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## Approval process report

### Buckinghamshire New University, Diagnostic Radiography, 2022 -23

#### Executive summary

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

We have

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

Through this assessment, we have noted:

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

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<b>Previous consideration</b>	Not applicable, this process was not referred through another process.
<b>Decision</b>	The Education and Training Committee (Panel) decided: <ul style="list-style-type: none"><li>• The programme is approved</li></ul>
<b>Next steps</b>	Outline next steps / future case work with the provider: <ul style="list-style-type: none"><li>• The provider's next performance review will be in the 2026-27 academic year.</li><li>• The education provider is currently going through the approval process for an Occupational Therapy programme.</li></ul>

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## Section 1: About this assessment

### About us

We are the Health and Care Professions Council (HCPC), a regulator set up to protect the public. We set standards for education and training, professional knowledge and skills, conduct, performance and ethics; keep a register of professionals who meet those standards; approve programmes which professionals must complete before they can register with us; and take action when professionals on our Register do not meet our standards.

This is a report on the approval process undertaken by the HCPC to ensure that Buckinghamshire New University and the programmes detailed in this report meet our education standards. The report details the process itself, evidence considered, outcomes and recommendations made regarding Buckinghamshire New University and programmes approval / ongoing approval.

### Our standards

We approve education providers and programmes that meet our education standards. Individuals who complete approved programmes will meet proficiency standards, which set out what a registrant should know, understand and be able to do when they complete their education and training. The education standards are outcome focused, enabling education providers to deliver programmes in different ways, as long as individuals who complete the programme meet the relevant proficiency standards.

### Our regulatory approach

We are flexible, intelligent and data-led in our quality assurance of programme clusters and programmes. Through our processes, we:

- enable bespoke, proportionate and effective regulatory engagement with education providers;
- use data and intelligence to enable effective risk-based decision making; and
- engage at the organisation, profession and programme levels to enhance our ability to assess the impact of risks and issues on HCPC standards.

Providers and programmes are [approved on an open-ended basis](#), subject to ongoing monitoring. Programmes we have approved are listed [on our website](#).

### The approval process

Institutions and programmes must be approved by us before they can run. The approval process is formed of two stages:

- Stage 1 – we take assurance that institution level standards are met by the institution delivering the proposed programme(s)
- Stage 2 – we assess to be assured that programme level standards are met by each proposed programme

Through the approval process, we take assurance in a bespoke and flexible way, meaning that we will assess whether providers and programmes meet standards based on what we see, rather than by a one size fits all approach. Our standards are split along institution and programme level lines, and we take assurance at the provider level wherever possible.

This report focuses on the assessment of the self-reflective portfolio and evidence.

### **How we make our decisions**

We make independent evidence based decisions about programme approval. For all assessments, we ensure that we have profession specific input in our decision making. In order to do this, we appoint [partner visitors](#) to design quality assurance assessments, and assess evidence and information relevant to the assessment. Visitors make recommendations to the Education and Training Committee (ETC). Education providers have the right of reply to the recommendation. If an education provider wishes to, they can supply 'observations' as part of the process.

The ETC make the decisions about the approval and ongoing approval of programmes. In order to do this, they consider recommendations detailed in process reports, and any observations from education providers (if submitted). The Committee takes decisions through different levels depending on the routines and impact of the decision, and where appropriate meets in public. Their decisions are available to view [on our website](#).

### **The assessment panel for this review**

We appointed the following panel members to support this review:

Rachel Picton	Lead visitor, Radiographer, Diagnostic Radiographer
Shaaron Pratt	Lead visitor, Radiographer, Diagnostic Radiographer
Saranjit Binning	Education Quality Officer
Sophie Bray	Education Quality Officer

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

### **The education provider context**

The education provider currently delivers ten HCPC-approved programmes across four professions. It is a higher education provider and has been running HCPC approved programmes since 2017.

The provider is made up of seven Schools and the HCPC approved programmes sit within the School of Health Care and Social Work and the School of Nursing, Midwifery and Allied Health. The provider offers simulation facilities across three campuses. The specific professional areas work closely with the NHS, private and independent sector to secure clinical placements for the HCPC approved programmes.

Last academic year, the provider engaged with the HCPC performance review process for all their existing approved programmes. The recommendation has been submitted and approved by the Education and Training Panel who agreed with a five year monitoring period.

### Practice areas delivered by the education provider

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

	Practice area	Delivery level		Approved since
<b>Pre-registration</b>	Operating Department Practitioner	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2018
	Paramedic	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2021
	Physiotherapist	<input checked="" type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Postgraduate	2021
<b>Post-registration</b>	Independent Prescribing / Supplementary prescribing			2017

### Institution performance data

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

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

Data Point	Benchmark	Value	Date	Commentary
Total intended learner numbers compared to total enrolment numbers	435	335	2022	The number of learners enrolled is lower than the benchmark. During their last performance review (2018-21) the visitors were satisfied with the information and reflection provided in the portfolio by the education provider.

Learners – Aggregation of percentage not continuing	3%	7%	2019-2020	The value is higher than the benchmark. During their last performance review (2018-21) the visitors were satisfied with the information and reflection provided in the portfolio by the education provider.
Graduates – Aggregation of percentage in employment / further study	94%	95%	2019-2020	The value score in this area is higher than the benchmark, which indicates graduates make good progress with securing employment opportunities and progressing to further study.
Teaching Excellence Framework (TEF) award	N/A	Silver	June 2018	A silver award indicates the institution delivers high quality teaching, learning and outcomes for its learners.
National Student Survey (NSS) overall satisfaction score (Q27)	76.5%	80%	2022	This score indicates the percentage of learners who are satisfied with their learning at this institution is higher than the benchmark. This shows learners are satisfied with the performance of the education provider.

## The route through stage 1

Institutions which run HCPC-approved provision have previously demonstrated that they meet institution-level standards. When an existing institution proposes a new programme, we undertake an internal review of whether we need to undertake a full partner-led review against our institution level standards, or whether we can take assurance that the proposed programme(s) aligns with existing provision.

As part of the request to approve the proposed programme(s), the education provider supplied information to show alignment in the following areas.

### Admissions

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

- **Information for applicants** – The Admissions policy and procedure outlines the institution wide policies covering information for applicants. In addition to this, there are programme specific policies which apply to individual disciplines. The information includes programme specific applicant guides, programme information and programme specifications. This information will apply to the proposed programme.

- **Assessing English language, character, and health** – The Admissions policy and procedure relating to this area is institution wide and applies to all programmes. For some programmes it is adjusted to accommodate the profession specific requirements such as health and Disclosure and Barring Service (DBS) check requirements. These policies will apply to the proposed programme.
- **Prior learning and experience (AP(E)L)** – The Accreditation of Prior Learning Policy and Procedure is an institution wide policy and applies to all programmes. This policy will apply to the proposed programme.
- **Equality, diversity and inclusion** – The Equality, diversity and inclusion policy is included in the Admissions Policy and is an institution wide policy. This will apply to the proposed programme.

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

### Management and governance

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

- **Ability to deliver provision to expected threshold level of entry to the Register<sup>1</sup>** – There are institution wide policies covering the delivery of the provision to the expected threshold level of entry to the Register. The Academic Qualifications Framework sets out the framework for qualifications, academic level credit and structural requirements and the Academic Assessment Regulations cover requirements for achievement of credit and awards by individual learners. In addition to this External Examiners are appointed to confirm standards of achievement. These policies will apply to the proposed programme.
- **Sustainability of provision** – The Annual Monitoring Policy is an institution wide policy and ensures the sustainability of the provision. This policy assesses the risks to programmes and where necessary action plans are created. This policy will apply to the proposed programme.
- **Effective programme delivery** – To ensure effective delivery of the programme, there are institution level policies in place. The Academic Qualifications Framework, Annual Monitoring Policy and External Examiner Policy ensure programmes are effectively supported and managed, as the policies clearly outline the requirements of programme delivery and will apply to the proposed programme.
- **Effective staff management and development** – The Performance Development Review Policy and the Learning and Development Policy outline the education provider's commitment to providing training and development opportunities to their staff. The Learning and Development Policy is specifically designed to ensure all staff are provided with the relevant support to undertake their duties. These policies and procedures are institution wide and will apply to the proposed programme.
- **Partnerships, which are managed at the institution level** – The Placement Learning Policy is an institution wide policy and covers core principles,

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

academic quality, responsibilities and insurance. This policy supports partnerships and will apply to the proposed programme.

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

#### Quality, monitoring, and evaluation

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

- **Academic quality** – The Academic Qualifications Framework, Annual Monitoring Policy, Programme Approval and Amendment Policy and Personal Tutoring Policy are institution wide policies. These policies and procedures ensure academic quality on all programmes and will apply to the proposed programme.
- **Practice quality, including the establishment of safe and supporting practice learning environments** – There are several policies and procedures set at institution level to ensure practice quality and a safe and supportive practice learning environment. Some of these include Student Bullying and Harassment, Student Complaints procedure, Placement Learning Policy and the Diagnostic Radiography (Pre-registration) Interprofessional strategy. These policies and procedures are institution wide and will apply to the proposed programme.
- **Learner involvement** – Student Representation Policy supports and encourages learner involvement on all programmes and is an institution wide policy. In addition to this, the Learning Contract ensures learners are involved with the specific programmes. These policies will apply to the proposed programme.
- **Service user and carer involvement** – Diagnostic Radiography Placement Educators and Expert By Experience Involvement Strategy is a profession specific policy and will apply to the proposed programme. The education provider is also working on introducing an institutional expert by experience strategy and this will be an institution wide policy.

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

#### Learners

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

- **Support** – The education provider offers a range of services to support the wellbeing and learning needs of their learners. Some of these services include the Student Health and Wellbeing Service, Academic Registry Helpdesk and Academic Advice and Student Learning and Achievement Unit. In addition to this there is also a Personal Tutor Policy, and this is available to all learners. These policies are institution wide and will apply to the proposed programme.
- **Ongoing suitability** – Suitability is considered through the Fitness to Practise Procedure and Personal Tutor Policy. All these policies are institution wide and will apply to the proposed programme.
- **Learning with and from other learners and professionals (IPL/E)** – Inter-professional policies are currently programme specific; however, the education provider is working on establishing a school-wide policy. This policy will apply to the proposed programme.



- **Equality, diversity and inclusion** – The Equality, diversity and inclusion policy, Mitigating Circumstances policy and Interruption Withdrawal and Transfer procedure are all institution wide policies and procedures and cover equality, diversity and inclusion. These policies and procedures will apply to the proposed programme.

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

### Assessment

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

- **Objectivity** – To ensure assessments are objective, all programmes follow the guidance set out in the Assessment and Feedback policy, Academic Assessment regulations and External Examiner policy. These policies and procedures ensure objectivity and clear quality processes for assessment and marking and will apply to the proposed programme.
- **Progression and achievement** – All assessment processes comply with the Assessment and Feedback policy and Academic Assessment regulations. These policies are institution wide and will apply to the proposed programme.
- **Appeals** – The appeals procedure is an institution wide policy and allows learners to appeal their marks. This policy will apply to the proposed programme.

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

#### **Outcomes from stage 1**

We decided to progress to stage 2 of the process without further review through stage 1, due to the clear alignment of the new provision within existing institutional structures, as noted through the previous section.

### Section 3: Programme-level assessment

#### **Programmes considered through this assessment**

Programme name	Mode of study	Profession (including modality) / entitlement	Proposed learner number, and frequency	Proposed start date
MSc Diagnostic Radiography (Pre-Registration)	FT (Full time)	Radiography – Diagnostic Radiography	15 learners, 1 cohort per year	01/09/2023

#### **Stage 2 assessment – provider submission**

The education provider was asked to demonstrate how they meet programme level standards for each programme. They supplied information about how each standard was met, including a rationale and links to supporting information via a mapping document.

### **Quality themes identified for further exploration**

We reviewed the information provided, and worked with the education provider on our understanding of their submission. Based on our understanding, we defined and undertook the following quality assurance activities linked to the quality themes referenced below. This allowed us to consider whether the education provider met our standards.

We sought out clarification on each quality theme via email communication to allow the education provider to elaborate on previous information they had sent or send further evidence documents to answer the queries.

#### Quality theme 1 – ensuring regular and effective collaboration between the education provider and practice education providers

**Area for further exploration:** The visitors noted collaboration between the education provider and placement providers was briefly explained in the approval submission. For example, meetings are mentioned, and brief notes are supplied of stakeholder involvement from placement providers and agreements in principle. There was limited information about the ongoing arrangements to ensure there will be regular and effective collaboration moving in the future. The visitors explored how the education provider will ensure there are mechanisms to have continual, effective engagement with placement providers. It is important they can maintain communications with placement providers to ensure there is appropriate capacity and support for learners and placement providers. This collaboration will also enable them to monitor the suitability of the placement providers.

**Outcomes of exploration:** To demonstrate previous and ongoing collaboration with placement providers, the education provider supplied minutes from meetings. These included minutes of the meeting held on the 15th of March 2023 with Practice Educators and notes of meetings held with learners, service users and service managers. They also outlined how communications with placement providers has been done through email. These communications have focused on securing placements for learners ahead of the start of the programme. They send all organisations an audit and tripartite agreement prior to them becoming a placement provider. The education provider noted they currently hold Practice Placement Agreements (PPA) with all the Trusts that will be training their learners to secure placements. The visitors were satisfied the information provided demonstrated the education provider has processes in place to ensure regular and effective collaboration with their placement providers.

#### Quality theme 2 – ensuring an adequate number of appropriately qualified and experienced staff involved in practice-based learning

**Area for further exploration:** The education provider did not provide information on how they will ensure practice educators have the appropriate qualifications to support learners on the programme. They stated they would assess and monitor the number and qualifications of placement provider staff through placement audits. The education provider did not provide the information to show there was an appropriate number of qualified practice educators for learners. It was also not detailed if training is provided by the education provider to support practice supervisors. The visitors decided to explore the education provider's processes by requesting the outcomes of audits, numbers of appropriately qualified staff in placement providers and how they will be supported. It is important the education provider has processes to appropriately monitor placement providers to ensure learners receive training from appropriately qualified staff.

**Outcomes of exploration:** The education provider supplied Placement Audits and the Placement Proforma to demonstrate they are collating information and monitoring practice educators at their placement providers. They explained how the practice educators are senior members of their clinical teams within their respective NHS Trusts. They have been granted responsibility for learner education and training by their designated service managers. Practice educators, mentors and assessors will attend a training workshop run by the education provider in September 2023.

They are also expected to complete a Practice Education module and the College of Radiographers' Practice Educator Accreditation Scheme (PEAS) to support them carrying out their roles. The education provider informed us practice supervisors are registered as diagnostic radiographers with the HCPC and are members of the Society of Radiographers. They have the responsibility for training mentors and assessors within their teams to offer an ongoing, consistent, supportive learning environment for learners. The visitors were satisfied there is appropriate support and monitoring of practice supervisors to ensure they are appropriately qualified.

### Quality theme 3 – ensuring the programme aligns to relevant professional body and regulator standards

**Area for further exploration:** The education provider mapped the learning outcomes to modules, not the HCPC Standards of Proficiency (SoPs) in their submission. There was insufficient explanation about how they are ensuring learners will meet the SoPs for radiographers and how specific learning outcome will relate to each SoP. The education provider also stated in the programme Context Document the College of Radiographers (CoR) Education and Career Framework for the Radiography Workforce (2022) is reflected in the curriculum. There was limited evidence to support this, with referencing to the CoR framework difficult to find. It is important the education provider is clearly and appropriately signposting the links in the curriculum to meeting professional body and regulator standards and frameworks.

**Outcomes of exploration:** The education provider responded to this quality theme by mapping the SoPs to the module learning outcomes. They provided this documentation to the visitors who were satisfied the SoPs for radiographers was met. They also provided documentation demonstrating where they have mapped the learning outcomes to the CoR framework. The visitors were satisfied the changes

made that link the professional body and regulator standards and frameworks were appropriate. They were satisfied the programme reflects the philosophy, core values, skills and knowledge base as articulated in any relevant curriculum guidance.

## Section 4: Findings

This section details the visitors' findings from their review through stage 2, including any requirements set, and a summary of their overall findings.

### Conditions

Conditions are requirements that must be met before providers or programmes can be approved. We set conditions when there is an issue with the education provider's approach to meeting a standard. This may mean that we have evidence that standards are not met at this time, or the education provider's planned approach is not suitable.

The visitors were satisfied that no conditions were required to satisfy them that all standards are met. The visitors' findings, including why no conditions were required, are presented below.

### Overall findings on how standards are met.

This section provides information summarising the visitors' findings against the programme-level standards. The section also includes a summary of risks, further areas to be followed up, and areas of good practice.

### Findings of the assessment panel:

- **SET 1: Level of qualification for entry to the Register** – this standard is covered through institution-level assessment.
  
- **SET 2: Programme admissions** –
  - Entry requirements for the programme are clearly outlined in the programme specification.
  - An occupational health assessment is required for all applicants prior to acceptance onto the programme.
  - Admission to the programme is subject to the Rehabilitation of Offenders Act (1994), Exemption Order 1975 and DHSS HC 88 guidelines regarding child protection and police checks. Applicants are also required to complete a criminal record disclaimer form and an enhanced police check with the Disclosure and Barring Screening Service (DBS).
  - The visitors considered that the information submitted demonstrated appropriate selection and entry requirements. As a result, they considered the relevant standards within this SET area met.
  
- **SET 3: Programme governance, management and leadership** –
  - There are regular governance meetings with NHS Trust partners, and communications between the programme team and clinical teams.

These occur through informal catch-up meetings and emails, and formal Committee and Practice Educator meetings. Further information submitted through [quality theme 1](#) demonstrated how the education provider ensures regular and effective collaboration with practice education providers.

- Annual Practice Learning Environment Audits will be undertaken for all practice placements prior to learners attending practice placements. The audits will identify the number of trained mentors and assessors in each setting and the number of learners that the practice setting can take at any one time. This will specify placement capacity.
  - As outlined in the initial submission (through staff curricula vitae (CVs), and through [quality activity 2](#), the education provider has demonstrated through evidence how there are adequate numbers of appropriately qualified and experienced staff to deliver the programmes through teaching and placements. There is also evidence there is a range of expertise among the staff members to deliver the programmes effectively.
  - There is evidence both learners and educators would have access to the resources they need to effectively support learning and teaching on the programme. There are a range of resources available including virtual, simulation and eLearning as well as access to library facilities.
  - Through initial submission as well as quality activity, the visitors were satisfied that all standards within this SET area are met.
- **SET 4: Programme design and delivery –**
    - The module learning outcomes have been mapped to the HCPC's revised Standards of Proficiency (SOPs) for radiographers, to demonstrate how learners will be able to meet the SOPs upon successful completion of the programmes. This was explored further through [quality activity 3](#) to ensure clarity of mapping.
    - Programme learning outcomes reference expectations of professional behaviour including standard of conduct, performance and ethics. There is appropriate evidence that professional behaviour and the expectations are integral to the modules and practice learning. Learners are required to sign a Student Practice Placement Agreement which covers expectations of professional behaviour.
    - The programme adheres to all relevant curriculum guidance provided by the HCPC, College of Radiographers (CoP) and the University governance framework. This demonstrates how the education provider ensures the curriculum remains current with the philosophy, core values, knowledge and skills of the profession.
    - All academic staff must maintain their professional registration and have opportunities for continued professional development (CPD) in line with their job roles and specialist areas of teaching identified through the staff appraisal system.
    - The learning, teaching and assessment strategy appropriately articulates the relationship between the theoretical and practice component of the programme. There are a range of learning and teaching methods are relevant to the module learning outcomes of the programme.

- Reflective thinking is embedded throughout the programme within the academic and clinical practice modules. The development of autonomous and reflective thinking concludes with the final module of the programme, 'Becoming an Autonomous Practitioner'. Evidence based enquiry skills are integrated throughout the programme, from the acquisition of the skills such as literature searching in year one. The application of these skills occurs throughout the programme.
  - There is sufficient evidence to satisfy the visitors that all standards within this SET area are met.
- **SET 5: Practice-based learning –**
    - The Learning and Teaching Strategy integrates both practice based learning and academic learning throughout the programme. This is clearly articulated through the Course Plan and module specifications.
    - The information provided in the module descriptors evidence how practice-based learning design ensures learners can meet the learning outcomes and the SOPs. For example, all academic diagnostic radiography specific modules have practice workshops for the learners to apply their knowledge, skills and understanding in a safe environment.
    - Placements will be undertaken in a range of healthcare settings, National Health Service (NHS) or Independent Sectors providing the opportunity to develop learners' understanding of diagnostic radiography within a range of practice environments.
    - Annual Placement Learning Environment Audits identify the number of trained clinical educators in each placement and the number of learners that the practice setting could take at any one time, as explored in [quality theme 2](#). Mentor and assessor training is offered to all qualified Diagnostic Radiographers. Diagnostic Radiographers who have engaged with assessor training are able to act as learner practice assessors.
    - This demonstrates there is an adequate number of staff in practice-based learning and that they are appropriately qualified and experienced to support learners in practice. There is sufficient evidence to satisfy the visitors that all standards within this SET area are met.
- **SET 6: Assessment –**
    - All learning outcomes in each module are assessed through the module assessment method(s). All modules and learning objectives are mapped against the HCPC Standards of Proficiency for Radiographers. All assessments are aligned with the learning outcomes for each module.
    - The module descriptors outline the content and learning objectives, which is appropriate to demonstrate professional behaviour. Several assessments within the programme have professional behaviour including the Standards of Conduct, Performance and Ethics as part of an assessment criteria.

- The range of assessment methods identified are appropriate to the learning outcomes. There is sufficient evidence to satisfy the visitors that all standards within this SET area are met.

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

## Section 5: Referrals

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

There were no outstanding issues to be referred to another process

### **Recommendations**

We include recommendations when standards are met at or just above threshold level, and where there is a risk to that standard being met in the future. They do not need to be met before programmes can be approved, but they should be considered by education providers when developing their programmes.

The visitors did not set any recommendations.

## Section 6: Decision on approval process outcomes

### **Assessment panel recommendation**

Based on the findings detailed in section 4, the visitors recommend to the Education and Training Committee that:

- All standards are met, and therefore the programmes should be approved.
- The education provider's next engagement with the performance review process will be in the 2026-27 academic year, as determined during their last performance review in 2018-21.

### **Education and Training Committee decision**

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

Based on all information presented to them, the Committee decided that:

- The programmes are approved
- The education provider's next engagement with the performance review process should be in the 2027-28 academic year

**Reason for this decision:** The education and Training Committee Panel agreed with the findings of the visitors and were satisfied with the recommendation to approve this programme.



Appendix 1 – list of open programmes at this institution

<b>Name</b>	<b>Mode of study</b>	<b>Profession</b>	<b>Modality</b>	<b>Annotation</b>	<b>First intake date</b>
BSc (Hons) Operating Department Practice	FT (Full time)	Operating department practitioner			01/09/2018
BSc (Hons) Operating Department Practice – Apprenticeship	WBL (Work based learning)	Operating department practitioner			01/08/2019
BSc (Hons) Operating Department Practice with Foundation Year	FT (Full time)	Operating department practitioner			01/09/2018
BSc (Hons) Paramedic Science (Uxbridge)	FT (Full time)	Paramedic			01/02/2022
BSc (Hons) Paramedic Science (High Wycombe)	FT (Full time)	Paramedic			01/09/2021
BSc (Hons) Physiotherapy	FT (Full time)	Physiotherapist			19/09/2022
Dip (HE) Operating Department Practitioner	FT (Full time)	Operating department practitioner			01/09/2011
Graduate Certificate Non-Medical Prescribing	PT (Part time)			Supplementary prescribing; Independent prescribing	01/09/2017
MSc Physiotherapy	FT (Full time)	Physiotherapist			01/09/2021
Postgraduate Certificate Non-Medical Prescribing	PT (Part time)			Supplementary prescribing; Independent prescribing	01/09/2017