

**Agenda Item 9**

**Enclosure 8**

**Paper ETC41/02**

## **Education and Training Committee**

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

**From the Secretary**

**FOR DISCUSSION AND DECISION**



## **Executive Summary**

This item includes the notes of the Pre-Registration Education and Training Working Groups and Joint Validation Committees / Joint Quality Assurance Committees which have met since the last meeting of the Committee.

Those matters requiring the Committee's approval are identified in covering schedules to the notes. Where there is no schedule, then the notes are for information only, but they may be drawing attention to important issues the Committee will wish to note.

It is planned that a representative from each body will be present to talk to the notes as needed and answer any queries.

The schedules of Chairman's Action taken are also included here.



**PARAMEDICS PRE-REGISTRATION EDUCATION AND TRAINING WORKING  
GROUP MEETING 3 JULY 2002**

**Summary for ETC**

1. Prof. Mary Watkins has now been appointed Chairman.
2. There are no recommendations requiring ETC's approval at this stage, but . . .
3. This meeting (and the subordinate meeting on 1 August 2002) alerts the Committee to issues around developing degree courses, and
4. There will be a number of Chairman's Actions on site visits in due course.

**CONFIDENTIAL**

**MINUTES** of the meeting of the Paramedic Education Subcommittee of the Education & Training Committee of the Health Professions Council held at Park House, 184 Kennington Park Road, London SE11 4BU on 3<sup>rd</sup> July 2002 at 2:00 p.m.

**PRESENT**

Mr. R. Chandler,  
Dr. T. Clarke  
Dr R Crouch  
Ms. J. Manning,  
Mr. B. McNiell  
Dr I McNeil

Ms. J. Moseley  
Mrs. J. Struthers,  
Mr. G. Thomas,  
Mr. K. Wenman  
Mr. D. Whitmore

**In Attendance:** Mr T.C. Berrie, Secretary to the Subcommittee  
Dr. P. Burley, Director of Education & Policy

On the suggestion of Mr. David Whitmore, Mr. Andrew Newton, Senior Lecturer at the Department of Nursing and Paramedic Sciences of the University of Hertfordshire (and one of the assessors of applications) had been invited to the meeting because of his expertise in establishing and running a degree course in paramedic science (see also Minute 02/08 below).

**02/01 Subcommittee Chairman**

It was **AGREED** that the appointment of a Chairman be deferred until the next meeting and that Mr. K. Wenman chair this meeting, and that Prof. M. Watkins, the Chairman of the old Board's Education Committee, be invited to take up the post of Chairman during the transitional period, that is until 1<sup>st</sup> April 2003.

**With Mr. Wenman in the Chair**

**02/02 Apologies for Absence**

An apology was received from Mr. Griffiths, Mr. Henry, Mr. Jackson and Prof. Watkins.

**02/03 Minutes**

The Minutes of the meeting of the Board and its Education Committee, both held on 14<sup>th</sup> March 2002, were received.

**02/04 Terms of Reference for the Subcommittee**

The Secretary reported that these had not been finalized, but would cover the work of the old Education Committee, plus some matters of principle and policy which would have been the responsibility of the old Registration Committee. The Subcommittee was a subcommittee of

the Council's Education and Training Committee and its responsibility was to advise and put recommendations to the latter on matters relating to paramedic education and training. Currently, although the Act had now been repealed, in accordance with the Health Professions Order, the Committee and therefore the Subcommittee, was using the old the Professions Supplementary to Medicine Act powers. The Health Professions Order stated that the Council during the transitional period, i.e., until 31<sup>st</sup> March 2003, "shall exercise the functions of the CPSM and the boards under the 1960 Act and subordinate legislation made under that Act with such modifications as necessary". The Council had not yet determined how it would exercise its education and training powers under the new regime on and after 1<sup>st</sup> April 2003.

## **02/05 Visits to Centres**

### **1. Visits Programme and Procedure (Ref. Minute 02/06 of the Board's Education Committee)**

Mr. Whitmore updated the Subcommittee on joint visits with the Institute of Health Care Development (IHCD), and the Subcommittee continued the discussion begun by the Education Committee regarding the future of joint visits. Mr. Whitmore reported that the visits programme had been disrupted, amongst other things, by changes in staff at IHCD and its controlling body, EDEXCEL. The timetable of visits had been changed several times, but IHCD had now produced a confirmed programme. It was **AGREED** that Mr. Whitmore be asked to co-ordinate visits for the time being. However, the Subcommittee continued to be concerned that the Council's obligations to visit and keep itself informed on the quality of the education and training at the centres it had approved, would be fulfilled. Ms. Manning reported that, as the Council's paramedic member, she was in the process of arranging a meeting with the Chief Executive of the Ambulance Association and representatives of IHCD/EDEXCEL to discuss the Subcommittee's and Council's concern's further, and it was **AGREED** that the Chairman of the Subcommittee also be asked to attend such a meeting.

Mr. Whitmore reported that the re-accreditation visits proposed by IHCD were as follows:

Lancashire 1/2 July  
Dorset 17/18 July  
South Yorkshire 29/30 July  
Hereford & Worcester 1/2 August  
East Midlands 8/9 August  
Lincolnshire 19/20 August  
Oxfordshire 24/25 September

### **2. Visits**

Reports of two visits had been received since the meeting of the Board's Education Committee in March.

**Wiltshire Ambulance Service: 6<sup>th</sup> November 2001**

*Board Visitor: Ms. J. Manning*

**West Country Ambulance Service: 20<sup>th</sup> & 21<sup>st</sup> November 2001**

*Board Visitor: Mrs. J. Moseley*

It was **AGREED** that the Education & Training Committee be **RECOMMENDED** to continue to approve the centres, subject to all requirements contained in the reports being met satisfactorily.

and

**Lancashire Ambulance Service: 1<sup>st</sup> & 2<sup>nd</sup> July 2002**

*Board Visitor: Mr. D. Whitmore*

The report had not yet been produced; it was **AGREED** that the visit be considered at the next meeting of the Subcommittee.

**02/06 Preregistration Degree Programmes (Ref. Minute 02/04 of the Board's Education Committee)**

The Subcommittee continued the discussion begun by the Education Committee, where the Committee and Board had advised the Health Professions Council that the Board and profession were looking to develop preregistration degrees in paramedic science, which it was envisaged would, at an appropriate point, replace the existing award. Mr. Newton outlined the work of a working group which consisted of representatives of currently six, likely soon to be eight, universities involved in the running and development of degrees in paramedic science. The Subcommittee recognized that the Council was required to establish the basic standards and requirements in respect of preregistration degree courses, and would eventually do so in respect of postregistration degrees. Part of this was the function of a professional association. Until such an association was firmly established, other means would need to be found. Upon the advice of Dr. Burley, it was **AGREED** that the assistance of the Quality Assurance Agency be sought in this, particularly in relation to the development of subject benchmarking for degrees in paramedic science. Dr. Burley agreed to contact the Agency with this request and Mr. Newton agreed to put this recommendation to the working group of universities. It was also **AGREED** that the working group be asked if it would accept a representative from the Subcommittee and Mr. Newton agreed to put this request to the group.

It was **AGREED** that the Subcommittee submit a response to the relevant sections of the Council's consultation document. Mr. Newton agreed to co-ordinate this response.

The Subcommittee received a joint letter to Mr. Michael Collins from Dr. L. Merriman, Dean of the School of Health and Social Science of Coventry and Mr. M. Hazell, Chief Executive of the Warwickshire Ambulance Service, regarding the planned development of an undergraduate degree which it was proposed would provide eligibility for state registration as a paramedic. The letter invited the Council to nominate a representative to be a member of the curriculum development group. It was **AGREED** that Dr. Merriman and

Mr. Hazell be informed that discussion of the general question of preregistration degrees, although begun, was at an early stage and the Subcommittee considered that it would be premature to appoint a representative as a member of the steering group at this stage, before the Subcommittee, and through it the Education & Training Committee had produced some basic principles and groundrules.

Also, a request had been received from a registrant with one of the postregistration degrees in paramedic science that the designatory letters "B.Sc." be included with his details in the register. It was **AGREED** that there was no objection to the inclusion of these letters in the register.

## **02/07 Educational Level of the Paramedic Award**

The Subcommittee continued the discussion begun by the old Registration Committee. Ms. Malcolm, Director of Operations, had recommended that a member of the Subcommittee accompany herself and Mr. Berrie to meet Mrs. Rowlands in Leeds to discuss the way forward. She had commented that, in respect of the Second Directive

- If the profession does not ask its students to have any qualifications on entry then that would normally position the profession in the attestation of competence level
- If the profession were to position itself in the attestation of competence level then in the terms of the Directive it would not be able to move from that level to a higher one in due course.

Correspondence with the National Academic Recognition Information Centre regarding the equivalence of paramedic qualifications outside the UK had been attached to the agenda. It was **AGREED** that Ms. Malcolm and Mr. Berrie be asked to meet Mrs Rowlands as suggested, accompanied by Ms. Manning or Mr. Wenman representing the Subcommittee.

## **02/08 Membership of the Subcommittee**

The current membership was as follows:

### Council members

Ms J Manning p.

Mr. M. Collins p. W

Prof. J Lucas L

### Council appointees

Mr. P Henry p.

Mr. M Jackson p.

Ms J Moseley p.

Mr. K Wenman p.

Mr. D Whitmore p.

Mr. R Chandler p. S

Mr. G Thomas p. W

Mr. B McNiell p. NI  
Dr. T Clarke L  
Dr. I McNeil L  
Mrs. J Struthers L  
Mr. D Griffiths L  
Prof. M Watkins L  
Dr. R Crouch L

Where  
P – paramedic  
L – lay  
S – Scotland  
W – Wales  
NI- Northern Ireland

**Chairman:** To be appointed.

**Secretary :** T Berrie

It was **AGREED** that Mr. A. Newton be co-opted to the Subcommittee, and that Mr. J. Butterfield be invited to join the Subcommittee as an experienced paramedic in the private sector and military (and one of the assessors of applications), and Mr. R. Fellows be invited, because of his experience in postregistration and degree matters.

#### **02/09 Other Business**

##### **JRCALC Revised Clinical Guidelines (Ref. Minute 02/03 of the Board's Education Committee)**

It was reported that a meeting had been arranged between representatives of JRCALC and IHCD/EDEXCEL to consider the review of its core syllabus to take into account changes in the JRCALC guidelines. The Subcommittee asked that, in view of the Education Committee's resolution in March, it be kept informed as to progress in this matter.

#### **02/10 Programme of Meetings**

It was **AGREED** that a programme of meetings be not drawn up at this stage and Mr. Berrie arrange a further meeting to take place in the autumn.

**CHAIRMAN**



**Notes of Joint Meeting  
Held at Skipton House  
On 1<sup>st</sup> August 2002  
with representatives from various bodies  
with a care interest  
in the Paramedic Profession**

**Present:**

Joanna Manning	HPC Registrant Member	JM
Mike Collins	HPC Alternate Member	MC
David Whitmore	HPC Education & Training Working Group Member	DW
Richard Diment	ASA Chief Executive	RD
Ian Macalister	JRCALC Secretary	IM
Alan Howson	IHCD Representative	AH
Peter Burley	HPC Director	PB

**ITEM   SUBJECT**

**1      Introduction**

The meeting was arranged to discuss the different organisations understanding of the role of the various bodies involved in the development and maintenance of the paramedic profession.

JM opened the meeting by thanking all those who attended for coming. JM confirmed there were three key areas that there appeared to be some confusion around and that she hoped that the outcome of the meeting would be to:

- Agree who the key players are in relation to the Paramedic profession.
- What were the key issues concerning the Paramedic profession.
- How the issues and the people involved communicate.

## **2**      **PB Briefing**

PB briefed the group on a recent meeting of the HPC Paramedic Education & Training working group particularly around issues such as:-

QAA and subject benchmarking. PB felt there would be some benefit from talking to the Learning and Teaching support unit who would welcome 2x Paramedic Educationalist nominations. It was agreed that the nomination should be vetted by Mary Watkins, Chair of the HPC Paramedic & Training working group. PB advised that on the 19<sup>th</sup> – 20<sup>th</sup> September there was a festival of training in Bristol involving LTSU?

## **3**      **List of Key Players**

JM and the group discussed who the key players were and a general list was pulled together as follows:

- Health Professions Council (HPC)
- Ambulance Service Association (ASA)
- ATAG (subgroup of the ASA)
- BASMED (British Ambulance Services Medical Directors)
- JRCALC (Joint Royal Colleges Ambulance Liaison Committee)
- University Group (Formed by Universities agreeing common core curriculum).
- UNISON (Ambulance Trade Union)
- IHCD (Institute of Health Care & Development)
- AHPF (Allied Health Professions Forum)
- BPA (British Paramedic Association)
- APAP (Association of Professional Ambulance Personnel)
- Paramedic Diploma (Reference Group, West Midlands Ambulance Service)
- CWP Emergency Care Pilot (Department of Health Changing Workforce Programme)

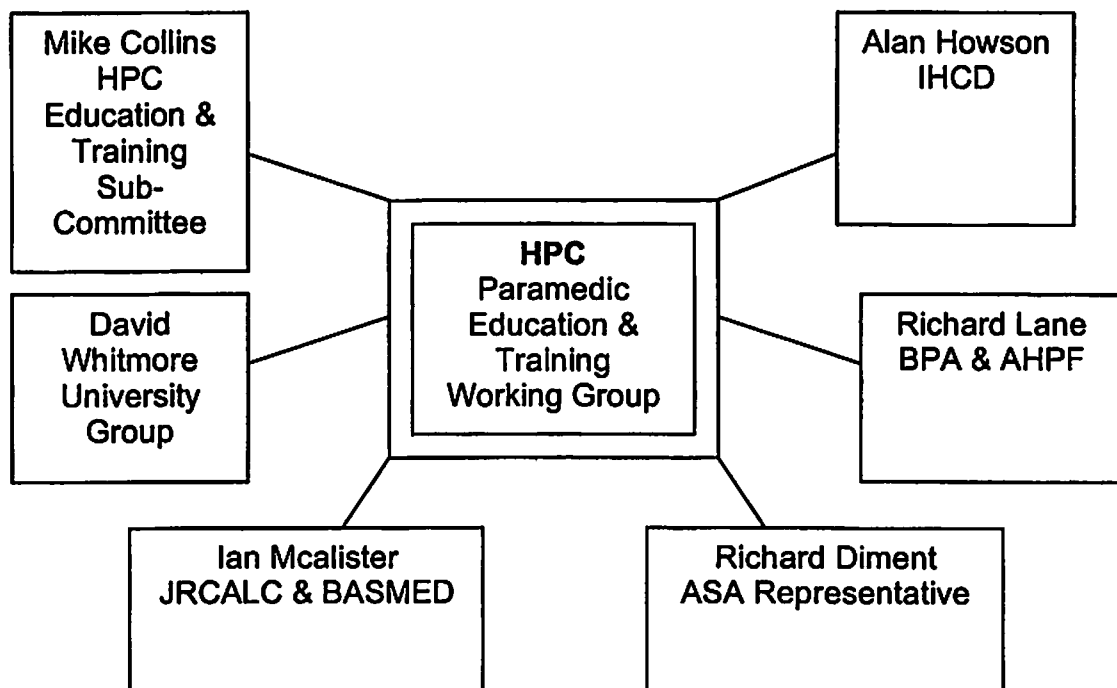
It was generally agreed that all of these groups were doing valuable work in their own specific area. However, there were issues regarding who, how, what, where and when they communicated their message to ensure joined up thinking.

#### 4 Communication

It was agreed that there was a single factor that hindered unified thinking. This is the lack of a professional body to act as a conduit to filter and process all these various organisations developments and ideas. Although the BPA was emerging as a professional body it was still in its infancy.

As far as ensuring the HPC remains informed particularly at this crucial point with the development of the Practitioner in Emergency Care (PEC), degree courses for paramedics and the HPC, paramedic work that is linking future registration of Paramedics to the higher education framework. It was felt that the HPC Paramedic Education and Training Working Group would be a useful forum to focus all these initiatives into.

The majority of the key players were members of the working group anyway.



It was suggested that notes of this meeting be circulated widely to all interested parties for comment and to be included on the agenda for the next HPC Paramedic Education & Training working group meeting.

**Peter Burley**

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**To:** Hooper-Brown Abi (RJ9) NHS West Country Ambulance Services

**Subject:** RE: Skipton House Meeting Notes

Abi,

Thank you for these notes. I have the following comments:-

1. If you were to add apologies for absence, could Tom Berrie's (HPC Director) be included?
2. On para. 2 it is the "Learning and Teaching Support Network (LTSN)" please. LTSN is asking specifically for "subject advisers". The LTSN festival is of "learning" on 19-20 September.
3. In para. 3 could you spell out please ATAG in full.

Thanks,

Peter Burley

**CHIROPODISTS JOINT QUALITY ADVISORY COMMITTEE**

**17 July 2002**

**CATEGORIES OF APPROVAL AND CONTINUED APPROVAL FOR  
DECISIONS AT THE EDUCATION AND TRAINING COMMITTEE**

1. **Approval of New Courses under Section 4(1)(a) and (b) of the PSM Act 1960**  
By the Privy Council, forwarded from the Council on the recommendation of the ETC  
acting on the advice of a subordinate body)

Minute 45    University of Huddersfield.\*

2. **Major change to a prior Approval under Section 4**  
(by ETC on advice from a subordinate body)

Minute 44    University College Northampton.\*

3. **Continued Approval of an Institution Under Section 5**  
(by ETC on advice from a subordinate body)

Minute 46    Glasgow Caledonian University.

Minute 47.    Matthew Boulton College.

\*Reports to follow. If not received in time the Committee could consider delegating  
progressing these items for Chairman's Action.

**UNCONFIRMED**

**MINUTES of a meeting of the '1<sup>st</sup> Transitional Period Pre-registration Education and Training Group for Chiropody' (so designated by the HPC and formally known as JQAC), held at the offices of the Society on Wednesday 17<sup>th</sup> July 2002 at 10.30 am**

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**Present:** Mrs J McInnes (PB)  
Paul Shenton (SB)  
Mr G Burrow (PB)  
Mr D Jessett (SB)  
Miss G French (PB)  
Mr P Frowen (SB) (In the Chair)  
Mrs J Shanks (SB)  
Mr M Potter (PB)  
Mrs G Bligh (SB)

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

**Apologies:** Ms H De Lyon (PB) (Chief Executive)  
Mrs P Renwick (PB)  
Mr R Ariori (SB)  
Ms C Farrell (SB)  
Professor S Frost (SB) (Educationalist)  
Mr J Black (SB)  
Mr W McCartney (SB)  
Mr S Baird (PB)  
Miss P Sabine (SB)  
Ms S Braid (PB)

**NB** (PB) Professional Body  
(SB) Statutory body

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**Minutes** 38 The minutes of the meeting of 9<sup>th</sup> May 2002 were signed as an accurate record with a change to minute 24 to read 'local anaesthesia', not analgesia

**Matters** 39 **arising**  
Minute 22 QAA. Mr Ashcroft reported that Brian Ellis had been named as an additional representative to help draft the 'Standards of Proficiency' along with Janet McInnes, David Ashcroft and Penny Renwick. Mr Shenton reported that the QAA now had a contract with the Scottish Executive to produce Benchmark Standards for nursing and midwifery. He also reported that they would probably differ from those in England and that it was likely that other professions would also be benchmarked in the future.  
Minute 25 Modernising Pre-Registration Training. The Salford University 'modernised' pilot course would be due for validation/approval some time in the Autumn. The skills escalator project involved an opportunity for students to step off at level one with a certificate and competencies which were not

profession specific. At level two students could step off as a profession specific Assistant Practitioner or continue into year three to gain an honours degree in Podiatry. The multiprofessional course team had desegregated the benchmark statements and reassembled them to facilitate routes through the programme.

Issues for consideration were identified as follows:

- At present the professional body has no Assistant Practitioner membership grade, only associate membership for Footcare Assistants & Technicians
- The Faculty of Management had considered the course proposal and did not feel an Assistant Grade was currently required for the NHS workforce. This was primarily due to a re-profiling of patient needs and discharges to the private sector of straightforward cases, leaving patients in the NHS, in the main, with pathologies requiring the skills of a fully qualified state registered practitioner. Other professions e.g. Radiography may not have the ability to re-profile by discharge to the private sector and may have a clearly identified role for assistant practitioners, but a one-size fits all AHP's training philosophy may not be appropriate for all professions
- The North West Service Managers group, who would be the main local employers of this grade, have stated they have no resources for their employment or requirement for their services
- The WDC is working with PCT's to create local jobs via the skills escalator but there appeared to be a lack of understanding between service managers and the Cumbria and Lancashire WDC over this issue at present
- Protection of title would be an issue
- It was agreed the professional body should consider all aspects of footcare and those delivering the service at whatever level. The HPC may in the future have responsibility for the registration of assistant grades
- Clinical hours over the three years (non in the first year) would be an issue
- Clarity over which professional body (if any) a student would register with and 3<sup>rd</sup> party indemnity cover would be required
- The profession specific content of level three would be of particular importance for eligibility for registration purposes

As Salford had requested representatives of JQAC to attend the validation event, scheduled for the Autumn, for approval purposes under Section 4(1) (a) & (b) of the Act, the following were suggested:

- Pippa Bryan, NHS Service Manager, Severn NHS Trust
- Janet McInnes, Head of School of Podiatry, Brighton University
- David Ashcroft, Director of Education (if required)

**Meeting  
JVC's/JQAC  
40**

The minutes of the meeting of Secretaries of JVC's/JQAC held on 19<sup>th</sup> June 2002 were noted. Attention was drawn to items 5 & 9 in particular.

**Unconfirmed  
minutes of  
HPC ETC  
meeting  
41**

The unconfirmed minutes of the 3<sup>rd</sup> meeting of the ETC held on 3<sup>rd</sup> July were noted, in particular items 6,9,3,10,12,17.2 & 17.3. It was also noted that the ETC was a public meeting and that all documents, reports etc would be public and available on the HPC web site.

**Reforming  
NHS**

A document on Reforming NHS Education and Training Funding was discussed. Mrs McInnes had spoken to JM Consulting who had consulted with

**Education and  
Training  
Funding  
42**

some institutions, which would further inform the report. It was felt that it was not too late to respond to the document and that a co-ordinated response could be made via the secretariat following consultation with the Heads of Schools

**University of  
Plymouth  
43**

Mr Potter reported on progress at the follow up meeting to the original new course approval event held on 27<sup>th</sup> June 2002. Ms Renwick and Mr Potter had attended the Quality & Standards Committee of the University of Plymouth that had been convened to further consider the course 'work in progress'. The report of this committee was presented to JQAC. The course document had not arrived in time for consideration by the JQAC members. However the following recommendations were made by the JQAC representatives:

- The course document was a great improvement on the original version, though adjustments were required which were identified and listed in the report and requested to be sent to JQAC
- As a statement of intent, the document was seen as satisfactory, with amendments, though it remained to be seen if resources for a central skills clinic and identification of sufficient placements would materialise. This would be a matter for determination when the Institutional approval event under Section 4 1 (c) of the Act took place. This was set for either late October or November 2002. Mr Spooner would be informed and dates determined by the Visits co-ordinator in consultation with the Institution. Visitors would be Mr Gordon Burrow, Mrs Janet Shanks, Mrs Sue Braid and Mr Paul Frowen as Convenor.
- It was agreed that the documentation when received is circulated and comments requested, following which chairman's action could be taken. It was also decided that it was unwise to uncouple institutional approval and course approval so that final approval could not be recommended to the ETC until after the institutional approval visit later in the year
- It was agreed to support the recommendation to limit the first year intake to 15 and that when approval had finally been given to monitor the course by visit at the completion of the first year.

**University  
College  
Northampton  
Course re-  
approval  
44**

Mr Lorimer reported that the revised course document now incorporated all of the comments made by the panel and should be recommended for re-approval. Mrs McInnes pointed out that Mr S Avil (Acting Head of School) had done an extremely good job under very difficult circumstances. Mr Milch pointed out that the document would need to go to Privy Council for approval as the changes could be regarded as substantial. It was decided to recommend to the ETC that the course be approved with major changes to the provision under Section 4 of the Act

**Huddersfield  
45**

Mr Potter and Mrs McInnes reported that the validation event was excellent and that while the changes to the course were minimal, the step-off at level one as a Footcare Assistant was a major change. The course was recommended by JQAC for approval by the ETC under Section 4 of the Act, though changes were sufficiently major to require Privy Council approval

**Glasgow  
46**

Mr Burrow left the room for this item. The Quinquennial Report of the Visitors made to the institution in March 2002 was considered. It was noted there were no requirements but several recommendations. The responsibility of the university for the quality of the educational experience at the Southern General



Hospital should be emphasised and the professional head clearly identified. It was decided to recommend to the ETC that institutional approval of the Division of Podiatry, Glasgow Caledonian University under Section 5 of the PSM Act should continue.

**Matthew  
Boulton  
47**

Mrs Gay Bligh, Vice-principal reported on progress:

- Responsibility for funding had transferred from the West Midlands North to Birmingham Central WDC
- A meeting with Glen Warren, Chief Executive of the WDC had recently taken place. A further meeting was scheduled for 10<sup>th</sup> August
- There would not be a tendering process for the course
- There was a possibility of a ten year contract
- However, West Midlands North WDC may go out to tender for a new course
- The new campus build at Aston University had been approved
- Birmingham Dental School was also looking to re-locate which may facilitate a multiprofessional build

The Report of the Visitors on the Quinquennial Visit to Matthew Boulton College was considered. It was decided to turn requirement 1 into a recommendation and augment requirement 2. This could be approved by the Visitors and chair's action taken to approve. It was then decided to recommend to the ETC that institutional approval of the Birmingham School of Podiatry under Section 5 of the PSM Act should continue, subject to the requirements. Mr Burrow expressed concern over a lack of consistency in reports over Health & safety issues, in particular noise levels from machinery.

**Queen  
Margaret  
University  
College  
48**

A letter from Mr Brian Ellis, Head of Department of Podiatry & Radiography, Queen Margaret University College was considered in the light of his request to delay the Quinquennial Visit from November 2002 to February 2003 so that it could be combined with a course re-validation. This was agreed subject to the Visit taking place over the preceding two days, followed by the course revalidation. Mr Ashcroft explained that Ms Christine Farrell had expressed a willingness to be involved in visits if thought helpful. It was decided she might be asked to attend at the expense of the HPC to both take part in the visit and to evaluate the process of combining continuing institutional approval with course re-validation. The visitors for the event would be Miss Sabine, Miss French, Ms Bligh, Mr Pickard, (Mr Jessett as reserve), accompanied by Ms Farrell and Mr Lorimer. Mr Ashcroft would write to Mr Ellis informing him of the committee's decision

**Durham  
49**

Mr Ashcroft, Mr Milch and Mr Lorimer had had a meeting with Mr Cowie, Chief Executive of the Durham & Teeside Workforce Development Confederation. The issues of concern regarding New College Durham had been discussed, namely the responsibility of the NHS jointly with the college to provide adequate future provision of clinical education at the Bishop Auckland and Framwellgate Moor Centre, or a suitable skills clinic alternative. A total reliance on placement teaching would not be acceptable. It was decided to write further to the Principal, Mr Widdowson, copy to Mr Cowie, about any progress being made and to further emphasise the impact of a move to withdrawal of approval. If no progress is reported, in the best interests of students on the course, consideration may need to be given to recommending

the HPC move to withdrawal from October. There was no information on whether students and staff had been made aware of the situation by the Principal or Head of Department. Mr Ashcroft was mandated to write to the Head of School to enquire what information, if any, had been given to the students

**Final Clinical  
Examinations  
50**

The monitors gave a verbal report on the final clinical examination held at the Plymouth School. The examinations were conducted in accordance with the regulations (however, see item 51 re local anaesthesia). A written report from the visitors to the final clinical examination at the West Midlands School was received and agreed as satisfying the regulations as set out in the route document. This was the final examination to be held at the school as all students have now completed the course at the University of Central England and the school has now closed

**Chief  
Examiner  
Durham  
51**

A letter from Mr Ashcroft to the Head of School at Durham, indicating the need to replace the Chief External Examiner who had retired from teaching was noted. There had been no response.

**Institute of  
Chiropodists  
& Podiatrists  
52**

A circular letter sent by the Institute of Chiropodists to all approved schools requesting advice on top-up provision following submission of their course to the HPC for credit rating was noted. No advice could be given by approved Institutions until the HPC consultation period had concluded.

**Local  
Anaesthetics  
53**

The visitors to Plymouth felt there was an apparent lack of consistency between schools in the methodology of assessment of local anaesthesia. Discussion took place as to why this subject was being singled out from other practical assessments as assessment methodologies for all subjects varied from course to course and reflected a variety of teaching strategies. It was decided to carry out an audit of schools on LA assessment and to discuss other assessments such as that for nail surgery, cryosurgery etc at the next Heads of Schools meeting

**Role of  
Central  
Clinical  
Facilities  
54**

It was decided the purpose of the discussion paper was to promote a model of clinical training, which protected the central clinic. The paper would need remodelling taking into account:

- Inflexibility of the model in relation to blocks of clinical placements;
- Research evidence to support the model;
- Use of language that is current in the NHS e.g. skill clinics;
- Productivity –v- educational quality debate needed introducing
- Bids for research (small scale study) needed

**Pre-  
Registration  
Year  
55**

The Faculty of Undergraduate Education had considered the proposal from JQAC to discuss an additional pre-registration year. This was rejected at the present time as:

- There was a lack of evidence that the newly qualified were not competent or fit for purpose
- That lack of experience in the newly registered should not be confused with incompetence
- The service should develop mentoring schemes for the newly registered
- There was unlikely to be funding from the WDC's for an additional year

- Logistical problems with examinations, expertise and manpower in an in-service fourth year

**Financial  
Analysis for  
JQAC  
56**

There was no financial analysis available at the current time

**AOB  
57**

- 1) The following were invited to act on behalf of JQAC at a forthcoming part-time course validation/approval at the University of Salford:
  - Dr Tom Carlyle
  - Mrs Janet Shanks (Mr Paul Shenton in reserve)
- 2) Mr Ashcroft reported that Mr Allan Wood, Principal UCL School of Podiatry, London Foot Hospital, requested JQAC be informed that he had concerns about the availability of sufficient funding for the planned relocation of the LFH. A meeting at Chief Executive level of all stakeholders was to take place on 2<sup>nd</sup> August 2002. He would keep JQAC informed of the outcome. Should institutional approval under Section 4 of the Act be brought into question, an emergency visit might be necessary. This may be dealt with in the first instance at officer level by Mr Milch, Mr Ashcroft and Mr Lorimer

**Date of the  
next meeting  
58**

**Tuesday 12<sup>th</sup> November 2002 10.30 a.m. at the SCP**

.....  
 (Signed) (Chairman) (Date)

# **The Chiropodists Board**

## **Visitors Report**

### **DIVISION OF PODIATRY GLASGOW CALEDONIAN UNIVERSITY**

**QUINQUENNIAL VISIT  
13<sup>th</sup>, 14<sup>th</sup> & 15<sup>th</sup> March 2002**

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

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

## **THE CHIROPODISTS BOARD**

### **THE JOINT QUALITY ASSURANCE COMMITTEE FOR CHIROPODY/PODIATRY**

#### **VISITORS REPORT**

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

**Date of Visit:** Wednesday, Thursday & Friday 13<sup>th</sup>, 14<sup>th</sup> and 15<sup>th</sup> March 2002

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

#### **1 FOR INFORMATION**

##### **1.1 The Professions Supplementary to Medicine Act, 1960**

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

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

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

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

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

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

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

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

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

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

## **2.2 Documents**

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

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

Committee

2.2.1 Documents Received During the Visit

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

2.3 Programme

The programme for the visit was as follows:

**Wednesday 13<sup>th</sup> March 2002**

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

**Thursday 14<sup>th</sup> March 2002.**

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

09.45 Meet with Levels Three and Four student representatives

11.00 Meet with Levels One and Two student representatives.

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

13.30 Meet with Staff representatives

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

16.30 Private meeting of Visitors

17.00 End of first day of visit

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



**Friday 15<sup>th</sup> March 2002.**

- 09.00 Visit to Podiatry Clinic at South Glasgow University Hospital Trust
- 09.30 Meet with Placement Manager, Mr. David Wylie.
- 10.30 Tour of clinical facilities
- 12.30 Buffet Lunch with Mr. Wylie and staff at SGUH Podiatry Clinic.
- 13.30 Visit to Stobhill NHS Acute Trust and Yorkhill Hospital
- 15.45 Private meeting of Visitors at Cowcaddens site.
- 16.00 Report to Senior Management, Professor Denis Parker, Dean of Faculty of Health and Dr. Brian Durward, Head of Physiotherapy, Podiatry and Radiography
- 16.30 End of Visit

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

**3 INTRODUCTION**

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

**4 MEETINGS**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- 4.2.3. The Visitors asked if the new structure would allow what was required under Section 5 of the 1960 Act. In particular how the individual heads of the professional groups would be identified for Statutory purposes. Professor Parker replied that the Dean of the new school would be on the University Executive Board and would be able to deal with issues of staffing without reference upwards as at present. These devolved responsibilities would make dealing with issues such as staffing in the various divisions much easier. The head of the division would be an appropriate professional member of the teaching staff. The Dean was of the opinion that the changes would not complicate the line of professional contact with the professional and regulatory bodies (R5).
- 4.2.4. The Visitors were informed that the current Department Management group meet every two weeks and their agenda concentrates on finance and staffing. The Dean reiterated that the titles of the divisions/departments and their leaders has not been decided but the subject leader would have a similar level of responsibility to the subject area leaders as at present (R2).
- 4.2.5. The University is aware of the department of health agenda on modernising the Allied Health Professions. However while it shares the objectives these are not seen as a university priority rather something that could come from within the professions. There is a discussion currently within the Faculty on the subject of shared learning. So far it has not been easy to define it and as yet no decision has been taken.

### **4.3 Meeting with Students in Levels Three and Four.**

#### **4.3.1. Those present were:**

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

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

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

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

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

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

#### **4.4 Meeting with Students in Levels One and Two**

- 4.4.1. Those present were:

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

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

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

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

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

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

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

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

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

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

experienced in the university.

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

#### **4.5 Lunch-time Meeting with Service Managers**

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

#### **4.6 Meeting with Representatives of Staff**

- 4.6.1 Those present were:

Robert Campbell  
Meg Reed  
Christine Skinner  
Glennis Tavener  
Gordon Watt

- 4.6.2. Mr Frowen Introduced the Visitors and explained the purpose of the Visit. He also explained the way in which the Health Professions Council would possibly carry on the process.

- 4.6.3. There was general agreement that podiatry was generally in good health in Glasgow and the introduction of the new course was going according to plan. There was more reliance on skill laboratories now that level one students were not in clinic until the end of the first year. Podiatry now had access to the skills laboratories (A132 & 133, A248 & A248a) in the university but these were equipped with furniture that was designed for physiotherapy. While the equipment can be used for some of the podiatric skill activities such as biomechanical assessment it is inappropriate for general skills (R1).

- 4.6.4. The podiatry members of staff use the movement laboratory (A253) with its range of instrumentation to teach biomechanical assessment and gait studies. This well equipped laboratory is used for research and teaching and there are occasions when these uses clash.

- 4.6.5. The staff agreed that the IT was a problem for the students but the reorganisation of the IT service may be the answer to the incompatibility between the Apple Mac computers in the Health Building and the PCs in the rest of the university. The members of staff were



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

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

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

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

#### **4.7 Meeting with Support Staff, Glasgow Caledonian University.**

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

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

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

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

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

## **5. LEARNING RESOURCES**

### **5.1 Library – Caledonian Library and Information Centre (CLIC)**

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

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

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

### **5.2 Athletic and Recreation Centre (ARC)**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### **6.1 Meeting with Mr. David Wylie**

6.1.1 The Visitors met with Mr. D Wylie and Mr. S Baird. Mr. Wylie gave the Visitors a resume of the activities of the department and the changes that he had made since being appointed a little over three years ago in 1999. The department was originally established in 1993 as a collaborative venture between the Southern General Hospital and Glasgow Caledonian University (see previous Quinquennial Report) and was contracted to provide some 36,000 patient treatments in a year. A contract has been in place since 1993 involving the payment of around £30,000 per year by the university towards the running costs of the service. A new arrangement is currently being negotiated which will replace the contract with a "Memorandum of Agreement" that will produce a secure and robust, partnership between the establishments without the exchange of finance. This is planned to commence later in 2002 and will move the operation of the clinic and its teaching activity into a more mature relationship allowing the two partners in the provision of podiatric education to concentrate on their strengths.

6.1.2. There are 13.66 whole time equivalent staff employed by the Department including Mr Wylie's staff who also work in the diabetic clinic at the Victoria Infirmary. The patient treatment numbers are about 22,500 and the department provides 70% of the total student clinical activity. The range of conditions seen in the patients includes vascular and diabetic conditions, neurological conditions, rheumatic disorders, biomechanical, children's and surgical conditions. The department is seen as a regional centre of excellence and receives a significant number of referrals from areas throughout Scotland.

6.1.3 Until recently the unit has not been managed with an NHS agenda but is now pursuing the implementation of Clinical Governance and its various elements. This includes clinical effectiveness, risk management, performance management, evidence-based practice and the introduction of care pathways for patients. However this had been done taking care of the educational requirement of the students.

6.1.4 Up to the present time the manufacture and supply of orthoses lacked a clear structure and a system to track their prescription, manufacture and eventual supply but this has now been established. This system now allows the process to be monitored much more

accurately and is also a useful educational exercise.

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

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

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

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

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

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

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

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

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

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

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

6.2.6. As a result of some lottery money some attractive toys have been provided in the waiting room. On the occasion of the visit it was noted that the WRVS tea bar was now not used. Apparently there has been no such provision for some time. It is suggested that efforts be made to restore this useful facility for patients (R18).

6.2.7. The biomechanics laboratory is a very pleasant teaching and treatment room with adequate space for circulation of patients, students and staff. This room is ideal for the taking of plaster cast impressions. Leading off this room is a small room for physical therapy. It is still used but the appearance of the equipment suggests that it is approaching the end of its useful life.

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

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

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

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

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

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

## **7. VISIT TO PLACEMENTS**

### **7.1 Yorkhill Hospital**

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

### **7.2. Stobhill Hospital**

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

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

## **8. REQUIREMENTS AND RECOMMENDATIONS**

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



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

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

8.2 Continued Institutional approval is not conditional on any requirements, but attention is drawn to the recommendations in 8.4. Recommendations 11 to 19 refer to the clinical accommodation at the Southern General Hospital clinical site.

8.3 The Visitors, in accordance with the Board's policy, request that the Head of Division, in conjunction with the University authorities, submits a progress report, at the completion of each academic year, on the following recommendations. The report should also include progress on the matters that relate to the Southern general Hospital clinical site.

8.4. **R1.** Recommended that when re-equipment of the skills laboratories (A248 & A248a) occurs that equipment, flexible enough to allow a greater range of podiatric simulated activity is purchased (4.6.3, 5.3.4).

**R2.** The Board would wish to be informed of the Senate's final decision regarding the re-organisation of the staffing and the position of the professional head of podiatry in the new structure (4.2.4).

**R3.** It is suggested that urgent consideration be given to ensuring IT compatibility and rationalisation (4.3.6).

**R4.** Recommend that the student logbook be modified to ensure a clear audit trail of student activity and encourage reflective practice (4.4.7).

**R5.** Recommend that the role of the new school manager is clarified (4.2.3).

**R6.** Recommend that there is clarification of the role of the students who receive payment to provide IT support (4.4.4).

**R7.** Suggest that procedures for ethical approval prior to the commencement of the students' Honours projects be investigated and clarified with a view to streamlining the

process (4.3.9).

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

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

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

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

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

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

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

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

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

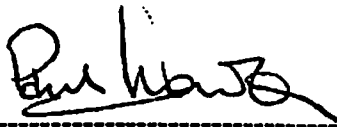
**R17.** It is suggested that consideration be given to a more adequate extraction system at the sites where volatile adhesives are used (6.2.7).

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

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

9. CONCLUSION

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



Mr. P Frowen (Convenor)



Mr. D F Jessett (Visitor)



Miss G J French (Visitor)



Mr. L. Russell (Visitor)



Mr. D. L Lorimer  
(JQAC Coordinator)

## **THE HEALTH PROFESSIONS COUNCIL**

### **JOINT QUALITY ASSURANCE COMMITTEE**

#### **VISITORS REPORT**

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

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

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

#### **1. FOR INFORMATION**

##### **1.1 The Health Professions Council**

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

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

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

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

## **2. PREVIOUS VISIT AND RECOMMENDATIONS**

### **2.1 Quinquennial Visit 1997**

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

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

### **2.2 Follow Up Visit 1998**

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

#### **Requirements**

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

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

#### **Recommendations**

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

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

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

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

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

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

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

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

### **Requirements**

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

### **Recommendations**

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

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

## **PROGRAMME AND DOCUMENTATION FOR CURRENT VISIT**

### **2.3 Documents**

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

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

### **2.4 Programme**

**2.4.1 Tuesday 23<sup>rd</sup> April 2002**

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

**Wednesday 24<sup>th</sup> April 2002.**

09.15 Meet with Head of School in room T606 Matthew Boulton College

09.30 Meet with student representatives in room T606

10.30 Meet with Staff representatives in room T606

11.30 Visit Clinical facilities at Hope Street.

12.30 Buffet Lunch with Professor Neil McKellar (Chief Executive Shropshire and Staffordshire Workforce Development Confederation [WDC] the lead WDC for the West Midlands) & WDC members in room T606

13.30 Meet with Professor Neil McKellar and WDC members in room T606

15.30 Tour of Library and IT and general facilities

16.30 Private meeting of Visitors in room T606

17.00 End of first day of visit

**Thursday 25<sup>th</sup> April 2002.**

09.15 Meet with Senior Management and Representatives from Aston University in Principal's room.

10.30 Meet with managers of placement sites in room T606

12.0 Lunch in room T606

13.00 Visit to placements (Birmingham Specialist Community Trust, City Hospital Acute Diabetic Clinic and Dudley Community NHS Trust)

15.45 Private meeting of Visitors at College in room T606

16.00 Report to Principal.

16.30 End of Visit



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

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

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

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

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

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

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

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

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

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

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

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

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

## 5. Meeting with the Students

### 5.1 Those present were:

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

- 5.2. Mr Shenton explained the purpose of the Joint Quality Assurance visit to Matthew Boulton College and its relationship to the delivery of the course. By way of introduction he asked the students their impressions of the course that they were now following. Some of the students already had other qualifications, including first degrees, and were impressed that the support they received in the course was far greater than they had experienced in the courses they had taken before. One student had had to take three months off during the course and was very strongly supported by the staff during the leave of absence and since returning.
- 5.3. The students reported that the library had been improved and the texts were more plentiful than they had been. They also thought that photocopy costs were reasonable at 5p per copy. There was also general approval for the access provided to the Barnes Library of the University of Birmingham although some students did not use it, preferring to use the libraries at some of the placements. The students

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

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

## **6. Meeting with Members of Staff**

- 6.1 Those present were:

John Malik  
Stuart Moore  
Deborah Craddock  
Paul Fletcher

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

- 6.3. The members of staff were concerned about their contact hours but informed the Visitors that each member of staff was given three hours per week for staff development activities. In addition they were given ten "green" days for non-contact activities such as research (R2). Members of staff were able to have replacement costs for time off for research activities which was generated from the enterprise activities such as podiatric surgery, part "A" courses and continuing professional development activities for private practitioners and National Health Service staff.

The Visitors were informed that the School of Medical and Sports Science in line with other Schools in the College had an annual enterprise target. The School of Podiatry contributes to this target through such activities such as podiatric surgery and continuing professional development programmes for private practitioners and National Health Service staff.

While the Visitors considered that these enterprise activities were valuable in that they brought a breadth of experience to the teaching staff which would impinge on the undergraduate course delivery, they were concerned that the overall load on the staff of teaching hours was too great (R2).

- 6.4. The continued development of clinical placements was seen as very important to the members of staff who saw future development of the course and the school as being dependent on a good placement programme. The present clinical facilities in Matthew Boulton College had twenty-one clinical chairs and a strong placement programme was necessary to ensure that the increased student numbers could be accommodated. Student feedback plus regular meetings with the placement organisers ensured parity of student experience between the placements and the clinic in Matthew Boulton College.
- 6.5. The members of staff considered that there could be advantages in the move of the College to the site closer to Aston University but were unclear as to what these could be. The involvement of the members of staff in the discussions about the projected move to Aston University is by way of consultation groups and in staff team meetings. The Visitors were concerned about the lack of clarity shown by the staff over these issues and would wish to be informed about these discussions and who leads them (R10).
- 6.6. In discussion about general activities the Visitors were told that the post-graduate courses strongly support the undergraduate programme. The members of staff hoped that the present co-operation with the University of Birmingham in the provision of anatomy dissection facilities for the undergraduate course as well as postgraduate surgery courses for the Society's surgical qualification would continue (R11). The Visitors were also informed that there was also similar co-operation over the provision of pharmacology in the undergraduate course with Birmingham University.

## 7. School of Podiatry – Clinical Facilities

- 7.1 The clinical facilities at the Hope Street site are situated on the first floor of the building. The main clinic (T106) consists of twenty-one patient chairs set out in one large room and two-chair assessment room. The areas are in good decorative order and are well maintained. The patient's chairs are in good order and each unit has an operators unit and a dust extracting drill. In addition there is a free standing drill unit for left-handed operators. The operator's chairs all seem to be in good condition and are capable of adjustment in a number of planes.

For the twenty-one chair unit there are three bench-top sterilisers, one Little Sister 2 and two Little Sister 3 models. Instruments are washed by the students and placed in the sterilisers, when full the machines are put through their cycle. At the end of this the instruments are either taken out for immediate use or stored in drawers in the unit below the sterilisers. The Visitors were informed that instruments for use are always taken directly from the steriliser so as to ensure sterilisation at the point of use. Apart from the fact that these machines do not meet current requirements they are insufficient in quantity for the number of patient chairs and there is no reserve should one or more be out of action (**Requirement 2**).

- 7.2 Adjacent to the clinic and leading from it is the Diagnostic Suite (T105). This room has three examination couches, a power jog machine with a video facility and two plantarscopes. There is also an upgraded Pedar force-plate system and a Podiatron automatic wobble board.
- 7.3. The orthotic fabrication room (T109) is where the fabrication of the orthoses takes place. There are three grinding machines and an area for using volatile solvents. The level of extraction seems to be adequate although the noise level is high. The Visitors were informed that ear protectors are provided for those using the machines. There is also a bandsaw and a vacuum former.
- 7.4. Next to the manufacturing room there is a two-chair assessment room (T108) where plaster casts are taken. This room is also well equipped but also has two autoclaves of an obsolete design.
- 7.5. Next to this is a tutorial room (T107), which has also been recently refurbished. Disabled students on other courses also use this room
- 7.6. The Theatre Suite (T101 to T103) is unchanged since the last visit. This good facility is also hired out for use by other practitioners and as such earns some income. The theatre has positive air pressure and is of a good size for teaching purposes. There is a Little Sister 2 bench-top steriliser, which is used for sterilising single instruments used during nail operations. All procedures,

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

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

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

8.1. Mr McKellar, accompanied by Ms Lynn Sterry, Project Manager, joined the Visitors and the members of staff for lunch. During this time Mr Shenton and the other Visitors discussed the purpose of the Visit. At the conclusion of this the Visitors met formally with Mr McKellar and Ms Sterry.

8.2. Mr McKellar explained that the Shropshire & Staffordshire WDC inherited responsibility for podiatry as the lead Confederation for the West Midlands. After taking over there was a preliminary review of podiatry provision in the West Midlands building on previous work, discussions with the heads of podiatry and representatives of the professional body. Initial concerns called into question the future of the podiatry education provision of Matthew Boulton College.

There had been meetings with the Principal and Senior Management of Matthew Boulton College on November 23<sup>rd</sup> 2001 and January 30<sup>th</sup> 2002 to further review the issues that had to be addressed. In addition, it was decided to examine the place of Matthew Boulton College in the provision of podiatry education in the context of health care education in Birmingham rather than solely as the West Midlands provider. There had also been discussions with the local Confederation and as a result the decision was taken to transfer responsibility for future planning of podiatric education for Birmingham to the Birmingham based West Midlands Central Workforce Development Confederation and that any formal review would now be conducted by them (**Appendix 1**).

8.3. The Workforce Development Confederation (WDC) had a number of concerns, which had been put to the College. These were:

- ❖ The viability of plans to enable the integration of podiatry students with other similar/complementary disciplines.
- ❖ The potentially low level of exposure which podiatry students could have to NHS work and working with other NHS staff.
- ❖ The relative disadvantages of single Birmingham provision.
- ❖ The apparent absence of QAA review of the provision.

- ❖ The possible low levels of library provision.
  - ❖ The need to explore whether the service delivery aspect of the clinic work may take precedence over the students learning needs.
  - ❖ The issues raised by the modernisation proposals for a foundation year.
- 8.4. Although the plans for the change of site from the present location to Aston University appear to be good, the new course may not be an integrated programme developing links with other similar disciplines. In addition, there was a lack of clarity as to whether the new programme would be sufficiently exposed to NHS structures. There was also some concern that within the time-scale of the recent discussions between the WDC and Matthew Boulton College, Aston University was the second validating body being considered for the new programme. When the discussions with the WDC had commenced the institution with which negotiations were taking place between Matthew Boulton College was the University of Birmingham (Requirement 1).
- 8.5. Although it was recognised that as a Further Education Funding Council (FEFC) funded college it would not be subject to QAA review, there was concern that the FEFC review had not been presented to the WDC and the podiatry provision had not been quality assured on the same basis as other NHS graduate provision. There was also concern over the poor level of library provision in Matthew Boulton College and even though this was bolstered and enhanced by access to the Barnes Library of the University of Birmingham was for reference only and this was not as readily available, as it would for students on a course within a university. This lack of ready access to a specialist library provision was seen as a major obstacle in preparing the practitioner for the wider clinical role.
- 8.6. While it was recognised that the service provided in the clinic at Matthew Boulton College was of a good standard it is a "stand-alone" provision and it is considered that it would be better as part of a broader more general provision. Additionally there were questions about how the level of service provision is maintained over the holiday breaks particularly the long summer holidays.
- 8.7. The WDC was concerned at the application for funding from the Department of Health Modernising the Allied Health Professions to develop an access route when there was already an access route in the college and that the WDC was not consulted and had not approved the detail of the proposal. This was the reason that the development funding was held up.
- 8.8. The major concern of the WDC regarding the course at Matthew Boulton was the fact that there were not comparable professions to allow interaction wherever this is possible in the structure of an undergraduate programme. The overriding consideration in professional education of the Allied Health Professionals is to encourage permeability of the professional boundaries between the professional groupings. The WDC wishes to see an expansion of the training and education of podiatrists to an intake number of students within the range sixty-five to eighty in



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

## **9. Visit to Library and IT Facilities**

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

9.2 The Visitors were met by Mr Paul Dolman, the Centre Manager, who took the Visitors around the library, which occupies the whole of the fifth floor of the Hope Street building. The library has been rearranged since the last visit and there are more study areas. The book stock has been added to over the years and the total stock numbers between 22,000 to 23,000 but with four paramedical courses and only one specialist allied health provision course using the texts there are inevitably some gaps in the provision. The range of hard copy journals available is reasonable with a back numbers available and there is access through the on-line services to a wide range of journals not stocked by the library. There is one photocopier in the library available for student use with a prepayment card. The library is open from 09.00 Monday to Friday and closes at 17.00 on Mondays and Wednesdays, 19.45 on Tuesdays and Thursdays and 16.00 on Fridays. It is not open at weekends.

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

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

10.1. Those present were:

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

Mr Ray Goy, Vice-Principal.

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

Mr Stephen Porter, Assistant Principal Quality Assurance.

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

- 10.2. Mr Shenton outlined the purpose of the visit and indicated how the report would be progressed through its acceptance processes now that the Health Professions Council had taken over the functions of the Chiropodists Board. He also gave an outline of the impressions that the Visitors had gained from the various meetings on the previous day.
- 10.3. Mr Goy began by indicating that Aston University and Matthew Boulton College had a long history of collaboration. In particular there had been collaboration between the two institutions in the Year Zero programmes and in courses in Life Sciences and Engineering. More detailed discussion were now taking place between Aston University and Matthew Boulton College on the establishment of a more formal relationship. It is anticipated that Matthew Boulton College would eventually become an associate college.

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

- 10.4. The relocation proposal of Matthew Boulton College was part of a broader urban redevelopment programme on an area called Eastside, which is located, adjacent to Aston University. In addition to the re-location of Matthew Boulton College, Birmingham Public Library was also to be re-sited on this location and, when complete, would be the largest public library in Western Europe. The proposed site for Matthew Boulton College is on a site presently occupied by an Aston University building, which would be demolished. A capital grant was being made of £13 million which would be between 25% to 50% of the total cost which would be in the region of £30 million. Matthew Boulton College was in negotiation with Birmingham City Council and some commercial enterprises, such as supermarkets, for the sale of its present sites and was confident that these would realise a good price. The projected time-scale was 2004 to 2005. The Visitors were shown plans an artist's impression of the project including the proposed location of College (R6).
- 10.5. The Visitors were informed that the relocated Matthew Boulton College would be independent of Aston University and that the students would remain students of the college rather than becoming students of the university. The new degree in podiatry, which would be validated by Aston University, was not dependent on the new building programme and would go ahead in advance of the proposed re-

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

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

## **11. Meeting with Managers of Placement Locations**

### **11.1 Those present were:**

Ms Kulwinder Johal, Professional Advisor for Sandwell PCT.

Mr Steven Eaves, Senior Podiatrist North Birmingham PCT.

Mr Ian Tar, Chief III Podiatrist, Walsall Community & Hospital NHS Trust.

Mr Steve Miller, Chief III Podiatrist, Dudley Community NHS Trust.

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

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

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

## **12. Visit to Placements**

### **12.1. Sandwell and West Birmingham Hospital NHS Trust**

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

### **12.2 Visit to North Birmingham PCT, Warren Farm Kingstanding.**

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

### **12.3 Visit to Dudley Community NHS Trust**

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

### **13, REPORT TO PRINCIPAL**

#### **13.1 Those present were:**

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

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

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

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

### **14. REQUIREMENTS AND RECOMMENDATIONS**

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

#### **14.2 Progress Reports**

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

the recommendations contained in this report.

### **14.3 Follow up Visit**

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

### **14.4 REQUIREMENTS**

**Requirement 1.** The Health Professions Council requires that a series of consultation meetings be arranged with the appropriate Workforce Development Confederation as a matter of urgency to ensure that the new proposals are satisfactory for all parties in the proposed move of the School of Podiatry to Aston University campus.

**Requirement 2.** The Health Professions Council requires that urgent consideration be given to the arrangements for the sterilisation of instruments in the clinical unit at Matthew Boulton College clinics.

### **14.5 RECOMMENDATIONS**

**R1.** The Visitors were concerned at the lack of administrative support given to the members of staff of the school. It is recommended that serious consideration be given to the provision of administrative support comparable with that found in other podiatry courses in universities (3.2).

**R2.** It is recommended that consideration be given to the conditions of service of the staff of the school of podiatry being on a basis more appropriate to a course delivered in Higher Education (3.4, 4.5, 6.3, and 10.7).

**R3.** The Joint Quality Assurance Committee would wish to be advised of the clinical disciplines that it was intended should share the clinical facilities in the proposed new building (4.1).

**R4.** It is recommended that discussions are held with the service providers to ensure that the placement programme in the new degree programme is equitable to all students and that the aims and outcomes are clearly defined (4.3, 11.4, 11.8).

**R5.** It is recommended that representatives of the service managers are included on the development team for the new degree programme (11.5, 11.7).

**R6.** The Joint Quality Assurance Committee would wish to be advised at an early stage of the plans for relocation of the School of Podiatry adjacent to Aston University (10.4).

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

## **CONCLUSION**

The Visitors would like to reiterate their thanks contained in section 2.4.2 of this report and recommend that institutional approval of the Birmingham School of Podiatry under section 5 of the Professions Supplementary to Medicine Act 1960 should continue subject to compliance with the Requirements.



VISITORS



Mr. P. Shenton (Convenor)



Miss P M Sabine



Mrs S Braid



Mr D F Jessett



Mr. D L Lorimer  
JQAC Co-ordinator

## PHYSIOTHERAPISTS

### PRE-REGISTRATION EDUCATION & TRAINING WORKING GROUP (JVC)

#### CATEGORIES OF APPROVAL & CONTINUED APPROVAL

**Approval of new courses under section 4 (1) (a) and (b) of the PSM Act 1960**  
(By the Privy Council, forwarded from the Council on the recommendation of the ETC acting on the advice of a subordinate body)

BSc (Hons) Physiotherapy full time route	York St. John College (validated by University of Leeds)
MSc Physiotherapy (pre registration)	King's College London
BSc (Hons) Physiotherapy part time route	Sheffield Hallam University
BSc (Hons) Physiotherapy part time route	University of East London

**Continued Approval of courses, examinations, qualifications and institutions under section 5**

For consideration by ETC on the advice of a subordinate body

BSc (Hons) Physiotherapy	Keele University
BSc (Hons) Physiotherapy	University of Teesside
BSc (Hons) Physiotherapy	University of Brighton
BSc (Hons) Physiotherapy	University of Wales College of Medicine
BSc (Hons) Physiotherapy	St. Georges' Hospital Medical School/Kingston University
BSc (Hons) Physiotherapy (FULL TIME)	University of East London
BSc (Hons) Physiotherapy (PART TIME)	York St. John College (validated by University of York until 2003 intake, henceforth, validated by the University of Leeds)
MSc Allied Health Professional Studies with licence to practice Physiotherapy	University of Teesside

**Major Changes to Provision Approved under Section 4**

For consideration by ETC on the advice of a subordinate body

**BSc (Hons) Physiotherapy**

**University of Huddersfield**

**JRB  
22.7.02**

# Minutes

Joint Validation Committee

3

**Committee** Joint Validation Committee  
**Date** Thursday 18 July 2002  
**Time** 10.30 a.m.  
**Venue** Council Room, CSP

**Present:**

Margaret Curr  
Lynne Clouder  
Anne Galbraith  
Holly Laws (student observer)  
Louise Jones  
Sheila Lennon  
Nigel Palastanga  
Janet Price  
Richard Stephenson  
Eileen Thornton

Chair

**In attendance:**

Joanna Brayton  
Jenny Carey  
Sally Gosling (mins 62-64)

Secretary

58. Apologies were received from Val Maehle, Jenny Morris, Jane Lockwood and Carolyn Edwards. Holly Laws was welcomed to the meeting as the new student representative.

## MINUTES OF THE LAST MEETING

59. The minutes of the meeting of the Joint Validation Committee held on Tuesday 14 May 2002 were confirmed as an accurate record of the meeting.

## MATTERS ARISING

### 60. Meeting with St Martins College Lancaster

A meeting had taken place in June with Jacqui Filkins and Ruth Wright from St Martins' College to discuss plans for a qualifying physiotherapy programme. The programme would have a strong inter-professional element with the existing OT programme and was being developed as part of the modernisation agenda. Some discussions had taken place with the Manchester School of Physiotherapy about the possibility of a franchise arrangement. The team had indicated that they were

Action

## THE CHARTERED SOCIETY OF PHYSIOTHERAPY

possibility of a franchise arrangement. The team had indicated that they were considering a 2004 start and were aware of the JVC deadlines.

### THE ACCREDITATION OF CLINICAL EDUCATORS

61. The Committee received the amended framework which mapped the framework outcomes to those in the outcomes model for demonstrating competence through CPD and an appendix as an example of how an experienced educator might achieve the outcomes through submitting a portfolio. There were a number of issues still to be agreed and work was continuing on the process through which accreditation would be given to educators with various experience and the arrangements for credit rating the portfolio submissions.

JVC (02) 30

Publicity for the scheme would initially take place through ACPM.

### DRAFT RESPONSE TO HPC CONSULTATION

62. The Committee received a first draft of the CSP response to the HPC consultation questions around education and training. Members supported the points made and agreed the need to emphasise existing good practice and to clarify the relationship between the criteria and the standards of education and training and the proficiency standards and in turn how these fitted with the registration work for overseas registrants and grandparenting arrangements. It was also agreed that the CSP response needed to highlight the lack of clarity in some areas, for example, the arrangements for the approval of overseas programmes and the role of visitors, registrant assessors and professional liaison groups. The curriculum framework, validation procedures, various JVC pro formas and the AHP value statement would be appended to the response.

JVC (02) 31

The consultation period would continue until 30 September and the JVC would receive a copy of the final draft for comment and the full response in due course.

### ISSUES ARISING FROM THE MODERNISATION AGENDA FOR CONSIDERATION BY THE JVC

63. The paper provided an overview of the issues raised by modernisation agenda initiatives for the JVC, including foundation degrees, a focus on inter-professional learning and step on step off programmes. Members welcomed this paper and agreed to submit responses to the questions to Sally. It was agreed that work on this should be undertaken with other professions where possible and a meeting was being sought with representatives from other JVCs to discuss a common policy where appropriate. The Committee agreed the importance of prioritising a number of issues which it felt would be important to recommend to the ETC in order that its work could be expedited as efficiently as possible. The need for work to be taken forward in the short term on these was highlighted and would be included in the HPC consultation responses.

JVC (02) 32

### M LEVEL ATTRIBUTES OF PHYSIOTHERAPY QUALIFYING PROGRAMMES

**PROGRAMMES**

64. The Committee was unable to consider this paper because of time pressure at the meeting. It was agreed that responses and comments would be submitted to Sally over the Summer. The paper and any further work would come to the next JVC meeting.

**JVC (02) 33**

**SG**

**NEW PROGRAMMES**

**65. SOUTH BANK UNIVERSITY**

i) The Committee received the outline proposal for the 4 year in-service part time route at South Bank University and noted the proposed start date of February 2003. It was agreed that further detail was needed on the format and scheduling of the clinical placements, and the timing of the theory and practice elements of the programme. In order to keep to the proposed validation dates of 13/14 November, the revisions would need to be submitted to the chair and vice-chair by the end of July 2002. The validation would be a multi-professional event with the Occupational Therapy and Radiography.

**JVC (02) 34**

ii) The Committee approved the appointment of Jo Jackson as Programme Leader for the part time BSc (Hons) Physiotherapy at South Bank University.

**JC**

**SALFORD UNIVERSITY/CUMBRIA & LANCASHIRE WDC**

66. Representatives from the programme team and workforce development confederation presented the programme outline and took questions from the Committee. These focussed around the rationale and arrangements for the bridging period which students would complete between the foundation degree and joining the final year of the existing BSc (Hons) Physiotherapy at Salford, the concentrated nature of the programme and the resources. The intended time scale, for a February 2003 start was noted.

**JVC (02) 35**

The Committee agreed that there was some interesting innovation in the model but that it could not be submitted for validation in this format and within the time scale given. The team would be informed and encouraged to continue working on the model for a future validation. The Committee acknowledged that its remit did not include approval of foundation degrees and were it to be a standalone programme, then it could proceed. However, it pointed out that retrospective validation was not possible and students enrolling on the foundation programme before a validation event should not be led to believe they could transfer onto the honours degree in the third year. In developing the programme further, the team should also be advised to take strong account of the existing programme and the knowledge and skills expected of students joining the programme. The Committee also recognised the inter-professional nature of the programme and agreed that it should liaise with the relevant professional bodies to ensure clarity of rationale and the principles of the process. In addition, there was a review planned in May 2003

# THE CHARTERED SOCIETY OF PHYSIOTHERAPY

for the existing physiotherapy qualifying programme and this proposal would need to be considered in the light of the new programme document. In considering this programme, the questions posed in the modernisation agenda issues paper were to some extent covered and outcomes from the discussion would feed into further work on the JVC policy development.

## PHYSIOTHERAPY PROGRAMMES

### University of Brighton

67. The Committee received the report and response from the review event for the BSc (Hons) Physiotherapy held on 21 May 2002. The programme, was approved for 5 years from September 2002, subject to ratification from the CSP Education Committee and the HPC Education & Training Committee.

### Brunel University

68. The Committee noted that the numbers for the 2002 intake on the full time and part time routes had been confirmed.

### University of East London

69. The Committee received the report and response from the review event for the BSc (Hons) Physiotherapy full time route and the validation of the part time route held on 29/30 May 2002. Both routes were approved for 5 years from September 2002, subject to ratification by the CSP Education Committee and the HPC Education and Training Committee. The situated learning route would be re-submitted for validation in 2003.

### Glasgow Caledonian University

70. The Committee approved the request for an increase in intake from 78 to 83 students on the BSc (Hons) Physiotherapy from September 2002. The confirmation needed to include reference to the on-going high staff student ratio for the programme and the need to reduce this as soon as possible.

### University of Hertfordshire

71. The Committee noted that the additional information in support of the application for an increase in intake had been submitted and that Chair's action had been taken to approve the increase to 94 students from September 2002 on the BSc (Hons) Physiotherapy.

### University of Huddersfield

72. The Committee received the report and response from the approval event for the major modifications to the BSc (Hons) Physiotherapy on 17 May 2002 as part of

JC

JVC (02) 36

JVC (02) 37

JVC (02) 51

## THE CHARTERED SOCIETY OF PHYSIOTHERAPY

the modernisation agenda project. The programme, which is closely aligned with the Podiatry programme, was approved for 5 years from September 2002, subject to ratification by the HPC Education & Training Committee.

### Keele University

73. The Committee received the report and response from the review event held on 8/9 May for the BSc (Hons) Physiotherapy. The programme was approved for 5 years from September 2002, subject to ratification by the HPC Education & Training Committee and the CSP Education Committee.

JVC (02) 39

### King's College London

74. The Committee received the report and response from the validation event held on 16/17 April for the MSc Physiotherapy (pre registration). There was one remaining change to be made to the documentation and an up date on staffing would be requested. The programme was approved for 5 years from September 2002, subject to ratification by the HPC Education & Training Committee and the CSP Education Committee.

JVC (02) 40

JC

### University of Liverpool

75. The Committee noted that the additional information in support of the application for an increase in intake and that chair's action had been taken to approve the increase from 40 to 50 students from September 2002 on the BSc (Hons) Physiotherapy programme.

JVC (02) 41

### Oxford Brookes University

76. The Committee noted that the additional information in support of the application for an increase in intake and that chair's action had been taken to approve the increase from 34 to 48 students from September 2002 on the BSc (Hons) Physiotherapy programme.

### Robert Gordon University

77. The Committee received and approved the application for an increase in intake of students on the four year BSc (Hons) Physiotherapy from 36 to 48 students from September 2002.

JB

### Sheffield Hallam University

78. The Committee received the report and response from the validation of the BSc (Hons) Physiotherapy part time route on 18 April 2002. The programme, was approved for 5 years from September 2002 subject to ratification by the HPC Education & Training Committee and the CSP Education Committee.

JVC (02) 43



## THE CHARTERED SOCIETY OF PHYSIOTHERAPY

**79.** In addition, the Committee noted that the information submitted in support of the application for an increase in intake and that chair's action had been taken to approve the increase from 80 to 100 students on the BSc (Hons) Physiotherapy full time route.

**JVC (02) 44**

### **University of Salford**

**80.** The Committee noted minor modifications to the programme which has been submitted and would be checked by the scrutineer.

### **St Georges' Medical School/Kingston University**

**81.** The Committee received the report and response from the review event for BSc (Hons) Physiotherapy held on 21st May 2002. The review took place earlier than usual due to major changes in the staffing of the programme since it was validated in 1998. The programme was approved for 5 years from September 2002, subject to ratification by the HPC Education & Training Committee and the CSP Education Committee.

### **University of Teesside**

**82.** The Committee received the report and response from the review of the BSc (Hons) Physiotherapy held on 5/6 March and from the review of the MSc Allied Health Professional Studies (pre-registration) Physiotherapy on 19/20 March. Both programmes, which were part of a framework with Occupational Therapy and Radiography, were approved for 5 years from September 2002 and February 2003 respectively, subject to ratification by the HPC Education & Training Committee and the CSP Education Committee.

**JVC (02) 45**

### **University of Wales College of Medicine**

**83.** The Committee received the report and response from the review event for BSc (Hons) Physiotherapy held on 22/23 April 2002. The programme was approved for 5 years from September 2002, subject to ratification by the HPC Education & Training Committee and the CSP Education Committee.

**JVC (02) 46**

**JVC (02) 47**

### **York St John College**

**84.** The Committee received the report and response from the review event for the BSc (Hons) Physiotherapy part time route and the validation of the full time route on 8/9 April 2002. The programmes, which were closely aligned with Occupational Therapy, were approved for 5 years from September 2002 and January 2003 respectively, subject to ratification by the HPC Education & Training Committee and the CSP Education Committee. The Committee also received the report from the review meeting with the University of York on 10 May, to clarify arrangements

**JVC (02) 48**

## THE CHARTERED SOCIETY OF PHYSIOTHERAPY

for the part time route until its validating body becomes the University of Leeds, from the 2003 intake.

**JVC (02) 42**

### **Application to external examiner register**

**85.** The Committee received and approved an application for the register from Sean Kilmurray, University of Salford. While all the criteria for approval were met, the Committee noted that he only recently registered on a PG Cert. in Education and should be advised to delay his first appointment until he had gained some additional experience in programme development and evaluation.

### **Validation Schedule 2002/03**

**86.** The Committee noted the schedule. Further dates would be circulated via email when they were confirmed.

**JVC (02) 49**

### **Any other business**

**87.** It was usual for there to be a training event in November. Because of the uncertainty surrounding the future of programme approval and review and the likelihood that the membership and arrangements for JVC would change next year, it was agreed that a decision regarding training needs would be deferred until after the HPC consultation had been evaluated in the autumn.

**JVC (02) 50**

### **Date of next meeting.**

**88.** The date of the next meeting was **THURSDAY 14 NOVEMBER 2002.**

JRB  
25/7/2002

**PHYSIOTHERAPY**

**Summary of approval / review event**

**1. Name of Institution visited:**

**University of Brighton**

**2. Programme and purpose of visit**

**Review and revalidation of the BSc (Hons) Physiotherapy**

**3. Date of visit:**

**20/21 May 2002**

**4. Other professions taking part:**

**None**

**5. Conditions**

1. To revise documentation in light of comments made at the validation event:
  - Highlight reflection where it appears in other modules
  - Ensure the module outcomes reflect the level of the module
  - Review the issue of having level 2 and 3 modules in years 1 and 2 respectively
  - Revisit APEL/APL regulations
  - Include an assessment calendar with timings of submission dates
  - Revisit course regulations to reflect need to pass practical assessments before embarking on clinical placement and the statements about number of attempts at reassessment
  - Make programme specification consistent with rest of course information
  - Be consistent throughout modules in terms of assessment tasks, indicating whether formative or summative and their weighting
  - Emphasise strength of research activity in the school
2. Develop documentation for a part-time pathway through the BSc (Hons) Physiotherapy programme, emphasising in particular student support.

**6. Recommendations**

**Recommendations were integrated with the conditions**

**7. Date approved by JVC**

**18<sup>th</sup> July 2002**

**JRB 25/7/02**

**PHYSIOTHERAPY**

**Summary of approval / review event**

**1. Name of Institution visited:**

St Georges Hospital Medical School/Kingston University

**2. Programme and purpose of visit**

Review and revalidation of the BSc (Hons) Physiotherapy

**3. Date of visit:**

21<sup>st</sup> May 2002

**4. Other professions taking part:**

None

**5. Conditions**

1. Develop intermediate awards with appropriate titles in order that students can exit with a certificate or diploma in higher education as appropriate.
2. Make explicit in the documentation the quality assurance processes in the programme document.
3. Amend the error in the document re 45% pass mark.
4. Define the relationship between the CSP outcomes and the programme outcomes in the programme document.
5. Provide a student handbook and clinical handbook to the CSP when available.
6. Include an explanation of peer group learning in the clinical environment in the documentation.

**6. Recommendations**

1. Keep under review the resources, particularly the staffing, to cater for the increased intake to retain the current SSRs.

2. Revisit assessment regulations as discussed.
3. Continue to develop a research strategy for the programme which links postgraduate and undergraduate work, and links with school strategies.
4. Explore opportunities for Institute of Teaching and Learning membership among staff in the school.

**5. Date approved by JVC**

**18<sup>th</sup> July 2002**

**JRB 25/7/02**

**PHYSIOTHERAPY**

**Summary of approval / review event**

**1. Name of Institution visited:**

University of Huddersfield

**2. Programme and purpose of visit**

Major modifications to the BSc (Hons) Physiotherapy

**3. Date of visit:**

17 May 2002

**4. Other professions taking part:**

Podiatry

**5. Conditions**

1. Provide assessment criteria when available
2. Amend the error on the pass/fail/refer
3. Ensure module descriptors are consistent re reading lists etc.
4. Amend degree award details re podiatry BSc non honours (Podiatry)

**5. Recommendations**

1. Add to documentation information on widening participation, staff development and the research environment
2. Add to document rationale for shared learning, and detail around placements, logistics and research and managing students with differing abilities.
3. Resolve inconsistencies in documents re criminal records/ advanced level
4. Ensure there is a robust QA system in place for placements (Podiatry)
5. Keep under review the success of the shared learning in terms of mixed abilities and student support/achievement

6. An annual monitoring report to be submitted to Podiatry JQAC
7. "Work in progress" mentioned in documentation to be kept under review
8. Give consideration to embedding portfolio into programme and to formative assessment
9. Ensure that the regulations on compensation are commensurate with university and professional body requirements

**6. Date approved by JVC**

**18<sup>th</sup> July 2002**

**JRB 25/7/02**



**Pre registration Education & Training Working Group**

**PHYSIOTHERAPY**

**Summary of approval / review event**

**1. Name of Institution visited:**

**King's College London**

**2. Programme and purpose of visit**

**Approval of the MSc Physiotherapy (pre-registration)**

**3. Date of visit:**

**18 April 2002**

**4. Other professions taking part:**

**None**

**5. Conditions**

1. That one course document is produced including all the information required for professional and statutory body approval in accordance with CSP Curriculum Framework and HPC/CSP Validation Procedures. [It was agreed that a list of points identified by the Validation Panel would be forwarded to the course leader as soon as possible after the event]
2. That the staff:student ratio be maintained at a maximum of 1:14 as student numbers rise year on year
3. That 3 additional full-time equivalent staff are in post by October 2002 to maintain the 1:14 staff:student ratio and accommodate the additional student numbers.

**5. Recommendations**

1. that the teaching, learning and assessment strategy for the M level nature of the course be made more explicit within the definitive document
2. Review exit awards and what transfers between programmes might be possible

**3. Add PPIMs data on clinical placements to the definitive document**

**6. Date approved by JVC**

**18<sup>th</sup> July 2002**

**JRB 25/7/02**

**PHYSIOTHERAPY**

**Summary of approval / review event**

**1. Name of Institution visited:**

**Keele University**

**2. Programme and purpose of visit**

**Review and revalidation of the BSc (Hons) Physiotherapy**

**3. Date of visit:**

**8/9 May 2002**

**4. Other professions taking part:**

**None**

**5. Conditions**

1. To amend documentation in accordance with the suggestions made by the panel. For example, ensuring reading lists are comparable across modules, the module content is expanded where necessary to clarify where professional skills are taught and the aims of the programme in the programme spec. are reflected in the main document.
2. To provide a copy of the student handbook and clinical education handbook when they are ready.

**6. Recommendations**

1. Review the criteria for clinical placements 4,5,6 to differentiate further between the outcomes
2. Revisit the assessment criteria for written work at level 2 and 3 to differentiate between the levels
3. Keep under review the format of the clinical assessment forms and the moderation of practise based learning with a view to eliminating the need for it as early as possible.
4. Keep inter-professional learning strategy under review

5. Keep under review the allocation of resources physical and human, and information, for further increases
6. Keep under review the support and timing for the project, with specific reference to Evaluation 4 and the changes in timing for the new course

**7. Date approved by JVC**

**18<sup>th</sup> July 2002**

**JRB 25/7/02**

**PHYSIOTHERAPY**

**Summary of approval / review event**

**1. Name of Institution visited:**

Sheffield Hallam University

**2. Programme and purpose of visit**

Approval of BSc (Hons) Physiotherapy part time route

**3. Date of visit:**

18 April 2002

**4. Other professions taking part:**

None

**5. Conditions**

1. That a stand alone course document is produced for the **part-time BSc (Hons) Physiotherapy** route which includes all the information required for professional and statutory body approval in accordance with CSP Curriculum Framework and HPC/CSP Validation Procedures. It was agreed that the document should include:

- Specifics of sharing and the days of attendance
- Relevant clinical education handbook
- All interim/exit awards
- Additional information about the tutor system for part-time students
- Specifics of shared learning with full-time students and with part-time OT students
- Removal of reference to mature students in the admissions section
- Removal of background reading references for clinical placements

**5. Recommendations**

Strong recommendation that they revisit section on assessment arrangements in particular the timing.

**6. Date approved by JVC**

**18<sup>th</sup> July 2002**

**JRB 25/7/02**

**PHYSIOTHERAPY**

**Summary of approval / review event**

**1. Name of Institution visited:**

**University of Teesside**

**2. Programme and purpose of visit**

**Review and revalidation of the BSc (Hons) Physiotherapy**

**3. Date of visit:**

**5/6 March 2002**

**4. Other professions taking part:**

**Occupational Therapy  
Radiography**

**5. Conditions (Physiotherapy specific)**

1. Changes made to documentation where there are inconsistencies and typos in the text and on diagrams and additions in accordance with professional body requirements.
2. Ensure external examiner reports and responses and an old course diagram is appended to the SED.
3. Clarify the titles of interim awards
4. Expand the criteria for placements to reflect the outcomes and progression between them.
5. Ensure electrotherapy is included in the module specifications where appropriate
6. Make explicit that students must complete 4/5 placements in year 2
7. Make explicit that all students must undertake a respiratory placement as part of the programme

8. Ensure arrangements for placement resits are in the student handbooks
9. Include a selection of the recommended option modules in the framework document and the student handbook
10. Monitor and evaluate the success of group working including shared learning
11. Amend clinical placement criteria to remove last point

**Framework conditions (from PT, OT and Radiography)**

1. Develop an evaluation system to focus on the success of the shared learning, to be reflected upon after a year
2. Include the proportion of the final classification is made up of the clinical placement marks
3. Ensure all inaccuracies in documentation are corrected before final approval

**5. Recommendations**

**Physiotherapy specific recommendations**

1. Differentiate between kind of project in terms of word limit.
2. Develop and standard induction pack for clinical placement providers to give to students prior to placement.

**Framework wide recommendations (from all professions)**

1. Reflect on the graduateness of the programme and make explicit in the documentation how this is developed.
2. Review the number of outcomes in the documentation with a view to conflating where possible.
3. Review the preparation work for the portfolio and the reflection included in its use.
4. Continue developing links with clinicians, involving them in the programme and providing valuable education for them.
5. For the school to continue to seek to increase IT and learning resources access across all placements.
6. Clarify the arrangements for stepping on and off the programmes

**6. Date approved by JVC**

**18<sup>th</sup> July 2002**



**PHYSIOTHERAPY**

**Summary of approval / review event**

**1. Name of Institution visited:**

University of Teesside

**2. Programme and purpose of visit**

Review and revalidation of the MSc Allied Health Professional Studies (with licence to practice Physiotherapy)  
(previously MSc Rehabilitation Science)

**3. Date of visit:**

19/20 March 2002

**4. Other professions taking part:**

Occupational Therapy  
Radiography

**Conditions - OT. Rads and PT**

1. Revisit the titles of the awards. There should be specific reference to Licence to Practise and/or pre-registration within programme titles in order to prevent any confusion. Any revisions would need to be submitted to the University Academic Policy Committee.
2. Revise the documentation to ensure that errors, omissions and inaccuracies are corrected. References to the CPSM should be removed and replaced with reference to the Health Professions Council as appropriate.
3. Clarify the stepping on and stepping off points, particularly in relation to practice requirements and ensure that it is made clear that stepping off points do not lead to eligibility for state registration.
4. Detail how the schedules for problem based learning, particularly shared problem based learning, will work in practice.

**Conditions - Physiotherapy specific**

1. Revisit the option module to include justification for its inclusion in the programme and append a list of the possible modules to the documentation
2. Include programme specific regulations on placement retakes, referrals, condonement etc.
3. Amend documents to include reference to the CSP outcomes, professional suitability and references to the CPSM and clarify that the Health Professions Council will give state registration.
4. Review documentation to ensure errors are corrected.
5. An appendix to be added to the Self-Evaluation document to include external examiner reports and responses, student feedback and the rationale for change

#### **5. Recommendations**

1. That the team reviews the use of level 2 outcomes for clinical placements.
2. That the team reviews the use of the portfolio and its role in the programme, after 1 year of operation.
3. (all professions) Provide more detail of where ICT skills are developed within the programme.

#### **5. Date approved by JVC**

**18<sup>th</sup> July 2002**

**JRB 25/7/02**

**Pre registration Education & Training Working Group**

**PHYSIOTHERAPY**

**Summary of approval / review event**

**1. Name of Institution visited:**

**University of East London**

**2. Programme and purpose of visit**

**Approval of BSc (Hons) Physiotherapy part time route and review and revalidation of full time route**

**3. Date of visit:**

**29/30 May 2002**

**4. Other professions taking part:**

**None**

**5. Conditions**

- 1. Provide confirmation that the programme conforms to the current QAA subject benchmark for physiotherapy through resubmission of the benchmark statement**
- 2. Provide evidence regarding how the course team ensures that each student meets the learning outcomes of the research unit in light of the fact that it is a group project and in view of the credit rating given to this unit, consider extending the word length of the project**
- 3. Map learning outcomes to assessment**
- 4. In unit PT152 include all electrotherapy modalities i.e. TENS and Interferential**
- 5. Include the assessment timetable in the student handbook**
- 6. Clarify the situation regarding progression at the end of Level 1 in terms of the clinical placement ie is it 80 or 100 credits**
- 7. State explicitly the remit of the professional suitability panel**
- 8. Show an awareness of the need to cover health and safety awareness in the workplace**

9. Ensure that the programme specification is proof read and is written in consistent style
10. Produce a separate handbook for the part-time route which includes an explanation of timescales and sequencing of units.
11. Decide whether PBL 2a is to be assessed at Level 1 or Level 2.
12. Delete reference to "agreed extension date" in 9.5.1 to avoid confusion with university regulations.

#### **5. Recommendations**

1. Implement the 4 hour system of book loans in the library
2. Review moderation of clinical placement assessments in light of the QAA requirements
3. Make student handbooks more student friendly
4. Monitor:
  - system of consistency of clinical visits/contact with placements
  - organisation of staff/student meetings
  - management of independent reflective learning

#### **6. Date approved by JVC**

**18<sup>th</sup> July 2002**

**JRB 25/7/02**

Pre registration Education & Training Working Group

PHYSIOTHERAPY

Summary of approval / review event

1. Name of Institution visited:

University of Wales College of Medicine

2. Programme and purpose of visit

Review and revalidation of the BSc (Hons) Physiotherapy

3. Date of visit:

23 April 2002

4. Other professions taking part:

None

5. Conditions

1. That the maximum mark for all failed assessments, whether academic or clinical assessments, should not exceed the minimum pass mark of 40%, being consistent with the regulations of the University of Wales.
2. With reference to the College's teaching and learning strategy, make explicit in the documentation the strategy for ensuring progression in the learning experience through the programme, in particular the move from directed to self-directed learning and how integration occurs across theory and practice.
3. With the assessment section, clarify the system of assessment between modules, particularly the situation of failed assessments, weighting and the contribution to the degree.

Recommendations

- 1 (strong recommendation) that the team carefully monitor and report via the Annual Scheme Monitoring process on the assessment of learning outcomes, during the transitional period, when the assessment is at variance between different levels of the programme

- 2 enable students to pre-register for use of the library and information technology at distant clinical placement settings prior to the commencement of their placement
- 3 to facilitate increased opportunities for inter-professional education
- 4 to continue to liaise with NHS Trusts to ensure that students receive an appropriate induction to health & safety related issues at clinical placement locations
- 5 to liaise with UWCM authorities in order that students undertaking clinical placements at hospital and community settings may be furnished with a list of names of students from other disciplines undertaking a clinical placement at the same location and time

**6. Date approved by JVC**

**18<sup>th</sup> July 2002**

**JRB 25/7/02**

**Pre registration Education & Training Working Group**

**PHYSIOTHERAPY**

**Summary of approval / review event**

**1. Name of Institution visited:**

**York St John College**

**2. Programme and purpose of visit**

**Approval of BSc (Hons) Physiotherapy full time route and review and revalidation of part time route**

**3. Date of visit:**

**8/9 April 2002**

**4. Other professions taking part:**

**Occupational Therapy**

**5. Conditions for OT and PT**

1. Revisit the documentation to ensure there are no inconsistencies of assessment, terminology, credit levels, and that other errors have been amended.
2. Include in the revised documentation information on the rationale and operations of shared learning and details of which modules are shared, and include a diagram to clarify this.
3. Ensure reading lists have been checked to represent both programmes where appropriate.
4. Ensure a visit is arranged for professional bodies to the new facilities when they are completed.

**Physiotherapy conditions**

1. Include in the revised documentation rationale for the curriculum design and content of both the part time and full time programmes
2. Modify the clinical education documentation to reflect the flexibility of the content of clinical placements
3. Secure funding for increased resources for practical teaching particularly for electrotherapy to enable appropriate equipment usage.

4. The terminology used for clinical placements to be consistent in documentation for each programme.
5. Ensure all references to the CSP curriculum framework are the 2002 version and revise mapping of outcomes appropriately
6. Revisit the learning outcomes to ensure where necessary to reflect the level of modules and ensure module titles are unique.

#### **Conditions from the College and the University of Leeds**

1. The College needs to assure itself that the library provision meets the needs of part-time student
2. A clear statement should be made explaining why the part-time provision is different from the full time
3. Steps to be taken to ensure that the part-time and full-time students have an equal learning experience and comparable assessment on special studies.
4. Potential for any student work on the part-time programmes being double counted should be eliminated.

#### **5. Recommendations**

##### **Recommendations for both programmes**

1. That the senior management team liaise with the confederation to discuss equity of support for part time students
2. Monitor closely the shared learning elements, particularly the disparity for those who are sharing and those who are not
3. The documentation should show how the overlap between the existing and the new programmes will be managed
4. Shared documentation for both programmes be used for future events.

##### **Physiotherapy specific recommendations**

5. Consider the appointment of a separate programme leader for the part time and full time routes
6. Closely monitor the size of practical groups to ensure that a SSR of 1:16 is not exceeded.
7. The shared learning elements of the programme need to be evaluated with particular reference to those students who experience the shared learning and those who do not.

#### **6. Date approved by JVC**

18<sup>th</sup> July 2002



# JOINT VALIDATION COMMITTEE

The College of Radiographers  
health professions council

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## ITEMS Forward by Action of the Chair / Vice Chair as Authorised by the JVC meeting of 23<sup>rd</sup> April

### SOUTH BANK UNIVERSITY (R&T)

#### Continued approval

#### Recommendation

That the Postgraduate Diploma previously titled Postgraduate Diploma In Radiation Oncology Practice awarded by St George's Hospital Medical School and associated clinical placements continue be approved for the purposes of state registration.

#### Under section 4 (1) and (b)

That the title of the award be changed to Postgraduate Diploma in Therapeutic Radiography (with eligibility for state registration) and South Bank University be recognised as the awarding body for this award

#### *Background Information*

This course has been developed from the Post-graduate Diploma in Radiation Oncology Practice, which was a 2 year pre-registration accelerated programme leading to state registration in therapeutic radiography. The original course was developed in 1999 by Kingston University and St Georges Hospital Medical School, and its delivery was sub-contracted to South Bank University. The South West London Workforce Development (lead Confederation for Radiography) reviewed the contract for Radiotherapy Education and Training, and agreed that the course can be revalidated leading to an award by South Bank University. As the course was fairly new, much of the course material remains the same

### SHEFFIELD HALLAM UNIVERSITY (R&T)

#### Continued approval

#### Recommendation

That the BSc (Hons) Radiotherapy and Oncology (full time) awarded by Sheffield Hallam University and associated clinical placements continue be approved for the purposes of state registration.

#### New Part-time route

## RADIOGRAPHY

#### Resolution

that

- 1 under the terms of Section 4 (1)(a) and (b) of the Professions Supplementary to Medicine Act 1960, the course of training to be offered by Sheffield Hallam University be approved as meeting the standards and requirements for State Registration.

2. under the terms of section 4(2) of the Professions Supplementary to Medicine Act 1960 that the Health Professions Council send its recommendation to Privy Council that it be requested to determine approval of the application by Sheffield Hallam University to offer the registerable course and qualifications set out below

<b>In</b>	Therapeutic Radiography
<b>Type of Course</b>	Part time in higher education
<b>Qualification Awarded by</b>	BSc (Hons) Radiotherapy and Oncology Sheffield Hallam University
<b>Length of course</b>	Five years
<b>With effect from</b>	September 2003
<b>Participants in approval process</b>	Radiographers Pre-Registration Education and Training Working Group and the College of Radiographers
<b>Name of approved institution</b>	School of Health and Social Care
<b>Date of validation</b>	18 <sup>th</sup> April 2002

#### **UNIVERSITY OF HERTFORDSHIRE (R&T)**

Previously approval was for one programme with 2 routes, BSc (Hons) Radiography (Diagnostic and Therapy) at the recent revalidation this was changed to 2 separate programmes to BSc (Hons) Diagnostic Radiography and Imaging and BSc (Hons) Radiotherapy and Oncology. The Introduction to the report of the validation sums up the position:

- 1.1 The proposed scheme is a re-validation of the existing BSc Radiography degree programme and located within the Department of Radiography. It has been developed in collaboration with members of the Department and representative health professionals working within the region, together with an appointed advisor representing the College of Radiographer and the Radiographers Board at the Council for Professions Supplementary to Medicine.

As there are now 2 distinct disciplines of Diagnostic and Therapeutic Radiography which provide demanding careers within health services, the Programme Review Committee sought approval of a BSc (Hons) Diagnostic Radiography and Imaging and BSc (Hons) Radiotherapy and Oncology. As the Radiography programme has continued to evolve and develop since its inception in 1992, the panel were asked to consider the 2 distinct exit awards.

#### **Resolution** that

- 1 under the terms of Section 4 (1)(a) and (b) of the Professions Supplementary to Medicine Act 1960, the course of training to be offered by University of Hertfordshire be approved as meeting the standards and requirements for State Registration.
2. under the terms of section 4(2) of the Professions Supplementary to Medicine Act 1960 that the Health Professions Council send its recommendation to Privy Council that it be requested to determine approval of the application by University of Hertfordshire to offer the registerable course and qualifications set out below

<b>In</b>	Diagnostic Radiography
<b>Type of Course</b>	Full time in higher education
<b>Qualification Awarded by</b>	BSc (Hons) Diagnostic Radiography and Imaging University of Hertfordshire

<b>Length of course</b>	Three years
<b>With effect from</b>	September 2002
<b>Participants in approval process</b>	Radiographers Pre-Registration Education and Training Working Group and the College of Radiographers
<b>Name of approved institution</b>	Department of Radiography
<b>Date of validation</b>	11 <sup>th</sup> April 2002

**Resolution**  
that

- 1 under the terms of Section 4 (1)(a) and (b) of the Professions Supplementary to Medicine Act 1960, the course of training to be offered by University of Hertfordshire be approved as meeting the standards and requirements for State Registration.
2. under the terms of section 4(2) of the Professions Supplementary to Medicine Act 1960 that the Health Professions Council send its recommendation to Privy Council that it be requested to determine approval of the application by University of Hertfordshire to offer the registerable course and qualifications set out below

<b>In</b>	Therapeutic Radiography
<b>Type of Course</b>	Full time in higher education
<b>Qualification Awarded by</b>	BSc (Hons) Radiotherapy and Oncology University of Hertfordshire
<b>Length of course</b>	Three years
<b>With effect from</b>	September 2002
<b>Participants in approval process</b>	Radiographers Pre-Registration Education and Training Working Group and the College of Radiographers
<b>Name of approved institution</b>	Department of Radiography
<b>Date of validation</b>	11 <sup>th</sup> April 2002

August 2002