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## Approval process report

University of Stirling, Podiatry / Physiotherapy, 2023-24

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### Executive Summary

This is a report of the process to approve the MSc Podiatry (pre-registration) and MSc Physiotherapy (pre-registration) programmes at the University of Stirling. This report captures the process we have undertaken to assess the institution and programmes against our standards, to ensure those who complete the proposed programmes are fit to practice.

We have:

- 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.
- Recommended all standards are met, and that the programmes should be approved.
- Decided that all standards are met, and that the programmes are approved.

Through this assessment, we have noted that the programmes meet all the relevant HCPC education standards and therefore are approved.

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Previous consideration	N / A as the approval did not arise from a previous process.
Decision	The Education and Training Committee (Panel) is asked to decide whether the programmes are approved.
Next steps	Subject to the Panel's decision, the programmes will be added to the Register.

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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 programmes detailed in this report meet our education standards. The report details the process itself, evidence considered, outcomes and recommendations made regarding the programmes' 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:

Fleur Kitsell	Lead visitor, physiotherapist
Wendy Smith	Lead visitor, chiropodist / podiatrist
Niall Gooch	Education Quality Officer

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

### **The education provider context**

The education provider currently delivers 5 HCPC-approved programmes across 2 professions. It is a Higher Education Institution and has been running HCPC approved programmes since 2007. This includes 2 post-registration programmes for independent prescribing and supplementary prescribing annotations.

The education provider went through performance review in 2021-22 and was given a five year review period, which means they were performing well and the visitors had confidence in the institution.

There were no referrals from previous processes

### 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 2](#) of this report.

	Practice area	Delivery level		Approved since
<b>Pre-registration</b>	Paramedic	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2020
	Practitioner psychologist	<input type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Postgraduate	2018
<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
Total intended learner numbers compared to total enrolment numbers	298	328	31 October 2024	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

				<p>through these processes. The value figure is the benchmark figure, plus the number of learners the provider is proposing through the new provision.</p> <p>We considered that there were no concerns around learner numbers on the programme.</p>
Learners – Aggregation of percentage not continuing	3%	1%	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 dropped by 4%.</p> <p>We did not explore this data point through this assessment because it did not appear to indicate any issues or concerns.</p>
Graduates – Aggregation of percentage in employment / further study	92%	96%	2020-21	<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</p>

				<p>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 3%.</p> <p>We did not explore this data point through this assessment because we did not consider that this data indicated any issues or problems.</p>
Teaching Excellence Framework (TEF) award	N/A	N/A	2023	This is a Scottish institution so does not participate in the TEF.
National Student Survey (NSS) overall satisfaction score (Q27)	81.1%	78.9%	2024	<p>This data was sourced at the summary level. This means the data is the provider-level public data.</p> <p>The data point is below the benchmark, which suggests the provider is performing below sector norms</p> <p>When compared to the previous year's data point, the education provider's performance has improved by 2%.</p> <p>We did not explore this data point specifically through this assessment because we did not consider that it highlighted any concerns or issues. We did review learner involvement in the programme and considered that this was good.</p>

<p>HCPC performance review cycle length</p>			<p>The education provider went through performance review in 2021-22 and was given a five year review period (the maximum). They will next go through performance review in 2026-27.</p>
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## 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 –**
  - There is a webpage which explains the nature of the programmes. These include the need for applicants to have certain academic and personal qualifications. Applicants can also request hard copies of the information be sent to them.
  - The education provider noted they have an admissions policy which sets out their objective to admit learners based on their merit and potential to succeed. The admission process typically involves several key steps. First, learner submit an application form that includes personal information, academic history, and extracurricular activities. Along with the application, they must provide academic transcripts from other institutions they attended. Additionally, letters of recommendation from teachers, counsellors, or mentors are required to give insight into the applicant's abilities and character. Personal statements and essays are also a crucial part of the application, as they help the admissions committee understand the applicant's personality, goals, and motivations beyond their academic achievements.
  - This aligns with our understanding of how the education provider operates. The approach is institution-wide and will apply to the proposed new programme. The relevant standards are met because the education provider has a clear mechanism for ensuring applicants have access to appropriate information.
- **Assessing English language, character, and health –**



- The approach for the programmes set out in the approval request form is closely aligned to the approach already used at the education provider. It involves a specific proficiency test for English language skills, a Disclosure & Barring Service (DBS) check, and an occupational health assessment. We know that there is alignment with existing approaches based on a comparison with the baselining exercise and information received through the 2021-22 performance review.
- We consider that the standards in this area are met because we can be confident that the education provider has a clear process for ensuring the suitability of learners.
- **Prior learning and experience (AP(E)L) –**
  - There is an established mechanism at the education provider for assessing AP(E)L. They have developed a skills assessment which will form part of the process by which applicants are brought on to the programme. This skills assessment will feed into a decision about whether learners should be considered for AP(E)L routes, though other factors will be considered.
  - The policies they use enables them to acknowledge that has occurred through various formal, non-formal and informal context. These include applicants previous educational institutions, work experience and life experiences. These policies enable the education provider to support applicants to meet entry requirements for their chosen programmes. This process supports a flexible admission process which enables a diverse range of learners to access higher education.
  - This is closely aligned with the education provider’s existing approach, which they have set out in the baseline document and the performance review portfolio. We consider the standards in this area are met because the education provider will be able to make reasonable assessments of whether applicants with non-standard educational backgrounds are suitable for the programme.
- **Equality, diversity and inclusion (EDI)–**
  - The education provider stated that they have an institutional approach to EDI based on institution-tier policies. The Equality, Diversity & Inclusion policy formally commits the education provider to widening access and states that they consider EDI to be a core part of their mission. The policy, which was revised in 2020, says that they wish to be a “welcoming, supportive, inclusive, and culturally diverse” institution.
  - Their equality diversity and inclusion policy sets out their aim to creating a positive, stimulating and supportive environment for all learners and staff. This is based on their charter which mandates fair and equal treat for all individuals without discrimination on unjustified or unlawful grounds. It also explains their objective of fostering a culture where diversity is celebrated and all are valued and respected.
  - All programmes are required to conform with this institutional approach.

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

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

#### Management and governance

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

- **Ability to deliver provision to expected threshold level of entry to the Register<sup>1</sup> –**
  - The education provider has the staff, and the institutional infrastructure and experience, to deliver Level 7 education in podiatry and physiotherapy. They already deliver a doctoral programme in Health Psychology. We consider the standards are met because they have shown their ability to deliver above the proposed level of provision in another professional area. The 2021-22 performance review found that they were performing well in this area, with no concerns about their ability to deliver high-level programmes.
- **Sustainability of provision –**
  - The education provider have defined processes for ensuring the viability of individual programmes. Faculties are required to report their programmes' status to senior leadership and to identify possible challenges on an annual basis. They state that their Faculty Executive meets every month to consider matters arising. The proposed new programmes have been reviewed in detail by the Executive, and all the relevant arrangements around staffing, planning, and resources have been submitted to the Dean of Faculty for final sign-off in line with institutional policy.
  - We consider the standards in this area have been met because the arrangements for maintaining programme sustainability are appropriate. We are confident of this based on the above information and on the recent performance review.
- **Effective programme delivery –**
  - The education provider has been delivering HCPC programmes since 2018 and is developing their overall offer. However, they are a large institution with a large amount of institutional experience and expertise available, as well as the facilities to enable effective delivery of the programmes. Their mechanisms for ensuring effective delivery include faculty-level requirements around recruitment and quality. All programmes' compliance with these policies is monitored by the Dean of Faculty. The evidence submitted included a detailed job description for the Programme Directors, which clearly lays out the requirements and expectations of that person in terms of delivering the programme.

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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

- All programmes are expected to produce annual reports to ensure their ongoing effectiveness and viability. These reports are used by the senior management team to drive improvement and referred to in future review processes.
- Considering this evidence, we are confident that the standards are met. The education provider showed good performance in this area in their performance review. The new programme can be delivered effectively and align with existing approaches.
- **Effective staff management and development –**
  - The education provider explained how the Committee Structures policy for all their programmes. Established development and management systems at the education provider will be used for the new programmes as well. These systems include annual reviews of individual staff members, and individualised career development pathways developed by mutual agreement between staff and their line managers. There is also an education provider-level performance management and workload monitoring system.
  - We are already familiar with these systems from the education provider's performance review, which took place in 2021-22. The visitors who completed that review found that performance in staff management and development was strong. We consider the standards to be met because the education provider has demonstrated their ability to manage and develop the programme.
- **Partnerships, which are managed at the institution level –**
  - The education provider noted that the key stakeholders for the programmes will be the practice partners. The details of how these relationships will be managed and maintained are set out in the evidence supplied. This includes programme specification documents, as well as a document setting out the expectations of faculty staff around maintaining partnerships. We have also viewed a Planning Guidance Note for the new programmes. This is a document which must be produced at the faculty level to demonstrate to senior leadership that programmes can deliver their aims and that core external relationships are being maintained.
  - We can be satisfied from their last performance review that the mechanisms in place for managing partnerships are well established and appropriate. The visitors agreed that the education provider was well-integrated with regional consortiums and working groups and had clear internal mechanisms for managing partnerships.
  - We consider the standards met because the education provider have demonstrated an ability to manage and develop strategic relationships with relevant partners.

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

Quality, monitoring, and evaluation

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

- **Academic quality –**
  - The education provider have a quality standards handbook which outlines their framework for monitoring and enhancing academic programmes. This involves the rigorous approval process for new programmes, regular reviews to ensure relevance and quality and processes for collecting learner feedback. Continuous professional development for academic staff is also important to keep teaching methods and subject knowledge up-to-date.
  - They also have a complaints procedure: Guide for Complainants which provides process for learners to raise concerns about their academic experience. It encourages informal resolution where possible, but also outlines a formal complaints process with clear steps, investigation procedures, and timelines. It also sets out how they ensure that the complaints process is fair, transparent, and impartial, providing support to learner throughout.
  - The proposed new programme will follow all the established procedures at the education provider for monitoring and enhancing quality. These procedures require all programmes to report on programme quality annually. This aims to, show that they have taken the required actions to address previously identified issues. They have supplied relevant internal regulations and noted a specific external examiner will be appointed for the proposed programme. This in line with their established approach.
  - The new programme will be approved internally using the education provider's quality assurance process. This involves a working group from the senior leadership team reviewing the programme. Input was given by various stakeholders, including practice partners and service users.
  - We can be confident in the education provider approach in this area as they completed performance review in 2021-22. The visitors in that review concluded that their performance was good. We consider the standards met in this area because the education provider have shown a clear ability to monitor and develop programme quality.
- **Practice quality, including the establishment of safe and supporting practice learning environments –**
  - The education provider explained how they ensure safe and supportive learning environment for learners through adherence to the NES (NHS Education for Scotland) quality standards for practice learning (QSPL). They also have both strategic and operational committees within the Faculty of Health Sciences and Sport (FHSS) to maintain a quality practice learning infrastructure. These committees work to achieve the outcomes of the FHSS Practice Learning Strategy and ensure that practice learning environments are suitable for supporting, supervising, and assessing learners.
  - Learners are provided with a Practice Assessment Document (PAD) to guide their professional development and proficiency achievement during practice-based education. The education provider's Practice learning

handbook sets out the procedures for raising concerns about patient care and safety.

- Audit of practice partners will be carried out via the existing arrangements as laid out in the documentation linked to via the approval request form. The education provider will require practice partners to demonstrate the suitability of their settings by completing an audit form. Practice quality will also be monitored informally via staff meetings with learners and practice educators. These arrangements include an initial audit when a placement comes on stream and regular subsequent audits.
- These arrangements are aligned with existing quality practice at the education provider which have recently been considered appropriate through performance review. We consider the standards are met because the education provider have a clear and effective process for ensuring practice quality.
- **Learner involvement –**
  - The education provider's explained how their quality handbook sets out how learners will have the opportunity to provide ongoing feedback on their programme via multiple routes. Similar mechanisms will be used to gather and implement learner feedback on the new programmes as on the existing HCPC-approved programmes. These include formal mid and end of module feedback and ongoing informal feedback.
  - They also explained how their academic registry plays a crucial role in delivering key administration and information services to learners throughout their studies, from enrolment to graduation. This includes overseeing academic quality assurance and enhancement, ensuring that learners have a voice in maintaining high standards of academic quality and integrity
  - We can be satisfied with the alignment of the new programmes and the existing arrangements at the education provider. Those arrangements are set out in the baseline document and have been recently reviewed through their last performance review process. Learners have regular opportunities to feedback, through both informal and formal mechanisms. These include regular meetings with supervisors and tutors, and termly written surveys.
  - We consider the standards met because there are clear pathways for the education provider to ensure appropriate and useful learner involvement.
- **Service user and carer involvement –**
  - The education provider explained how their Policy and Procedure for Curriculum development and Management focuses on the importance of stakeholder engagement, particularly involving service users and carers. The policy adopts a 'co-production' model, ensuring that all relevant university stakeholders collaborate throughout the curriculum development process.
  - The education provider has established a special interest group within the faculty to identify and engage individuals with lived health experiences, their carers, and related groups. This group maintains a resource bank of

- contributors from diverse backgrounds, ensuring that the curriculum reflects a wide range of health and care experiences.
- The last performance review considered that use of service users by the education provider was effective and appropriate. There is a university-level service user group which co-ordinates and quality assures service user involvement with all healthcare programmes. Specific individuals within faculties have responsibility for working with this group for their programmes. This includes the HCPC-approved programmes. It is clear from the approval request form and the baseline document that the new programme will be aligned with these approaches.
  - We consider the standards met because the education provider has demonstrated a defined and appropriate process for ensuring service user involvement.

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

### Learners

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

- **Support –**
  - The ARF explains how learners on the new programmes will have access to all the normal pathways for support. Evidence was supplied to demonstrate the various forms of support available. This includes the Personal Tutor Code of Practice, the Student Support Services policy and the Student Learning Services policy. These documents set out the expectations for programme staff in dealing with learners, including the requirement that they signpost them appropriately to academic support, mental health services, or other forms of support as required.
  - These arrangements are aligned with the existing arrangements at the provider which were considered appropriate and well-performing through performance review. We consider the standards met because the education provider have demonstrated that they will be able to support learners appropriately during the programme.
- **Ongoing suitability –**
  - The education provider explained how they ensure learner suitability through adherence to their code of discipline. The education provider stated that they foster a supportive transparent community that respects equality and diversity. Learners are expected to conduct themselves appropriately and in line with the student code. The education provider's fitness to practise policy outlines a clear route from admissions to final registration.
  - As well as the meetings noted under 'Practice quality' above, learners on the programme will have access to the whole suite of support at the education provider if there are concerns about academic performance or professional suitability. This includes support around academic writing,

individual meetings with tutors, personal development opportunities, and an appeals process.

- These arrangements have been considered as part of the 2021-22 performance review and have also been considered through previous approval processes. The new programme will be appropriately aligned with them. We therefore consider the standards met, because the education provider have a clear process for ensuring that learners continue to be suitable persons.
- **Learning with and from other learners and professionals (IPL/E) –**
  - The education provider curriculum development and management highlight the importance of core production in curriculum design encouraging collaborative learning among learners from different healthcare disciplines. They stated that this approach enhances professional relationships and improves health outcomes through better communication and understanding of various professional roles in the MSc Physiotherapy and MSc Podiatry programmes interprofessional programme education is maximised through shared experiences in the first and second years learners from physiotherapy, nursing and paramedic science programmes would develop fundamental clinical skills together and foster a comprehensive understanding of each of us role.
  - It is expected that in the second year Podiatry and physiotherapy learners continue will continue to learn collaboratively through shared modules such as their applied digital healthcare leadership and innovation and managing complexity communication and behaviours in healthcare. They also share modules with the Master of Public Health programme which broadens their healthcare perspectives.
  - They explain how their inter-professional education approach is reinforced through input from clinical partners, healthcare professionals and voluntary sector specialist. Practise based education further introduces learners to interprofessional working which helps them understand the roles and responsibilities of various healthcare professionals in delivering comprehensive healthcare
  - We consider the standards met because the education provider has clearly set out an appropriate approach to ensuring that learners have access to IPL/E.
- **Equality, diversity and inclusion –**
  - The education provider explained how they are committed to promoting equality, diversity, and inclusion, ensuring that all staff, learners, and visitors are treated with dignity and respect. They stated that they do not tolerate harassment victimisation or unjustified discrimination and aims to maintain an inclusive culture of free from discrimination and unfair treatment. The support this commitment through initiatives such as equality champions within each faculty an establishment of an equality action forum to drive equality practises and raise awareness of best practises.

- They explained how the equality steering group oversees compliance with statutory equality duties and effective delivery of equality outcomes. This includes various action groups focused on areas such as health and well-being tackling gender-based violence and anti-racism and race equality and ability in learning and teaching. The education provider also participates in the Athena Swan initiative which promotes gender equality in higher education
- We can therefore be confident that the proposed programme's alignment will enable the relevant standards to be met.

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

### Assessment

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

- **Objectivity –**
  - The education provider explained how to ensure the objectivity of assessment through comprehensive governance and quality measured outline in the quality handbook and the examination and degree classification handbook. They stated that all assessments are conducted in accordance with University regulations, policies, and procedures, including the academic integrity and academic misconduct procedure. To maintain objectivity, assessments are marked anonymously where possible and robust process of moderation and 2nd marking is in place to ensure reliability.
  - Their Examination and Degrees policy details the external examining systems develop reference to the UK quality code for higher education. This includes the conduct of board of examiners which reviews and agrees marks the academic integrity policy outlines procedures for addressing poor academic practises and suspected misconducts. This ensures that both learners and staff are there to high standards of academic integrity
  - No concerns were raised around assessment in the recent performance review for the education provider. The information provided strongly suggests that the new programmes' alignment with current practice will be appropriate, with changes made as necessary.
  - We consider the standards met because the education provider has demonstrated that they can ensure objectivity in assessment.
- **Progression and achievement –**
  - The education provider stated that their policies on learner progression and achievements are designed to ensure that learners are supported through the academic journey and that they are complements recognised fairly and transparently. They explained how the board of examiners plays a crucial role in reviewing and agreeing on marks, ensuring that all assessments are conducted fairly and consistently. These measures collectively ensure that learner's progression and achievements are



evaluated ensuring the education provider's commitment to academic excellence.

- The approach used for this area appears appropriate and is aligned closely with existing provision. We consider the relevant standards met because the education provider has an appropriate defined process for moving learners through the programme.
- **Appeals –**
  - The education provider stated that their quality handbook outlines the procedures for learner appeals. This ensures that learners can request a review of decisions made by academic bodies regarding their progression, assessment and awards. The appeals process is designed to be fair, transparent, and respectful of privacy and confidentiality. They noted how appeals are considered under specific procedures and learners are encouraged to discuss their concerns with learn with their student union or advisor of studies before submitting a formal appeal.
  - Appeals based on academic judgement alone are not permitted the academic registrar has the authority to dismiss appeals deemed frivolous, by providing written reasons for the learner.
  - We consider the standards met because the policies in this area give learners access to an appropriate appeals process which will ensure that they are assessed in a fair way.

**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:

- Clinical Skills suites
- Libraries and information centres open 24 hours per day
- Virtual learning environment
- Dedicated named staff for academic and pastoral support

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

**Outstanding issues for follow up:** None.

## 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 Physiotherapy (pre-registration)	FT (Full time)	Physiotherapist	20 learners, 1 cohort	15/09/2025
MSc Podiatry (pre-registration)	FT (Full time)	Chiropodist / podiatrist	10 learners, 1 cohort	15/09/2025

### 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.

We did not consider that any quality activity was required.

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

## Section 4: Findings

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

### Conditions

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

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

### **Overall findings on how standards are met**

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

#### **Findings of the assessment panel:**

- **SET 1: Level of qualification for entry to the Register** – this standard is covered through institution-level assessment
- **SET 2: Programme admissions** –
  - The education provider submitted a recently updated admissions policy, programme specifications, a learner fitness to practice policy. The information these policies would be provided to applicants for each programme. They also set out in detail how their admissions policy for the programmes was aligned with the institutional requirements for admissions set out at the faculty level. Applications will be made via UCAS. Applicants will be expected to demonstrate academic competence for the programme via exam results and other work or personal experience.
  - The visitors considered that SET 2.2 was met, because the education provider had demonstrated a rigorous and fair process for admitting learners to the programme. The academic and professional standards for entry – and for the maintenance of ongoing suitability – were appropriately matched to the level of the programme.
- **SET 3: Programme governance, management and leadership** –
  - The education provider submitted a detailed narrative describing how they would maintain relationships with key programme stakeholders. The evidence provided was mostly in the form of institutional policies and procedures. For example, we received a university-level policy on Curriculum Development Management, which explained the institutional expectations around consultation with practice partners in programme development. We also received a document describing the remit and operations of the Physio and Podiatry Curriculum Development Group, a collaboration between the education provider and practice-based learning providers. There was also a Practice Learning Strategy document, which described the approach taken to integration of practice-based learning within the programmes. The education provider also supplied the terms of reference for their working with practice partners on programme development, and a document from NHS Education Scotland showing they had secured placements from NES.

- The visitors considered that SETs 3.5 and 3.6 were met by this evidence, which they described as “comprehensive and detailed”. This was because it demonstrated both that the engagement with relevant partners had been effectively planned and effectively delivered.
- The visitors reviewed CVs for programme staff and job descriptions for key roles, such as programme director and practice-based learning lead. They also submitted workforce modelling and policies for visiting staff. The visitors considered that this evidence met SETs 3.9 and 3.10 because it demonstrated that there was a strong programme team in place, with appropriate levels of experience, skill and qualification. The visitors again considered that this evidence was comprehensive, because it communicated a clear idea of who would be delivering the programme and who would be responsible for specific parts. The inclusion of evidence like the process for inducting new staff, and detailed information about how staff development would work, gave them strong confidence that the education provider had a clear understanding of the responsibilities in this area.
- Around SET 3.12, regarding resources for learners and educators, the education provider submitted the policies and procedures that would govern how learners and educators were given effective and appropriate access to the necessary resources. This included programme handbooks and the Digital Accessibility Quick Checklist, a document reminding programme staff of their responsibilities in helping learners access digital resources. There was information about libraries, and a stakeholder engagement policy in which learners and programme staff were mentioned as important stakeholders. Teaching timetables were also supplied, showing when learners would be able to access relevant support.
- In light of this evidence, the visitors considered that SET 3.12 was met, because the education provider had demonstrated how they would support learners and staff at all levels of the programmes, and in various different contexts.
- **SET 4: Programme design and delivery –**
  - The education provider submitted evidence showing how the programmes were structured and how they would be delivered. This included module descriptors for both programmes, and separate SOPs mapping exercises for each programme. Also included was an academic quality policy, and a formal internally produced guidance document that set out to staff how to map their programmes appropriately. In the mapping documents, the education provider had referenced both the standards of proficiency (SOPs) and the standards of conduct, performance and ethics (SCPEs). The visitors were therefore satisfied that SETs 4.1 and 4.2 were met, because it was clear to them how the education was integrating the SOPs and the SCPEs with the programmes.
  - Other documentation relating to the programmes’ content and structure was also supplied by the education provider. For example, Programme

Context and Development briefings for each programme were supplied. These documents set out why the programmes had been designed in the way they had. Also included in the evidence were the following a policy on how pedagogical and profession-specific research had been used to shape the programme, and a Good Practice Guide which showed how the education provider had sought advice on current best practice from the professional bodies for podiatry and physiotherapy. A policy on how to teach and incorporate evidence-based practice into health programmes was also included. The programme descriptors set out the teaching and learning methods that would be used on the programme.

- In light of all this evidence, the visitors considered that all the other standards in SET 4 were met. This was because the education provider had clearly articulated their approach in all relevant areas, and where necessary had supplied an evidence base. They had described the stakeholders who had been consulted, and had adopted a wide range of teaching and learning methods. They had a clear mechanism for updating and reviewing the programmes to ensure they reflected professional expectations and current practice. The staff had a range of clinical experience which would help the learners understand contemporary approaches. Every module included at least some requirement for evidence-based practice and autonomous working.
- **SET 5: Practice-based learning –**
  - The education provider submitted module descriptors, SOPs mapping exercises and individual programme “Flow Charts”. These described the overall structure of the programme and explained how practice-based learning was integrated. Assessment guidance for placement was also supplied, which enabled the visitors to understand how the competencies acquired in the classroom would help learners to progress in practice-based learning, and vice versa. Draft partnership agreements and a placement learning strategy were also supplied.
  - The visitors considered that SETs 5.1 and 5.2 were met by this evidence. This was because the education provider had shown that practice-based learning was appropriately integrated into the programmes, and that the structure, duration and range were sufficient to deliver all the relevant learning outcomes and SOPs.
  - The education also submitted Quality Standards for Practice Learning, a document specifically produced to lay out their approach to maintaining the quality of practice educators in practice-based learning. Also included were documents produced in collaboration with NHS Education Scotland (NES), such as Principles of Practice-based Learning Digital, Practice Educator Preparation, and the NES AHP Practice Educator Toolkit. Practice educators will be required to undergo initial training, as well as ongoing training, and must be specifically prepared for individual placements. The education provider supplied copies of agreements with placement providers, which

included detail on which parties had responsibility for which aspects of practice educator preparation and training.

- The visitors considered that this evidence met SETs 5.5 and 5.6. This was because the education provider had clearly set out their approach to securing practice educators with appropriate skills, qualifications and experience. They had also demonstrated their process for ensuring that placement providers would supply sufficient numbers of practice educators, and how those practice educators would be prepared and trained for effective supervision.
- **SET 6: Assessment** –
  - The education provider supplied a SOPs mapping exercise, which set out which SOPs which would be assessed in which parts of the programmes. They also produced a separate Assessment Mapping Exercise, which gave additional detail on which assessment methods would be used in different modules, and the institutional policy on assessment of post-graduate programmes. In the submission, there was information on retake policy, academic integrity, and a learner guide to assessment.
  - In light of all this evidence, the visitors considered that SETs 6.1, 6.2 and 6.5 were all met. This was because the education provider had demonstrated that their assessment strategy and design would require that all learners were assessed on both SOPs and SCPEs at appropriate points of the programme, and that learners who did not meet the SOPs would not be able to complete the programme. The education provider had also demonstrated, via a document produced for the purpose, that they had an appropriate range of assessment methods, which would give learners opportunities to demonstrate their knowledge and skills in appropriately varied ways.

**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.

### **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 visitor's 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 Stirling	CAS-01585-Z2V5Z2	Fleur Kitsell Wendy Smith	Through this assessment, we have noted that the programmes meet all the relevant HCPC education standards and therefore should be approved.	Clinical Skills suites Libraries and information centres open 24 hours per day Virtual learning environment Dedicated named staff for academic and pastoral support
Programmes				
Programme name			Mode of study	Nature of provision
MSc Podiatry (pre-registration)			Full-time	Taught (HEI)
MSc Physiotherapy (pre-registration)			Full-time	Taught (HEI)



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>
BSc Paramedic Science	FT (Full time)	Paramedic			01/09/2020
Professional Doctorate in Health Psychology	FT (Full time)	Practitioner psychologist	Health psychologist		01/09/2018
Professional Doctorate in Health Psychology	PT (Part time)	Practitioner psychologist	Health psychologist		01/09/2018
Prescribing for Healthcare Professionals (Supplementary Prescribing Only)	PT (Part time)			Supplementary prescribing	01/04/2021
Prescribing for Healthcare Professionals (Supplementary and Independent Prescribing)	PT (Part time)			Supplementary prescribing; Independent prescribing	01/05/2021