follow-up visit made to the Wales Centre for Podiatric Studies, University of Wales Institute, Cardiff 6th & 7th February 2003.

Visitors: Miss G J French (Convenor), Miss P M Sabine and Mr. A D McInnes accompanied by Mr. D L Lorimer, IQAC Coordinator.

1. Purpose of the Visit

The Health Professions Council, established in April 2002, will be using the procedures and powers of the Chiropodists Board as set out in the terms of the Professions Supplementary to Medicine Act 1960 until 1 April 2003, when its own procedures and regulations will come into effect. Visits to approved training centres will continue to form part of the responsibilities and duties of the Health Professions Council, for the time being under Sections 4 and 5 of the PSM Act 1960 but eventually under Part IV Articles 15-17 of the Health Professions Order 2001.

2 Programme for the Visit

06-02-2003

18.00 Meet with Mr P Frowen and Dr Pam Harris at Churchill's Hotel

07-02-2003

09.00 Meet with Mr P Frowen, Dr Pam Harris, (Head of School), Mrs Jaqui Hare (Assistant Principal, Learning and Teaching) and Dr Bob Williams (School Director of Learning and Teaching)

09.45 Visit newly refurbished clinical facilities

11.15 Visit library and the new Learning Centre Accompanied by James Brennan, Operations and User Support Manager and Jennifer Welsh Campus Librarian

12.15 Buffet lunch – meet clinical placement providers representatives

13.15 Meet with Students Representatives

14.15 Meet with Members of Staff

15:00 Meet with representatives of SOLETEK

15:30 Private Meeting of Visitors

16.30 Report back to Senior Management

3. Documents Received by the Visitors Before the Visit

Report of Quinquennial Visit 1st, 2nd & 3rd February 2000

Report of Follow-up Visit 28th March 2001

HEFCW Quality Assessment Report – March 1997

Course Overview 2002 – 2003

Part 1 Assignment and Examination Schedule & Syllabus

Part 2.1 Assignment and Examination Schedule & Syllabus 2002 – 2003

Part 2.2 Assignment and Examination Schedule and Syllabus 2002 – 2003

Assessment Procedures and Forms

Placement Clinic Assessment Record and Information Booklet Sample 2002 – 2003

Annual Course Report – Academic Year 2001/2002

Student and Staff Contact Hours for Session 2002 – 2003

Staff Timetables for Clinics and Tutorials for Term 2002 – 2003

Podiatry Staff Lecture Timetables

Clinical Accommodation and Layout Plans

4. Documents Received during the Visit

Job Description for the Clinical Assistant

General Information on the School of Health and Social Sciences

General Information on the Wales Applied Health Research Unit

General Information on the Information Systems Division

Information on Library Services

Information on new Library & IT Facilities

5. Meeting with Mr P Frowen and Dr P Harris at Churchill's Hotel 06-02-2003

- 5.1 Mr. Frowen advised the Visitors that a number of small changes had to be made to the order of the meetings in the programme that had been arranged because of the availability of a number of personnel. The Visitors accepted that this would not affect materially the effect of the visit. The Visitors asked for two additional items of information. The first concerned the numbers in each cohort which was supplied at the time and was as follows:

Year One – thirty-one students

Year Two – fourteen students

Year Three – twenty-one students

The second piece of information requested was concerning podiatry staff workloads. This information was supplied on the morning of the next day.

- 5.2 The Visitors asked for information regarding the post of Clinical Assistant, which the Visitors had noted, had recently been vacated. Mr. Frowen informed the Visitors that it was a full time two-year fixed term appointment, offering a range of opportunities to practise and develop expertise in a wide range of specialisms. The clinician will work as an integral member of the podiatry teaching team. The duties would be to provide assistance to the teaching team during clinical practice at the Centre for Podiatric Studies' clinics particularly providing continuing clinical provision during the long vacation periods. The Clinician would also have a role in assisting students with their undergraduate projects.

The Clinician would be able to assist in minor surgical techniques and operating theatre sessions where a minimum of two registered practitioners is required. In addition that person would be able to help students in the preparation of health education materials, supervise students in the orthotic manufacturing laboratory all of which would release academic staff for other commitments to teaching or research (R1).

- 5.3 The Visitors were informed that all of the money allocated to UWIC from the Welsh Assembly for the refurbishment of the clinics had now been used and that the total amount had been £810,000.00. In addition to the clinical accommodation a classroom (C1.01) had also been refurbished to a very high standard. The Visitors were informed that this was used mainly by other courses in the college as well as podiatry as part of the pool of lecture rooms (R7).
- 5.4 The Visitors were informed that the autoclave had now been replaced and that the new system was working well without the breakdowns, which had become a problem with the system that had been installed some years previously (Report March 2001 4.1.2).
- 5.5 There was some discussion about the revenue implications of these major capital investments and the Visitors enquired if there was a rolling programme being put in place to ensure that equipment was kept to the high standard that had been reached. The Visitors were advised that consideration was being given to the issue of eventual planned replacement (R5).
- 5.6 The Visitors enquired about the clinical placement programme for the students. They were informed that the programme existing in Cardiff had been developed over a number of years, almost from its inception, and was designed to broaden the clinical experience of the students. The placements allowed the students to be involved in the management of a range of conditions not readily available in the clinics at the UWIC clinical centre. The concentration of the placements was in the second and third years of the course and the percentage of placement

experience outside UWIC was approximately 30%. The Visitors were told that service managers were generally of the opinion that the students were better prepared for practice when they qualified.

The placement educators are also involved in the assessment of students in the placement situations. This assessment counts towards the final award. The placements are located as follows:

Carmarthenshire NHS Trust with three clinical placement sites
Cardiff and Vale with five placement sites
Rhondda NHS Trust with two placement sites
Bro Morgannwg NHS Trust with five placement sites
Swansea NHS Trust with one placement site
Wiltshire and Swindon Health Care NHS Trust with one placement site
Bath and Northeast Somerset NHS Primary Care Trust with two placement sites.

- 5.7 A number of Trust clinical educators teach in the UWIC clinic on a part-time basis. The total hours involved are seventeen hours per week and the members of staff involved are paid by UWIC. The Visitors consider that this is a useful development and such cross-linkages should be encouraged and would help to underpin standards in assessment by placement educators
- 5.8 There was some discussion about recruitment, which had recovered from the low level that it had reached, nationally, in 2001. The current level of applications for enrolment in 2003 seemed to be holding up and there was general optimism that the targets would be reached. The Visitors enquired whether there was any consideration being given to the development of part-time routes. This was currently under consideration as a future development.
- 5.9 There was a general discussion about the overall philosophy for clinical education in the Centre for Podiatric Education and whether the students were being educated purely for employment in the NHS. The members of staff at the Centre for Podiatric Studies were concerned to ensure that the student experience provided the broadest introduction to all aspects of professional practice and made considerable efforts to ensure that the students had private practice exposure. The commercial initiative in the college, SOLETEK, a company owned by UWIC was a useful link, which could be further exploited, in student clinical experience.

6. Meeting with Senior Management

6.1 Those present were:

Mrs Jaqui Hare (Assistant Principal [Learning and Teaching])
Dr Pam Harris, (Head of School of School of Health and Social Sciences)
Dr Bob Williams (School Director of Learning and Teaching)
Mr Paul Frowen (Head of Wales Centre for Podiatric Studies)

- 6.2 Miss French outlined the purpose of the Visit under Sections IV & V of the 1960 Professions Supplementary to Medicine Act and Part IV Articles 15-17 of the Health Professions Order 2001, to determine the appropriateness of the training and the general conditions of the institution. Miss French referred to the items in the Recommendations from the previous reports most of which had been addressed satisfactorily. The focus of this Visit was the two Requirements (concerning the refurbishment of the clinical facilities and the library provision) but it was the duty of the Visitors to review the situation widely.
- 6.3 The Visitors raised their concern about the loss to the Centre for Podiatric Studies of the experience of the two senior members of staff seconded to SOLETEK, a private company owned by UWIC. It was accepted that although their contact hours were offset by other appointments the loss of their podiatric skills seemed to be a major problem. The Visitors were advised that when the commercial initiatives were originally started there was some loss to the Centre for Podiatric Studies of these experienced members of staff. However, recently efforts had been made to develop further the student placements that have existed within these initiatives. The major bar to this was the need to ensure the fee-paying relationship between the patients was not compromised. Students now spend some thirty hours in the commercial laboratory to experience the process. This ensures that the students are made aware of the private practice fee element and the commercial relationships that SOLETEK has with the various health services (R6). The current members of staff on secondment to SOLETEK are enthusiastic about establishing closer links with the teaching side of the activities. The Visitors raised the issue of what would happen to the initiative if the present persons on secondment were to leave or retire and how this could affect future co-operative teaching and learning opportunities. They were advised that SOLETEK was considering extending into surgery provision as well as other initiatives and that in general it would retain its links to the teaching of podiatry in UWIC.
- 6.4 A particular concern to the Visitors was the loss of the Principal Lecturer post, which had had the effect of flattening the grading structure of the staff of the Centre for Podiatric Studies. The Visitors were advised that the Centre for Podiatric Studies had an overall staff/student ratio of 8-1 while other professional divisions in the School of Health and Social Sciences ranged up to 37-1. The podiatry course is funded by the Welsh Assembly to a level one hundred percent above other health courses in recognition of the special position of the clinical provision. In addition it has allowed the employment, on a part-time basis, of staff with specialist clinical skills although the additional funding is not ring-fenced for clinical time only.
- 6.5 The Visitors expressed concern at the delay in re-appointing the clinical assistant which they considered was essential in the effective use of staff time and also in helping to reduce the very heavy additional teaching workload currently being carried by the staff after Miss Anne Bryan had retired. The administrative workload of Miss Bryan has now been divided between Mr J Evans, who is responsible for examinations and Mr Ian Mathieson who is now responsible for the Annual Course Report. Mr Paul Frowen now acts as Head of the Centre for Podiatric Studies and is also Course Director. The Visitors see

the post, as described in 5.2 above, as being important to the student's clinical experience. They were advised that the post is on the list of positions to be approved by the Institute (R1).

- 6.6 There was some discussion about collaboration with the local National Health Service (NHS) provider organisations. The current collaboration in the provision of placements is steadily evolving which seems to the Visitors to be very productive but it was suggested that perhaps there would be mutual benefit in developing closer collaboration in the use of the clinical facilities at UWIC. Clinical treatment at the UWIC clinic is substantially funded by fees paid by patients. This arrangement has to be finely balanced to ensure that the fee is not too high to deter appropriate patients. The charging of fees may be a deterrent to suitable patients attending at the present time. An arrangement with the local NHS organisations could allow greater stability in the patient flow throughout the year, facilitate more high risk patients being included in the UWIC clinics and further integrate the teaching and assessment of the students by all the members of staff involved (R2).
- 6.7 There was some discussion about the impact of the Teaching and Learning Unit on the Centre for Podiatric Studies. The Visitors were informed that the teaching of podiatry was incorporating various electronic methods all of which help to support student based learning. The major problem was in the preparation of material which was highly time-intensive and the staff with their present constraints were not able to devote as much time as is required for this activity to progress it rapidly. There were areas under consideration about joint learning in topics such as research methods.

7. Tour of Inspection of Refurbished Facilities

- 7.1 The first room that the Visitors were shown was C1.01. This lecture room was in use but it was possible to see that it had been refurbished as part of the overall programme funded by the Welsh Assembly. Later in the visit this room was used by the Visitors to meet groups of staff and students and it was possible to examine it closer. The refurbishment programme had made it a very pleasant room capable of accommodating twenty-four people comfortably. The Visitors consider that this room should be dedicated to the Centre for Podiatric Studies as a teaching room and this would help to reduce pressure on an already severely overextended staff as well as providing a focus of identity to the students (R7).
- 7.2 The next room C1.02 is a staff room. Formerly this room housed a part-time secretary. Two part-time members of staff also used this accommodation. It is now used by the staff of SOLETEK, Mr. J Spargo, Mrs. W Tyrrell, Ms M Blow and Ms J Michell. The room was a very pleasant area and was very effectively air conditioned, as was all the newly refurbished area.
- 7.3 The CSSD autoclave occupies room C1.03. The Visitors met Ms C Dewis RGN who is in charge of the operation. At the time of the last visit the autoclave had been extensively overhauled. The new autoclave is now in service and meets current Statutory and Medical Devices Agency (MDA) requirements for

sterilisation of instruments. The Visitors were pleased to learn that back-up arrangements, such as stock of reserve sets of instruments and part-time staff are satisfactory.

- 7.4 Room C1.04 was a fourteen-chair clinic and at the time of the last visit it was reported as being last refurbished in 1974. In that report it was also reported *"that there was a shortage of nail drills and there was only one anglepoise lamp between the seven cubicles on the window side of the clinic. Seven of the patient's chairs were well used and gave the appearance of being at the end of their life. The trolley units were of a difficult design with the only drawer on the unit being wide and deep. If this was left open the patient's chair could be lowered on to it and it could be distorted and unable to work."*

The newly refurbished room is now a twelve-chair clinic with six units on each side of the room, facing away from each other and set at an angle to allow maximum privacy for the patient but yet allowing ease of supervision. The patient's chair is of the Rehab type. Each unit has a wash-hand basin and an easily positioned light unit mounted on a pedestal for illuminating the working area. Currently, there is a tray on an articulated arm attached to each pedestal. However, use of the accommodation identified that there was need for an additional arm and tray. These have been ordered and will be fitted soon.

There is a large working/storage unit in each working space. There are normally four drill units in the clinic and another four are kept in store in case of breakdown. This was a decision taken on the basis of diminished use of such instruments and also the difficulty of sterilising the handpieces. There is a small administration/storage area where there is a PC linked to the Internet. Off this clinic there is a storage cupboard (C1.04b). Before the refurbishment there used to be a private practice room at the end of this clinic, which has now, been removed and, in addition, some of the landing area has also been incorporated into the newly converted area. Outside the area in the corridor there has been provision made in the floor covering to make a clearly marked walkway for gait examination.

- 7.5 In the previous report the patient's waiting (C0.03) area was described as *"cramped and in need of refurbishment. The office space behind the glass and wood partitions was very cramped and difficult to work in for the receptionists, since the computers for the appointment system are located there too."* The patient's waiting room has been altered radically and the reception counter is open plan and the whole effect is now much more pleasant for the patients. The entrance to the clinic has now been relocated and comes in directly from the side via automatically opening doors. The reception members of staff were very pleased with the open plan arrangement and find the working conditions much improved. The Visitors enquired if there was a "panic button" as they consider that the receptionists are now much more vulnerable and were surprised that there was no such provision. The Visitors consider that there should be some such provision made to ensure that the reception staff could call assistance quickly should there be a need to do so (R8)

- 7.6 The clinic on the ground floor was described in the last report in the following

manner *"The lower floor clinical space is still in its 1960s state and is very much in need of refurbishment. The equipment has reached the end of its useful life and there seemed to be a shortage of operating lamps in this area as well. The arrangements for heating and cooling the room are similar to that of the clinic on the first floor and are unsatisfactory."* The ground floor clinic (C0.02) is now a twelve-chair clinic and is substantially similar to the clinic on the first floor (C1.04) and now has a good air-conditioning system. There is a small area at one end, which has a sink with a plaster trap. The provision of drills is the same as the first floor clinic with two being provided.

The whole of the clinical provision is now twenty-four chairs and is of a good standard.

- 7.7 Next to this is the Gait Laboratory (C0.01). This has a range of gait analysis equipment and as a result of the refurbishment it now shares a small waiting room with the new consulting room. The Visitors were given a short talk about the usage of the gait laboratory by Mr. I Mathieson and had the opportunity to talk with Mr. M Vaughan, a student, who was working on the data for his dissertation.
- 7.8 The new consulting room is now a very useful resource for the Centre for Podiatric Studies and is equipped to a good standard. It will be valuable for introducing students to one-to-one patient situations.
- 7.9 The Visitors also had the opportunity to inspect the technicians room (C0.05), which has benefited from the refurbishment programme, and to meet Ms Gail Haycock, Technician.
- 7.10 The orthotics laboratory (C0.06) has also been much improved by the refurbishment programme. Much of the very cluttered appearance has been removed and the layout of the plaster room and the machine room seems better from the point of view of teaching. The electronic scanner for orthotics has a new milling room and provides a useful additional experience for the students of commercially produced orthoses.

8. Tour of Library and IT Facilities

- 8.1 Ms Emma Adamson, Information Adviser who was deputising for Jennifer Welsh Campus Librarian who was unable to be present, met the Visitors. Ms Adamson outlined the changes that had taken place over the last two years. The immediate impression gained by the Visitors was of a spacious area where it was possible to access and locate the services in the library and the IT centre. On the ground floor in the entrance area there were a number of computer terminals, which were dedicated to sending and receiving Emails. The purpose of this is to avoid terminals in the main facilities being blocked by those who only wish to access Email. Also on the ground floor is a new facility, shortly to be opened which will give access to students for about twenty-two hours a day to thirty six terminals. This facility is in addition to the other new facilities that have been opened in the Centre for Podiatric Studies.

- 8.2 Also on the ground floor there were reading and study facilities which together with the study spaces throughout the building brought the available number up to four hundred and fifty spaces. There was also a range of current journals available on this floor. The Visitors were also informed that the library at UWIC was linked to the local network of university libraries as well as access to other libraries on other sites of UWIC. Together with the usual access to the national library network this gives good coverage for the students. The increasing use of electronic journals and electronic access to journal databases has changed the way that students search for material
- 8.3 On the first floor the Visitors were met by James Brennan, Operations and User Support Manager and were shown the new main computer facilities. In this facility there were three hundred PCs and in addition there were another sixty laptop computers available for use by students on site and off site. The opening hours of this facility are 08.30 to 21.30 Monday to Friday. These new facilities have taken over from the more dispersed groups of computers that used to exist and have greatly improved the support facilities.
- 8.4 The major stock of journals is located on the first floor. UWIC has a good number of back numbers and in addition to the electronic access mentioned earlier (8.2) the student now has much better access to information and references.
- 8.5 The book stock is kept on the second floor and the turn round of new books has been much improved so that the long delays that were common and reported in the previous visit seldom occur. There has also been a major investment in texts and this has been targeted in two directions. The main proportion of the extra funding has been directed towards new and updated texts and a smaller amount towards multiple copies. It is acknowledged that it is not possible to meet the demand on popular texts and the library operates a system of short loan periods.

9 Meeting with Mrs. W Tyrrell (School Director of Enterprise Development)

- 9.1 Miss French explained the purpose of the visit and outlined the main reason for the meeting with Mrs. Tyrrell, which was to understand the relationship of SOLETEK to the Centre for Podiatric Studies.
- 9.2 The Visitors were told that over the last two years Mr. J Spargo and Mrs. W Tyrrell have been seconded out of teaching with the exception of being involved in particular aspects of research projects. The project was started as an additional source of funding and the money earned has supported particular developments. Money has been found for a number of reasonably large capital projects that have been of benefit to the Centre for Podiatric Studies, which in the light of recent funding difficulties would not have been possible. The clinical hours that are needed to cover the two people seconded from Podiatry is paid from The School of Health and Social Sciences budget. There is no recompense for the administrative and assessment loads they would have covered.

- 9.3 UWIC management sets the targets for the development unit but the Director also produces initiatives. They are always in the form of fully self-funded projects. Mrs. Tyrrell is keen to ensure that future projects are podiatric in nature and could be used as a vehicle for involving students in commercial activity as part of their overall education and would prepare them more fully for professional life.
- 9.4 Mrs. Tyrrell described to the Visitors the workings of the diabetic foot clinic and further developments that were to be made, which could continue to involve students as a specialist placement. The students would attend for an elective period and could be involved in specialised treatment of the diabetic foot as well as the more general and disciplinary management of patients with diabetes.
- 9.5 The Visitors were impressed by the direction of the thinking expressed by Mrs. Tyrrell and would recommend that discussions be started to engage the undergraduate programme of education in podiatry with these enterprises (R6).

10. Meeting with Heads of Service & Placement Providers and Educators

10.1 Those present were:

Mrs. J Hawkins (Head of Podiatry, Cardiff & Vale NHS Trust)
Mrs. S Cooper (Cardiff & Vale NHS Trust)
Mrs. S Dayananda (Cardiff & Vale NHS Trust)
Mrs. D Lomasney (Cardiff & Vale NHS Trust)
Mr. P Mason (Cardiff & Vale NHS Trust)
Ms R Jones (Swansea NHS Trust)
Mrs. C Billsdon (Pontypridd & Rhondda NHS Trust)

- 10.2 Miss French introduced the Visitors and outlined the purpose of the visit. She thanked the Heads of Service and Clinical Educators for giving up their time to meet the Visitors and discuss their role.
- 10.3 The Visitors were told that the clinical educators were strongly supported by the staff of the Centre for Podiatric Studies and there was in place a good mechanism for consultation and review of their role. They considered that they had a clear set of objectives set by the staff of the Centre for Podiatric Studies and they were clear that they were delivering a part of the curriculum and where it stood in the course document. They were clear that their role was to be in ensuring that the students were exposed to as wide a range of clinical practice as possible and from the outcomes they were given they were confident in assessing these. The placement educators consider that the placements have become much more closely integrated into the course. There was general agreement that placements should show a richness of experience to the student.
- 10.4 The Visitors were informed that they were keen to ensure that the students experienced as much "hands on" practice as possible. However there were

cases where this had to be limited somewhat, particularly in the case of patients with diabetes. Those present expressed the sentiment that they preferred continuity of attendance in the students and considered that it was advantageous for the same students to return as they were aware of the systems that applied locally, settle in more readily and did not need additional induction.

- 10.5 There were discussions taking place regarding training for the placement educators. Currently all placement educators have Further Education Teaching Certificates. There was general agreement that the Trusts would appreciate having greater feedback from the students of their experience.
- 10.6 Currently the students are out on placement in years two (towards the end) and three. The group considered that it would be advantageous if the programme were to be expanded. There was no clear idea of the cost to the various Health Boards of the cost of placements but they considered it was a good factor in staff retention as it gave Trust clinical staff greater job satisfaction and was also a stimulus for staff to keep up to date. There is an effect on patient throughput and this is adjusted locally to reflect the ability of the student to deal with patients.
- 10.7 Multidisciplinary meetings have taken place on two occasions but there are not any formal meetings of staff from the Boards and the staff of the Centre for Podiatric Studies. The providers tend to meet on a one-to-one basis with Mrs. E Jenkins, a senior member of the Centre for Podiatric Studies staff.
- 10.8 So far as other issues were concerned those present said they would like more Continuing Professional Development courses to be available within Wales.
- 10.9 The Visitors were impressed by the level of commitment shown by all those present and consider that there is much scope for further co-operative development (R2, R3).

11. Meeting with Student Representatives

11.1 Those present were:

Adam Fox (Year One)
Steven Thoms (Year One)
Christine Williams (Year Two)
Michael Watts (Year Two)
Gareth Jones (Year Two)
Philip Jones (Year Three)
Stephen Beattie (Year Three)

- 11.2 Miss French introduced the Visitors to the students and outlined the purpose of the visit. She stressed the importance of the opinion of the students, as the consumers, being sought during Statutory visits.

- 11.3 The students were very pleased with the effects of the refurbishment now that the building work had more or less ceased. They considered that the library was now much more user friendly than it had been before the start of work and although the time during the building work had been difficult the result made it much better for study. They were also impressed by the new availability of PCs and considered the opening hours at present were reasonable. They were looking forward to the opening of the section that would have longer opening hours (8.1). They expressed an opinion that twenty-four hour opening would be good.
- 11.4 Generally the students expressed satisfaction with the interlibrary loan arrangements now that renewal was complete. Although they were occasionally irritated by the short-term loans they understood the reasons for it with high demand for some texts. Generally they thought the arrangements are fair.
- 11.5 The students consider that the three-year groups seem to relate well to each other and are generally satisfied with the facilities apart from the sporting facilities. There was general dissatisfaction with the method of selection of players for team sports where students at the Llandaff Centre seemed to do badly compared to those at the Cyncoed Centre.
- 11.6 The students seem to consider that the demands of attendance are not excessive and that the level of assessment is not too much. There was some concern expressed about the clinical contact hours, which, in their opinion, are particularly high. There was also some comment that some of the clinical experience was rather repetitive and that some of the patients attending the clinic at UWIC were very "light" cases. As far as placements are concerned they consider they are essential to ensure a breadth of clinical experience but they believe that it would be better if they were in week blocks and not separated out into days. The students would like much more feedback from the placement educators.
- 11.7 The students are of the opinion that there are instances in the placements where cases are taken over from them by the placement educator, sometimes at too early a stage in the treatment to speed up the turnover rate. Some of the placement educators stretch the students knowledge but in general they are not extended. The students would like to have formalised meetings about the placements.
- 11.8 The only major issue about clinical practice is that there are not enough biomechanical sessions where the students have the opportunity to use and apply their knowledge.

12. Meeting with Members of Staff, Wales Centre for Podiatric Education

- 12.1 Those present were:

Mrs. Elaine Jenkins
Mrs. Glynis Brown

Mr. Ian Mathieson
Mr. Jeff Evans
Miss Sarah Curran

- 12.2 The major issue that staff identified was the very substantial extra load that they have had to carry since Miss A Bryan retired and her post was replaced at a lower grade and filled by a new member of staff with little experience in teaching year three subjects. This meant that all experienced staff acquired new areas of teaching and had to develop materials for these. The organisation and administration of examinations was delegated to Mr J Evans and the task of compiling the Annual Course Monitoring Report was delegated to Mr I Mathieson. Mr Frowen retained his role as Course Director when he became Head of Centre. The effect has been to put pressure on "administrative" time making it difficult to prepare and update material, which could be used for the electronic blackboard, and be used by the students as a reference (R1). The members of staff consider that one relatively simple way of alleviating some of the pressure on staff would be if lecture room C1.01 was designated as a podiatry teaching room. This would allow material to be prepared at convenient times and left ready to be used. The Visitors consider that this is a reasonable way of reducing the load on an already stretched staff (R7).
- 12.3 In general staff did not consider the level of assessment were excessive but the constraints on their time did slow down their ability to deal with assessments quickly. While the members of staff were not complaining they pointed out that they all had a high level of clinical contact, which placed further pressure on teaching time. When in post the clinical assistant allows the other members of staff who are on clinic to be able to leave the clinic on time to go to other duties, such as lecturing. Without the clinical assistant they often have to run from clinic to a lecture without a lunch break as clinics inevitably over-run. They considered that some of the burden would be lifted with the appointment of a clinical assistant for the Centre for Podiatric Studies clinics (R1).
- 12.4 A training day for placement educators has been arranged for in May 2003.
- 12.5 There was some concern expressed about staff room accommodation, which was rather limited and made the organising of individual tutorial sessions difficult. The Visitors had looked at the accommodation during their visit to the refurbished facilities and, while the room was well decorated it was, in their opinion cramped for the number of people.
- 12.6 The staff were generally not unhappy with staff development support and money although they considered that surgical development could be problematical. The Visitors were able to visit the surgical suite and while this is generally a good resource it does require investment in an operating table and lighting plus a number of smaller items to bring it up to standard. The Visitors were of the opinion that this should be given urgent consideration as its effective use would bring much needed revenue and would at the same time be a useful learning resource for the undergraduate course (R4).

- 12.7 The members of staff were very complimentary about the level of capital investment and felt that this had done much to enhance the reputation of the Centre for Podiatric Studies. However they were concerned that there should be consideration given to a rolling programme of replacement to prevent all the good that has been done being dissipated (R5).
- 12.8 The staff were also concerned about the continuing robustness of the clinical provision and would be interested in seeing a partnership developing between the Trusts and the Centre for Podiatric Studies to put in place arrangements for joint clinical provision (R2). The members of staff were convinced that such a development would enhance the student experience.

13. REQUIREMENTS AND RECOMMENDATIONS

13.1 Requirements from Previous Visits

The Visitors were very pleased with the clinic refurbishment, which has resulted in a good standard of building design and fabric, which together with the new equipment and now meets Requirement 1 of the Regulatory Body (Quinquennial Visit 1st, 2nd and 3rd February 2000 and the Follow-up Visit, March 2001). However the Visitors strongly recommend that room C1.01, refurbished as a result of this money, be dedicated as a podiatry resource. Requirement 2, regarding the library provision has now also been met. The Visitors were encouraged by the change of emphasis, which was clearly to be noted in the new Learning Centre.

13.2 Recommendations

The Visitors wish to make the following Recommendations as a result of the visit:-

- R1.** The Visitors are greatly concerned at the effects of the devolvement of the responsibilities of the Principal Lecturer post, following the retirement of Miss A Bryan, on to all the podiatry staff, and in particular Mr P Frowen. While the Visitors recognise that there has been some notional replacement of staff hours with the appointment of Miss Sarah Curran this has only partially alleviated the pressures placed upon the staff. However, teaching duties previously carried out by Miss Bryan have been divided amongst other members of staff who were already carrying a full teaching load as well as other duties. The administrative duties carried by Miss Bryan have been divided amongst Mr J Evans, Mr I Mathieson and have placed a particularly heavy burden on Mr Paul Frowen. The Visitors would recommend that his unique contribution to the Centre for Podiatric Studies be recognised and remunerated more appropriately and that the post of Clinical Assistant be reinstated as a matter of urgency (5.2, 6.5, 12.2, 12.3).
- R2.** The Visitors were pleased to learn of the very positive attitude shown by the placement providers and we would recommend that further collaborative measures be established. These could be a formal qualification in teaching and learning and further engagement with the process of assessment and

curriculum and development to which end the establishment of partnership arrangements might facilitate and enhance the clinical experience of students. This could be achieved by the setting up of a regular dialogue between the University College and the clinical educators (6.6, 10.9, 12.8).

- R3.** As a result of the discussions the Visitors had with the placement providers they suggest that it would be advantageous to engage in exploratory talks to investigate the possibilities of arrangements in the provision of patient care. The Visitors are of the opinion that this would further enhance the students clinical experience and could reduce the potential fragility of the present clinical arrangements (10.9).
- R4.** The Visitors were pleased to note the developments in podiatric surgery and would suggest that there should be some upgrading of equipment in the surgery suite as an early part of the rolling programme (see 5 below). The surgical provision should be fostered to ensure UWIC's place as a centre of excellence in Wales and to enable students to experience the full range of podiatric intervention (12.6).
- R5.** The Visitors consider that it would be prudent to establish a rolling programme of review and renewal of the new and existing equipment (5.5, 12.7).
- R6.** The Visitors considered that there is a positive advantage with the SOLETEK initiatives and recommend that the use of their resources be employed to the advantage of the student's professional experience (6.3, 9.5).
- R7.** The Visitors recommend that classroom C 1.01, which has been recently refurbished, be retained for the sole use of the podiatry course. The Visitors were concerned that the pressures placed upon the staff could be alleviated considerably if they were able to prepare the lecture room in advance of a lesson. This way they would not be forced to lose valuable teaching time setting up audio-visual equipment at the beginning of lectures and tutorial sessions, or have to carry out the illegal practice of carrying skeletons across the campus (5.3, 12.2).
- R8.** The Visitors recommend that arrangements be made to allow the reception staff to be able to call for assistance quickly should this be necessary (7.5).

CONCLUSION

The Visitors wish to convey their thanks to Dr. Pam Harris and Mr. Paul Frowen for their generous hospitality during the Visit. In addition the Visitors thank them and all the other members of staff and the students at UWIC and the Centre for Podiatric Studies for the frank and open way they entered into discussions.

VISITORS

.....
Miss Gwen French (Convenor)

.....
Miss Pam Sabine

.....
Mr. Alistair McInnes

.....
Mr. Donald Lorimer (JQAC Coordinator)

**THE HEALTH PROFESSIONS COUNCIL
JOINT QUALITY ASSURANCE COMMITTEE**

MONITORS REPORT

Report of the fourth Monitoring visit made to the Plymouth School of Podiatry, Plymouth College of Further Education 12th & 13th December 2002.

Monitors: Mr. D F Jessett (Convenor) and Miss P M Sabine accompanied by Mr. D L Lorimer, JQAC Coordinator.

1. Purpose of the Visit

The Health Professions Council, established in April 2002, will be using the procedures and powers of the Chiropodists Board as set out in the terms of the Professions Supplementary to Medicine Act 1960 until 1 April 2003, when its own procedures and regulations will come into effect. Visits to approved training centres will continue to form part of the responsibilities and duties of the Health Professions Council, for the time being under Sections 4 and 5 of the PSM Act 1960 but eventually under Part IV Articles 15-17 of the Health Professions Order 2001.

Under the Professions Supplementary to Medicine Act, 1960, sections 4 & 5 the Board had the statutory duty to ensure that the quality of delivery of the approved course at Plymouth College of Further Education was maintained during the remaining sessions for each of the remaining cohorts of students. Under the terms of section 4 I (c) of the 1960 Professions Supplementary to Medicine Act, Plymouth College of Further Education is the institution approved by the Chiropodists Board for the delivery of the course.

2 Programme for the Visit

Visit to Plymouth 12 & 13-12-2002

12-12-2002

13.00 Meeting of Monitors with Miss Faye Doris, Head of Department of Child Health and Podiatry and Dr. Simon Spooner.

13.30 Private meeting of Monitors.

14.00 Meeting with members of staff.

15.0 Meeting with students' representatives.

16.00 Meeting with Year One students

16.30 Private meeting of Monitors

13-12-2002.

09.00 Meeting with Professor Mary Watkins, Miss Doris Faye & Dr. Simon Spooner.

10.30 Visit to North Road West Clinical Site.

12.00 End of Visit.

Documents Supplied During the Visit

Podiatry Programme Handbook
Student Programme Handbook
Institute of Health Studies Newsletter Issue 2
Institute of Health Studies Newsletter Issue 3

Documents Supplied at the Conclusion of and Following the Visit

Examination Dates for Final examinations in June 2003
Copy of letter to First Year Students
Copy of letter to Second Year Students
Details of Podiatry Teaching Team
Details of Podiatry Staff Mentors
Details of membership of Joint Board of Studies and its Terms of Reference.
Details of Clinical Placements
Education Audit – Placement Database Form
Student Intake Details
Proposal from Plymouth PCT for a Temporary School of Podiatry (Attached – Annexe 1)
Letter from Professor M Watkins regarding the July response to the request of the Monitors (Attached - Annexe 2)

3. Meeting with Miss Faye Doris & Dr. Simon Spooner

- 3.1 The Monitors met with Miss Faye Doris and Dr. Spooner and the arrangements for the visit were discussed. Arrangements had been made to visit the clinical site at North Road West on the Friday and it was confirmed that, as Miss Sabine had not

seen the site and some time had elapsed since Mr. Jessett had seen the facilities, the Monitors should visit on the following day.

- 3.2 There was some discussion regarding the purpose of this visit and it was re-iterated that this was part of the monitoring process of the run-down of the programme approved for Plymouth College of Further Education. Although the Monitors would be meeting student representatives from the current year one any approval of the institution would be the subject of a separately organised visit. There was some discussion about the dates proposed for this and it was agreed that preferred dates for this would be March 3rd, 4th & 5th 2003. It was agreed that a draft programme for this visit would be prepared in consultation with the Convenor

4. Meeting with Members of Staff

- 4.1 Those present were:

Mr. John Fletton
Mrs. Margaret Bruce
Mrs. Phyllis Waldron

- 4.2. Mr. Jessett asked about changes that had taken place since the last visit by the Monitors and their effect on the delivery of the course. The Monitors were informed that Mr. L Russell, Mr. R Gosling and Miss Anne Clark had all left since the start of term. Miss Clark had left due to ill health and with the loss of the other two the full-time staff had been reduced by 2.5 whole-time equivalents. The members of staff were of the opinion that it was just possible to cope with the demands of clinical teaching with some additional part-time cover. The situation had been helped because the new first year students were not in clinic until the second semester and then only for five weeks. Another appointment had been made and the person involved would start from January 2003. This person was currently in a service grade and would be retaining a fifty-per-cent contract with local service delivery. There were also to be other newly qualified practitioners who would be employed on a part-time basis.

- 4.3. The Monitors were informed that the placement programme that had been added to the existing degree programme now seemed to be working well. The placement locations were confined to the region but this extended as far north as Gloucester as far east as Bournemouth with the bulk of the placements in Cornwall or Devon. The current third year had two three week blocks and the current second year had one three week block. The staff were complimentary about the co-operation between the various host Trusts. There was also some input from the Workforce Development Confederation (WDC).

- 4.4. The Monitors were informed that there had been some changes in the WDC. Mr. Ian Tegerdine was no longer closely involved with this particular aspect of the WDC and the new contact person is Ms Barbara Lund.

- 4.5. Students maintain a record of clinical experience, which is in the form of a reflective log. There are guidelines provided for placement providers which are broad in concept and are not as specific as full-time staff would like but this is being addressed. There are still a number of observational clinics in some of the placements. It is hoped that these will be reduced in time. The clinical placements give experience of multidisciplinary working, treatment of high-risk patients including these with rheumatoid arthritis, assessment and diagnosis and National Health Service working conditions.
- 4.6. During discussion on the management of placements there was an issue raised about the re-imburement of out-of-pocket expenses for students. There did not seem to be a clear formula for their payment.
- 4.7. The staff reported that the resourcing of the course is now much better with good library facilities, reproduction of material for handouts and no problems with clinical materials. The new patient's chairs (6) the drills, force-plates and autoclaves are all in use. However, there has been a problem with the new vacuum former as it needs a three-phase electrical supply. There are not any problems with the availability of orthotic materials.
- 4.8. There was some discussion with the staff regarding their involvement, if any, in the planning of future clinical accommodation. They indicated that they had not been included in any such consultations. During this discussion they indicated that they understood that there was a suggestion that the premises at North Road West could be used as a clinical centre beyond July 2003 as other premises had not been identified and therefore would not be available. They understood that the new centre being built for the university would have skills laboratories and suitable podiatric equipment would be in place there. These skills laboratories would be for simulation exercises only and would not involve patients (R6).
- 4.9. Decontamination procedures was another topic discussed and in particular how the clinics would meet the new tighter Medical Devices Agency requirements that would come into place in 2003. The Monitors were advised that there was no formal mechanism for advice on infection control. Nail surgery instruments are not supplied from CSSD but are sterilised in a bench-top steriliser. Students purchase only one set of instruments and are supplied with another by the college/university during clinical sessions.
- 4.10. Staff reported that they were still on the contracts issued by the College of Further Education and although they had heard that there were to be changes they had not had any further information. They were somewhat concerned in case the process had stopped.

5. Meeting with Student Representatives

5.1 Those present were:

Sarah Holt Year 1
Gosia Pengelly Year 1
Rob Shepherd Year 1
Kathryn Thomas Year 2
Abbie Cromer Year 2
Sara Harris Year 2
Sarah Thompson Year 3
Mark Smith Year 3
Anna Brown Year 3

- 5.2 Mr. Jessett introduced the Monitors and outlined the purpose of their visit with regard to the run-out of the course at the Plymouth College of Further Education. The Monitors had been appointed by the Joint Quality Assurance Committee (JQAC) to ensure that the students received a level of education comparable to the original course during the time when the changeover was taking place from PCFE to the University.
- 5.3. The students generally welcomed the changeover from PCFE to the university as they considered that it could only be of benefit in the longer term to be in closer association with courses in Higher Education. Their major concern was that there was a lack of hard information and rumour tended to create uncertainty (R6). The worst aspect of this so far as the students were concerned was that they were having to inform the patients that the clinics on the present site may be closing. This resulted in some distress to the students as the patients were naturally worried and concerned about future arrangements for their treatment. It was also a cause for concern amongst the students in case this loss of patients should result in a lack of suitable cases for their teaching programme. This was a particular concern to the present second year students if the very excellent cases for teaching were lost to them in their final year.
- 5.4. There was also another problem with patient flow, which was beginning to be acute. The larger numbers of the final year were passing patients suitable for second year students to a group with much smaller numbers. The result was that the current second year students considered they were being overwhelmed with patients and as a consequence often had to wait quite some time for checks by staff and were also having to rush through clinical sessions with little or no teaching. In addition the numbers of patients being discharged was also much higher in this group and the patients were more anxious about their future.
- 5.5. The students were of the opinion that the cases they saw in the clinic at North Road West gave them experience of a reasonably wide range of conditions. They were concerned that they had not seen any cases of verruca pedis so that they had

not had any experience in their treatment. They had seen a few on some of the placements but had not been involved in the overall management of the condition (**Requirement 2**).

- 5.6. The students were concerned that a number of podiatry staff had left at the end of the last academic year and, they stated, this had resulted in staff/student ratios of 1 to 10 in the clinic. They often had to wait longer periods for a check to their work and the amount of time devoted to teaching had plummeted. This coupled with the increased numbers that they had to treat meant that the clinical sessions had diminished in value as a teaching and learning experience. The Monitors were concerned about this apparent loss of high quality learning experience and urge a review of the staffing levels for the clinics (**R3**).
- 5.7. Similarly the teaching of orthotics was done in a single session, which meant, in the case of the final year that twenty-one students might be in the orthotics rooms at any one time. From a teaching standpoint this does not seem to be good practice and from a Health & Safety point of view it could be dangerous. There was some comment that a new piece of equipment in the orthotic laboratory had not yet been brought into use. This was a vacuum former and the Monitors understood that it needed a three-phase electrical supply (**R7**).
- 5.8. The Monitors were concerned to learn that the only injections of local anaesthetic that most of the final year had given had been during their assessment at the end of year two. There was further concern when it was learned that this had been to a cadaver, which seemed to be an unsatisfactory medium on which to demonstrate anaesthesia. The texture of the skin and the general atrophic changes that would take place subcutaneously would make it a vastly different experience to injecting into a live patient. The Monitors would not wish it to be understood that they wanted a return to students injecting each other, a practice which is ethically unacceptable. At this stage the students reported that very few of the final year students had had the opportunity to demonstrate and practice their technique on a patient during the nail operating sessions (It was reported that only one had done so). Considering that one half of the academic year had now passed the Monitors were concerned that it seemed unlikely that the students would be able to demonstrate their competence in the administration of local anaesthesia before completing the course (**Requirement 1**).
- 5.9. The final year had just completed a block of placements and considered that the experience was generally good although they considered that the level of teaching was not so good as in the clinics at North Road West. The students were not clear about the methods and level of re-imburement of expenses. They considered that where they had to pay for accommodation at the placement and at the same time pay for accommodation at home or in Plymouth the repayment of out-of-pocket expenses should be made more quickly. The second year students will be going out on placement around Easter 2003.

- 5.10. The year one students expressed some disappointment that the new course delayed the start of their contact with clinical experience. Currently they were being instructed in a range of subjects together with other non-podiatry students. They were not convinced that this was particularly helpful in any form of integration as they did not appear to be developing a clear view of the work of a podiatrist nor for podiatry in general.
- 5.11. The students in year one were concerned at the lack of clarity in the very complicated methods of assessment applied in particular to sociology and psychology in particular. The monitors consider that some attention should be paid to clarifying this aspect with the students.
- 5.12. The students in years two and three were concerned that there was a change in the method of penalising students who handed assignment work in late. In the PCFE days there was a sliding scale of penalties but now even a narrow margin of lateness resulted in a zero mark being given. The Monitors together with the students found that this was indeed as recorded in the student handbook, which had been supplied to the students at the beginning of this term. Clearly the students had failed to identify this change. It is the opinion of the Monitors that such a change should have been clearly pointed out to the students since this represents a change in the conditions which they had originally accepted (R1).
- 5.13. Students expressed some dismay at the lack of clarity regarding the future of the school's clinical provision. They were particularly worried about the situation after July 2003.
- 5.14. The students were deeply concerned at the security position at the North Road West site. The classrooms at the site were now being used by PCFE for the teaching of English as a foreign language to asylum seekers. The students were at pains to point out that they were not unsympathetic to the plight of such a group but their behaviour was sometimes worrying and even threatening. Groups of asylum seekers, predominantly young men, often congregated on the staircases and would move only reluctantly when requested (7.9). There were also instances when individuals and small groups had wandered into clinical sessions, which is clearly unacceptable. There was also some concern regarding the general security of property left in the student's changing room and indeed students changing from outdoor clothing to clinical clothing had felt threatened. The Monitors consider that there is a need to review the security situation at the North Road West site again particularly as there are fewer members of staff present at any one time. The secretary at the school is now only at the site for two half days which makes the access to keys to open locked doors difficult (R2).
- 5.15. The students were concerned that the technician at the North Road West site had been off work ill and as a result there was a loss of access to the services normally provided by him. It was understood that staff had stepped into the breach but the Monitors considered that there should be some additional provision if the period of

illness is to be prolonged any further.

- 5.16. The students were concerned at the apparent confusion over classroom accommodation in the Reynolds Building used by the university for classroom teaching (7.10). The students were frustrated by the wasted time when classrooms were overbooked or being used by other groups (R4).
- 5.17. Library provision had been a contentious issue in the past, particularly with regard to access. Now that the stock had been removed from the library facility at North Road West and integrated within the university library these problems have largely disappeared. The Monitors understood that there had been a substantial injection of money for texts, and other items, and now the range of material available to the students is much improved. The students commented that it was now more difficult for students to gain advice from the library staff but they concluded that this was due to the fact that whereas there had only been one librarian at North Road West with a good knowledge of the book stock and the needs of the students the much larger staff at the university would take time to learn about their particular requirements.

6. Meeting with First-Year Student Representatives

- 6.1 The Monitors met briefly with the representatives of the first year intake (Autumn 2002 – listed in 5.1 above), after the other students left, to discuss with them their understanding of the current position with regard to the approval of the course in podiatry they were following for the purposes of statutory registration. The students confirmed that they had received a letter indicating that the course on which they had enrolled was not yet approved for the purposes of statutory registration. One of the students volunteered to send a copy of the letter that had been received to the JQAC Co-ordinator for the record. The students were concerned to learn about the process that would be followed in approval of the course. The Monitors explained the process and emphasised that the outcome was not a forgone conclusion.

7. Meeting with Professor M Watkins (13-12-2002)

- 7.1 In addition to Professor Watkins, those present were Miss Faye Doris, Head of Department of Child Health and Podiatry and Dr. Simon Spooner, Acting Programme Leader.
- 7.2 In his opening remarks Mr Jessett alluded to the reference in the previous report of the monitors (June 2002 – paragraph 8.4 page 7) that Professor Watkins would write a letter to JQAC giving details of “a clear understanding of interim arrangements now that the University was taking responsibility for a course that was approved for delivery by PCFE.” Mr Jessett indicated that JQAC had not received such a letter and this had been checked the previous day through the Clerk to JQAC, the Director of Education at the Society of Chiropractors and

Podiatrists. Professor Watkins was sure that such a letter had been sent and it was concluded that it must have gone astray. Professor Watkins undertook to send a copy of the letter to the Society and the JQAC Co-ordinator.

- 7.3 There was some discussion about the future of the clinical facilities at North Road West. Professor Watkins re-iterated that PCFE had agreed to a lease that would run to the end of July 2004. Originally it had been thought that the facilities would not be used beyond July 2003 but so far replacement clinical sites had not been identified and certainly were not yet being developed. The likelihood was that it would be necessary to continue at North Road West for another academic year to July 2004. The unit may be sold by PCFE but the university would have "sitting tenants" right until the end of the lease period. It had also been suggested that the university could purchase the unit or, alternatively, that the PCT could purchase the building and make it into a mainstream clinic in which the podiatry clinic could operate (R6).
- 7.4 The Monitors raised the concern expressed by the students the previous day regarding the staffing of the clinic (5.6). The Monitors were told that there was a difference of perception of the situation by the students but that the university has maintained the 6-1 ratio for teaching in clinical accommodation. With the departure of Mr. Gosling and Mr. Russell at the end of the last academic year and now Miss A Clark in this academic year, due to ill-health, there had been a loss of 2.4 full-time staff. This had been made up with a number of people teaching part-time, including Mr. L Russell. There had also been a new appointment made in association with a Cornwall PCT. This was a 0.5 appointment and the person appointed would be continuing in clinical practice working with musculo-skeletal conditions. The university and the PCT are in discussions over another similar appointment. There are also other full-time appointments approved by the Vice-Principal of the university (R3).
- 7.5 The Monitors raised the question of the transfer of the former PCFE members of staff to the university. Miss Faye Doris confirmed that the process was well under way and would be completed in the near future. Miss Doris was concerned that the process seemed slow but assured the Monitors that it was being processed as quickly as it possible.
- 7.6 The Monitors introduced the issue raised by the students (5.4) that of discharging patients from the clinic at North Road West. The students were concerned that there would not be a sufficient range and number of conditions for them to experience during their clinical training. The Monitors were also concerned that this could affect the quality of the experience available for the students to ensure that it was comparable with previous student cohorts. The Monitors were advised that patients were being graded to ensure that cases would be appropriate to the ability of the student at their stage of development. It was hoped that this action would ensure that students in their early days of clinical practice would only treat patients who had podiatric conditions uncomplicated by major systemic disease.

- 7.7 There was some discussion about the treatment of verruca pedis. The opinion was advanced that these should not be treated. While it was an opinion that can be supported by some references it is also possible to argue that treatment strategies that involve a variety of interventions are valid and can also be supported by evidence. As the role of a school of podiatry is to ensure competence to practise to the fullest extent of current practice, it is essential that students are able to experience the full range of therapeutic processes as well as a range of opinion (**Requirement 2**).
- 7.8 The Monitors raised the concern stated by the students about the return of assignments (5.12). The students in Years two and three were worried by the level of penalty for late submission of assignments. This appeared to be a change in the conditions which existed when they had started the course. It was noted that this was stated in the student handbook issued at the beginning of the year but the Monitors would suggest that this change in the student's conditions should be brought more directly to their attention. There was also frustration about the variance in the methods of handing in assignments at the various centres. At the College of St. Mark & St. John there was a different system operated from that at the university and this seemed to cause confusion (**R1**).
- 7.9 The Monitors reported the concern of the students over the security of the premises at North Road West. The Monitors were informed by the students that there were a number of classes in English for asylum seekers (5.14). While the students were not unsympathetic to the issue of asylum seekers in a different culture they were concerned at having to run the gauntlet of groups of young males gathering on the staircases. They were mainly worried that they were having to force their way through these groups and that there were also occasions when small groups had wandered into the clinical accommodation. They considered the major problem to be the lack of staff in the building now that the school secretary was only on site for two half days (**R2**).
- 7.10 The students had also expressed concern at the apparent confusion over classroom bookings in the Reynolds Building (5.16). Apparently there were a number of occasions when double booking of the rooms had occurred and lecture time had been lost (**R4**).
- 7.11 The Monitors also raised the concern expressed by the students over the manufacture of orthotics. The current final year was particularly disadvantaged in that there were twenty-one or twenty-two students in the session and room to work was at a premium. There was some discussion and the Monitors were given to understand that students only attended when they had work to complete with the result that it was rare for there to be a full attendance at the session (**R3**). The electricity supply to the new vacuum former was also discussed and the Monitors were told that the installation of a new supply was being investigated (**R7**).

7.12 The Monitors raised the subject of the teaching and assessment of local anaesthesia and nail surgery. The Monitors expressed their concern at assessing the effective administration of anaesthetic using cadavers. It was agreed unanimously that it is not acceptable to permit demonstration and assessment on students but the Monitors would suggest that this should be assessed as part of patient treatment in the same manner as other clinical assessments. They also expressed their concern at the apparently small number of patients available for students to learn nail surgery techniques as well as the application of anaesthetics (Requirement 1).

8. Visit to the Clinical Accommodation at North Road West

8.1 The first clinical area has a capacity of ten chairs. These were set out in two rooms, one with six Akron patient's plinths and the other room with four Akron patient's plinths. Each cubicle space had the basic equipment of working trolley, a light for the illumination of the working area and a dust extraction drill.

There are now new bench-top sterilisers which brings the facility up to an acceptable standard of this particular provision.

The clinical units in the clinic face inward to the centre of the room, a set-up that is very good for clinical teaching but reduces privacy for the patient.

8.2 The waiting room area, which contains the reception office and canteen facilities for patients, is largely unchanged since the last report.

8.3 The theatre suite, which at the time it was established was a very good facility, has not been used for many years and now only acts as a storage area for an increasing amount of redundant equipment and material most of which so far as the Monitors could see should be scrapped. The Monitors were very much concerned that this excellent facility was not being used for its original purpose in podiatric surgery, or even in nail surgery, where it would introduce the students to the concept of theatre protocol working (8.8). The Monitors understood that there were other developments that could involve the use of such an advanced theatre facility and if the unit at North Road West is to be used for any reasonable length of time recommend that this unit be brought back into service (R5).

8.4 The next clinical suite consisted of two rooms each with six chairs of the Akron variety. Six new chairs have been purchased and the others have been renovated resulting in a better working environment. Each unit was equipped as the other ten-chair clinical area with a variety of dust extracting drills.

8.5 The gait analysis room is a useful teaching and clinical room and with the new equipment is a more useful resource.

8.6 The plaster room and the orthotic fabrication rooms were unchanged although there has been some additional force-plate equipment. This facility is, in the opinion of

the Monitors, a very useful teaching area but would appear difficult to monitor from a Health and Safety point of view if the group was too large (R3).

- 8.7 The anatomy dissection room is in a building detached from the main building and is unchanged. The Monitors were of the opinion that this facility remains as a very good asset to the school and the continuance of such facilities should be given priority in any relocation.
- 8.8 On the first floor adjacent to the classroom teaching accommodation there is a clean room in which nail surgery is carried out. The function of this reasonably adequate room could be transferred to the theatre suite (8.3). Apart from the bench-top steriliser, which is new, the equipment is old (R5).
- 8.9 On the first floor the students changing accommodation is located as well as classrooms some of which are also used for the course in podiatry. On the occasion the Monitors looked at the changing room the door was wide open. In view of the comments from the students regarding security this seemed to be an unfortunate lapse (5.14, 7.9, R2).

9. Summary and Conclusions

- 9.1. The Monitors thank the management of the University and the College, staff and students for the full and frank discussion of the topics. They are also grateful to the University for the hospitality provided.
- 9.2. The Monitors wish to be advised of the progress of the arrangements for the academic year September 2002 to June 2003.

9.3 REQUIREMENTS AND RECOMMENDATIONS.

The Monitors have made two Requirements and seven Recommendations (marked R).

REQUIREMENT 1

The Monitors were concerned that the methods employed for the assessment of the administration of local anaesthetics using cadavers which, coupled with insufficient opportunities to be assessed on their application to patients, are not sufficiently robust to ensure the competence of the student at threshold level. There is also concern that the injection of local anaesthetics into cadavers breaches the Anatomy Act. Additionally, the teaching of nail surgery should be reviewed as a matter of urgency to ensure that it is sufficiently robust as to ensure the competency standards required at threshold level. The Monitors require that an assessment scheme and implementation programme be prepared in line with practice in other approved Schools of Podiatry, which addresses these issues and is implemented for the existing final year cohort and also applied to future

qualifying years. (7.12).

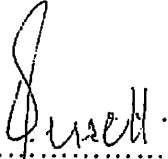
REQUIREMENT 2

The Monitors were concerned that the teaching of the treatment of verrucae is being impaired because of a lack of suitable clinical experience and as a result the student's competence limited. They require that students have had clinical experience of the treatment of these and other foot pathologies that will ensure competence at the threshold standards. The Monitors require the action taken to be reported to the Joint Quality Assurance Committee by Easter 2003 (5.5, 7.7).

RECOMMENDATIONS

- R1 The Monitors suggest that current second and third year students be given clear information regarding the change to the rules concerning the hand-in of assessment material (5.12, 7.8).
- R2 The Monitors recommend that the security arrangements at North Road West be reviewed (5.14, 7.9, 8.9).
- R3 Whilst recognising the difference in perception of staffing of the clinics and the sessions for orthotic manufacture the Monitors wish to be supplied with timetables for these activities showing that the student and staff numbers conform with general recommendations and health & Safety requirements (5.7, 7.4, 7.11).
- R4 The Monitors were concerned that there was a loss of classroom teaching time due to the confusion over classroom bookings in the Reynolds Building and would wish to be assured that efforts will be made to avoid this confusion in future (5.16, 7.10).
- R5 The Monitors strongly suggest that serious consideration be given to bringing the theatre suite back into use (8.3, 8.8).
- R6 While recognising the ongoing nature of the new developments the Monitors recommend that as much information as possible about the progress of the future provision is given to staff and students (4.8, 5.3, 7.3).
- R7 The Monitors recommend that urgent consideration be given to the provision of an adequate electrical supply for the installation of the new vacuum former. (5.7, 7.11).
- 9.4. The Monitors recommend that the next visit be to the final examinations in June 2003.

Monitors



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Donald F Jessett (Convener)



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Pamela M Sabine



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Donald L Lorimer (JQAC Coordinator)

The Health Professions Council

Visitors Report

School of Podiatry

Matthew Boulton College

QUINQUENNIAL VISIT
April 2002

Prepared by the Joint Quality Assurance Committee of the Health Professions Council and the Society of Chiropodists and Podiatrists, in accordance with Section 5 of the Professions Supplementary to Medicine Act 1960 but eventually under Part IV Articles 15-17 of the Health Professions Order 2001.

The Health Professions Council, Park House, 184 Kennington Park Road, London SE11 4BU

THE HEALTH PROFESSIONS COUNCIL

JOINT QUALITY ASSURANCE COMMITTEE

VISITORS REPORT

Report of the Visitors on the Quinquennial Visit made to the Birmingham School of Podiatric Medicine, Matthew Boulton College of Further and Higher Education, Sherlock Street, Birmingham under Section 5 of the Professions Supplementary to Medicine Act 1960 / Part IV (Articles 15 – 18) of the Health Professions Order 2001.

Date of Visit: Tuesday, Wednesday and Thursday, 23rd, 24th & 25th April 2002

Visitors: Mr. P. Shenton (Convenor) Miss P M Sabine, Mrs S Braid and Mr D F Jessett, accompanied by Mr. D L Lorimer, Joint Quality Assurance Coordinator.

1. FOR INFORMATION

1.1 The Health Professions Council

The Health Professions Council, established in April 2002, will be using the procedures and powers of the Chiropodists Board as set out in the terms of the Professions Supplementary to Medicine Act 1960 until 1 April 2003, when its own procedures and regulations will come into effect. Quinquennial visits to approved training centres will continue to form part of the responsibilities and duties of the Health Professions Council, for the time being under Sections 4 and 5 of the PSM Act 1960 but eventually under Part IV Articles 15-17 of the Health Professions Order 2001.

1.2 The Joint Quality Assurance Committee for Chiropody/Podiatry (JQAC)

The Joint Quality Assurance Committee for Chiropody/Podiatry is a committee composed of representatives of both the Health Professions Council and the Society of Chiropodists and Podiatrists. For the purposes of Section 4 and 5 of the Act, the Joint Quality Assurance Committee is regarded as the agent with responsibility for advising the Board on issues relevant to the above two sections

of the Act. The committee therefore takes the process by which the Board carries out its statutory educational responsibilities, in conjunction with those responsibilities that relate to eligibility for membership of the Professional Body.

2. PREVIOUS VISIT AND RECOMMENDATIONS

2.1 Quinquennial Visit 1997

2.1.1 The previous quinquennial visit took place in May 1997. The Visitors were: Mr. P. A. Shenton (Convenor), Mr. A R Ariori, Mr. M Potter and Miss G J French, accompanied by Mr. D J Ashcroft (Joint Quality Assurance Co-ordinator).

2.1.2 At the conclusion of the visit, no Requirements were made but there were twelve recommendations (R1 – 11, R6 had two parts) were made requiring periodic progress reports from the Head of School and College Authorities.

2.2. Follow Up Visit 1998

2.2.1 A follow up visit took place in December 1998, at the completion of which there were two Requirements and seven Recommendations:

Requirements

Req.1. The College must develop a strategy and implement a policy to enable Podiatry students to have access to subject specific learning material appropriate to support assignments and projects for an Honours degree course (4.1.2).

Req.2. Statistical packages must be provided by the College for student use in processing data for assignments and project work (4.2.1).

Recommendations

R1 The outcome of the ERDF bid and its impact on replacement accommodation for the Sherlock Street Building should be communicated to the Board (3.1.1).

R2. The job descriptions of the Head of School should clarify the professional responsibilities inherent in the post (3.2.1).

R3. The Board should be advised of the outcome of the discussions through the "Heart of England" consortium with regard to developmental links with other providers of HE in relation to podiatry (3.3.1).

R4. College management should review the efficiency of external communications in relation to the treatment of patients in the School's clinics (3.4.3).

R5. Line management for the Clinical Assistant should be clarified, to prevent dilution

of support for and integration with, the Podiatry teaching team.

- R6. A proportion of income generated by podiatry staff from commercial interest should be ring-fenced for use by the School for the purchase of capital items and establishing a rolling programme of replacement of clinical equipment (5.2).
- R7. The Visitors would encourage the College to recognise in the contract of employment, the specific needs of the podiatry staff (5.3).

2.2.2 The following responses were made to the Requirements and Recommendations.

Requirements

- Req.1 Second and third year Podiatry students have access (reference only) to the Barnes Medical Library at Birmingham University. All members of Podiatry staff have full borrowing rights. The College pays the registration fees of £30 for students and £40 for staff. The College library has also purchased additional journals for example Journal of Dermatology, the Health Service Journal and Sports Medicine. The library currently subscribes to approximately 20 podiatric journals. The College also subscribes to a number of on-line journals. Course tutors put in requests at the start of each academic year for textbooks for the library to purchase.
- Req.2 The statistical package Supastats has been purchased by the College. It is networked to the computers in the teaching rooms.

Recommendations

- R1 The College's four-year strategic plan includes the relocation and new build of the College in the City's Eastside, adjacent to Aston University campus. Aston University will validate the Podiatry programme from September 2003, incorporating some shared learning with Aston University students. The relocation coupled with the validation by Aston University will have obvious benefits for Podiatry students who will have access to Aston University library and other facilities.
- R2 Over the last two years the College has undergone a restructuring with the formation of eight Schools. The School of Podiatry lies within the School of Medical and Sports Sciences. Kim Vaughan as the Head of the School of Medical and Sports Science also embraces the role of Head of Podiatry. Whilst the Head of School job description is a generic one the Principal and Senior Management Team understand the professional requirements of the Head of School in respect of Podiatry. Gay Bligh is Assistant Principal for Higher Education and Access having overall responsibilities for higher education in the College.

- R3 See R1.
- R4 There are two part-time Podiatry receptionists who have responsibility for all patient appointments and correspondence.
- R5 The Head of School of Medical and Sports Sciences line manages the Podiatry Clinical Assistant.
- R6 Each School, as part of the College's overall strategic plan, is given an annual enterprise target. Whilst funds are not ring-fenced for Podiatry the College has invested in new clinical equipment as required. The College has purchased seven new clinical units and thirteen new operator's chairs since the last Visit. The clinic and orthotics room have been redecorated and a new carpet fitted. Each member of staff has been issued with a laptop computer in addition to two desktop computers. The laptop computers are of a high specification, having CD-ROM drives, internal modems and recent software.
- R7 The College has created a Deputy Head of Podiatry post to provide career progression for members of staff and recognises the work of the School's Podiatric Surgeon through appropriate remuneration.

PROGRAMME AND DOCUMENTATION FOR CURRENT VISIT

2.3 Documents

2.3.1 Copies of the following documents were received by the Visitors, either prior to or during the visit:

- Departmental Progress Report.
- New College Structure.
- University Annual Monitoring Report – Minutes of Staff/Student Liaison Meetings.
- College Quality System
- Staff Profiles
- Teaching Staff Timetables
- Sketch Plan of Clinical Accommodation – Student Timetables – Taught Hours by Subject – Clinical Hours per Year.
- Student Enrolment and Completion Statistics
- Staff Development and Research Activities.
- Clinical Placement Documentation – Clinical Placement Instructors Information.
- College Prospectus Material.

2.4 Programme

2.4.1 Tuesday 23rd April 2002

- 17.30 Meet with Mrs Gay Bligh, Assistant Principal HE & Access, and Miss Kim Vaughan, Head of Medical and Sports Science, to discuss the programme arrangements and other issues concerning the Visit. Meeting in Jury's Hotel Broad Street (formerly Chamberlain Towers)

Wednesday 24th April 2002.

- 09.15 Meet with Head of School in room T606 Matthew Boulton College
- 09.30 Meet with student representatives in room T606
- 10.30 Meet with Staff representatives in room T606
- 11.30 Visit Clinical facilities at Hope Street.
- 12.30 Buffet Lunch with Professor Neil McKellar (Chief Executive Shropshire and Staffordshire Workforce Development Confederation [WDC] the lead WDC for the West Midlands) & WDC members in room T606
- 13.30 Meet with Professor Neil McKellar and WDC members in room T606
- 15.30 Tour of Library and IT and general facilities
- 16.30 Private meeting of Visitors in room T606
- 17.00 End of first day of visit

Thursday 25th April 2002.

- 09.15 Meet with Senior Management and Representatives from Aston University in Principal's room.
- 10.30 Meet with managers of placement sites in room T606
- 12.0 Lunch in room T606
- 13.00 Visit to placements (Birmingham Specialist Community Trust, City Hospital Acute Diabetic Clinic and Dudley Community NHS Trust)
- 15.45 Private meeting of Visitors at College in room T606
- 16.00 Report to Principal.
- 16.30 End of Visit

2.4.2 The Visitors wish to thank the Principal, Vice Principal, and Clinical Placement Managers, together with the staff and students in the School of Podiatric Medicine for the co-operation and hospitality received. In particular, the Visitors wish to thank Gay Bligh, Assistant Principal HE & Access and Kim Vaughan, Head of Medical and Sports Science for the detailed arrangements made for the visit and the open and frank discussions held throughout.

3. Meeting with Mrs G Bligh and Ms Kim Vaughan 23-04-2002.

3.1. Mr Shenton outlined the reasons for the visit and explained how the report would be dealt with now that the work of the Chiropractors Board had been taken over by the Health Professions Council.

3.2. In response to a question regarding administrative and clerical support the Visitors were informed that each School has a designated member of the Business Support team of the College to assist with academic administration, including operational issues relating to the electronic student register system. The Visitors were also informed that members of staff are responsible for their own administrative activities. Training in IT had been given to all staff and they had been supplied with high specification lap top computers. (R1).

3.3. The post of deputy to Kim Vaughan had been created and was currently occupied by Deborah Craddock who is also responsible for co-ordinating the placement programme (R7 of 1998 Follow-up Report).

3.4. The Visitors were informed about the plans to re-locate Matthew Boulton College to a site on Aston University Campus. The College is in the process of purchasing land from the University on which is located the University's Medical Centre and an Engineering building. The buildings will be demolished and replaced with a specially designed building, which would incorporate the clinical facilities presently located at the Hope Street site. The College would operate the clinic in much the same manner as the present clinic, that is funded by the College assisted by the patient fees. The approximate amount of income from patient fees is in the region of £45,000.00 per annum, which helps to offset some of the cost of clinical consumable materials (dressings, medicaments etc.). The area to which the college will move is part of a greater urban development plan, incorporating three distinct areas of activity, Teaching and Learning, Information Technology and Heritage, all linked with a new transport system.

Matthew Boulton College would own the site and the college would remain independent of the university with Associate College status. The students will have access to the facilities of the university including the student halls of residence and the university library. Likewise University students will have access to the shared on-campus medical facilities including those of a General Practitioner. There will also be sharing of teaching and learning facilities

particularly in terms of laboratories. There are other health care related courses in the University (Pharmacy, Optometry and Clinical Psychology).

Concern was expressed by the Visitors that in the relocated Matthew Boulton college the members of staff, teaching on the Podiatry course, would be co-operating closely with members of staff of Aston University who would be employed on contracts more appropriate to the delivery of Higher Education courses. Such a variation was, in the opinion of the Visitors, a potential cause for tension and could affect the efficient delivery of the course (R2).

4. Meeting with Ms Kim Vaughan 24-04-2002

- 4.1. The Visitors reviewed the position as to what stage the new building programme had reached and the relationship with the Aston University. They were informed that it was the intention of Matthew Boulton College to purchase the site of the former engineering block and the Medical Centre at Aston University in the area known as Eastside. The buildings would be demolished and a new building erected on the site, owned by Matthew Boulton College, in which there would be new clinical facilities for podiatry. These would be designed in such a way as to make them able to be used by other clinical disciplines. These disciplines were not stated at the time of the Visit and it is considered essential that a clear statement is made at an early stage in the planning which other disciplines would be using the clinical facilities (R3). All the sites presently owned by Matthew Boulton College are to be sold. Originally the date on which this would be operational was thought to be September 2004 but slippage had occurred in the time-scale and Ms Vaughan did not know the new start date.
- 4.2. Aston University will validate the new degree in podiatry and it is hoped that the validation event will take place early in October 2002. Matthew Boulton College will still own the course. The students will have the use of Aston University library and other facilities.
- 4.3. In response to a question from the Visitors Ms Vaughan informed them that her contact hours were reduced to 200 to allow for her management duties in connection with her post as Head of the School of Medical and Sports Science. Her deputy, Ms D Craddock has her contact hours reduced to 600 to allow her to carry out her duties as deputy head and placement co-ordinator (R4).
- 4.4. Ms Vaughan, in reply to a question from the Visitors said that it was intended that links with Birmingham University would continue though these would probably be confined to the use of the Barnes Library of the university and anatomy dissection. The Visitors would wish to be reassured that there would be mechanisms in place to deal with any tensions that may arise as a result of two universities being involved in the delivery of the degree in podiatry (R8).
- 4.5. The Visitors were informed that when the new degree was validated the existing

degree with Sunderland University would run out in parallel with the introduction of the new degree. The Visitors were informed that it was not expected that students would transfer to the new degree programme although it was anticipated that the new degree programme would not be too dissimilar from the existing programme. Assuming that the new degree is validated in October 2002 it could not gain final approval until 2003. On that basis, the students enrolled in September 2002 would be on the existing degree, which the Visitors were given to understand, would not be subject to further change. Assuming that all students passed on the first occasion and that there were not any extensions for other reasons, including failure and resit examinations, the Sunderland degree programme will continue to be delivered until July 2005, the earliest possible final date (R7).

The Visitors were concerned that this overlap time-scale added to a transfer of the course to new premises and the establishment of a new degree programme could prove to be a heavy burden for the staff already on much extended contractual hours. The Visitors would wish to be advised as to how this change will be managed (R2).

5. Meeting with the Students

5.1 Those present were:

Kate Price Year 1
Lisa Woodcock Year 1
Tom Fox Year 2
Dominic Hough Year 2
Louise Gudgeon Year 2
Clive Harding Year 3
Sarah Fulham Year 3
Will Williams Year 3

5.2. Mr Shenton explained the purpose of the Joint Quality Assurance visit to Matthew Boulton College and its relationship to the delivery of the course. By way of introduction he asked the students their impressions of the course that they were now following. Some of the students already had other qualifications, including first degrees, and were impressed that the support they received in the course was far greater than they had experienced in the courses they had taken before. One student had had to take three months off during the course and was very strongly supported by the staff during the leave of absence and since returning.

5.3. The students reported that the library had been improved and the texts were more plentiful than they had been. They also thought that photocopy costs were reasonable at 5p per copy. There was also general approval for the access provided to the Barnes Library of the University of Birmingham although some students did not use it, preferring to use the libraries at some of the placements. The students

also considered the IT provision was better with easier access to Email.

- 5.4. They were generally complimentary about the placements, which added to the experience that they gained in the clinic in Matthew Boulton College but they did not consider that placements would be able to provide all the experience needed to be competent but were a useful add-on. They were critical of observational clinics except for a very small number at the beginning of the course. They considered that the placements would be better later in the course when the students would be more experienced and clinically competent. There was some critical comment about the costs of travel to and from the placements. The students also had the opportunity to observe podiatric surgery through one of their placements. The students experienced three or four nail operations that were recorded as part of the placement clinical log (R9).
- 5.5. The students were satisfied with the methods that they had to represent their points of view through the course committee and the staff/student liaison committee. The students did not have a clear idea of the future developments and were not aware about how these changes could impinge on their course.
- 5.6. The students were concerned about the image of the profession, which they considered was not being promoted as aggressively as it should. There was some discussion with the Visitors and the students about titles of the profession and the impact of the Health Professions Council and other initiatives being taken by Workforce Development Confederations and the Society of Chiropractors and Podiatrists to inform the public about podiatry and its role in the medical provision.
- 5.7. The students were concerned about the course being located in a Further Education College as, in their opinion; research activity was not possible to a level compatible with other courses in podiatry in the UK. In addition, it was considered that because the course was in a college that was predominately dealing with Further Education courses the students were isolated from contact with other students in Higher Education. This was particularly so in sporting and social activities.

6. Meeting with Members of Staff

- 6.1 Those present were:

John Malik
Stuart Moore
Deborah Craddock
Paul Fletcher

- 6.2. Mr Shenton introduced the Visitors and outlined the procedures through which the report would be considered and approved with under the new system now that the HPC had replaced the CPSM. He continued by outlining the complimentary comments made by the students of the way in which the staff gave them support.

including nail surgery use instrument packs from central sterile supplies. The Little Sister 2 does not meet current requirements (**Requirement 1**).

- 7.7 The staff accommodation is situated on the second floor with a room for the Head of School (T206). All the other members of staff with the exception of Ms D Craddock are located in a single staff room (T204) which has an adjacent room with seats and where student interviews can be held. Refreshments at break times may be taken by staff in the on-call room adjacent to the podiatry reception. It is also used for tutorial purposes. The student changing room (T205) is a unisex locker room. T201 is a student common room.

8. Meeting with Neil McKellar Shropshire & Staffordshire Workforce Development Confederation (WDC)

- 8.1. Mr McKellar, accompanied by Ms Lynn Sterry, Project Manager, joined the Visitors and the members of staff for lunch. During this time Mr Shenton and the other Visitors discussed the purpose of the Visit. At the conclusion of this the Visitors met formally with Mr McKellar and Ms Sterry.
- 8.2. Mr McKellar explained that the Shropshire & Staffordshire WDC inherited responsibility for podiatry as the lead Confederation for the West Midlands. After taking over there was a preliminary review of podiatry provision in the West Midlands building on previous work, discussions with the heads of podiatry and representatives of the professional body. Initial concerns called into question the future of the podiatry education provision of Matthew Boulton College.

There had been meetings with the Principal and Senior Management of Matthew Boulton College on November 23rd 2001 and January 30th 2002 to further review the issues that had to be addressed. In addition, it was decided to examine the place of Matthew Boulton College in the provision of podiatry education in the context of health care education in Birmingham rather than solely as the West Midlands provider. There had also been discussions with the local Confederation and as a result the decision was taken to transfer responsibility for future planning of podiatric education for Birmingham to the Birmingham based West Midlands Central Workforce Development Confederation and that any formal review would now be conducted by them.

- 8.3. The Workforce Development Confederation (WDC) had a number of concerns, which had been put to the College. These were:
- ❖ The viability of plans to enable the integration of podiatry students with other similar/complementary disciplines.
 - ❖ The potentially low level of exposure which podiatry students could have to NHS work and working with other NHS staff.
 - ❖ The relative disadvantages of single Birmingham provision.
 - ❖ The apparent absence of QAA review of the provision.

- ❖ The possible low levels of library provision.
 - ❖ The need to explore whether the service delivery aspect of the clinic work may take precedence over the students learning needs.
 - ❖ The issues raised by the modernisation proposals for a foundation year.
- 8.4. Although the plans for the change of site from the present location to Aston University appear to be good, the new course may not be an integrated programme developing links with other similar disciplines. In addition, there was a lack of clarity as to whether the new programme would be sufficiently exposed to NHS structures. There was also some concern that within the time-scale of the recent discussions between the WDC and Matthew Boulton College, Aston University was the second validating body being considered for the new programme. When the discussions with the WDC had commenced the institution with which negotiations were taking place between Matthew Boulton College was the University of Birmingham (R1a).
- 8.5. Although it was recognised that as a Further Education Funding Council (FEFC) funded college it would not be subject to QAA review, there was concern that the FEFC review had not been presented to the WDC and the podiatry provision had not been quality assured on the same basis as other NHS graduate provision. There was also concern over the poor level of library provision in Matthew Boulton College and even though this was bolstered and enhanced by access to the Barnes Library of the University of Birmingham was for reference only and this was not as readily available, as it would for students on a course within a university. This lack of ready access to a specialist library provision was seen as a major obstacle in preparing the practitioner for the wider clinical role.
- 8.6. While it was recognised that the service provided in the clinic at Matthew Boulton College was of a good standard it is a "stand-alone" provision and it is considered that it would be better as part of a broader more general provision. Additionally there were questions about how the level of service provision is maintained over the holiday breaks particularly the long summer holidays.
- 8.7. The WDC was concerned at the application for funding from the Department of Health Modernising the Allied Health Professions to develop an access route when there was already an access route in the college and that the WDC was not consulted and had not approved the detail of the proposal. This was the reason that the development funding was held up.
- 8.8. The major concern of the WDC regarding the course at Matthew Boulton was the fact that there were not comparable professions to allow interaction wherever this is possible in the structure of an undergraduate programme. The overriding consideration in professional education of the Allied Health Professionals is to encourage permeability of the professional boundaries between the professional groupings. The WDC wishes to see an expansion of the training and education of podiatrists to an intake number of students within the range sixty-five to eighty in

the West Midlands if the targets for service delivery are to be met.

9. Visit to Library and IT Facilities

9.1. The Visitors were taken first to the Resource based Learning Centre in T703 which is a drop-in centre for students. The centre had 40 PCs that are available for the use of all students in the college. At the time of the visit the room was reasonably busy but there were a number of machines free. The PCs have Internet access and also Email access for the students. In addition to the PCs there are two laser printers and also two scanners. There is a range of software available for student use including the statistic package acquired after the follow-up visit in 1998. There is support for students also available. This centre is open from 09.00 to 17.00 Monday to Thursday and 09.00 to 16.00 on Fridays. It is not open over the weekend.

9.2 The Visitors were met by Mr Paul Dolman, the Centre Manager, who took the Visitors around the library, which occupies the whole of the fifth floor of the Hope Street building. The library has been rearranged since the last visit and there are more study areas. The book stock has been added to over the years and the total stock numbers between twenty-two thousand to twenty-three thousand but with four paramedical courses and only one specialist allied health provision course using the texts there are inevitably some gaps in the provision. The range of hard copy journals available is reasonable with a back numbers available and there is access through the on-line services to a wide range of journals not stocked by the library. There is one photocopier in the library available for student use with a prepayment card. The library is open from 09.00 Monday to Friday and closes at 17.00 on Mondays and Wednesdays, 19.45 on Tuesdays and Thursdays and 16.00 on Fridays. It is not open at weekends.

9.3. The Visitors were also shown a new provision within the college referred to as the High Tech Centre in the Sherlock Street Building. The Pharmacy laboratory (S402) in Sherlock Street, has recently been refurbished and is also used by the podiatry students. The Visitors were also taken to see the dental technology laboratory and a dental surgery both of which had been completely refurbished.

10. 25-04-2002. Meeting with the Principal and College Senior Management

10.1. Those present were:

Ms Christine Braddock, Principal. (Present at the final part of the meeting)

Mr Ray Goy, Vice-Principal.

Professor Nigel Reeves, Pro-Vice Chancellor, Aston University –
Chairman of the Corporation of Matthew Boulton College.

Mr Stephen Porter, Assistant Principal Quality Assurance.

Mrs Gay Bligh, Assistant Principal HE and Access.
Ms Kim Vaughan, Head of Medical and Sports Science.
Dr Keith Wilson, Deputy Head of School of Life Sciences and
Head of the School of Pharmacy, Aston University.

10.2. Mr Shenton outlined the purpose of the visit and indicated how the report would be progressed through its acceptance processes now that the Health Professions Council had taken over the functions of the Chiropodists Board. He also gave an outline of the impressions that the Visitors had gained from the various meetings on the previous day.

10.3. Mr Goy began by indicating that Aston University and Matthew Boulton College had a long history of collaboration. In particular there had been collaboration between the two institutions in the Year Zero programmes and in courses in Life Sciences and Engineering. More detailed discussion were now taking place between Aston University and Matthew Boulton College on the establishment of a more formal relationship. It is anticipated that Matthew Boulton College would eventually become an associate college.

The validation of the new degree in podiatry is seen as a move forward in this co-operative strategy. It is anticipated that this will extend into further collaboration in the production of foundation degrees in medical science and other disciplines. It is also seen as an opportunity to encourage staff development with the Matthew Boulton staff in areas such as research. It was hoped that Matthew Boulton staff would be able to undertake research programmes at Aston University.

10.4. The relocation proposal of Matthew Boulton College was part of a broader urban redevelopment programme on an area called Eastside, which is located, adjacent to Aston University. In addition to the re-location of Matthew Boulton College, Birmingham Public Library was also to be re-sited on this location and, when complete, would be the largest public library in Western Europe. The proposed site for Matthew Boulton College is on a site presently occupied by an Aston University building, which would be demolished. A capital grant was being made of £13 million which would be between 25% to 50% of the total cost which would be in the region of £30 million. Matthew Boulton College was in negotiation with Birmingham City Council and some commercial enterprises, such as supermarkets, for the sale of its present sites and was confident that these would realise a good price. The projected time-scale was 2004 to 2005. The Visitors were shown plans an artist's impression of the project including the proposed location of College (R6).

10.5. The Visitors were informed that the relocated Matthew Boulton College would be independent of Aston University and that the students would remain students of the college rather than becoming students of the university. The new degree in podiatry, which would be validated by Aston University, was not dependent on the new building programme and would go ahead in advance of the proposed re-

location. The Visitors were concerned that the course, after the relocation to the site adjacent to Aston University campus, would continue to be delivered under conditions that were not within higher education. They were of the opinion that this would continue to affect adversely the ability of staff to engage in the activities found in Higher Education establishments i.e. research. This concern was also shared by the representatives of the Workforce Development Confederation in particular which had sought expressions of interest from other establishments in the West Midlands to take on courses in podiatry.

- 10.6. The Visitors asked what was the likely position of future developments of other medically related courses at Aston University. The Visitors were informed that the university was looking to widen its involvement in health care and that to improve the students experience it was keen to develop inter-professional relationships and working. The university had received £2 million from the regional Development Agency for new laboratory provision that would improve the present pharmacy course provision.
- 10.7. The Visitors were informed that there were two working groups established, under the Quality Assurance provisions at Aston University. One was a Quality Steering Group to establish appropriate quality mechanisms for external degree validation. The other was a Syllabus Steering Group, which included members of staff of Matthew Boulton College, the University, the West Midlands Central Workforce Development Confederation, local podiatry managers and representatives of professional bodies. The Visitors were informed that although the members of staff on the working group from the different institutions had different conditions of service this did not seem to be a cause of tension. Aston University intends to develop research groups and saw "case loading" as a solution to the difference in contractual house between the staff of the college and the university. This appeared to be a device where members of staff were given time dedicated to carrying out particular tasks. In the opinion of the Visitors, although this was an improvement, it still fell short of terms & conditions for staff on contracts in Higher Education (R2).
- 10.8. The Visitors were informed that Aston University had experience of working with the Confederation for its Pharmacy programme and Matthew Boulton College had met once a term with the former local NHS Consortium.

11. Meeting with Managers of Placement Locations

11.1 Those present were:

Ms Kulwinder Johal, Professional Advisor for Sandwell PCT.

Mr Steven Eaves, Senior Podiatrist North Birmingham PCT.
Mr Ian Tar, Chief III Podiatrist, Walsall Community & Hospital
NHS Trust.
Mr Steve Miller, Chief III Podiatrist, Dudley Community NHS
Trust.

- 11.2. Mr Shenton introduced the Visitors and outlined the purpose of the visit and the way in which the report would be processed.
- 11.3. All the placement managers had been involved with the placement scheme operated by the school, now closed, at the University of Central England (UCE). This scheme had been a block placement scheme and the Visitors asked the managers for their impression of the differences they found between that and the placement scheme now operated by Matthew Boulton. The major change was that they were now receiving students who were better prepared in the basic skills.
- 11.4. In general terms the pattern of placements described by the managers seemed to be observational clinics for the first year, hands-on experience in relatively uncomplicated cases in the second year and total involvement in cases in the final year although the Trust staff would intervene in complicated or very high risk cases. They considered it was their task to provide specialist facilities for the students of a nature not found in the clinic at Matthew Boulton College. The level of placement provision was about 30% of the total clinical teaching received by the students. There were funding issues to be resolved, as at the present time these placements were being provided free-of-charge. There was general concern expressed that the present pattern of placements which was spread out throughout the year was not as satisfactory as a block system. It was felt that blocks gave a greater continuity in the relationship between the placement educator and the student and were this more effective. There was some concern that students considered that they were missing some lectures as a result of the placements being widespread geographically (R4).
- 11.5. The managers were concerned that they should help in the endeavour to meet the Department of Health aspirations that are being set for closer interdisciplinary working. There are changes taking place within the PCTs that will facilitate this change and the providers of placements are concerned that this should form a focus of any future courses (R5).
- 11.6. The Managers were interested in the concept of a pre-registration year, which would have the effect of allowing the students to be taken through a well-structured induction to clinical practice without the distractions of the other examinations required to pass the course. There was general enthusiasm for such an idea.
- 11.7. In general discussion about the value of placement education there was some reservation of students only experiencing one type of Trust and the managers were

of the opinion that there should be some rotation through various clinical situations. An example of this would be in a predominantly rural Trust where the range of clinical services would of necessity be limited and in addition interdisciplinary working may also be less in evidence (R5).

- 11.8. There was some discussion about the lack of clarity in outcomes for the students. The managers were of the opinion that clear outcomes would help to motivate the students as well as facilitating positive feedback. They were also concerned that the placement managers needed to have a clear idea of the student's level of knowledge (R4).

12. Visit to Placements

12.1. Sandwell and West Birmingham Hospital NHS Trust

12.1.1. At the hospital, also referred to as the City Hospital, the Visitors met Mr Jerry Shortland, the Podiatry Services Manager & Diabetic Specialist Podiatrist and Mrs Carol Lucas, Foot Care Assistant. The unit treats patients with diabetes and rheumatic diseases, but about 90% of the patients are diabetics. The clinic has two chairs and is in the central part of a very busy outpatients department. Year two students attend on Wednesdays and the final year students rotate into the vascular surgery out patients department as well as the multi-disciplinary clinic for diabetics. The vascular surgery department has a team of a vascular surgeon, a diabetic consultant, podiatrist, orthotist and diabetic specialist nurse. Nail surgery is also carried out in this clinic in which the student participates. The students are exposed to a good range of diagnostic equipment to use in the unit.

12.2 Visit to North Birmingham PCT, Warren Farm Kingstanding.

12.2.1. Mrs S Braid and Miss P Sabine visited the North Birmingham PCT clinic at Warren Farm, Kingstanding. They were met by Mr Steven Eaves who is responsible for placements at the clinic. The clinical facilities, which had also been used by the former West Midlands School of Podiatry, University of Central England, comprise three treatment rooms and students have the opportunity to observe the treatment of patients. The facilities are good and the clinical education is of high quality. There is a good range of diagnostic equipment available for use.

12.3 Visit to Dudley Community NHS Trust

12.3.1 The Visitors were met by Mr Steve Miller and one of his staff. The Health Centre had been recently built and was of an interesting design, which integrated both community health services and social services. The podiatry provision was of a good standard and the full potential that the various provisions in the Health Centre provided were still developing. In time this will be an excellent placement for students to experience at first hand multi-professional service provision.

13, REPORT TO PRINCIPAL

13.1 Those present were:

Ms Christine Braddock, Principal.
Professor Nigel Reeves, Pro-Vice Chancellor, Aston University –
Chairman of the Corporation of Matthew Boulton College.
Mr Stephen Pole, Assistant Principal Quality Assurance.
Mrs Gay Bligh, Assistant Principal HE and Access.
Ms Kim Vaughan, Head of Medical and Sports Science.

13.2 Mr Shenton explained that it was not possible at this stage to give a definitive report of the visit as there were many areas, which required consideration when the report was set out on paper. However, it was possible to say that there were two areas where there would be requirements. The first concerned the commencement at an early stage of a dialogue with the Workforce Development Confederation particularly in regard to the proposed move of site to land adjacent to Aston University and other matters related to the course provision. The second was concerning the provision of bench-top sterilisers in the clinical facilities in the Hope Street site.

13.3 Ms Braddock, the Principal, asked if it was the policy of the statutory body and the professional body to insist on courses being in Higher Education. The Visitors replied that while it was not possible to insist on such change it was unlikely that any new course would be approved if it were not located in Higher Education. In addition the general policy of the Workforce development Confederations seemed to be to seek to transfer courses such as podiatry to institutes of Higher Education.

13.4 There was some general discussion about aspects of the visit that included mention of the placement programme that was widening the student experience. Mr Shenton concluded by expressing the thanks of the Visitors for the hospitality and co-operation shown to them during the visit.

14. REQUIREMENTS AND RECOMMENDATIONS

14.1 Continued institutional approval is conditional on the requirements in section 14.4 of the report and attention is drawn to the recommendations in section 14.5.

14.2 Progress Reports

14.2.1 The Visitors, in accordance with the Board's policy, require that the Head of School, together with the College Authorities, submit a progress report annually, at the completion of each academic year, including the current academic year, on

the recommendations contained in this report.

14.3 Follow up Visit

14.3.1 The Visitors, in accordance with the Board's policy, require a one-day follow up visit to take place approximately twelve to eighteen months from the date of this quinquennial visit.

14.4 REQUIREMENTS

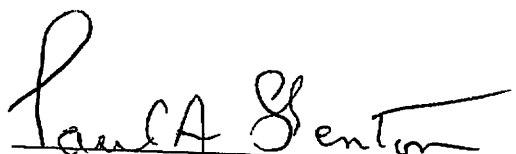
Requirement 1. The Health Professions Council requires that urgent consideration be taken to replace the autoclaves and review arrangements for the sterilisation of instruments in the clinical unit at Matthew Boulton College clinics.

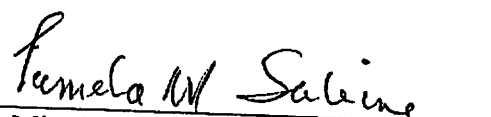
14.5 RECOMMENDATIONS

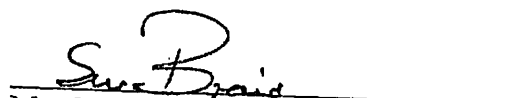
- R1.** The Visitors were concerned at the lack of administrative support given to the members of staff of the school. It is recommended that serious consideration be given to the provision of administrative support comparable with that found in other podiatry courses in universities (3.2).
- R1a.** The Visitors recommend that a series of consultation meetings be arranged with the appropriate Workforce Development Confederation as a matter of urgency to ensure that the new proposals are satisfactory for all parties in the proposed move of the School of Podiatry to Aston University campus (8.4).
- R2.** It is recommended that consideration be given to the conditions of service of the staff of the school of podiatry being on a basis more appropriate to a course delivered in Higher Education (3.4, 4.5, 6.3, and 10.7).
- R3.** The Joint Quality Assurance Committee would wish to be advised of the clinical disciplines that it was intended should share the clinical facilities in the proposed new building (4.1).
- R4.** It is recommended that discussions are held with the service providers to ensure that the placement programme in the new degree programme is equitable to all students and that the aims and outcomes are clearly defined (4.3, 11.4, 11.8).
- R5.** It is recommended that representatives of the service managers are included on the development team for the new degree programme (11.5, 11.7).
- R6.** The Joint Quality Assurance Committee would wish to be advised at an early stage of the plans for relocation of the School of Podiatry adjacent to Aston University (10.4).

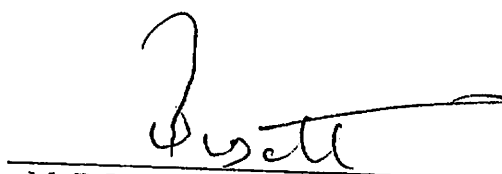
- R7. It is strongly recommended that a clear statement be made about the management arrangements and logistics of the overlap between the introduction of the new degree and the running out of the existing programme (4.5).
- R8. The Joint Quality Assurance Committee would wish to be advised of mechanisms that would be followed if there should be dispute between the Universities of Aston and Birmingham in the delivery of the new course (4.4).
- R9. The Visitors recommend that consideration be given to ensuring that students in their final year carry out a minimum of six nail surgery procedures, more in line with other schools of podiatry (5.4).
- R10. The Visitors recommend that the Joint Quality Assurance Committee is informed of the format of the staff consultative meetings and how they are chaired (6.5).
- R11. The Joint Quality Assurance Committee would wish to be informed about the provision of anatomy dissection at the University of Birmingham and in addition would wish to seek clarification as to which institution would be involved in the course provision for pharmacology in the undergraduate course (6.6).

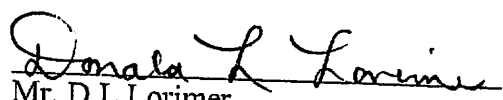
VISITORS


Mr. P. Shenton (Convenor)


Miss P M Sabine


Mrs S Braid


Mr D F Jessett


Mr. D L Lorimer
JQAC Co-ordinator

**SPEECH & LANGUAGE
THERAPISTS**

**PRE-REGISTRATION EDUCATION AND TRAINING
WORKING GROUP**

<p>NAME OF PROFESSION</p> <p>Speech and Language Therapy</p>

CATEGORIES OF APPROVAL & CONTINUED APPROVAL

<p>2. Continued Approval of courses, examinations, qualifications and institutions under Section 5</p>

For consideration by ETC on the advice of a subordinate body

Title of Course	BSc/BSc(Hons) Speech and Language Therapy
Mode of Study	Full-time
Higher Education Institution delivering the course	Queen Margaret University College, Edinburgh
Date of Validation of Event	3-4 March 2003
Participants in the approval process	Ms Jenny Ford Ms Monica Bray Ms Lesley Culling Ms Roberta Williams Ms Jenny Pigram, RCSLT, Panel Administrator
Outstanding Conditions	There are no outstanding conditions.
JVC/JQAC Comments and Conditions	JVC recommends that the BSc(Hons) Speech and Language Therapy be approved for a further 5 years (2003-2008) and that under transitional arrangements, the BSc(Ordinary) degree in Speech Pathology and Therapy be re-approved so that the current cohort of students who entered the programme up to and including September 2002 remain eligible to graduate at the end of Level 3 with a BSc(Ordinary) degree in Speech Pathology and Therapy, leading to

	registration with the HPC.
Recommendation for Re-Approval supported by: Course Documents A visitors report (or equivalent) Record of peer professional discussion and agreement to the recommendation	The visitors' report and course documents.

**PRE-REGISTRATION EDUCATION AND TRAINING
WORKING GROUP**

Speech and Language Therapy

2. Continued Approval of courses, examinations, qualifications and institutions under Section 5

For consideration by ETC on the advice of a subordinate body

Title of Course	BMedSci(Hons)(Speech)
Mode of Study	Full time
Higher Education Institution delivering the course	University of Sheffield
Qualification(s) to be approved for State Registration	BMedSci(Hons)(Speech)
Awarding Body	University of Sheffield
Length of Course	4 years
With effect from	continued approval
Date of Validation of Event	12 and 13 December 2003
Participants in the approval process	Dr Gaye Powell Dr Thomas Klee Ms Julie Nettleton Ms Eryl Evans Mrs Sylvia Stirling, Panel Administrator
Outstanding Conditions	No outstanding Conditions when forwarded to ETC
JVC/JQAC Comments and Conditions	It is recognised that this course is coming to an end, so that currently there are students on Year 2 and 3 only. There are major changes to the course for the current Year 1 cohort.

Recommendation for Approval supported by: Course Documents A visitors report (or equivalent) Record of peer professional discussion and agreement to the recommendation	Visitors' report Course documents, and discussions held during the two day visit to Sheffield
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Date of submission to Education and Training Board of HPC - 23 January 2003

3. Major Changes to Provision Approved under Section 4 of the PSM Act 1960

For consideration by ETC on the advice of a subordinate body

Title of Course	BMedSci(Hons)(Speech)
Mode of Study	Full time
Higher Education Institution delivering the course	University of Sheffield
Qualification(s) to be approved for State Registration	BMedSci(Hons) (Speech)
Awarding Body	University of Sheffield
Length of Course	4 years
With effect from	Course commenced September 2001
Date of Validation of Event	12 and 13 December 2003
Participants in the approval process	Dr Gaye Powell Dr Thomas Klee Ms Julie Nettleton Ms Eryl Evans Mrs Sylvia Stirling, Panel Administrator
Outstanding Conditions	There are no outstanding conditions.
JVC/JQAC Comments and Conditions	Additional documentation has been requested from the University on assessment points, no of assessment and weightings, to clarify consistency. The changes to the course are very

	beneficial, but amount to regrouping the subjects taught, rather than a new course.
Recommendation for Approval supported by: Course Documents A visitors report (or equivalent) Record of peer professional discussion and agreement to the recommendation	The visitors' report Course Documents

Date of submission to Education and Training Board of HPC - 23 January 2003

JOINT ACCREDITATION COMMITTEE
of the Health Professions Council
and the Royal College of speech & Language Therapists
Sub-Committee of the HPC Education & Training Committee

A meeting of the JAC was held at 2 White Hart Yard, SE1 1NX on Wednesday, 15 January 2003.

MINUTES

Present: Dr Gaye Powell, Chair, not present for item 10
Dr Catherine Adams
Dr Susan Edwards, Chair for Item 10, not present for item 9
Mrs Eryl Evans
Mrs Aileen Patterson, N. Ireland
Ms Lorna Povey, vice Lesley Culling

In attendance: Ms Ulua Falk, Secretary to the HPC Education & Training Cttee
Mrs Sylvia Stirling, Secretary to the JAC
Ms Jenny Pigram, RCSLT Policy Lead

1/03 Welcome to new members (Item 1)

The Chair welcomed new members to the Committee and reported, that in accordance with HPC instructions, the Committee had been widened to include additional members. The title of the Committee was now officially as above, but because it had been working as the Joint Accreditation Committee for two years, it seemed simplest to continue to call it that, until any new arrangements came into effect from 1 April 2003 at HPC. Full membership is shown in the circulation list below. As yet the name of the lay member had not been forwarded to RCSLT.

2/03 Apologies for absence (Item 2)

Apologies for absence were received from Ms Lesley Culling, Dr Anna van der Gaag, Dr Peter Burley, and Ms Lucinda Pilgrim.

3/03 Minutes of the last meeting (Item 3)

Minutes of the last meeting held on 16 September 2002 [Minutes 19/02-36/02] were approved and signed, subject to removal of the reference to physiotherapy at Manchester Metropolitan University (Min 27/02 para 3) as there was no such course run there.

4/03 Matters Arising from the last Meeting

Arising from Minute 20/02 Minutes of the Last Meeting

The Committee noted that the JAC now had expanded membership. It was not yet known how it would continue in future, but it was important for continuity to go on with the schedule of approval/accreditations as usual for the time being.

The revised membership included members from the four countries of the UK.

Arising from Minute 21/02 Attendance at meetings (ref. Min. 18/02)

The Committee noted that alternates had been approached and had agreed to serve. It seemed sensible to leave membership as it was currently until such time as the future of the Committee was known.

5/03 University of Central England in Birmingham (ref. Min. 9/02, 23/02)

The Committee received an oral report from the secretary on the current situation. The University of Central England had been visited on 30 April-1 May 2001, following which three conditions were imposed before re-approval was given. Under RCSLT arrangements the course accreditation would have come to an end at the end of the academic year 2000-01. However, under HPC rules Privy Council approval continues until it is specifically withdrawn.

The Committee noted that the University had responded to the three conditions, but that, whilst satisfying the letter of the conditions, did not give the committee confidence that problems, particularly so far as the attrition rate was concerned, had been addressed.

The Committee was aware that the course was under pressure from the Workforce Development Confederation to take larger numbers of students, and felt that an HPC visit might, in fact, be helpful to the academic staff in ensuring that appropriate resources were available for the increased numbers.

The Committee resolved to recommend to the Education and Training Committee of the HPC, that the course be approved, in order to regularise the current situation, but that a further visit be made in November 2003, with a view particularly of checking on student numbers, entry qualifications, current staff numbers, and to understanding the precise levels, patterns and causes of attrition.

6/03 City University (ref. Min. 10/02, 26/02) (Item 6)

The Committee noted that City University had been visited on 21-22 March 2002, and the Panel had imposed a condition concerning the number of student contact hours, and the number of self-study hours for Anatomy and Physiology teaching on the post-graduate programme. The panel had not considered that a reported 8 hours of teaching was sufficient.

The Committee noted the response from the University to the condition, but wished to see further clarification of the situation, following which if this was thought satisfactory, a proposal concerning re-approval would be put to the

HPC. The Chair agreed to write to the Course Leader on behalf of the Committee.

7/03 Manchester Metropolitan University (ref. Min. 11/02, 27/02) (Item 7)

The Committee received a report that the HPC Education & Training Committee approved the JAC proposal that the courses be re-approved, and the University has been so notified by the Secretary to the ETC.

So far as the University regulations were concerned, the secretary of the JAC had written to the course leader to provide support for exceptions to the general university regulations for undergraduate courses, which were felt to be unsafe so far as passing a speech and language therapist as fit for practice were concerned.

[After note: a letter has now been received from the University saying that the amendments to the regulations so far as SLT is concerned, have not been accepted. This matter will be referred to the Chair for further action.]

The Chair has since written on behalf of the committee outlining that students who are unable to meet the minimum academic requirements considered necessary to support safe clinical practice would not be considered for State Registration with the HPC. This may mean that the course overall could not be re-approved if the University was unable to provide an exception for this vocational degree.

8/03 University of Sheffield (ref. Min. 12/02, 28/02) (Item 8)

The Committee considered the draft report of the Panel relating to the visit on 12-13 December 2002 and drew attention to some editorial corrections required on the report.

The Committee noted that some additional documentation was required from the University of Sheffield before a recommendation for re-approval of the undergraduate course was put to the HPC Education and Training Committee.

In common with a number of other university programmes, the Sheffield courses had undergone a substantial overhaul and curriculum change. The Panel considered that the changes amounted to "major changes" only, rather than the introduction of new courses. Approval of the postgraduate programme could not be recommended to the ETC, however, until the revisions to the course had been agreed within the University, and the course had started. This meant withholding a proposal concerning the postgraduate course until the September/October 2003 ETC.

9/03 University of Reading (ref. Min. 13/02, 29/02) (Item 9)

The Committee noted that revised documentation was now available concerning the University of Reading courses, and agreed that Cathy Adams and Anne Hesketh (Panel member from the March 2001 visit) be asked to look at the documentation and report back to the Committee. It was not anticipated that any proposal would be made to the HPC Education & Training

Committee, as no conditions were imposed upon the courses at the time of the visit, and reviewing the documentation would be carried out as a monitoring exercise only.

10/03 College of St Mark & St John (ref. Min. 14/02, 30/02) (Item 10)

- (1) The Committee received a paper prepared by the Panel who had visited the College of St Mark & St John on 10 December 2002. The Education and Workforce Development Board of RCSLT had recommended that a visit take place, following Rosalind Gray's attendance at an internal validation event at the College in July. The course as previously accredited had undergone changes in connection with the multi-disciplinary Peninsula Collaboration initiative.
- (2) The Committee noted that this report before them was a first draft, and that the recommendations included in it would need to be very precisely worded in the final version.
- (3) The Panel had concerns about the following matters: students choosing their own clinical placements and the degree of monitoring to ensure students got the range of placements required by RCSLT; assessment of the programmes and how clinical placements were assessed; changes to the degree structure and modules taken off campus; timing of final clinical placement, and the changes to the block placement.
- (4) The Committee noted that the College of St Mark and St John would be revisited under the normal timescale for visits in May 2004, which would be shortly before the first graduates on the revised course would graduate. At that time the panel would be asked to check matters of concern to the visiting Panel, and proposed that a recommendation be put to the HPC Education and Training Committee that the course provided by the College of St Mark & St John be revisited in May 2004.
- (5) The Committee agreed that Catherine Adams would discuss the draft report with Sue Franklin, and make changes to it as discussed in the committee. The report would be re-presented to the Deputy Chair, for her to take Chair's action on approving it, and would include a recommendation that the changes be seen as "major changes." The revised report would contain strong recommendations (not conditions at this stage) which it was expected that the course team would have acted upon by the time of the next visit in May 2004.

11/03 Queen Margaret University College (ref. Min. 31/02)

The Committee noted that the Panel visit to Queen Margaret University College would take place on 3-4 March 2003, and that the members of the Panel were: Jenny Ford, Roberta Williams, Lesley Culling, and Monica Bray, with Jenny Pigram acting as visit administrator.

12/03 University of Wales Institute, Cardiff (ref. Min. 32/02)

The Committee noted that the panel visit to the University of Wales Institute, Cardiff, would take place on 21-22 May 2003. Cathy Adams and Lorna Povey would be Panel members. A convenor would be identified later, as it was not possible for Gaye Powell to undertake the visit. Sylvia Stirling would accompany the visit as Panel administrator.

13/03 Health Professions Council Consultation Results (ref. Min. 33/02)

The Committee received HPC documents containing results of the consultation exercise, and noted that the next Education and Training Committee meeting would perhaps clarify what was proposed in terms of the JVC system, and how HPC approval would work relative to the QAA "streamlined" approach to quality assurance.

14/03 QAA Standards of Proficiency Sub-Group (ref. Min. 34/02)

The Committee noted that in June 2002, RCSLT had been asked by QAA to provide three people to work on standards of proficiency arising from the benchmarks. The people put forward were Rosalind Gray, Sue Franklin, and Daphne Waters. The first meeting of the QAA on this subject had not taken place until November 2002, when it became clear that there might have been more appropriate people involved, particularly as the exercise was about defining "minimum standards" against which to judge overseas therapists, and "grandparented" therapists.

The Committee expressed concerns about the use of "minimum" standards, and responsibility to the SLT client group. The Committee agreed that Kath Williamson should be added to the working party on standards of proficiency and should attend the next meeting on 6 February. Also, Dr Susan Edwards would write a letter on behalf of the committee to the QAA Standards of Proficiency Sub-Group outlining concerns and recommending that these 'minimum' standards must only be applicable to the grandparenting group for a limited time scale, and that they must under no circumstances be applied to pre-registration courses. Such 'minimum' standards could result in a two-tier profession which would be unsafe for the public as the right to HPC state registration signals that all are safe to practice at the same level, and this would not be the case.

15/03 Any Other Business

The Committee received an oral report concerning the mutual recognition of qualifications meeting held at Ashridge College, and noted that the RCSLT certificate was likely to be accepted with effect from 2003, by ASHA, CASLPA and Speech Pathology Australia. This was a separate matter from licensing, or state registration. The Committee expressed their thanks to Calum Delaney for his work on this exercise, which had, after 40 years, moved this subject on.

16/03 Nomination of Visitors for HPC approval visits

It was noted that none of the members of the panel present had applied for this for a number of reasons; the first being that 30 days was given as the time commitment required and no-one was able to take such a large amount of time out of their current working positions. In addition the paperwork required for the actual application was enormous and was considered to be over weighty for those who had already been approved as 'fit for purpose' by earlier selection procedures. The HPC representative agreed to contact the relevant personnel at HPC and to see how many applications had been received and to see whether it would be possible to re-send to all those on the initial list supplied, urging them to apply to ensure an adequate pool of personnel. At present it was not known who would be approved to carry out the visits in the early part of the year and this was a matter of concern. Dr Peter Burley will be consulted on this by Ms Ulua Falk who will report back to Ms Sylvia Stirling.

17/03 Date of Next Meeting

12.30 on Thursday, 5 June 2003, with a sandwich lunch served beforehand at 12.00 noon.

The next meeting will consider the Report from the visit to QMUC, and UWIC, together with arrangements relating to approvals in the future.

Circulation:

Dr Gaye Powell, JAC Chair (alternate Monica Bray)

Ms Lesley Culling (alternate Lorna Povey)

Dr Susan Edwards, Deputy Chair (alternate Jane Maxim)

Mrs Eryl Evans (Wales)

Mrs Aileen Patterson (N. Ireland) (alternate Shelagh Brumfitt)

Dr Peter Burley, HPC

Ms Lucinda Pilgrim, HPC

Dr Catherine Adams, RCSLT Chair, Education & Workforce Devt Board

Dr Anna van der Gaag, HPC SLT Registrant member (Scotland) (alternate

Ms Jackie Pearce)

HPC Lay Member

Sylvia Stirling, RCSLT Senior Policy Lead

Jenny Pigram, RCSLT Policy Lead

FOR INFORMATION

**MEDICAL
LABORATORY
SCIENTIFIC OFFICERS**

THE HEALTH PROFESSIONS COUNCIL

CONFIDENTIAL

UNCONFIRMED

NOTES of the meeting of the Professional Liaison Group with representatives from HPC, former members of the Medical Laboratory Technicians Board, and the IBMS held at HPC, Park House, 184 Kennington Park Road, London SE11 4BU on Monday 27th January 2003.

PRESENT:

For the HPC:

Mr Neil Willis
Prof. Sir John Lilleyman
Mr Gordon Sutehall

Chairman

For the former MLT Board:

Mrs Mary Macdonald
Miss Jill Manley
Dr Les Culank
Mrs Pam Smith
Prof. David Rogers

(from minute 02/18)

For the IBMS:

Mr Russ Allison
Mr Alan Potter
Mr John Fulthorpe
Mr Alan Wainwright

IN ATTENDANCE:

Mr Marc Seale
Miss Cathy Savage
Mr Roy Dunn
Mr Jonathan Bracken
Mrs Ulua Falk

Item 1 02/15 APOLOGIES FOR ABSENCE AND MINUTES OF THE LAST MEETING

15.1 An apology for absence was received from Dr Peter Burley.

15.2 The following amendment was noted:

Minute 11.2.5, to read:

“5 The processes would be transferred from the HPC to the BMS with effect from 1st April 2003. In the interim Mr Wainwright would directly liaise with Ms Giercia Malcolm regarding the transfer process of documentation and the assessment standards.

ACTION: AW, GM”

Item 2 02/16 MATTERS ARISING not shown on the agenda

- 16.1 Minutes 02/8.2. It was noted that the audit group would be convened in summer 2003.
- 16.2 Minute 02/8.5. The Chairman requested the minutes/notes of the meetings held between the DTI and the MLT Board in 1999/2000.

ACTION:CS

- 16.3 Minute 02/13.3. It was anticipated that the Privy Council would approve the protected title with effect from 1st April 2003. It was agreed that should the suggested title of "Biomedical Scientist" not be approved, a special meeting of this group would be convened to discuss further options.

Item 3 02/17 NOTIFICATION OF ANY OTHER BUSINESS

- 17.1 There was none.

**Item 4 02/18 INTERNATIONALLY TRAINED MLSOs : REPORT ON
PROGRESS OF THE TRANSFER OF AWARDING BODY**
Matter arising: minutes 02/11.2, 02/11.3 and 02/11.4

- 18.1 The Secretariat had received a letter from Jonathan Bracken confirming the route which should be followed in the assessment of internationally trained applicants, namely:

An application, taking into account qualifications and work experience would be assessed on a case-by-case basis by an HPC assessor (partner)

↓

The assessor would determine any shortfall

↓

The applicant would be asked to address this shortfall

↓

The IBMS would be requested to certificate that the shortfalls had been met satisfactorily

↓

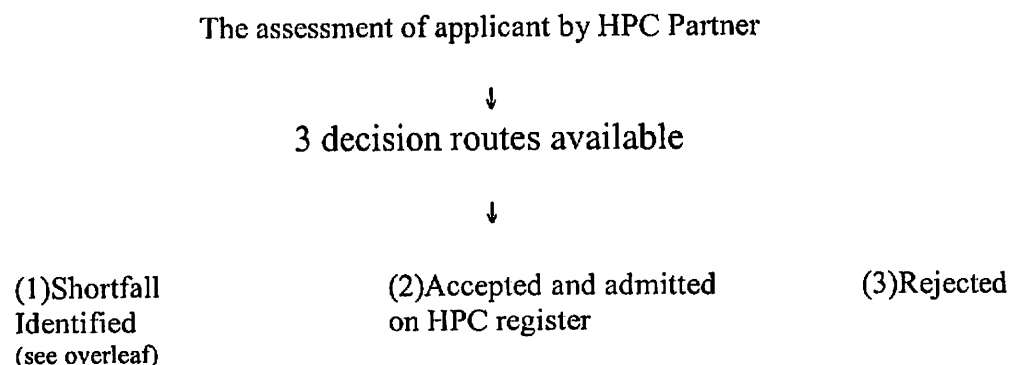
Applicant would apply for registration with HPC.

- 18.2 It was noted that the HPC had sole responsibility for the assessment of the applicant and that the qualifications and would ensure that the work experience components met the requirements for registration. In this respect, the decisions made by HPC could not be questioned by a third party.

- 18.3 Currently, in assessing internationally trained applicants, each was assessed on a case-by-cases basis. It was noted that the shortfall was often on the basis of UK technical and laboratory procedures. The logbook and oral viva were designed to address these shortfalls.
- 18.4 Mrs Macdonald sighted as an example the assessment of Zimbabwean applicants. An applicant with the 2 year General Diploma (which was equivalent to a BSc (ord) degree according to UK NARIC), would then progress to complete a 2 year Specialist Diploma (which was equivalent to a BSc (Hons) degree according to UK NARIC). The assessor would determine that the applicant would qualify under "route 6.1" and would then be acceptable. At each stage the assessor would evidence any shortfall and how this shortfall should be met.
- 18.5 In evidencing the shortfall, the assessor would stipulate the "period of adaptation" (POA) required which could range from 3 months to 2 years. The POA was the minimum period required and this was coupled with completion of the logbook and the oral viva. In practical terms it might take an applicant longer than the stipulated minimum POA to complete all the requirements prior to sitting the oral viva.
- 18.6 In response it was suggested that in future applicants would need to be given a more explicit report, i.e. that the shortfall was linked to the standards of proficiency for the profession. The written response to the applicant would be along the lines of "against the standards of proficiency you are not competent to complete x, y and z.....".
- 18.7 HPC had taken legal advice as to how internationally trained applicants should be assessed after April 2003 across all 12 professions that it currently regulated. The Council was keen for cohesion and clarity in the assessment for all professions and to ensure that there was not an exception to the rule. Accordingly at Council's last meeting (21st January 2003) it was agreed that for biomedical sciences the assessment processes would remain within HPC in line with that adopted for the other professions.

Next steps:

- 18.8 Thus, it was suggested that the way forward for biomedical sciences was:



18.9 (1)SHORTFALL IDENTIFIED – in detail



Applicant provided with shortfall report which would be copied to the IBMS



Applicant met shortfall through training in an *approved laboratory, completion of the logbook and the oral assessment [organised by the IBMS]



IBMS issues the *Certificate of Completion*



Applicant applies for registration with HPC

- 18.10 Periodically, the HPC would “quality control” the processes organised by the IBMS (denoted by the * in 02/18.6).

ACTION: Audit Group

- 18.11 The group discussed the reasons for appointing an external body to carry out the assessment function on behalf of HPC. This precedent currently existed within the GMC who had sub contracted the assessment of internationally trained applicants to the Medical Royal Colleges. The question thus was why this system could not be adopted by HPC. In response, HPC would not sanction a different system to that adopted for the other professions. HPC Education & Training Committee had responsibility on behalf of Council to ensure that the system worked and discharged the quality control function.

- 18.12 In response, the Institute felt that the additional responsibility entailed in issuing the *Certificate of Completion* would need to be discussed by its Council and the financial implications therein. The IBMS Council might seek financial assistance from the HPC Council in order to be able to discharge these duties appropriately.

- 18.13 The IBMS raised the issue of the validity of decisions and with whom responsibility lay for decisions taken. The IBMS felt that it might be placed in a difficult position in certificating a process at the end point into which it had not been involved from the outset. It was noted that the appointment of assessors (HPC partners) was in accordance with the Nolan Principles and the Commission of Public Appointments. HPC Partners would be appropriately trained and appraised.

- 18.14 The IBMS President, Mr Russ Allison would take the following issues back to the IBMS Council:- (i) the change in the assessment process (ii) the advantages and disadvantages of the proposals and (iii) funding for the new process and would report back at the next meeting.

ACTION: RA

- 18.15 In conclusion, the Group requested that HPC Council re-considered its decision and permitted the assessment process to be outsourced to the IBMS.

ACTION: NW, MJS

- 18.16 The IBMS further requested that they be part of the interviewing panel/process for the appointment of HPC Partners in relation to the biomedical science profession. In response it was stated that the appointment of HPC Partners was solely within the remit of its Council. The interviewing panels comprised the registrant/alternate member of the profession and lay membership. There was no intention of involving the professional bodies in this operational matter.

Item 6 02/19 JOINT WORKING BODY

- 19.1 **Constituent Membership:** *Matter arising: minutes 02/12.2 and 02/12.3*

- 19.1.1 It was agreed that the future group would comprise membership from HPC, IBMS and HUCBMS. The Chairman would liaise with the Chairman of HUCBMS as to the representation from that group.

ACTION: NW

- 19.1.2 The Group would receive an update regarding representation from the four home countries at the next meeting. It was suggested as a way forward would be to make the necessary appointments from amongst the organisations highlighted in minute 19.1.1 and thereafter to review the gaps in terms of home country representation.

ACTION: JB

- 19.2 The long term role of this group was as a foundation for a joint advisory body/joint validation committee whose main remit would be development of the co-terminous degree.

Item 7 02/20 ANY OTHER BUSINESS

- 20.1 There was none.

Item 8 02/21 DATE OF NEXT MEETING

- 21.1 It was agreed that the next meeting should be held in Meeting Room 1 (Mezzanine), Park House, 184 Kennington Park Road, London, SE11 4BU on **Monday 3rd March 2003 at 11.30am** (until approximately 1.00pm).