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## Approval process report

University of Hull, diagnostic radiography, 2022-23

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### Executive Summary

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

We have:

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

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

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Previous consideration	This is not applicable because the approval process was not referred from another process.
Decision	The Education and Training Committee (Panel) is asked to decide: <ul style="list-style-type: none"><li>• whether the programme(s) are approved</li></ul>
Next steps	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 2027-28 academic year</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 the University of Hull programme(s) detailed in this report meet our education standards. The report details the process itself, evidence considered, outcomes and recommendations made regarding the University of Hull programme(s) approval / ongoing approval.

## Our standards

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

## Our regulatory approach

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

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

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

## The approval process

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

- Stage 1 – we take assurance that institution level standards are met by the institution delivering the proposed programme(s)

- Stage 2 – we assess to be assured that programme level standards are met by each proposed programme

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

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

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

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

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

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

We appointed the following panel members to support this review:

Mark Widdowfield	Lead visitor, Diagnostic Radiographer
Rachel Picton	Lead visitor, Diagnostic Radiographer
Temilolu Odunaike	Education Quality Officer

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

### **The education provider context**

The education provider currently delivers eight HCPC-approved programmes across five professions, including two post registration programmes for prescribing annotations. It is a Higher Education Institution and has been running HCPC approved programmes since 1992. All of their HCPC approved programmes are within the Faculty of Health Sciences.

The education provider underwent their performance review in the 2022-23 academic year where they received the maximum five-year review period with one referral to be considered at their next performance review in the 2027-28 academic year.

### 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>	Biomedical scientist	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2006
	Dietitian	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2021
	Operating Department Practitioner	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2004
	Paramedic	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2018
	Physiotherapist	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2020
	Practitioner psychologist	<input type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Postgraduate	1992
<b>Post-registration</b>	Independent Prescribing / Supplementary prescribing			2007

### 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
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Total intended learner numbers compared to total enrolment numbers	181	231	2022-23	<p>The benchmark figure is data we have captured from previous interactions with the education provider, such as through initial programme approval, and / or through previous performance review assessments. Resources available for the benchmark number of learners was assessed and accepted through these processes. The value figure is the benchmark figure, plus the number of learners the provider is proposing through the new provision. We are satisfied the education provider is resourcing to their programmes as expected.</p>
Learners – Aggregation of percentage not continuing	3%	2%	2020-21	<p>This data was sourced from a data delivery. This means the data is a bespoke Higher Education Statistics Agency (HESA) data return, filtered bases on HCPC-related subjects.</p> <p>The data point is below the benchmark, which suggests the provider is performing above sector norms.</p> <p>When compared to the previous year's data point, the education provider's performance has improved by 2%.</p>
Graduates – Aggregation of percentage in employment / further study	94%	97%	2019-20	<p>This data was sourced from a data delivery. This means the data is a bespoke HESA data return, filtered bases on HCPC-related subjects.</p>

				<p>The data point is above the benchmark, which suggests the provider is performing above sector norms.</p> <p>When compared to the previous year's data point, the education provider's performance has improved by 5%.</p>
Teaching Excellence Framework (TEF) award	N/A	Silver	2018	The definition of a Silver TEF award is "Provision is of high quality, and significantly and consistently exceeds the baseline quality threshold expected of UK Higher Education."
National Student Survey (NSS) overall satisfaction score (Q27)	75.4%	88.3%	2023	<p>This data was sourced at the subject level. This means the data is for HCPC-related subjects.</p> <p>The data point is above the benchmark, which suggests the provider is performing above sector norms.</p> <p>When compared to the previous year's data point, the education provider's performance has improved by 11%. We recognise this is a large improvement and it would be helpful for the education provider to reflect to identify any best practice.</p>
HCPC performance review cycle length	N/A	5 years	2022-23	The education provider received the maximum review period at their last performance review.

## The route through stage 1

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

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

### Admissions

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

- **Information for applicants –**
  - Admissions policy is set at institution level and is contained in the General Policy for Students Admission. Additional admissions information is provided at School and programme level. This is specific to applicants training for a registered profession and aligns with the other Professional Statutory and Regulatory Bodies (PSRB) programmes provided in the faculty.
  - As part of the admissions requirements, learners are required to declare any ongoing investigations related to performance or conduct in paid or voluntary work, any ongoing police investigations and/or if they have ever had any action taken against them in respect of performance or conduct during paid or voluntary employment.
  - Additional details about the apprenticeship route include the apprenticeship standard requirements and the scrutiny by the Office for Standards in Education, Children's Services and Skills (Ofsted).
  - This aligns with our understanding of how the institution runs and applies to the new provision.
  
- **Assessing English language, character, and health –**
  - Entry requirements including English language proficiency, character and health are provided in the General Policy for Students Admissions.
  - We understand this is set at institution level and applies to the new provision. In addition, HCPC SOPs and HEOPS standards for medical fitness are applied at both school and programme level and aligns with other PSRB programmes provided in the faculty.
  
- **Prior learning and experience (AP(E)L) –**
  - The education provider's Recognition of Prior Certificated and Experiential Learning, Code of Practice as well as their Qualification Reform will be used in assessing prior learning and experience. This is in line with how the institution operates.
  - For direct entry into year 2, current appropriate qualifications and experience will be assessed. The apprenticeship route will require

undertaking a skill scan at onboarding to determine the amount of new development the apprentice will gain.

- **Equality, diversity and inclusion –**
  - The education provider's University Code of Practice (UCoP) Equal Opportunities: Admission of Students will apply to the new provision. The policy is set at institution level. However, minor tweaks may be made to the programmes depending on professional requirements.

**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> –**
  - Threshold entry routes are stipulated, reviewed and approved at programme development and provided in the Programme Specification Document for the programmes.
  - The External Examining policies / processes ensure qualifications are delivered at the required levels.
  - For the apprenticeship route, the education provider's apprenticeship office provides support to ensure compliance with both apprenticeship and Ofsted requirements.
  - All of these apply to the new provision and align with how the institution functions.
- **Sustainability of provision –**
  - The Department of Health and Social Care: Healthcare education and training tariff in addition to the Academic Fees Policy ensures the programmes are funded through tuition fees and an uplift from the Office for Students.
  - The Education Planning Committee (EPC) ensures that the provision of education is sustainable through a comprehensive approach that focuses on various factors such as market demand, academic quality, strategic alignment, and financial viability.
  - Clinical practice is supported by clinical practice educators funded through the Healthcare education and training tariff, Health Education England (HEE) placement tariff, and additional HEE support in NHS practice providers. In both NHS and private practice, this support is further supplemented by the apprenticeship levy.
  - These are institution-wide policies and processes that will also apply to the new provision.
- **Effective programme delivery –**

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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

- Several policies including the New Programmes, Approval of Modules, and Modifications to Programmes of Study are institutional policies that will apply to the new provision.
  - The education provider has a quality assurance structure that is followed by all faculties. A range of programme and academic codes of practice, regulations and guidance is provided to ensure effective programme design, delivery and management.
  - There is also a Teaching Excellence Academy (TEA) that establishes and supports best practice and provides guidance for all teaching staff. The TEA also supports continuing professional development, appraisal and Continual Monitoring, Evaluation and Enhancement (CMEE).
  - For the apprenticeship route, the education provider's apprenticeship office provides support to ensure compliance with both apprenticeship and Ofsted requirements.
  - All of these are institution-wide policies and processes that will also apply to the new provision.
- **Effective staff management and development –**
    - At faculty level all staff have enhanced Disclosure and Barring Service (DBS) and mandatory training in safeguarding, data protection, cyber security, supporting the distressed learner, equality and diversity, and several other areas.
    - The Appraisal and Development Review Policy supports a twice-yearly continuous appraisal process with formal appraisal and development review meetings.
    - Health and social care lecturers are expected to maintain their professional registration with the appropriate regulatory and professional body. Details of their continued registration is confirmed and continuing professional development (CPD) required to support this is supported.
    - The education provider provides a Learning and Development Matrix is provided to guide staff and managers to navigate the various learning and development activities available according to their role, learning needs, and level within the education provider. It also helps to define what support is available.
    - CPD is supported and reviewed as part of the appraisal process, role progression and is also required and reviewed regarding professional registration. Opportunities for research and knowledge exchange are actively supported.  
These all form part of the institution-wide processes that will apply to the new provision.
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  - **Partnerships, which are managed at the institution level –**
    - The education provider's Partnerships and collaborations - Knowledge Exchange Strategy 2020-2025, Knowledge Exchange Framework and Knowledge Transfer Partnerships (KTP) support the various

partnership arrangements they have. Some of which include, Cambridge Education Group (CEG), Team GB – 6-year partnership that started in 2019, and Lampada - software development, eLearning platforms, Virtual Reality, Augmented Reality and Mixed Reality.

- They also have international partnerships such as Utrecht Network which includes 31 universities from 26 European countries. This focuses on best practice in learner and staff mobility, summer schools, the internationalisation of curriculum, shared curricula, and joint degrees.
- Their Strategic Partnership Group Membership and Terms of Reference is an institution-wide policy which ensures each programme has a management team that has membership that includes industry partners. This ensures the programmes meet the industry needs.
- All of these will apply to the new provision.

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

#### Quality, monitoring, and evaluation

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

- **Academic quality**
  - There are institution-wide policies that support academic quality. Some of these include New Programmes, Academic Framework, Guidance for Blended and Distance Learning Programmes and Honours Degrees – Regulations. These will also apply to the new provision. There is also a Teaching Excellence Academy that establishes and supports best practice and provides guidance for all teaching staff.
  - The education provider also has an Annual Monitoring, Review and Enhancement of Programmes (AMREP) process that module and programme leads must engage in with reports provided at exam boards and to the quality team.
  - This is set at institution level and will apply to the new provision.
- **Practice quality, including the establishment of safe and supporting practice learning environments –**
  - There are several institution-wide policies and processes to support the quality of practice. Some of these include Safeguarding Policy (2021), Placement Charter (2023) Faculty of Health Sciences, and Regulations and Procedure for the Investigation and Determination of Complaints by Students.
  - In addition, at faculty level, advice, guidance and support is provided for learners and practice partners through the placement websites.
  - For the apprenticeship route, tripartite meetings between the employer, learner, and education provider are held every 10-12 weeks to support both learners and staff in practice. Additionally, regular partnership meetings are conducted with apprenticeship leads in practice. These

meetings ensure continuous support and alignment among all parties involved.

- These will all apply to the new provision.

- **Learner involvement –**

- There are institutional policies that ensure learners are involved. For example, there is the Partnership with Students in the Management of Quality and Standards: Part A - Course Representative Recruitment. There is also a Partnership with Students in the Management of Quality and Standards: Part B - Student-Staff Forums. Both policies will apply to the new provision.
- At programme level, learner representatives for each cohort and provision are sought. The representatives attend practice partner meetings and other programme meetings.
- Module Evaluation Questionnaires (MEQs) are completed by learners. Module leaders respond to these with a Student Report which forms part of the education provider's Module feedback cycle. Learners on the new provision will also benefit from this system.

- **Service user and carer involvement –**

- Service user and carer involvement is undertaken at faculty level.
- The Lived Experience Group is the faculty's service user and carer group. Service users are provided with an opportunity to influence the professional learning and development of learners. They can be involved in learner recruitment and selection, teaching and co-teaching curriculum design and resource development.
- They are also involved in the programme development, design and delivery, and simulation activities and are provided with appropriate support for these.
- These will all apply to the new provision.

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

### Learners

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

- **Support –**

- The education provider has several institutional policies for supporting learners. Their Personal Supervision Policy (2021), Suicide Mitigation Policy, Requests for Extensions and Additional Consideration and Student support services are some of the institution - wide policies and processes that will apply to the new provision.
- Student Futures help learners decide what to do next after their study. The Student Assistance Programme (SAP) is a mental health and wellbeing support programme available to all learners and can be accessed 24 hours a day, every day of the week.

- Safeguarding Policy is set at institution level and will apply to the new provision. The policy is supported with mandatory safeguarding training for all staff. Student Protection Plan helps to ensure support is provided in practice by the practice educators, link lecturers and through peer support and buddy schemes.
  - For the apprenticeship route, tripartite meetings between the employer, learner, and education provider are held every 10-12 weeks to support both learners and staff in practice.
  - All of these align with how the institution functions and will apply to the new provision.
- **Ongoing suitability –**
    - There are regulations set at institution level to ensure ongoing suitability of learners. Some of these include Regulations Governing Academic Misconduct, and Regulations Governing the Investigation and Determination of Concerns about Fitness to Practise.
    - At programme level, annual self-assessments / declarations of good health and good character are required or more frequently if something occurs between declarations.
    - A Disclosure and Barring Service (DBS) check is made prior to commencing the programmes and may need to be repeated if circumstances change. For instance, if there are new criminal convictions.
    - These will also apply to the new provision.
- **Learning with and from other learners and professionals (IPL/E) –**
    - The Education Strategy 2020-2025 is the education provider's strategy to build strong educational communities of learning.
    - At programme level, peer assisted learning arrangements are embedded in the curriculum as are interprofessional learning and simulation and these adhere to HCPC and Society and College of Radiographers (SOR) standards.
    - Experts from other disciplines and other faculties will also contribute to the programmes and there will be opportunities for joint teaching with learners from other programmes within and outside of the faculty.
    - This is set at institution level and will apply to the new provision.
- **Equality, diversity and inclusion –**
    - The education provider has an Inclusive Education Framework, Diversity and Inclusion Policy 2016/17, and an Inclusive Assessment Marking and Feedback Policy both of which are set at institution level but will apply to the new provision.
    - A range of assessment feedback and feedforward strategies are incorporated to ensure inclusivity. For example, written, verbal, audio and video, with the opportunity provided to discuss this with academic supervisors.

- Their Student Pregnancy and New Parent Policy and procedure will support learners who become pregnant, give birth or become a new parent through adoption (or other means) whilst enrolled at the education provider. These are all institution-wide policies that will apply to the new provision.

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

### Assessment

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

- **Objectivity –**
  - Policies and processes to ensure objectivity are set at institution level and will apply to the new provision. Some of these include Inclusive Assessment Marking and Feedback Policy, Digital Education and Assessment Strategy, and Assessment Procedures.
  - At programme level, appropriate education, training, support and monitoring of staff marking academic and clinical practice assessments is provided. Assessment criteria and strategies are co-developed with teaching staff, practice staff, learners and service users and carers. These will apply to the new provision.
- **Progression and achievement –**
  - There are institutional regulations in place that support learners' progression and achievement. For example, the Honours Degrees - Regulations and Graduate Attributes is an institution-wide policy that will also apply to the new provision. Specific programme -level information on progression and achievement is made available to learners in their programme handbook.
  - A breakdown of the different exit awards at each stage of the programmes is provided to learners and they are made aware these do not confer eligibility for registration with the HCPC.
  - In terms of potential for career development, the education provider noted they offer a clear widening participation route, such as the University Certificate, into both the apprenticeship and fee-paying degree programmes. Additionally, there is a direct entry route for Radiographer Associate Practitioners. This pathway supports existing employees in progressing to registration.
  - All of these will apply to the new provision.
- **Appeals –**
  - There are clear institutional processes and procedures that support learners' appeals. Assessment Procedures, Academic Appeals - Undergraduate and Postgraduate, Regulations and Procedure for Investigation, and Student Complaints are some of the policies set at institution level and will apply to the new provision.

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

## Outcomes from stage 1

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

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

- The education provider noted that the Clinical Skills suite AMB is already in place.
- Other resources that were being established include:
  - Loxley clinical skills suite
  - Phantoms
  - Mobile units
  - Decommissioned C Arm image intensifier
  - Quality assurance equipment
  - Image repository
  - Individual dosimetry contract
  - Virtual reality resources
- For staffing resources, the education provider noted they have a programme director and two full time equivalent (FTE) lecturers at academic band 8 were to be recruited. These roles had been approved by the education provider.

## 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
BSc (Hons) Diagnostic Radiography	FTA (Full time accelerated)	Radiographer, Diagnostic radiographer	40 learners, 1 cohort	01/01/2025
BSc (Hons) Diagnostic Radiography - Integrated Degree Apprenticeship	FTA (Full time accelerated)	Radiographer, Diagnostic radiographer	10 learners, 1 cohort	01/01/2025

### Stage 2 assessment – provider submission

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

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

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

We have reported on how the provider meets standards, including the areas below, through the [Findings section](#).

#### Quality theme 1 – evidence of collaboration with practice education providers

**Area for further exploration:** The visitors noted some evidence of collaboration highlighted in the documentation. The education provider stated they have held focus groups and discussion days between them and their stakeholders to ensure clinical input was part of the development. However, it was unclear what was presented, or if there were any actions / changes because of the meetings, or further involvement of the group. Therefore, we requested to see the education provider's plan for engagement moving forward. We also requested evidence of influence on the curriculum, for example, actions from meetings.

**Quality activities agreed to explore theme further:** We decided to explore this through email clarification as we considered this would adequately help to provide the clarity that was needed.

**Outcomes of exploration:** In relation to the evidence of influence on the curriculum, as an example, the education provider explained that during a stakeholder meeting, a programme update was provided, and a debate was opened for input on both the programmes and assessments. This was facilitated through "Mentimeter", an online interactive platform and in-person discussions. Additionally, they noted an assessment and teaching strategy was presented during the meeting. This has led to the creation of the Pebblepad which is in the final stage and will be sent to clinical tutors for feedback and review.

Also, as part of the outcome of the meetings, we understood the clinical coordinator has now met with all base sites and provided updates on the progress of the programme. They were also able to answer questions about the programme.

The education provider also outlined their plan for engagement with practice education providers going forward. They noted stakeholder meetings will be held every trimester in the form of Programme Management Committee meetings with a

clear structure for each meeting to be provided prior to the event. A list of the stakeholders that will be attending was provided alongside a draft agenda. We also understood bi-monthly meetings will be held between clinical partner representatives and academic staff at each site.

The visitors were satisfied that the additional details given demonstrated ongoing and intended collaboration processes. They also noted evidence of meeting notes and involvement of stakeholders in curriculum development. The visitors were satisfied the quality activity had addressed their concerns.

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

**Area for further exploration:** We noted the Memoranda of Understanding (MOUs) and NHS Education Contract in place. However, we noted there was no mention of any requirements for practice educators in them, in relation to their numbers, qualifications and experience. The education provider noted clinical audits will be part of the programmes and new sites risk assessed. We were made aware that learners will have a dedicated clinical link which will provide an initial point of contact for learners whilst in practice-based learning. The education provider noted that all supporting radiographers will be HCPC registered. However, limited additional supporting evidence was provided. For example, there was no evidence of a process in form of a completed audit form. There was also no practice educator course, but Curricula Vitae (CVs) were provided.

The visitors expect that the education provider have a process in place already that would ensure the practice-based learning staff are fit for purpose to ensure this standard is met.

**Quality activities agreed to explore theme further:** We explored this through email clarification and additional evidence. We considered that seeing the practice-based learning site audit for example would address the visitors' concerns.

**Outcomes of exploration:** Evidence was provided to show that audits have been completed for base sites and practice partners. We understood all audits were completed face to face which allowed for formal introduction between staff. Some of the areas of practice-based learning covered in the audit include current provision, dedicated staff, staff: learner ratio, equipment, health and safety, recommendation and feedback. We also noted that all staff that will be directly involved with supervising learners will be recommended to engage with national learner support modules provided through Practice Assessor and Assessor Preparation (PEAP). Practice educators would need to have completed the modules prior to undertaking final learner assessments. They will also need to engage with 'in house' learner assessor training, and evidence of completion will be collected and stored.

The visitors were reassured from this response that there is a clear approach to how the education provider ensures practice educators are adequate and appropriately

qualified and experienced. Following the quality activity, the visitors had no further concerns.

### Quality theme 3 – assessing competence within practice-based learning

**Area for further exploration:** We noted a varied assessment design. These include essays, reports, presentations, objective structured clinical examination (OSCE), viva, posters, and authentic assessment activities such as performing a radiological investigation in a simulated environment. We were aware that these support the development of competencies across a range of communication methods and exposes learners to a wide variety of uses for their communication skills. The visitors noted the practice assessment document (PAD) submitted related to the completion of an examination rather than an assessment of competence. It was therefore unclear how competence is assessed in practice-based learning. The visitors requested further information on the assessment of competence within the clinical environment.

**Quality activities agreed to explore theme further:** We explored this through email clarification and additional evidence. We considered that these would help to provide the reassurance needed to determine that the affected standards are met.

**Outcomes of exploration:** We understood competency will be assessed through a clinical portfolio and clinical assessments. For clinical assessments, learners will be required to demonstrate awareness and application of radiation protection. They will also be required to practise with compassion and empathy, maintain good levels of patient communication, and apply appropriate infection control measures. We noted these competencies must be demonstrated to achieve competency in each examination assessment.

Module indicative content not related to clinical assessments, will be met through the completion of a clinical portfolio. Learners will have separate objectives for Clinical Placement 1, Clinical Placement 2, and Clinical Placement 3. The education provider highlighted areas that each portfolio will address. The education provider also outlined the four key considerations that learners must demonstrate when undertaking a patient examination. We were informed that all of these must be satisfied for each component at each level of assessment.

The visitors were satisfied that there is a clear approach to assessment in practice-based learning. Therefore, they determined the quality activity had adequately addressed their concern.

### Quality theme 4 – assessment of expectations of professional behaviour including clinical assessment criteria

**Area for further exploration:** We noted professional behaviour, including the standards of conduct, performance and ethics (SCPEs), were assessed in the academic aspect of the programmes. However, the visitors were unable to determine

how professional behaviour was assessed within the practice-based learning environment. The visitors considered that the SCPEs apply more in practice-based learning as the learners are being trained for clinical practice. Therefore, the visitors requested more information about how the expectations of professional behaviour, including the standards of conduct, performance and ethics are assessed within the clinical environment.

**Quality activities agreed to explore theme further:** We explored this through email clarification and additional evidence. We considered that these would help to provide the reassurance needed to determine that the affected standard is met.

**Outcomes of exploration:** The education provider explained that a Learner Development Review Template has been created to ensure structured and regular feedback and a copy of the template was provided to be used in practice-based learning. We understood this will facilitate easier monitoring of objectives. Learners will complete documents uploaded to the PebblePad system, covering professional expectations in academic and practice-based learning settings, with opportunities for discussion during the first academic teaching week.

The education provider also noted that learners must adhere to institution-wide regulations, including the fitness to practice policy and attendance policy. Regular reviews will ensure learners continue to meet behaviour and performance expectations. In addition, learners will have regular reviews to ensure they are still working towards behaviours and performance expectations in practice-based learning.

The visitors were satisfied that there is evidence that clinical assessment criteria need to be met at each level with appropriate content provided. Therefore, the visitors determined that the quality activity had adequately addressed the issue.

## 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 are clearly outlined in the programme specification and on the programme webpage. The education provider noted that admission requirements are in line with similar higher education institutions (HEI). Interviews are conducted for all candidates focusing on topics aligned with current healthcare expectations. We understood representatives from academic, clinical, and service user backgrounds are present at the interview stage.
  - For the degree apprenticeship programme, employers are actively involved in the recruitment of learners to the programme. Co-shortlisting is done via the trac recruitment website, followed by a joint interview with the employer and education provider representatives, involving at least three panel members. Group discussions between the HEI and employers set the standard entry requirements, considering academic qualifications and relevant experience. Interview questions focus on care, with employer input ensuring at least one question aligns with their expectations. This process ensures candidates meet both academic and employer-specific criteria.
  - The visitors were satisfied with the details provided within the programme specifications and on the education provider's website in relation to selection and entry criteria. Therefore, they determined that the relevant programme level standard within this SET area is met.
- **SET 3: Programme governance, management and leadership** –
  - Evidence of effective collaboration with practice education providers was seen through meeting agendas and minutes. We noted discussions have already secured some practice-based learning in Hull University Teaching Hospitals (HUTH). Further discussions were underway with other Trusts and private providers. Placements in principle have been agreed with some practice education providers, with placement agreements to be confirmed.
  - As outlined above in [quality theme 1](#), we received further details which demonstrated actions / changes / further involvement within focus groups and outcomes.

- We noted a detailed review of local competitors had been undertaken and a rationale for a new programme was supported by practice. Local NHS Trusts are supportive of developing the programmes to encourage the growth of the local workforce. Conversations with the radiology service and education leads in each trust have taken place and they have expressed a willingness to support practice-based learning in addition to existing arrangements and they have all also shown interest in the apprenticeship route. The employers involved include Hull University Teaching Hospitals NHS Trust, Dianna Princess of Wales Hospital, Grimsby, and Scunthorpe and Goole Hospital.
- CVs were supplied which highlight the range of staff with their skills, experience and academic level. Evidence showed that the education provider is working with specialist staff from clinical backgrounds to deliver taught sessions via honorary lecture/temporary staffing contracts. There are discussions with local image reporting experts to ensure there is provision to deliver specialist content in this field.
- Specialist equipment and simulation equipment is being sourced and this is funded through an NHS England grant. The equipment includes:
  - Specialist Radiological equipment
  - Phantoms
  - Imaging software
  - Radiation protection
  - Personal dosimetry services and devices
- The visitors were satisfied that there are processes in place to ensure practice-based learning for all learners and that both staffing and physical resources are adequate for the programmes.
- Therefore, the visitors determined that all standards within this SET area are met.
- **SET 4: Programme design and delivery –**
  - Learning outcomes for modules have been mapped accordingly, taking account of the revised standards of competency published in 2023 to ensure the programmes reflect current requirements.
  - Expectations of professional behaviour, including the standards of conduct, performance and ethics have been clearly integrated into the overall programme as detailed in the learning outcomes.
  - The programme and module specifications are detailed, outlining the philosophy and values and how these will be taught and assessed throughout the programmes.
  - There is evidence that the curriculum reflects current practice and includes some elements that are at the forefront of radiography education. There is engagement with current clinical practitioners and service managers.
  - Both programmes are accelerated programmes reflecting the needs of the local workforce. The visitors considered that the timetabling has been thought through to enable this innovative approach. All staff are in the process of securing honorary contracts with local trusts to ensure

they are clinically active and therefore in the best place to keep up to date with modern healthcare needs and expectations in practice.

- The programmes are designed to integrate theory and practice learning by threading practice-based learning throughout levels 4, 5 and 6. There will be approximately a 50/50 split, evidenced through the timetable and organisation of the programmes.
  - There is an additional use of clinical skills / simulation suites to ensure, wherever possible, theory can be put into practice in a controlled environment.
  - The learning and teaching strategies employed are thorough and considered to be appropriate.
  - Information provided in the module specifications demonstrated that the programmes support autonomous and reflective thinking as well as the development of evidence-based practice.
  - The visitors received sufficient evidence that demonstrated that all standards within this SET area are met.
- **SET 5: Practice-based learning –**
    - There is a clear focus on practice-based learning. There were also several pieces of evidence that attest to the focus placed on the practice-based learning by the trusts and the education provider. Such evidence includes:
      - the practice placement handbook;
      - the number of hours dedicated to practice-based learning;
      - organisation of practice-based learning with other education providers; inclusion of practice-based learning rota; and
      - supporting letter for practice-based learning provision.
    - The Programme specifications state that the learners are required to complete a minimum of 1200 hours of practice-based learning, equally spread across the three levels of the programmes.
    - Information relating to the structure, duration and range of practice-based learning was provided in the programme specification, SOPs mapping document, Academic Calendar, PAD, Placement Handbook and Service User and Carer Feedback. This demonstrates that practice-based learning has been designed in a way that allows learners to achieve the learning outcomes of the programmes and the SOPs for diagnostic radiographers.
    - We noted the MOUs and NHS Education Contract in place. Evidence was provided of Clinical Partner meetings and examples of clinical educator experience. We understood learners will have a dedicated clinical link which will provide an initial point of contact for learners whilst in practice-based learning and all supporting radiographers will be HCPC registered. Through [quality theme 2](#), further information was received demonstrating how the education provider will ensure practice educators have the relevant knowledge skills and experience and that they are adequate.
    - Considering all of the above, the visitors determined that all standards within this SET area are met.

- **SET 6: Assessment –**

- The visitors noted the assessment design. This included essays, reports, presentations, OSCE, viva, posters, and authentic assessment activities (such as performing a radiological investigation in a simulated environment). The education provider uses a wide range of assessment types, including individual and group work. As outlined in [quality theme 3](#), further information was provided demonstrating how competence is assessed in practice-based learning.
- The standards of conduct, performance and ethics are clearly embedded into the learning outcomes of the modules and practice-based learning assessment. Further details were provided in [quality theme 4](#) demonstrating how learners will meet behaviours and performance expectations through varied assessments.
- We were also reassured that there is a variety of assessment methods to measure the learning outcomes.
- The visitors were satisfied 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.

## 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.

### **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.

**Reason for this decision:** The panel accepted the visitors' recommendation that the programme should receive approval.

## Appendix 1 – summary report

If the education provider does not provide observations, only this summary report (rather than the whole report) will be provided to the Education and Training Committee (Panel) to enable their decision on approval. The lead visitors confirm this is an accurate summary of their recommendation, and the nature, quality and facilities of the provision.

Education provider	Case reference	Lead visitors	Quality of provision	Facilities provided
University of Hull	CAS-01381-K3Q9P0	Mark Widdowfield  Rachel Picton	Through this assessment, we have noted the programme(s) meet all the relevant HCPC education standards and therefore should be approved.	Education and training delivered by this institution is underpinned by the provision of the following key facilities: <ul style="list-style-type: none"> <li>• The education provider noted that the Clinical Skills suite AMB is already in place.</li> <li>• Other resources that were being established include:               <ul style="list-style-type: none"> <li>○ Loxley clinical skills suite</li> <li>○ Phantoms</li> <li>○ Mobile units</li> <li>○ Decommissioned C Arm image intensifier</li> <li>○ Quality assurance equipment</li> <li>○ Image repository</li> <li>○ Individual dosimetry contract</li> <li>○ Virtual reality resources</li> </ul> </li> </ul>

				<ul style="list-style-type: none"> <li>For staffing resources, the education provider noted they have a programme director and two full time equivalent (FTE) lectures at academic band 8 were to be recruited. These roles had been approved by the education provider.</li> </ul>
Programmes				
Programme name			Mode of study	Nature of provision
BSc (Hons) Diagnostic Radiography			FTA (Full time accelerated)	<ul style="list-style-type: none"> <li>Taught (HEI)</li> </ul>
BSc (Hons) Diagnostic Radiography - Integrated Degree Apprenticeship			FTA (Full time accelerated)	<ul style="list-style-type: none"> <li>Apprenticeship</li> </ul>
...				

Appendix 2 – list of open programmes at this institution

<b>Name</b>	<b>Mode of study</b>	<b>Profession</b>	<b>Modality</b>	<b>Annotation</b>	<b>First intake date</b>
MSc Nutrition and Dietetics	FT (Full time)	Dietitian			01/09/2021
BSc (Hons) Operating Department Practice	FT (Full time)	Operating department practitioner			01/09/2014
BSc (Hons) Operating Department Practice	WBL (Work based learning)	Operating department practitioner			01/09/2019
BSc (Hons) Paramedic Science	FT (Full time)	Paramedic			01/01/2018
BSc (Hons) Physiotherapy	FT (Full time)	Physiotherapist			01/09/2020
Doctorate in Clinical Psychology (ClinPsyD)	FT (Full time)	Practitioner psychologist	Clinical psychologist		01/01/1992
Allied Health Professional Independent and Supplementary Prescribing	PT (Part time)			Supplementary prescribing; Independent prescribing	01/01/2014
Allied Health Professional Independent and Supplementary Prescribing Level 7	PT (Part time)			Supplementary prescribing; Independent prescribing	01/08/2018