



Higher Education Review (Alternative Providers) of Sherwood Counselling and Psychotherapy Ltd t/a Sherwood Psychotherapy Training Institute

July 2017

Contents

About this review	1
Key findings.....	2
Judgements	2
Good practice	2
Recommendations	2
Affirmation of action being taken	2
About the provider	4
Explanation of findings.....	5
1 Judgement: The maintenance of the academic standards of awards offered on behalf of degree-awarding bodies and/or other awarding organisations	5
2 Judgement: The quality of student learning opportunities	14
3 Judgement: The quality of the information about learning opportunities	35
4 Judgement: The enhancement of student learning opportunities.....	38
Glossary	41

About this review

This is a report of a Higher Education Review (Alternative Providers) conducted by the Quality Assurance Agency for Higher Education (QAA) at Sherwood Counselling and Psychotherapy Ltd trading as Sherwood Psychotherapy Training Institute. The review took place from 12 to 14 June 2017 and was conducted by a team of three reviewers, as follows:

- Dr Ian Duce
- Mr Kieran Sheehan
- Mr Craig Best (student reviewer).

The main purpose of the review was to investigate the higher education provision and to make judgements as to whether or not academic standards and quality meet UK expectations. These expectations are the statements in the [UK Quality Code for Higher Education](#) (the Quality Code)¹ setting out what all UK higher education providers expect of themselves and of each other, and what the general public can therefore expect of them.

In Higher Education Review (Alternative Providers) the QAA review team:

- makes judgements on
 - the setting and maintenance of academic standards
 - the quality of student learning opportunities
 - the information provided about higher education provision
 - the enhancement of student learning opportunities
- makes recommendations
- identifies features of good practice
- affirms action that the provider is taking or plans to take.

The QAA website gives more information [about QAA](#)² and explains the method for [Higher Education Review \(Alternative Providers\)](#).³ For an explanation of terms see the glossary at the end of this report.

¹ The UK Quality Code for Higher Education is published at: www.qaa.ac.uk/quality-code.

² QAA website: www.qaa.ac.uk.

³ Higher Education Review (Alternative Providers): www.qaa.ac.uk/reviews-and-reports/how-we-review-higher-education.

Key findings

Judgements

The QAA review team formed the following judgements about the higher education provision.

- The maintenance of the academic standards of awards offered on behalf of degree-awarding bodies **meets** UK expectations.
- The quality of student learning opportunities **meets** UK expectations.
- The quality of the information about learning opportunities **meets** UK expectations.
- The enhancement of student learning opportunities **meets** UK expectations.

Good practice

The QAA review team identified the following features of **good practice**.

- The individualised training and personal development provided to support tutors in fulfilling their role (Expectation B3).
- The well-embedded and extensive use of peer learning and peer assessment which supports the teaching and learning context (Expectation B3).
- The comprehensive support provided to students by both professional support staff and teaching staff which develops students academically and personally (Expectation B4).
- The careful identification of the needs of students and the profession, which enables effective arrangements for the delivery of and support for placements (Expectation B10).
- The strategic and sustained extension of independent study into formal opportunities for research which enhances student learning opportunities (Enhancement).

Recommendations

The QAA review team makes the following **recommendations**.

By December 2017:

- review the Provider's approach to student partnerships, to ensure that the collective student voice is represented at all deliberative committee meetings (Expectation B5)
- ensure all student representatives are provided with appropriate training prior to undertaking their role (Expectation B5)
- develop a documented approach to information management that clearly articulates roles and responsibilities for ensuring all public information is fit for purpose, accessible and trustworthy (Expectation C).

Affirmation of action being taken

The QAA review team **affirms** the following actions already being taken to make academic standards secure and/or improve the educational provision offered to students:

- The steps being taken to improve the timeliness of assessment feedback (Expectation B6).

- The steps being taken to restructure academic governance and management to ensure deliberative oversight of the quality of learning opportunities (Expectation B8).

About the provider

Sherwood Counselling and Psychotherapy Ltd trading as the Sherwood Psychotherapy Training Institute (the Provider) was established in 1987, and is a not-for-profit educational organisation based in the centre of Nottingham, specialising in training counsellors and psychotherapists. The current curriculum includes professional and academic qualifications, ranging from introductory to master's level, and the Provider currently has a total of some 220 students. Its mission is to provide a wide range of courses offering high quality training in terms of professional and ethical standards, research and innovation. It also aims to provide opportunities for learning to enable both students and graduates to further their personal growth, professional development and healthy engagement with society, to play a significant role in enhancing the lives of clients.

The Provider became an accrediting member of the United Kingdom Council for Psychotherapy (UKCP) in 1993, and a year later the Counselling Courses gained accredited status with the British Association for Counselling (now the BACP). The Provider has also had University validation partners for a number of years, and in this respect has recently moved to Staffordshire University (the University), with a formal partnership agreement signed in July 2015.

The most recent QAA review was in May 2014 for Specific Course Designation, and this resulted in judgements of confidence in the management of standards, and in management of responsibilities for the quality and enhancement of learning opportunities; and confirmation that reliance could be placed on the information produced by the provider. Good practice was noted in relation to the clear and succinct Frequently Asked Questions (FAQ) Booklet, and the part-time teaching pattern that links clinical placements to academic reflection. The recommendations included two which were advisory in relation to entry into a new partnership agreement with an awarding body and mapping the UK Code for Higher Education's; and six which were desirable, covering collation of policies; strengthening of resources for finding placements; further development of formal teaching observations; continued development of statistical analysis; potential development of the virtual learning environment; and development of more proactive opportunities for students to comment on the quality of information.

A subsequent monitoring visit in 2016 concluded that the Provider had made acceptable progress in the implementation of these prior recommendations. The current review has reflected that the Provider has continued to seek to address the points made, and to build upon the identified areas of good practice.

Explanation of findings

This section explains the review findings in greater detail.

1 Judgement: The maintenance of the academic standards of awards offered on behalf of degree-awarding bodies and/or other awarding organisations

Expectation (A1): In order to secure threshold academic standards, degree-awarding bodies:

a) ensure that the requirements of *The Framework for Higher Education Qualifications in England, Wales and Northern Ireland (FHEQ)* are met by:

- **positioning their qualifications at the appropriate level of the relevant framework for higher education qualifications**
- **ensuring that programme learning outcomes align with the relevant qualification descriptor in the relevant framework for higher education qualifications**
- **naming qualifications in accordance with the titling conventions specified in the frameworks for higher education qualifications**
- **awarding qualifications to mark the achievement of positively defined programme learning outcomes**

b) consider and take account of QAA's guidance on qualification characteristics

c) where they award UK credit, assign credit values and design programmes that align with the specifications of the relevant national credit framework

d) consider and take account of relevant Subject Benchmark Statements.

Quality Code, Chapter A1: UK and European Reference Points for Academic Standards

Findings

1.1 All programmes leading to the award of degrees provided by Sherwood Psychotherapy Training Provider (the Provider) are validated by Staffordshire University (the University). Responsibility for ensuring that the FHEQ requirements are met lies with the degree-awarding body whose approach is laid out in their academic award regulations. The collaboration agreement between the University and the Provider establishes that the latter is responsible for designing the programme content, including learning outcomes and assessment, as laid out in programme specifications. The Provider's staff are expected to refer to the academic infrastructure during programme development, and use the tables within the University typology to ensure learning outcomes and descriptors are appropriately aligned.

1.2 Programmes at the Provider also need to conform to requirements laid down by their professional, statutory and regulatory bodies (PSRBs) the British Association for Counselling (BACP) for the BSc accreditation and the United Kingdom Council for Psychotherapy (UKCP) for accreditation of MSc programmes. Provider staff are responsible

for ensuring that programmes conform to PSRB requirements and also the Subject Benchmark Statement for Counselling and Psychotherapy. These processes would allow the Expectation to be met.

1.3 The reviewers gathered evidence by scrutinising documents from the Provider and the University, and met senior management, teaching and professional support staff with responsibility for programme design and maintenance at the Provider, together with the University Quality Assurance Manager.

1.4 Compliance with the FHEQ and credit frameworks for programmes and their constituent modules delivered at the Provider was confirmed at a validation event subject to the University Quality Committee agreement. A number of conditions were set and met by the Provider. Confirmation of the outcome was embodied in the Collaborative Agreement between the two parties.

1.5 Staff confirmed in meetings that the University provides ongoing support for Provider staff and that the information made available through the University website and associated templates was readily accessible and useful. The Provider provides handbooks, and staff training and induction, to develop staff familiarity with FHEQ and PSRB requirements and Subject Benchmark Statements.

1.6 The review team concludes that the strong working relationship between the Provider and its awarding University, underpinned by robust and widely understood processes, means that the Expectation is met, and the associated level of risk is low.

Expectation: Met
Level of risk: Low

Expectation (A2.1): In order to secure their academic standards, degree-awarding bodies establish transparent and comprehensive academic frameworks and regulations to govern how they award academic credit and qualifications.

Quality Code, Chapter A2: Degree-Awarding Bodies' Reference Points for Academic Standards

Findings

1.7 The University, as the degree awarding body for BSc and MSc programmes offered by the Provider, has a comprehensive set of academic regulations which are aligned with the external academic infrastructure and published via their website. The collaborative agreement between the Provider and the University establishes that responsibility for academic regulations lies with the University, and it is these regulations to which students are working. These documents and processes would allow the Expectation to be met.

1.8 The team examined relevant documentation, and discussed with staff and students their understanding of the University academic framework and regulations and arrangements for academic governance within the Provider.

1.9 The review team identified that the Academic Governance structure at the Provider has undergone a recent review and now comprises the two Co-Directors who have overall responsibility and who meet together with the Business Manager and Head of Training as the Directors Committee to oversee strategic development. The Head of Training holds responsibility for all aspects of the training offered by the Provider and holds monthly meetings with the Programme Leaders who manage the provision of student learning. Individual programmes are managed by the Programme Leaders who meet formally with their programme teams three times per year. The team was provided with a business agenda and terms of reference of the Directors Meeting and concluded that the revised structure had the potential to provide sound arrangements for academic governance. Further consideration is given to the academic governance framework of the Provider in Expectation B8.

1.10 Regulations are explained to staff and students in the very detailed Programme Handbooks including an explanation of exceptions to the University regulations, such as instances where PSRB accreditation requires no compensation of marks across or between modules. Transparency of these comprehensive handbooks is facilitated by a dedicated document covering frequently asked questions (FAQ Booklet).

1.11 The review team discussed with staff their familiarity with University academic regulations and requirements, and their roles and responsibilities in implementing them, and were satisfied that they had been well supported by the University in revising their handbooks during the recent transition from a former validating partner and that this process was clearly documented in a transition plan.

1.12 Students were very clear in their understanding that handbooks either in hardcopy or provided via the virtual learning environment (VLE) were their definitive source of information with regard to academic and assessment regulations.

1.13 Following review of the available evidence the team concluded that the Provider, in partnership with the University, operates transparent and comprehensive academic frameworks to govern the award of credit and degrees, meeting this Expectation with a low level of associated risk.

Expectation: Met
Level of risk: Low

Expectation (A2.2): Degree-awarding bodies maintain a definitive record of each programme and qualification that they approve (and of subsequent changes to it) which constitutes the reference point for delivery and assessment of the programme, its monitoring and review, and for the provision of records of study to students and alumni.

Quality Code, Chapter A2: Degree-Awarding Bodies' Reference Points for Academic Standards

Findings

1.14 The responsibility for maintaining the definitive documentation for each module, programme and qualification lies with the University as the awarding body. All qualifications are outlined in programme specifications which detail the educational aims, intended learning outcomes and awards, programme structure, modules, assessment and entry requirements. The definitive records are used by the Provider as the key point of reference to construct appropriate module descriptors which are used to define module level content detailing academic credits, pattern of delivery, indicative content, learning outcomes, assessment details, learning strategies and key texts and resources. Programme specifications are reviewed and maintained by the University and the programme and module amendment process is set out in the University regulations. Definitive programme specifications are stored at the University, and on the Provider's hard drive and made available to students via the VLE.

1.15 The approach to maintaining definitive records would enable the Provider to meet the Expectation.

1.16 The review team examined the Collaborative Agreement for the three validated programmes with the University and associated documentation. In addition, the review team reviewed programme documentation provided through the VLE and marketing materials and spoke to staff and students.

1.17 Programme handbooks contain comprehensive information and the programme specifications and module descriptors seen by the team demonstrate explicit alignment with the FHEQ, the UK credit framework and relevant Subject Benchmark Statements. The review team confirms that the Provider's staff are aware of the requirements set out in the programme specifications, module descriptors and the requirements of the awarding body and relevant PSRBs. As a result, the team were able to conclude that suitable procedures are in place for maintaining definitive programme documentation and that these are used appropriately by Provider staff.

1.18 In the light of these findings, the review team concludes that the Expectation is met, and the associated level of risk is low.

Expectation: Met
Level of risk: Low

Expectation (A3.1): Degree-awarding bodies establish and consistently implement processes for the approval of taught programmes and research degrees that ensure that academic standards are set at a level which meets the UK threshold standard for the qualification and are in accordance with their own academic frameworks and regulations.

Quality Code, Chapter A3: Securing Academic Standards and an Outcomes-Based Approach to Academic Awards

Findings

1.19 The University validate the current portfolio of programmes available at the Provider as part of their collaborative arrangement, and rigorous formal programme approval occurs through validation aligning the curriculum with FHEQ and University typology. The Provider adheres to the University's academic guidelines and assessment policy which is confirmed by active externality, internal processes, and through liaison with the Link Tutor at the University with regard to setting standards.

1.20 The approach in place would enable the Expectation to be met.

1.21 The review team examined the collaborative agreement for the validated programmes and associated documents, and also met the Provider's academic and professional staff and the University Link Tutor.

1.22 There is a clear responsibility checklist that the Provider both adhere to, and document within, their quality code. The curriculum is appropriately mapped to the UK Quality Code for Higher Education (Quality Code) and the Subject Benchmark Statement for Counselling and Psychotherapy, which is demonstrated consistently throughout the student handbooks.

1.23 There is evidence of external examiner scrutiny of modules, and these directly affirm the externality of module content in terms of research and subject currency within Annual Quality Monitoring (AQM) and Annual Monitoring Review (AMR) reports.

1.24 There is also good evidence of discussion with the validating University around credit bearing decisions and alignment with the FHEQ. Provider Staff are clearly aware of processes surrounding the assignment of credit, benchmarked learning outcomes and assessment protocols. There is evidence of consistent and congruent communication between the Head of Training and Directors at the Provider supported by the quality and standards department at the University on a weekly basis, and through periodic review processes, giving assurance that the degree-awarding body's academic guidelines are met in terms of the setting of standards.

1.25 The Provider and Staff engage with the University's programme approval processes, and staff are fully aware of the significance of threshold academic standards, and academic regulations for approving programmes. In this respect, the team concludes that the Expectation is met and the associated level of risk is low.

Expectation: Met
Level of risk: Low

Expectation (A3.2): Degree-awarding bodies ensure that credit and qualifications are awarded only where:

- **the achievement of relevant learning outcomes (module learning outcomes in the case of credit and programme outcomes in the case of qualifications) has been demonstrated through assessment**
- **both UK threshold standards and their own academic standards have been satisfied.**

Quality Code, Chapter A3: Securing Academic Standards and an Outcomes-Based Approach to Academic Awards

Findings

1.26 The Provider operates within the assessment policy of the University, which is described in their detailed assessment procedure document. There is an established process of second marking and moderation which is signposted within policies and flow charts, and assessment training is provided for new tutors in the form of shadow marking. This approach would allow the Expectation to be met.

1.27 The review team met professional support staff, academic tutors and students to triangulate written evidence demonstrating the Provider's awareness and monitoring of assessment of learning outcomes. Reports from the external examiners were scrutinised and the assessment policies were reviewed.

1.28 During meetings both staff and students demonstrated an understanding of the alignment of learning outcomes and assessment processes required by the University. The scrutiny by the external examiners and involvement of the Link Tutor from the University demonstrates a close monitoring of assessment processes which is delivered by the Provider's internal markers, evidenced by detailed discussion at academic review panels. The team reviewed evidence of external examiner report recommendations being carried through to implementation.

1.29 Reasonable adjustment is made for the assessment of disabled students, including the process of academic support around uploading information, and provision for blind, deaf and dyslexic students. Adjustments have also been made to submission deadlines where necessary to allow for postal processes, to reflect student needs based on location.

1.30 There are a wide range of assessments, which are discussed and designed by Programme Leaders, and the process of moderation by the Head of Training works effectively in maintaining the Provider's assessment process. Students confirmed to the team that the assessments were appropriate for the level of study.

1.31 The review team confirmed that assessment processes demonstrate the achievement of threshold and awarding body academic standards through achievement of learning outcomes. The team therefore concludes that the Expectation is met and associated level of risk is low.

Expectation: Met
Level of risk: Low

Expectation (A3.3): Degree-awarding bodies ensure that processes for the monitoring and review of programmes are implemented which explicitly address whether the UK threshold academic standards are achieved and whether the academic standards required by the individual degree-awarding body are being maintained.

Quality Code, Chapter A3: Securing Academic Standards and an Outcomes-Based Approach to Academic Awards

Findings

1.32 The Provider has programme monitoring processes in place, which are supported and overseen by the awarding body. There is a Link Tutor who offers specific ongoing support and monitoring, and external examiners appointed by the University to ensure external oversight on the maintenance of threshold and academic standards. This is embedded within validation approval processes, and the responsibilities checklist. External examiner reports specifically require examiners to establish that threshold academic standards have been reached, and to comment on the relative standards of the awards in comparison to comparable organisations. The Programme Leaders within the Provider are responsible for curriculum review with final monitoring and review undertaken by the University.

1.33 These processes for monitoring and review of academic standards would allow the Expectation to be met.

1.34 The review team scrutinised the validation agreement, external examiner reports and module alteration forms, along with minutes of meetings and the annual returns. The team met Academic Tutors and Professional Support Staff to confirm their engagement with the review of academic standards.

1.35 The Provider completes and submits an annual review to the University detailing their adherence to the latter's academic protocols, and respond to the reports by the external examiners. To underpin this, the Provider has implemented policies outlining its academic guidelines, and these are mapped to Subject Benchmark Statements, and are in turn used to review the appropriateness of curriculum content and delivery. Staff and students engage with detailed review of the curriculum in Combined Programme Committee (CPC) meetings and there is informal liaison with the Head of Training, using this evaluative information, to monitor the Provider's maintenance of academic and threshold standards. Training is provided to staff in the application of the Quality Code and FHEQ.

1.36 The review team confirms processes for the monitoring and review of programmes are implemented which explicitly address whether the UK threshold academic standards are achieved, and whether the academic standards required by the degree-awarding body are being maintained. Therefore this Expectation is met and the associated level of risk is low.

Expectation: Met
Level of risk: Low

Expectation (A3.4): In order to be transparent and publicly accountable, degree-awarding bodies use external and independent expertise at key stages of setting and maintaining academic standards to advise on whether:

- **UK threshold academic standards are set, delivered and achieved**
- **the academic standards of the degree-awarding body are appropriately set and maintained.**

Quality Code, Chapter A3: Securing Academic Standards and an Outcomes-Based Approach to Academic Awards

Findings

1.37 Responsibility for programme design and development lies with the Provider, and may arise from a range of reference points including changing PSRB requirements, review by staff, annual monitoring, feedback from students and input from external examiners. Existing programmes are long-standing and there are no current plans for new provision.

1.38 Approval of new courses requires a validation event including an external panel member following the procedures in the University regulations which specify the approval of external panel members for validation events. Significant changes to programmes or modules require the approval of the degree-awarding partner using a pro forma available on the University website.

1.39 External examiners and external validation panel members are appointed by the University according to their policies and procedures. Individual external examiners are recommended by the Provider and may come from other universities or colleges, or other relevant professions. Summaries of external examiners reports, responses to them, and action plans prepared by the Provider's senior staff are included in annual monitoring reports which enables the University to maintain oversight in this regard. The policies and associated processes in place would enable the Expectation to be met.

1.40 The use of external and independent expertise was assessed through policies, procedures and documents, including external examiner and annual monitoring reports, and meetings with staff from both the Provider and the University.

1.41 The use of external independent advice in programme approval was exemplified by the inclusion of an external panel member at the validation event held in May 2015 to approve the Provider's programmes following the establishment of the University as the new validating partner. The team was also able to evidence that the management and approval of changes to programmes effectively included reference to external examiners.

1.42 Nominations of external examiners are made by the Provider to the University, and the review team confirmed during meetings with senior staff from both institutions that appropriate record keeping and scrutiny ensures the expertise and independence of appointees in line with the expectation of the Quality Code. Reports also demonstrate that the Provider uses external examiners to ensure that the programmes they deliver lead to awards that meet UK academic standards.

1.43 In view of this, the review team concludes that the processes for the use of external expertise are robust and therefore the Expectation is met, with a low level of associated risk.

Expectation: Met
Level of risk: Low

The maintenance of the academic standards of awards offered on behalf of degree-awarding bodies and/or other awarding organisations: Summary of findings

1.44 In reaching its judgement the review team matched its findings against the criteria specified in Annex 2 of the published handbook.

1.45 All seven Expectations in the judgement area are met, and all of these have a low level of risk. There are no features of good practice, nor any recommendations or affirmations in respect of these Expectations.

1.46 The review team concludes that the maintenance of the academic standards of awards offered on behalf of degree-awarding bodies at the provider **meets** UK expectations.

2 Judgement: The quality of student learning opportunities

Expectation (B1): Higher education providers, in discharging their responsibilities for setting and maintaining academic standards and assuring and enhancing the quality of learning opportunities, operate effective processes for the design, development and approval of programmes.

Quality Code, Chapter B1: Programme Design, Development and Approval

Findings

2.1 The Head of Training in consultation with the Director has strategic oversight of programme design, development and approval. Development of courses is discussed at Programme Leader meetings and the use of student module reviews is analysed at Director's meetings. The University maintain responsibility for the approval of course design and alignment of the curriculum to the quality code, FHEQ, and other external reference points. The amendment of modules is overseen by Programme Leaders in liaison with the Link Tutor using the University's processes. Evidence of the iteration between the external examiner and Programme Leader is in place prior to the completion of the University documentation for module alteration.

2.2 The approach to programme design, development and approval would enable the Expectation to be met.

2.3 The review team met Programme Leaders, students and the Directors of the Provider, and the module alteration form, minutes of Programme Leader meetings and Directors Meetings were considered in terms of discussing course alteration.

2.4 Current arrangements for the validation of the programmes by the University have been in place for less than two years but staff from both institutions confirmed that the arrangements laid out in the collaborative agreement have provided a framework for a positive working relationship. Staff at the Provider identified designated points of contact at the University as well as annual partnership events and ad hoc meetings as important in fostering the working relationship.

2.5 The internal validation processes are informed by the University's policies, and the Provider confirmed to the review team that there are no plans to provide courses beyond the current portfolio. Professional, statutory bodies most up-to-date agendas are considered against the current programme and module specifications as both undergraduate and postgraduate courses are also accredited by professional bodies.

2.6 There are definitive points at which curriculum is discussed, designed and approved within the Provider which were identified by the review team following the meetings with Senior Staff, Academic Tutors and the Academic Support Team. Student feedback is given verbally and in writing after workshops. Student representatives report this information to termly Combined Programme Committee (CPC) meetings which include quality and standards staff and academics from the University as well as senior staff from the Provider. The review team was assured that the CPC meeting has been in existence throughout a number of validating agreements providing assurance of the involvement of the student voice in the design and approval of curriculum and teaching.

2.7 Staff review and reflect upon the curriculum through monitoring the student feedback forms provided at the end of each workshop, and this informs their delivery and content. Clear processes for modifying module content and schedules were evidenced

through the module alteration form.

2.8 The Provider follows the University's developed process of programme validation, with revalidation due to start in 2018. An internal process for programme design is in place, and Academic Tutors are empowered to reflect upon the experiences within the Provider and request alteration or development. This is explicitly considered by individual Programme Leaders during their monthly meeting with the Head of Training. This oversight ensures that processes are in place to support the Provider in maintaining autonomy for the oversight of curriculum.

2.9 The duality of validation and review process with PSRBs allows for currency of programme development to be supported by their externality in terms of national and international therapeutic frameworks. The Provider evidenced development of an activity focusing on young people and children with a robust chain of communication between Programme Leaders, directors, students and academic tutors leading to curriculum development.

2.10 The close relationship with the University and dually-validating PSRBs as well as the use of externality to inform programme design and approval allows this Expectation to be met and the associated level of risk is low.

Expectation: Met
Level of risk: Low

Expectation (B2): Recruitment, selection and admission policies and procedures adhere to the principles of fair admission. They are transparent, reliable, valid, inclusive and underpinned by appropriate organisational structures and processes. They support higher education providers in the selection of students who are able to complete their programme.

Quality Code, Chapter B2: Recruitment, Selection and Admission to Higher Education

Findings

2.11 The responsibility for recruitment, selection and admission of students lies with the Provider as set out in the Admissions Policy, Quality Assurance Manual and Collaborative Agreement. The Provider's Admissions Policy aligns with the University's regulations and procedures and the Quality Code. The Provider is responsible for undertaking admissions decisions, made in accordance with the set criteria contained within the relevant Programme Specification, and is also responsible for providing admission guidance and joining instructions to students, and for undertaking student induction.

2.12 The Provider's website and FAQ Booklet contain information on admissions for all programmes. Prospective students are invited to a series of information days which provide additional information regarding study at the Provider. Applications are assessed by the Marketing and Recruitment Coordinator and the Programme Leader and where applicable students are invited for interview by the Programme Leader. The Provider has a process for the admission and support of students with a disability.

2.13 The approach to recruitment and admissions would enable the Expectation to be met.

2.14 The review team scrutinised the admissions policy in conjunction with the linked procedural documentation and reviewed the operation of the process in interviews with staff and students

2.15 Information provided to prospective students regarding admissions is clear, and designed to ensure that each individual is informed of programme details and requirements prior to application. The FAQ Booklet is also effective in providing a breadth of information for prospective students. The Provider analyses feedback provided by applicants attending Information days and Programme Leaders meetings also discuss recruitment.

2.16 Students confirmed that the admissions process was accessible and fair, and that the information provided by the Provider was clear, while commenting that it was common practice that interviews were conducted by only one member of staff. The team tested this at the meetings with staff and though it was common practice in one area, the information process was clear, and all applicants had the right to appeal a decision made at interview.

2.17 The Provider makes efficient use of its admissions process to record and convey to applicants with disabilities or long term health conditions the support available, through initial dialogue with the recruitment team, information day guidance and through the induction process.

2.18 The Admissions Policy is mapped to the Quality Code, and its requirements are clearly stated on the website, in the FAQ Booklet and through discussions with the admissions team. All applicants complete an application form, provide references and undertake an interview if required. Following the acceptance of an offer, a starter pack is sent to all applicants, and this includes a Student Learning Agreement which is completed

and signed by each student. The Provider also has an Accreditation of Prior Learning policy, which is applied in appropriate circumstances.

2.19 The recruitment and admission of students is overseen by the Director of Finance, Recruitment and Marketing and is monitored annually by the Marketing and Recruitment Coordinator. The team noted that though recruitment was monitored by the Marketing and Recruitment Coordinator this was not discussed or approved within the Provider's current governance structure, and the changes to this structure to facilitate this deliberation in future are discussed further in Section B8.

2.20 The Provider provides training to admissions staff and monitors the application of its admissions process through feedback from new entrants. Information provided to applicants is reviewed and approved annually by the admissions team, Programme Leaders and the Director of Finance, Marketing and Recruitment. The review team, however, found no documented approach to this monitoring and review, nor evidence of the approval of revisions to information or the admissions process, and this is further reflected in the recommendation within Expectation C. However, the Provider assured the team that its approach was robust due to the extensive experience of individual members of staff and provided evidence that the admissions process was appropriately applied.

2.21 Overall, the review team considers that the Provider has a clear and comprehensive admissions policy, which is appropriately applied and monitored by the Marketing and Recruitment Coordinator. The Provider's approach to admissions is inclusive, aligns with sector principles and is accessible to students through guidance made available on the Provider's website. The review team therefore concludes that the Expectation is met and the associated level of risk is low.

Expectation: Met
Level of risk: Low

Expectation (B3): Higher education providers, working with their staff, students and other stakeholders, articulate and systematically review and enhance the provision of learning opportunities and teaching practices, so that every student is enabled to develop as an independent learner, study their chosen subject(s) in depth and enhance their capacity for analytical, critical and creative thinking.

Quality Code, *Chapter B3: Learning and Teaching*

Findings

2.22 The Provider aspires to deliver high quality training which combines academic rigour with clinical practice including enhancement of personal awareness, awareness of others, ethical thinking and the necessary interpersonal skills for professional practice. The approach to learning is laid out in detail in programme specifications and programme handbooks and is aligned with the Subject Benchmark Statement for Counselling and Psychotherapy. It stresses a person-centred approach to learning which combines tutor directed and independent learning.

2.23 Teaching staff are academically qualified, approved by the University and are practicing psychotherapists with either UKCP or BACP accreditation. They are also required to complete the Provider's Apprentice Teaching Supervising Member (ATSM) scheme, unless they already have considerable experience of teaching counselling and psychotherapy at higher education level. Induction of newly appointed staff is covered by a policy which clearly identifies roles and responsibilities in the induction process and requires sign-off by the recruit and manager within six weeks of the start-date. Continuous professional development (CPD) is mandated and monitored as part of continuing UKCP or BACP accreditation and a staff training and development policy describes the Provider's approach. Individual staff may also be supported through attendance at relevant conferences.

2.24 The Provider gathers information on the effectiveness of its approach to teaching through a range of mechanisms including forms, and face-to-face feedback at the end of workshops. Issues with Provider-wide relevance can be brought to Programme leaders meetings or raised at Combined Programme Committee (CPC) meetings where student representatives can also directly raise issues. Through this mechanism the Provider maintains its awareness of student satisfaction with their learning opportunities.

2.25 Staff also monitor discussion threads on student VLE forums to identify and respond to learning needs raised, and graduates provide another source of information about learning and teaching through surveys, events and a dedicated VLE area.

2.26 The Annual Quality Monitoring report requires analysis of recruitment data, and also of progression information and student achievement, providing an opportunity for the Provider to reflect and comment on any identified trends or issues.

2.27 Regular academic assessments allow tutors to offer formative and summative written feedback, and biannual individual tutorial meetings with programme leaders or year tutors are recorded on a pro forma which provides an additional opportunity for feedback. Tutor and peer feedback is provided directly to students during workshops and from the second year onward as part of the interaction with placement providers and clinical supervisors. Peer learning groups also represent a significant part of the learning process at the Provider.

2.28 The relational and student-centred approach to learning, and the staff and physical

learning resources in place, provide a solid foundation for the Expectation to be met.

2.29 The team explored the Provider's approach to teaching and learning by examining policies, documents and the quality of learning resources and in meetings with students, academic staff and support staff.

2.30 In meetings with the review team academic staff confirmed the value of the induction and personal development processes for new staff through the ATSM, and explained the ongoing nature of CPD, which is thoroughly embedded in the Provider's culture. The discussions between staff and with programme leaders often identifies individual development needs which can be met in-house. Clear criteria for the completion of the ATSM and acceptance as a teaching member are documented. Where financial support is necessary to enhance professional development this can be requested from the Directors via the Head of Training and an example of this was seen in the development of the role of the Research Coordinator. The review team confirm that individualised training and personal development provided to support tutors in fulfilling their role is **good practice**.

2.31 In meetings with students the review team confirmed that they see peer learning and assessment as an intrinsic part of the learning experience at the Provider, and that staff have considerable expertise in incorporating and facilitating peer learning into teaching workshops as well as encouraging peer learning through less formal arrangements such as online forums. The well embedded and extensive use of peer learning and peer assessment which supports the teaching and learning context is **good practice**.

2.32 The Provider employs several conduits to collect information to inform itself of the effectiveness of the learning it provides, and to identify opportunities for improvement. Students pointed out that commentary on the effectiveness of teaching and delivery was conflated with other end of module student feedback, and was not anonymised, leading to a reduced impact. However, these channels have been effective in practice, as students were able to describe examples of improvements that have resulted following their feedback.

2.33 Students are encouraged to embrace the Provider's approach to learning through a number of media and mechanisms. Applicants are invited to an information day and receive a very detailed and rich information pack which sets out the Provider's educational philosophy and approach. Prospective students are sent a Student Learning Agreement which sets out a learning contract and code of conduct for students as well as financial and other formal contractual obligations. Useful student handbooks and an induction event further inform students about the learning opportunities offered by the Provider.

2.34 The team was able to access the VLE during the review visit and can confirm that it is a rich environment with a wide range of essential information for students and staff, and in meetings both staff and students recognised its value and spoke positively about the technical support available for the VLE and other IT resources.

2.35 The review team concludes that the Provider articulates and systematically reviews its provision of learning opportunities to enable the development of its students as independent learners and the Expectation is therefore met and the level of associated risk is low.

Expectation: Met
Level of risk: Low

Expectation (B4): Higher education providers have in place, monitor and evaluate arrangements and resources which enable students to develop their academic, personal and professional potential.

Quality Code, Chapter B4: Enabling Student Development and Achievement

Findings

2.36 The Provider defines its approach to student development and achievement as supporting students through transitions into, through and beyond training programmes, and to promote the development of skills that enable students' academic, personal and professional progression.

2.37 The transition is supported by the provision of an optional Academic Writing Workshop, which has been in place for several years and more recently, following consultation with students, three Core Study Skills workshops (including one to develop IT skills) have been provided at the start of training for BSc students who have been out of full-time education for some time, or who have never studied at this level. Specific requirements have been identified and addressed within MSc provision at a programme level.

2.38 Programme structures are designed so that learning is cumulative and therefore progression is inherent. This is more apparent in the BSc programme where learning is offered at levels 4-6, but is also evident in the MSc programmes. In all programmes assessment tasks are intended to develop student learning through the programme culminating in a final case study and process report, skills for which have been developed in similar assessments at earlier stages.

2.39 Small student group sizes are identified as an important feature to enable students to be known, and concerns in relation to progression and development to be readily identified by both tutors and professional support staff.

2.40 Clinical placements are a crucial component of all the degree programmes and take place from the second year onwards. Students are responsible for making appropriate placement and supervision arrangements and these responsibilities are explained in detail in student handbooks, by tutors in workshops, and in the document 'Code of Professional Conduct and Fitness to Practice', which students are required to read and sign.

2.41 The Provider supports students in securing their placements through a number of channels, not least through the appointment of a dedicated Placement Coordinator. Students are given clear guidance as to the requirements for placement and training supervisors, and submission of a Placement and Supervision Application Forms provide the Programme Leader with information to verify that the placement and supervision are appropriate. Progress in placements is checked by Programme Leaders and tutors through twice-yearly tutorial meetings.

2.42 The strategic approach and necessary resources in place would allow this Expectation to be met.

2.43 The arrangements were investigated by examination of documents, minutes of meetings, and electronic resources provided by the Provider and in meetings with staff, students and external stakeholders.

2.44 It is apparent that the maintenance of small group sizes for workshops enables the close personal working relationships necessary to ensure good student support and the

review team heard that where group sizes are larger (first year of BSc or MSc) or group members have identified needs, additional tutors can be called upon to rebalance student-staff ratios. Students were very positive about the support for their learning offered by both professional support staff and tutors, and the review team was assured that the comprehensive support provided to students by both professional support staff and teaching staff which develops students academically and personally represents **good practice**.

2.45 The Provider articulates a commitment to making learning opportunities accessible to as wide a range of students as possible, and has been actively working to increase the availability of learning resources to improve access for students with a disability and to address different learning styles, and has advertised for a Disability Officer.

2.46 Additional ground floor training accommodation has been developed and a number of other adjustments including provision of advanced printed materials and various styles of printing, provision of hearing loops, use of voice recorders and others have been introduced and are taken into account in timetabling sessions. Disabled students registered on the degree programmes at the Provider receive support to access the Disabled Student Allowance.

2.47 Staff have been trained in dyslexia awareness and referral through to the Dyslexia Association, and since 2015 students are also able to access dyslexia assessment through the University Student Enabling Centre which has provided a useful guidance document on this. Additional advice can also be obtained from the Director of Finance, Marketing and Recruitment.

2.48 The Provider requires students to obtain high quality clinical placements for both academic and professional qualification purposes and mechanisms have recently been improved by the appointment of a Placement Coordinator. This Officer has introduced a Placement Fair which was viewed positively by students; staff and placement providers, and is working to consolidate the information about placement opportunities advertised on the VLE.

2.49 Students may also provide each other with information facilitated through student forums, Contact Magazine and a Preparation for Placement seminar. Some students did identify difficulties in securing a suitable placement but overall regarded the Provider as supportive and the review team noted that programme leaders performed an important role in resolving any issues with placements.

2.50 Graduates will have a dual academic and professional qualification, will have gained significant work experience through the training programme, and are therefore well-positioned to make the transition to employment in the professions of counselling or psychotherapy. Most graduates remain members of the Provider which maintains records on how they have progressed and they have a dedicated area on the VLE. The Provider is considering mechanisms for further engagement with graduates and one of the Co-Directors has now taken on that role.

2.51 The review team found clear evidence that the Provider continually reflects on the mechanisms it provides for supporting student development and achievement, locally, and in collaboration with its degree-awarding partner and placement providers. The Expectation is therefore met, with a low level of associated risk.

Expectation: Met
Level of risk: Low

Expectation (B5): Higher education providers take deliberate steps to engage all students, individually and collectively, as partners in the assurance and enhancement of their educational experience.

Quality Code, Chapter B5: Student Engagement

Findings

2.52 The Provider's approach to student engagement is outlined in the Student Handbook and introduced at Induction. The Provider takes deliberate steps to engage students, individually and collectively, and has in place a student representative structure to ensure the representation of the collective student voice. The Student Handbook includes detailed information on the appointment process and the role of student representatives, who are invited to attend the biannual CPC.

2.53 A Student Feedback Process is outlined in the Student Handbook to ensure that students are aware of the mechanisms and opportunities available to them within and outside workshops. Students complete evaluation forms following each workshop and extra-curricular event, which are reviewed by the Programme Leaders. Issues considered relevant for all programmes are discussed at either monthly Programme Leaders meetings or the biannual CPC.

2.54 The approach to student engagement would enable the Expectation to be met.

2.55 The review team examined the Student Handbook, Student Submission, committee and Programme Leader team meeting minutes, and meetings were held with a wide range of staff and students.

2.56 In line with information in the Student Handbook, students are able to become representatives and engage in the biannual CPC and informally with Programme Leaders. There is a role description for student representatives and the Student Handbook includes information on the student feedback process. Students identified opportunities to provide feedback within workshops and outside workshops and commented that they valued the close relationship with staff.

2.57 The team were informed that student representatives collected and raised issues arising from workshops. Beyond this, the team found that not all students were aware of the student feedback processes as set out in the programme handbook, nor with the role of student representatives. The team also learnt that the latter are not provided with training, and therefore **recommends** that the Provider should ensure all student representatives are provided with appropriate training prior to undertaking their role.

2.58 The Provider references student partnership through the role of the tutorial support and students commented positively on the implicit partnership and support provided by tutors and trainers. The review team, however, were unable to identify a clear, explicit Institutional approach to student partnership which provided students individually and collectively with fuller opportunities to participate in the development of the Provider and programme delivery. Examples were, however, provided by staff of instances where students had engaged in the development of programmes but this was not routine practice.

2.59 Opportunities for providing feedback are predominantly informal. Student Evaluation forms are completed following each workshop, and the review team was informed that these forms had two purposes, allowing students to both reflect on their own engagement and to provide feedback on their experience. Students commented that these forms were used differently and were not anonymised and therefore individual comments could be attributed to individuals. The team met academic staff who expressed the view that due to the nature

of the programme, and small class sizes, anonymisation would not be appropriate. They also felt that student evaluation forms, although reviewed by the Programme Leaders, are used differently, and Programme Leaders identified the need to put in place a system which ensures consistency in use with a defined process.

2.60 The Provider values the role students play at the CPC meetings though this was not replicated within other Provider committees, especially the Programme Leader or Company Director meetings where issues arising from outside and within workshops are discussed. The review team, therefore, **recommends** that the Provider should review its approach to student partnerships, to ensure that the collective student voice is represented in all deliberative committee meetings.

2.61 The review team concludes that the Provider has informal processes which recognise the importance of involving students, and engages with the student body in order to assure and enhance its provision. The Expectation is therefore met with a low level of associated risk.

Expectation: Met
Level of risk: Low

Expectation (B6): Higher education providers operate equitable, valid and reliable processes of assessment, including for the recognition of prior learning, which enable every student to demonstrate the extent to which they have achieved the intended learning outcomes for the credit or qualification being sought.

Quality Code, *Chapter B6: Assessment of Students and the Recognition of Prior Learning*

Findings

2.62 The Provider is responsible for assessing the recognition of prior learning, and this is articulated in the admissions and recruitment policy. The criteria for assessing prior learning (APL) are outlined in guidance notes, and the approval process is documented through the APL application and approval document.

2.63 The assessment framework satisfies the requirements of the FHEQ as well as the accreditation requirements for BACP and UKCP and was re-examined during the 2015 validation. Student work at levels 4 and 5 is internally moderated with all Level 6 and 7 work blind second marked, and any differences resolved by the Head of Training or an external examiner. Specific training is delivered to inexperienced markers through a shadow marking system which is overseen by the Head of Training. Discussion around assessment with the external examiner occurs prior to the examination boards.

2.64 Mitigating circumstances and reasonable adjustments are described in the Student Handbook, as is the process of retaking and appealing failed assessments, which are all appropriately aligned with the requirements of the degree-awarding body.

2.65 Examination Boards are organised by the Provider, which are chaired by the University in line with its regulations, and the latter holds the responsibility for ensuring that regulations for progression and awards are applied correctly. Results are communicated to students through the University intranet once verified, and the Provider staff support students in accessing results at the appropriate time.

2.66 Responsibility for maintaining the record of student achievement is held jointly by the Provider and the University. Full records are kept by the former and uploaded to the University who are responsible for the issue of transcripts and award certificates. The processes in place around data protection are robust through use of the University software to upload assessment data.

2.67 The assessment procedures evidenced, and APL policies in place would allow the Expectation to be met.

2.68 The review team scrutinised the Student Submission, assessment records and data, student handbooks, a flow chart of assessment processes, assessment criteria and documents pertaining to APL/APEL. In addition, meetings were held with the academic and support teams, and students.

2.69 Students are prepared for the academic protocols involved in assessment through the handbook's detailed description of plagiarism and referencing as well as focused skills tutorials. In meetings, the students confirmed that they were provided with skills equipping them for good academic practice. The use of peer assessment is clearly outlined in the course documentation and the process of training students in this was outlined rigorously by academic tutors underlining their sound and relevant academic practice in this area, which naturally relates to the relational scope of their subject focus. The team reviewed support

documentation around academic writing which offered basic skills in line with the cumulative assessment progression inherent in the curriculum design. During interviews with students there was a clear feeling of support to enable students to cope with the progression between assessment tasks.

2.70 Modules outline the learning outcomes to be assessed and this can be cross-referenced to a simple rubric for each modality of assessment at each FHEQ level of delivery. Examples of individual assessment criteria were requested and within meetings students and staff triangulated the interaction of these with external frameworks. The review team noted that description of the extremes of the grading criteria were less detailed within the Level 7 course, and this was triangulated with the directions of the external examiner concerning awarding of marks. The review team felt that the rigour of the second marking process allowed for assurance in the assessment mechanisms being fit for purpose, and demonstrating alignment to module learning outcomes. The ethos of the assessment strategy was extremely thorough, naming industry-relevant modalities of testing student learning. During interview we found the relevance of learning outcomes and assessment to be understood by staff and students and this ideology was initiated during induction with students.

2.71 The professional support staff feel secure with handling extenuating circumstances procedures which clarified the process set out in the meeting minutes. The Programme Leaders assured the review team that processes were in place to deal with extenuating circumstances relating to the submission of assessed work.

2.72 The time period of feedback was identified as six to eight weeks and it was felt by the Students that this did not allow for consolidation prior to the next assessment. Staff at the Provider are aware of this issue and consider it part of their on-going action plan in dealing with quality assurance. They have responded initially by giving brief electronic feedback immediately followed by a more detailed written response to the essays. While being mindful of confidentiality the staff team aim to develop a mechanism to increase online feedback and the Academic Tutors noted that immediate verbal feedback was normally given after practical assessment as part of the normal structure of the workshop. In view of these developments, the Review Team **affirms** the steps being taken to improve the timeliness of assessment feedback. This is also in line with the overall review and monitoring process and affirmation outlined in Section B8 around the development of governance structures to support more systematic processes of communication within the Provider.

2.73 The review team concludes that the Expectation is met and the associated level of risk is low.

Expectation: Met
Level of risk: Low

Expectation (B7): Higher education providers make scrupulous use of external examiners.

Quality Code, Chapter B7: External Examining

Findings

2.74 Recommendations for the appointment of external examiners are made by the Provider who identify individuals who will satisfy both the academic requirements of the University and also the PSRBs who accredit the programmes. The University is responsible for recruiting, providing induction training and paying external examiners. The criteria for their appointment, and their expected roles and responsibilities are laid out in the University handbook and aligned with Section B7 of the Quality Code. The identity of external examiner is made clear in student handbooks.

2.75 External examiners have sight of assessments and assessment titles in advance and to assist them in judging the standards of the awards and their constituent components they are sent a sample of each assessment task representing the range of student marks including work that is judged as a failure or borderline pass. The material sent across the course of the year includes samples from all markers and may involve input from external examiners where there is a disagreement between internal markers or where there is evidence of an academic offence.

2.76 External examiners attend the yearly examination board chaired by a member of staff from the University and subsequently complete a report which is submitted to the University using a standard form. Reports address a range of quality assurance aspects, and there is an opportunity for external examiners to include free text comments to support their responses. The Provider also expects external examiners to assure the assessment processes leading to the award of credits, and to confirm that previous issues raised have been addressed.

2.77 During the examination board external examiners may provide initial feedback and programme leaders are able to make an immediate verbal response followed by a formal written response to the external examiner's written report. The responses are incorporated into the Annual Monitoring Report along with any proposed actions to ensure that the University has oversight of the process. External examiner reports are made available to students via the University Portal and on the VLE.

2.78 The regulations and procedures in place would enable the Expectation to be met.

2.79 The review team examined policies, external examiners reports and annual monitoring reports, and held meetings with staff and students.

2.80 The Provider understands and conforms to the procedures established by the University for the appointment of, and interactions with, external examiners and for reporting on examination boards and student outcomes.

2.81 External examiners' reports confirm that the awards meet threshold academic standards, assessments are rigorously carried out, marking standards are consistent and fair, and that there is evidence that the Provider responds to suggestions from external examiners and adjusts its practice accordingly. An example was identified where an external examiner was consulted about the rearrangement of modules in the MSc in Person-Centred and Experiential Psychotherapy exemplifying the use of external examiners in curricular change.

2.82 Within the Provider external examiners' reports are received by the Head of Training and are discussed with Programme Leaders who further discuss the issues with their team. Progress on addressing issues is reported back in monthly meetings between Programme Leaders and the Head of Training, and a wider discussion ensues where items are raised which have Institution-wide relevance.

2.83 After reviewing the evidence the team concluded that the Provider makes scrupulous use of external examiners and the Expectation is therefore met, with a low level of associated risk.

Expectation: Met
Level of risk: Low

Expectation (B8): Higher education providers, in discharging their responsibilities for setting and maintaining academic standards and assuring and enhancing the quality of learning opportunities, operate effective, regular and systematic processes for monitoring and for review of programmes.

Quality Code, Chapter B8: Programme Monitoring and Review

Findings

2.84 Programme specifications and module descriptors developed by the Provider were reviewed and approved by the University during the validation process in 2015, which requires subsequent annual monitoring. Periodic Review is inherent in the revalidation arrangements, which are due for consideration in 2018-19, and also involves PSRB accreditation reviews from BACP and UKCP. As part of their annual monitoring review for the University, the Provider collects and analyses recruitment statistics and trends, student achievement, and module pass and progression rates.

2.85 Staff development is informed by information gathered through student feedback from workshops, student representative feedback, tutor evaluation, CPC meetings and one-to-one tutorials. This is reviewed at an Institutional level by the Directors and at an individual level by Programme Leaders.

2.86 Oversight of curriculum occurs in Programme Leader meetings with input from staff, students and external sources. The external examiner reports are responded to by Programme Leaders and this response is fed back to Academic Tutors and students. Taken together, the design of these systems would enable the Expectation to be met.

2.87 The team met students, senior and academic staff, professional support staff and placement providers to review the regular and systematic processes for monitoring and review.

2.88 The format of the annual monitoring reports has changed with the new University collaborative partnership, and annual monitoring now gathers information in fourteen sections including an action plan for review in the following cycle. Periodic Review is inherent in the revalidation arrangements which are due for consideration in 2018-19 and also involves PSRB accreditation reviews from BACP and UKCP. Annual monitoring is in place from both PSRBs which includes verbal and written feedback on module content and teaching, with a notably strong review for the BSc Counselling this year.

2.89 Within the Senior Leadership a more defined committee structure is emerging with the recent creation of an 'order of business' allowing issues around curriculum and strategic oversight to be implemented. There was evidence of student feedback data being used to inform CPC meetings, and clear oversight of external sources of assurance, including the National Student Survey. Academic tutors were clear regarding their involvement in annual review, and of the role of the external examiner process within this.

2.90 Students contribute to the programme review and this was confirmed through meetings with the review team. At the end of each weekend of training, the student representatives lead a verbal feedback session on the curricular and quality issues arising throughout the training at a meeting designated CPC Matters. This is fed back to the staff through the CPC meeting itself which is attended by student representatives from each course. Students also give written feedback on a workshop evaluation form each weekend which identifies skills in reflection as well as commentary on the suitability of the curriculum and its delivery.

2.91 Programme Leaders meet on a monthly basis with the Head of Training and also each term with their peers. Academic Tutors are supported to initiate and receive information about curriculum and quality procedures in termly meetings. This is recorded and fed back to the Directors meeting through the Head of Training. The Business Manager also maintains operational oversight and reports back through the mechanism of the Director's Meeting.

2.92 Placement providers confirmed that they are aware of liaison between the Provider and their management for the oversight of provision and this was also confirmed as the responsibility of the Directors with communication supported by the Placement Coordinator and Programme Leaders.

2.93 The review team recognises that internal curriculum development processes are becoming more consciously documented, allowing the autonomy of the Provider to exist alongside their validating relationship with the University. The appointment and reorganisation of staff within the Provider is also leading to a more formalised process of communication that is fit for purpose in terms of review and monitoring. In particular the roles of Head of Training, Placement Coordinator and Research Coordinator offer strategic oversight of the full scope of the Provider's higher education provision. The review team therefore **affirms** the steps being taken to restructure academic governance and management to ensure deliberative oversight of the quality of learning opportunities.

2.94 In view of the established processes in place, and the emergent processes affirmed by the review team, this Expectation is met, and the associated level of risk is low.

Expectation: Met
Level of risk: Low

Expectation (B9): Higher education providers have procedures for handling academic appeals and student complaints about the quality of learning opportunities; these procedures are fair, accessible and timely, and enable enhancement.

Quality Code, Chapter B9: Academic Appeals and Student Complaints

Findings

2.95 The Provider has a Complaints Policy and Procedure as set out in the Programme Handbook. Where a student has exhausted the Provider's complaints procedure and the complaint relates to the delivery of one of the three validated programme, the student may submit a formal complaint to the University. Appeals made by students against the decision of an assessment board or award board are made through the Provider in accordance with University procedures, and the outcome determined by the University.

2.96 The Provider's Complaints Policy and Procedure aligns with the Quality Code and sets out a two stage process with specific timeframes. The informal complaint is raised in the first instance with the relevant member of staff responsible for that area. The formal complaint stage sets out the full investigation following the receipt of the complaint, and if a student is not satisfied with the outcome of the formal stage, the right to request a review of the investigation is available from the Head of Training.

2.97 The University has overall responsibility for the complaints and academic appeals processes. Students are informed of the appeals and complaints procedures through the VLE, and within the Student Handbook. The Quality Assurance Manual sets out the Provider's approach to handling complaints, referring to the Complaints Procedure and Student Handbook.

2.98 The academic appeals and complaints policies and procedures would enable the Expectation to be met.

2.99 The review team considered evidence, including the Complaints Policy and Procedure, student handbooks, and the Provider's website. The review team also met staff and students during the review visit.

2.100 The Provider's Complaints Policy and Procedure details all stages of the complaints and appeal processes, and clearly details the various stages of the process and the timeframe for resolutions. Academic appeals are operated in accordance with University regulations and procedures and appeals are submitted directly to the Head of Training. There is also information for students about plagiarism, grievances, professional suitability and regulations.

2.101 Staff and students met by the review team are aware of and understand the Complaints Policy and Procedure and appeals processes. The Provider takes steps to inform students of the complaints and appeals processes by providing information in the Student Handbook and on the VLE.

2.102 The review team explored how the Provider monitors and reviews its processes, and identified that it discusses them when required through its Programme Leaders and Director meetings. The Provider has only logged seven formal complaints and one appeal since 2012.

2.103 The Provider has systems in place in order to support students through the complaints and appeals processes. In reviewing the evidence, the team found that the Provider has robust procedures that are easily accessible and understood by all concerned.

Students and staff are aware of the procedures in place. The review team therefore concludes that the Expectation is met and the associated level of risk is low.

Expectation: Met

Level of risk: Low

Expectation (B10): Degree-awarding bodies take ultimate responsibility for academic standards and the quality of learning opportunities, irrespective of where these are delivered or who provides them. Arrangements for delivering learning opportunities with organisations other than the degree-awarding body are implemented securely and managed effectively.

Quality Code, Chapter B10: Managing Higher Education Provision with Others

Findings

2.104 The BSc and the two MSc programmes at the Provider are validated by the University and the collaborative arrangements are laid out in an agreement from 2015, which identifies the perceived risks and processes to mitigate them. The Provider deals with other partners facilitating and supporting students to engage in placements, and with its professional awarding bodies (BACP and UKCP).

2.105 Clinical placements are an essential part of the degree programmes to satisfy the requirements of its professional accrediting bodies and mandated hours of clinical practice, clinical supervision and personal therapy are clearly identified in programme handbooks. The Provider provides support to aid students in obtaining placements and associated supervision and regards the increased resource for supporting placements as strategically important. The responsibilities of the student, the Provider, the clinical supervisor and where appropriate the placement provider agency are clearly articulated in formal contracts.

2.106 The mechanisms for managing arrangements for delivering learning opportunities with others would enable the Expectation to be met.

2.107 The review team examined the agreements and other documents related to managing arrangements with other organisations. Additionally, meetings were held to discuss the collaborative arrangement with staff and students, and the specific experiences of students. Provider staff and placement providers in ensuring that clinical placements met the needs of students and the profession.

2.108 The Placement Fair, which was an initiative arising from student feedback, was identified by students, the Provider's staff, and placement providers as a valuable way of matching the needs of students and providers and also cementing the relationship between the Provider and providers through discussions and training events. The mechanisms for supporting students during their placements and the clear responsibilities of all parties as laid out in contracts were regarded positively by all parties. Training providers affirmed that they regarded the trainees from the Provider very highly, and confirmed that they have a very positive working relationship with the Provider and its staff. The team determined that the careful identification of the needs of the students and the profession, which enables effective arrangements for the delivery of, and support for, placements is **good practice**.

2.109 The review team regarded the arrangements for working with placement providers as effective, and concludes that the Expectation is met, and the associated level of risk is low.

Expectation: Met
Level of risk: Low

Expectation (B11): Research degrees are awarded in a research environment that provides secure academic standards for doing research and learning about research approaches, methods, procedures and protocols. This environment offers students quality of opportunities and the support they need to achieve successful academic, personal and professional outcomes from their research degrees.

Quality Code, *Chapter B11: Research Degrees*

Findings

2.110 The Provider does not award Research Degrees, therefore this Expectation is not within the scope of the review.

Expectation: Not applicable

Level of risk: Not applicable

The quality of student learning opportunities: Summary of findings

2.111 In reaching its judgement about the quality of information about learning opportunities, the review team matched its findings against the criteria in Annex 2 of the published handbook.

2.112 There are ten Expectations in this judgement area, and all of these are met with a low level of risk. In total the review team identified two recommendations, both in relation to Expectation B5. There is evidence that the Provider values student engagement, but to further strengthen this process the team recommends that it reviews its approach to student partnerships, to ensure that the collective student voice is represented at all deliberative committee meetings, and to also ensure that all student representatives are provided with appropriate training prior to undertaking their role.

2.113 The steps being taken to improve the timeliness of assessment feedback under Expectation B6 was affirmed by the review team. An affirmation was also made in relation to Expectation B8 and the steps being taken to restructure academic governance and management to ensure deliberative oversight of the quality of learning opportunities.

2.114 There were also four specific features of good practice identified. Two of these arose from Expectation B3, involving respectively the individualised training and personal development provided to support tutors in fulfilling their role; and the well-embedded and extensive use of peer learning and peer assessment which supports the teaching and learning context. The review team also highlighted instances of good practice in respect of Expectation B4, and the comprehensive support provided to students by both professional support staff and teaching staff which develops students academically and personally. The fourth instance of good practice relates to the careful identification of the needs of students and the profession, which enables effective arrangements for the delivery of and support for placements (Expectation B10).

2.115 The review team concludes that the quality of student learning opportunities at the provider **meets** UK expectations

3 Judgement: The quality of the information about learning opportunities

Expectation (C): UK higher education providers produce information for their intended audiences about the higher education they offer that is fit for purpose, accessible and trustworthy.

Quality Code, Part C: Information about Higher Education Provision

Findings

3.1 The Collaboration Agreement outlines the Provider's responsibility for public information. As outlined, the Provider is responsible for the production of marketing materials relating to the validated programmes, while the University as the awarding body is required to approve all marketing material. The Provider works with the University to review and approve all changes.

3.2 The Provider provides information on its website about its mission statement, ethos and management structure. The admissions process is also described online and within the FAQ Booklet which also provides clear information concerning entry requirement, fees, information days, introductory reading list, and placement information. Promotional material available on the Providers website includes outlines of the range of training and programmes available, the content of the programmes and a typical training day.

3.3 The Provider provides students with a Student Handbook and Student Learning Agreement and the Director of Finance, Marketing and Recruitment has overall responsibility for updating all published material.

3.4 The arrangements for the production of information would enable the Expectation to be met.

3.5 The team reviewed evidence from the Provider's website, programme and student handbooks, information sheets and the VLE. The team also met a range of staff and students and appraised documents provided to students as part of the induction process.

3.6 There is wide-ranging information available for existing and prospective students. The website and programme documentation contain information relating to course content, learning resources, fees and funding, and teaching dates. Entry requirements are listed on the website, in the Programme Specifications and within the FAQ Booklet. Materials on the website are updated on an annual basis by the Recruitment and Marketing Coordinator overseen by the Director of Finance, Marketing and Recruitment, who cross-references all changes to marketing materials held on the website, database and in written promotional materials which are sent to students.

3.7 The Provider provides all applicants with a comprehensive pack of detailed course information including application processes via email correspondence. Information days provide applicants with a taste of the student experience at the Provider, and applicants have commented positively on the information and advice given. On enrolment, students are provided with the Student Handbook together with information setting out expectations, and are routinely informed about developments within the Provider through VLE and email correspondence.

3.8 The information contained in the programme handbook and Programme Specifications is comprehensive and detailed and lists a wide range of information, including programme content, credit and module information. Most students considered that the

information provided is user friendly, up to date and timely. Information provided through the VLE was valued by students and staff.

3.9 The Provider has a policy for information management involving sign off by the Director of Finance, Marketing and Recruitment. However, the team were informed that the process was informal due to the flat structure of the Provider. It was unclear at the meetings with staff how routine review and sign off was undertaken, and senior staff confirmed that there was no documented approach to the management of information. The team therefore **recommends** that the Provider should develop a documented approach to information management that clearly articulates roles and responsibilities for ensuring all public information is fit for purpose, accessible and trustworthy.

3.10 Information is consistent and accessible, and there is an informal process in place to ensure that it is fit for purpose. However, the lack of a fully documented approach to information management and clear articulation of the systems to manage information is evident. While the Expectation is met, the level of associated risk is therefore regarded as moderate, due to the shortcomings in the rigour with which the process is applied.

Expectation: Met

Level of risk: Moderate

The quality of the information about learning opportunities: Summary of findings

3.11 In reaching its judgements about the quality of the information about student learning opportunities, the review team matched its findings against the criteria specified in Annex 2 of the published handbook.

3.12 The one Expectation in this judgement area is met, albeit with a moderate level of risk, due to the shortcomings in the rigour with which the process is applied. This is addressed by the recommendation that the Provider should develop a documented approach to information management that clearly articulates roles and responsibilities for ensuring all public information is fit for purpose, accessible and trustworthy.

3.13 There were no affirmations in relation to this Expectation, and no instances of good practice were highlighted.

3.14 The review team concludes that the quality of the information about learning opportunities at the provider **meets** UK expectations.

4 Judgement: The enhancement of student learning opportunities

Expectation (Enhancement): Deliberate steps are being taken at provider level to improve the quality of students' learning opportunities.

Findings

4.1 The Provider's approach to the enhancement of student learning opportunities makes use of qualitative feedback to improve physical and academic resources available to them. Enhancement of the organisational structure to develop the accessibility and extension of curriculum activity has been focused on by the senior management committee including the creation of specific posts. There has been investment from the management team in developing opportunities for staff and student research and engagement with employers.

4.2 The Provider's awareness of enhancement and approach to activities designed to support this would allow the Expectation to be met.

4.3 The review team met professional support staff, students, senior management and academic tutors to discuss the approach to enhancement. Documentation relating to enhancement activity was reviewed and further evidence relating to the oversight of enhancement activity at the Provider was considered.

4.4 Although strategic enhancement is not an overt part of the Provider's overview, the review team saw examples of its operation through the meetings and evidence provided. Regular module review and CPC Matters meetings are triangulated through the representative system at the CPC itself with senior staff providing opportunity for oversight of the successful impact of enhancement in the Provider. A diagram summarises how the Provider views their enhancement processes and this represents a positive attitude towards fulfilling these requirements.

4.5 Recent instances of enhancement include the appointment of a Placement Coordinator to provide a strategic oversight of the student placement experience. There has also been considerable investment in resources to systematically consider provision for learners with physical disability, including the planned appointment of a Disability Officer. Evidence was provided in relation to these improvements to demonstrate their role in the development of staff in the form of emails and administrative communications, for the benefit of students.

4.6 A further example of processes in place to support enhancement is the Provider's engagement with the BACP requirement for trainees to experience psychotherapy for children. The Provider gave evidence of their response to a successful workshop and engagement with placements focusing on the BACP requirement for trainee therapists and counsellors to work with young people. The manner in which the staff and students were engaged with to extend this regular activity into an institutional process demonstrated effective internal oversight of enhancement activity.

4.7 A Research Coordinator role supports the extension of independent study projects from both Level 6 and 7 courses through the organisation of a biannual conference and termly publication. There is opportunity for staff to engage in research activity that is presented at the research showcase on a biannual basis and organised by the Research Co-Coordinator. The Provider supports research-based practice and practice-based research in the staff and student approach. Presentations take place at the Showcase and all students are invited to attend this. Graduates are invited to extend their Independent

study project at Level 6 or 7 and take this into a deeper exploration. Students and staff noted that this was an inspirational event.

4.8 Staff are supported through CPD to engage in PhD studies, and publishing with reference to the activities of placement and training has occurred within the faculty as a result of this support. The Directors noted that they see students as consumers of research and the initiatives described reflect this approach, supporting the student's cumulative learning towards the independent study element of their training and equipping them to take this ethos into their graduate life. The publication of the Contact magazine offers an opportunity for staff and students to share their research findings and develop knowledge in partnership through the extension of their personal studies or staff interests.

4.9 The review team therefore recognise that the strategic and sustained extension of independent study into formal opportunities for research is **good practice**, which enhances student learning opportunities.

4.10 In view of the foregoing, the review team concludes that the Expectation is met and the associated level of risk is low.

Expectation: Met
Level of risk: Low

The enhancement of student learning opportunities: Summary of findings

4.11 In reaching its judgement about the enhancement of student learning opportunities, the review team matched its findings against the criteria specified in Annex 2 of the published handbook.

4.12 The review team identified good practice in relation to this Expectation, relating to the strategic and sustained extension of independent study into formal opportunities for research which enhances student learning opportunities. There were no recommendations in respect of this Expectation, and no affirmations identified.

4.13 The review team concludes that the enhancement of student learning opportunities at the provider **meets** UK expectations.

Glossary

This glossary is a quick-reference guide to terms in this report that may be unfamiliar to some readers. Definitions of key operational terms are also given on pages 21-24 of the [Higher Education Review \(Alternative Providers\) handbook](#).

If you require formal definitions of other terms please refer to the section on assuring standards and quality: www.qaa.ac.uk/assuring-standards-and-quality.

User-friendly explanations of a wide range of terms can be found in the longer Glossary on the QAA website: www.qaa.ac.uk/Pages/GlossaryEN.aspx.

Academic standards

The standards set by **degree-awarding bodies** for their courses (programmes and modules) and expected for their awards. See also **threshold academic standard**.

Award

A qualification, or academic credit, conferred in formal recognition that a student has achieved the intended **learning outcomes** and passed the assessments required to meet the academic standards set for a **programme** or unit of study.

Awarding organisation

An organisation authorised to award a particular qualification; an organisation recognised by Ofqual to award Ofqual-regulated qualifications.

Blended learning

Learning delivered by a number of different methods, usually including face-to-face and e-learning (see **technology enhanced or enabled learning**).

Credit(s)

A means of quantifying and recognising learning, used by most institutions that provide higher education **programmes of study**, expressed as numbers of credits at a specific level.

Degree-awarding body

A UK higher education provider (typically a university) with the power to award degrees, conferred by Royal Charter, or under Section 76 of the Further and Higher Education Act 1992, or under Section 48 of the Further and Higher Education (Scotland) Act 1992, or by Papal Bull, or, since 1999, granted by the Privy Council on advice from QAA (in response to applications for taught degree awarding powers, research degree awarding powers or university title).

Distance learning

A course of study that does not involve face-to-face contact between students and tutors but instead uses technology such as the internet, intranets, broadcast media, CD-ROM and video, or traditional methods of correspondence - learning 'at a distance'. See also **blended learning**.

Dual award or double award

The granting of separate awards (and certificates) for the same **programme** by two **degree-awarding bodies** who have jointly delivered the programme of study leading to them. See also **multiple award**.

e-learning

See technology enhanced or enabled learning.

Enhancement

The process by which higher education providers systematically improve the quality of provision and the ways in which students' learning is supported. It is used as a technical term in our review processes.

Expectations

Statements in the **Quality Code** that set out what all UK higher education providers expect of themselves and each other, and what the general public can therefore expect of them.

Flexible and distributed learning

A programme or module that does not require the student to attend classes or events at particular times and locations. See also **distance learning**.

Framework

A published formal structure. See also **framework for higher education qualifications**.

Framework for higher education qualifications

A published formal structure that identifies a hierarchy of national qualification levels and describes the general achievement expected of holders of the main qualification types at each level, thus assisting higher education providers in maintaining academic standards. QAA publishes the following frameworks: *The Framework for Higher Education Qualifications in England, Wales and Northern Ireland* (FHEQ) and *The Framework for Qualifications of Higher Education Institutions in Scotland* (FQHEIS).

Good practice

A process or way of working that, in the view of a QAA review team, makes a particularly positive contribution to a higher education provider's management of academic standards and the quality of its educational provision. It is used as a technical term in QAA's audit and review processes.

Learning opportunities

The provision made for students' learning, including planned study, teaching, assessment, academic and personal support, and resources (such as libraries and information systems, laboratories or studios).

Learning outcomes

What a learner is expected to know, understand and/or be able to demonstrate after completing a process of learning.

Multiple awards

An arrangement where three or more **degree-awarding bodies** together provide a single jointly delivered **programme** (or programmes) leading to a separate **award** (and separate certification) of each awarding body. The arrangement is the same as for **dual/double awards**, but with three or more awarding bodies being involved.

Operational definition

A formal definition of a term, establishing exactly what QAA means when using it in reviews and reports.

Programme (of study)

An approved course of study that provides a coherent learning experience and normally leads to a qualification.

Programme specifications

Published statements about the intended **learning outcomes** of programmes of study, containing information about teaching and learning methods, support and assessment methods, and how individual units relate to levels of achievement.

Quality Code

Short term for the UK Quality Code for Higher Education, which is the UK-wide set of **reference points** for higher education providers (agreed through consultation with the higher education community, and published by QAA), which states the **Expectations** that all providers are required to meet.

Reference points

Statements and other publications that establish criteria against which performance can be measured.

Self-evaluation document

A report submitted by a higher education provider, assessing its own performance, to be used as evidence in a QAA review.

Subject Benchmark Statement

A published statement that sets out what knowledge, understanding, abilities and skills are expected of those graduating in each of the main subject areas (mostly applying to bachelor's degrees), and explains what gives that particular discipline its coherence and identity.

Technology enhanced or enabled learning (or e-learning)

Learning that is delivered or supported through the use of technology.

Threshold academic standard

The minimum acceptable level of achievement that a student has to demonstrate to be eligible for an academic **award**. Threshold academic standards are set out in the national **frameworks** and **Subject Benchmark Statements**.

Virtual learning environment (VLE)

An intranet or password-only interactive website (also referred to as a platform or user interface) giving access to **learning opportunities** electronically. These might include such resources as course handbooks, information and reading lists; blogs, message boards and forums; recorded lectures; and/or facilities for online seminars (webinars).

Widening participation

Increasing the involvement in higher education of people from a wider range of backgrounds.

QAA1953 - R8343 - Sep 17

© The Quality Assurance Agency for Higher Education 2017
Southgate House, Southgate Street, Gloucester GL1 1UB
Registered charity numbers 1062746 and SC037786

Tel: 01452 557050
Website: www.qaa.ac.uk