



Aston University  
Matthew Boulton College of Further and Higher Education  
Birmingham and the Black Country Strategic Health Authority

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Major review of healthcare programmes



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## Major review of healthcare programmes

The Department of Health, in partnership with the Nursing and Midwifery Council, the Health Professions Council and the Strategic Health Authorities have contracted with the Quality Assurance Agency for Higher Education (QAA) to carry out reviews of all NHS-funded healthcare programmes in England during the period 2003-06.

QAA helps to provide public assurance that the quality and standards of higher education are being safeguarded and enhanced by conducting academic reviews of higher education provision.

### Major review

Major review is a peer review process. It starts when higher education institutions in partnership with their commissioning Strategic Health Authorities evaluate their provision in a self-evaluation document. This document is submitted to QAA for use by a team of academic and practitioner reviewers who gather evidence to enable them to report their judgements on the academic and practitioner standards and the quality of learning opportunities. Review activities include meeting academic and clinical staff and students, scrutinising students' assessed work, visiting practice learning environments, reading relevant documents, and examining learning resources.

Full details of the process of major review can be found in the Handbook for major review of healthcare programmes, 2003.

### Judgements

The range of judgements that reviewers may utilise when they have completed a major review are summarised below.

#### Academic and practitioner standards

Reviewers make one of the following judgements on standards:

- confidence, which may be expressed as
- limited confidence or
- no confidence.

To reach this judgement, reviewers look at:

- learning outcomes
- the curriculum
- student assessment and
- student achievement.

**Confidence** in academic and practitioner standards: a judgement that is made if reviewers are satisfied with current standards and with the prospect of those standards being maintained into the future. A judgement of limited confidence is made if standards are being achieved but the reviewers have doubts about the ability of the HEI and partner placement providers to maintain them into the future.

**No confidence** in academic and practitioner standards: a judgement that is made if arrangements are inadequate to enable standards to be achieved or demonstrated. If a failure to achieve standards has occurred in specific programme/s and/or mode/s and/or level/s only, and there is confidence in standards at other levels, the failing programme/s mode/s level/s will be identified separately.

### **Quality of learning opportunities**

Reviewers make one of the following judgements for each of three elements of learning opportunities:

- commendable
- approved or
- failing.

The three elements of quality of learning opportunities are:

- learning and teaching
- student progression and
- learning resources and their effective utilisation.

### **Maintenance and enhancement of standards and quality**

Reviewers also report the degree of confidence they have in the providers' ability to maintain and enhance quality and standards in the healthcare programmes under review.

**Commendable** - the provision contributes substantially to the achievement of the intended outcomes, with most elements demonstrating good practice

**Approved** - the provision enables the intended outcomes to be achieved, but improvement is needed to overcome weaknesses. The summary report will normally include a statement containing the phrase 'approved, but...', which will set out the areas where improvement is needed

**Failing** - the provision makes a less than adequate contribution to the achievement of the intended outcomes; significant improvement is required urgently if the provision is to become at least adequate.

## Summary of the main review outcomes

### Subject provision and overall aims

Programmes in audiology and podiatry at Aston University and Matthew Boulton College of Further and Higher Education in partnership with the Birmingham and the Black Country Strategic Health Authority (SHA) were reviewed in the academic year 2005-06. Judgements were made about the academic and practitioner standards achieved and the quality of the learning opportunities provided.

The review covered the following programmes:

Pre-registration

- BSc (Hons) Audiology (4 years, full-time)
- BSc (Hons) Podiatry (3 years, full-time).

### Academic and practitioner standards

Overall, the reviewers have confidence in the academic and practitioner standards achieved by the programmes in audiology and podiatry at Aston University and Matthew Boulton College of Further and Higher Education in partnership with the Birmingham and the Black Country SHA.

Strengths

- The intended learning outcomes (ILOs) for the BSc (Hons) degree in Audiology are shared, well understood and underpin learning and assessment on campus and in clinical placement (paragraph 6).
- Reflective practice is a positive feature of the clinical placement curriculum in audiology. It is thoroughly integrated and encouraged systematically throughout the programme (paragraph 12).
- Audiology teaching staff are actively involved in national initiatives, including the development of the on-line national logbook and the draft Subject benchmark statement for audiology, published by QAA. This, alongside their close involvement with service, helps to promote the professional preparation of students (paragraph 20).

Weaknesses

- Audiology staff recognise that service-user involvement in the development of the programme and its ILOs is limited (paragraph 5).
- Some clinical supervisors in audiology reported that there was insufficient clarity in the communication structure with the University. They do not always feel part of the communication loop, nor do they feel able to take advantage of the available opportunities for continuing professional development (paragraph 17).
- While the clinical educators in podiatry express confidence in the published intended learning outcomes, some are unaware of opportunities to contribute to them. They are similarly unclear about the formal mechanisms for feeding into the academic curricula and do not feel fully engaged in the assessment strategy or its development (paragraph 23).
- The podiatry assessment documentation seen by the reviewers is sometimes confusing and often inconsistent (paragraph 29).
- The reviewers' meetings with podiatry students revealed uncertainty about the assessment of clinical practice and its contribution to the year mark (paragraph 30).
- The assessed work for podiatry confirmed that marks in the higher bands are sometimes inflated (paragraph 31).
- The written feedback provided to podiatry students on their assessed work has been of variable quality and has sometimes been very late (paragraph 32).
- The interpretation of reflective podiatry practice as seen in the student work is not always challenging and is not consistent with current interpretation in the field. (paragraph 34).

## Quality of learning opportunities

### Learning and teaching

The quality of learning and teaching is approved.

#### Strengths

- Both programmes make effective use of information and communication technology (ICT) in support of learning, particularly the virtual learning environments (paragraph 37).
- It is clear that both programmes are effective in promoting the integration of theory and practice (paragraph 40).

#### Weaknesses

- There are a number of details in the allocation and operation of audiology clinical placements that combine to threaten their full learning potential (paragraph 38).
- In podiatry, the description in the podiatry course handbook and the content of student work lead the reviewers to conclude that reflective practice is being taught without a full understanding of its real purpose (paragraph 41).
- In podiatry, although students feel well informed, there are errors and inconsistencies in the materials produced to support learning (paragraph 44).

### Student progression

The quality of student progression is commendable.

#### Strengths

- New podiatry students are screened to establish additional learning support needs. This is clearly appropriate for the needs of the intake profile and is followed up with good college support (paragraph 47).
- Following the 45 per cent attrition in 2003-04, the Strategic Health Authority and the College initiated prompt and concerted action through the Podiatry Quality Group (paragraph 50).

#### Good practice

- Audiology students have initiated a 'buddy' scheme, in which new first-year students are paired with a second-year colleague who is able to offer guidance and support (paragraph 48).

#### Weakness

- The clinical staff met by the reviewers reported that they received insufficient formal feedback from the University and College, including the views of students (paragraph 49).

### Learning resources and their effective utilisation

The quality of learning resources and their effective utilisation is commendable.

#### Strengths

- The modern teaching facilities at Aston University and the adjacent new Matthew Boulton College Campus provide a good learning environment for both the healthcare programmes (paragraph 51).
- The internet-based virtual learning environments are being effectively developed within both institutions (paragraph 52).
- The College has responded to the learning needs of higher education podiatry students by creating a comfortable HE Centre, which is well furnished for quiet study and contains personal computers (paragraph 53).

### Maintenance and enhancement of standards and quality

#### Strength

- Regular and ongoing partnership links are fostered through two key groups, the interim Audiology Placement Quality Team and the Podiatry Quality Group (paragraph 60).

#### Weakness

- The documentation provided for the review was extremely variable in quality and not always helpful (paragraph 64).

## Introduction

1 This report presents the findings of a review of the academic and practitioner standards achieved, and the quality of the learning opportunities provided, in audiology and podiatry at Aston University and Matthew Boulton College of Further and Higher Education (Matthew Boulton College) in partnership with the Birmingham and the Black Country Strategic Health Authority (SHA). The Birmingham and the Black Country SHA commissions audiology and podiatry provision on behalf of the three West Midlands SHAs, the other two authorities being Shropshire and Staffordshire SHA and West Midlands South SHA. The review was completed during the academic year 2005-06.

## A Subject provision and overall aims

2 The review covered the following programmes:

Pre-registration

- BSc (Hons) Audiology (four years, full-time)
- BSc (Hons) Podiatry (three years, full-time).

3 The audiology programme was introduced in 2003. Its academic base is in the School of Life and Health Sciences on the main Aston University Campus. The podiatry degree is a long-established programme that has been validated by the University since 2003. Academically, it is based at Matthew Boulton College, within the Directorate of Healthcare, Medical and Vocational Science. The College has recently moved into new, purpose-built accommodation on the edge of the Aston University Campus, just a few minutes' walk from the School of Life and Health Sciences. For the academic year 2005-06, there were 181 pre-registration students, 78 in audiology and 103 in podiatry. Aston University and Matthew Boulton College are the sole providers of specialist provision in audiology and podiatry for the National Health Service (NHS) community across the West Midlands. The provision of clinical placements for students is spread over a

large geographical area, from Stoke-on-Trent in the north to Swindon in the south. It also ranges from Coventry in the east, as far west as Shrewsbury.

4 The main aims of the programmes are, in summary, as follows. Both programmes share the following themes:

- to provide practitioners who are fit for purpose and who are responsive and challenge current practice
- to promote lifelong learning and develop transferable skills
- to widen access and embrace diversity
- to promote evidence-based practice
- to meet the relevant professional statutory and regulatory body requirements
- to be active partners in a rigorous process of quality assurance and enhancement.

Each of the programme-specific aims is outlined below:

### Audiology

- to produce graduates who meet the National Occupational Standards for Audiology, and who are eligible for professional registration to work within the audiological services of the NHS in the UK
- to produce graduates who can bring qualities of critical judgment and reasoning to their chosen occupation, and who are capable of applying both academic and clinical audiological knowledge
- to provide students with an intellectually-rigorous and up-to-date education in audiology that will help to achieve their personal, academic, and professional goals
- to provide an environment where staff research and clinical activity inspire and inform student learning
- to allow students to pursue individual interests through choices of dissertation and clinical project in their final year
- to produce a programme that responds

to the needs of able mature students, those with non-traditional entry qualifications and students with good GCE A-Levels

### **Podiatry**

- to develop a professional identity in students, which will facilitate their evolution into an autonomous practitioner and an active participant within multidisciplinary team practice
- to develop theoretical knowledge and skills of assessment, planning, implementation and evaluation with respect to podiatric care
- to develop core skills, which will underpin the practice of podiatry and provide a foundation upon which the practitioner can develop new competencies
- to develop theoretical understanding of and skills in research to enable the student to both appreciate clinical research and audit and appreciate outcomes
- to encourage students to develop into reflective practitioners, able to engage in the systematic and specific analysis of professional practice
- to develop a practitioner with the ability to integrate psychological, scientific and medical perspectives into the assessment and treatment of a range of patient and client groups across the life span
- to provide a qualification leading to Health Professions Council (HPC) registration and membership of the Professional Body
- to develop the skill requirements for the 10 Key Roles for Allied Health Care Professionals in keeping with the NHS Plan.

## **B Academic and practitioner standards**

### **B1 Audiology**

#### **Intended learning outcomes**

5 The development of intended learning outcomes (ILOs) for the audiology degree

has taken proper account of relevant external references, including the Academic Infrastructure, published by the QAA. Reference has been made to the draft Subject benchmark statement, The framework for higher education qualifications in England, Wales and Northern Ireland (FHEQ), the draft National Occupational Standards for Audiology and the Registration Council for Clinical Physiologists Accreditation document. Some of the clinical staff in the University are also senior members of the local clinical community, which helps to promote a health service input into the ongoing development of the programme ILOs. Not all of the clinical placement staff met by the reviewers were aware of how they might make an input to the development of audiology ILOs, or whether their contribution would be welcomed. Audiology staff recognise that service-user involvement in the development of the programme and its ILOs is limited. In plans to address this, they intend to draw upon the experience of podiatry colleagues, who are currently in the process of implementing a new strategy. The module specifications, with their associated ILOs, are reviewed annually by the module leaders. This offers an opportunity to revise them, taking account of feedback from students, as well as academic and clinical staff.

6 The ILOs for the BSc (Hons) Audiology are shared, well understood and underpin learning and assessment on-campus and in clinical placement. The students met by the reviewers were aware of the ILOs and their purpose. The outcomes are clearly articulated in the programme specification. At the level of modules, they are also detailed in the module specifications, the course handbook and electronically through the virtual learning environment (VLE). Students attach particular importance to the VLE for the flexibility it gives them to access the information on and off-campus.

#### **Curricula**

7 The pre-registration BSc (Hons) Audiology was only introduced in 2003. The programme has been developed in line with

timescales set out by the National Audiology Pilot Programme and the curriculum was agreed by the Department of Health and approved through the University's quality and standards mechanisms. The curriculum has been developed and is being refined to reflect the draft Subject benchmark statement for audiology, published by QAA. This process is helped by the fact that staff have participated in the development of the subject benchmark statement. The programme has been submitted for professional accreditation to the Registration Council for Clinical Physiologists (RCCP). An accreditation visit by the British Academy for Audiology, on behalf of the RCCP, was scheduled to take place shortly after the Major review. Clinical placement staff have the opportunity to feed into the development of academic and clinical curricula, mainly through the vehicle of regular joint meetings.

8 The curriculum is designed to provide academic and clinical progression. The content reflects the published ILOs, which have been formally mapped onto the curriculum. The campus-based audiology teaching staff have a strong profile of research publications and scholarly activity, appropriate to the curriculum. Level 3 audiology modules offer opportunities for in-depth specialist study, reflecting areas of staff research and clinical expertise. This is evident, for example, in the module Paediatric Audiology II. Clinical staff bring currency to the programme through their extensive clinical expertise and professional insight.

9 The curriculum provides structured opportunities for placement learning in all four years of the programme. The requirements are progressively more demanding. They begin with opportunities for observation in year one, with the main experience occurring in year three, where the whole year is spent on placement within the Health Service.

10 Formal, structured interprofessional learning (IPL) across campus and practice is at an early stage of development. This point is acknowledged in the self-evaluation document (SED). The School of Life and Health Sciences Teaching Committee has recently agreed to consider IPL across its

range of health-related subjects. The professional practice and placement modules ensure that students have an interprofessional perspective on patient care and the practitioner's role. They also provide for an appreciation of the role of audiology within a changing NHS.

11 The integration of theory and practice is claimed as a strength of the provision, and confirmation of this can be found in the design of the programme. Curricular opportunities for integration are clearly evident in the clinical skills and professional studies modules delivered on campus. They are also well articulated in the documentation for student placement learning. The students met by the reviewers were able to verify the effectiveness of the curriculum in developing awareness of the interrelatedness of theory and practice and promoting integration.

12 Reflective practice is a positive feature of the clinical placement curriculum in audiology. It is thoroughly integrated and encouraged systematically throughout the programme. The written reports produced by students offer confirmation of the success of the curriculum in promoting reflection and a patient focus.

### **Assessment**

13 The assessment scheme for the programme meets the requirements of the RCCP, as well as those of the University. It matches or is equivalent in effect to the precepts of the Code of practice for the assurance of academic quality and standards in higher education (Code of practice), Section 6: Assessment of students, published by QAA. A wide range of formative and summative assessment tools is used, appropriate for the curriculum and for measuring the achievement of the ILOs. The approaches include examinations, essays, laboratory reports, reflective practice and the national logbook. Students must complete the logbook successfully to be awarded the degree. Students are given clear information about the assessment procedures and requirements, helped by the assessment details for all modules being accessible through the VLE.

14 Placement supervisors and clinical, practice-based assessors are suitably trained for their assessment role. They are well supported by university staff, who act as moderators for clinical practice assessments. The SED acknowledges that there are challenges arising from the fact that parts of the programme are taught and assessed by sessional or part-time staff. To address this and encourage consistency and integrity in assessment, all examination scripts and continuous assessment coursework are moderated.

15 The reviewers looked at a sample of assessed student work from the first and second years of the programme. The work confirms the view of external examiners that the assessment arrangements are appropriate for testing the achievement of the ILOs. The sample also provided verification that marking is undertaken consistently and reflects the set assessment criteria. At this early stage of the programme, the available evidence broadly supports the assertion that marking schemes and assessment criteria are rigorous. However, there were occasional uncorrected errors in the work, including a first-year laboratory report.

16 On the evidence of a sample of assessed student work, the quality of the written feedback is variable. The most useful feedback is structured, detailed and constructive. It provides a clear indication of achievement against the ILOs and allows students to identify ways of improving future performance. The SED accepts that the written feedback on some work has not always been timely. Action has been taken to improve timeliness and students now express general satisfaction with the quality and timing of feedback. Following reported difficulties with tight assignment schedules, staff have responded to these student concerns by increasing the interval between assignments.

17 The reviewers visited a range of clinical placement settings, where they met placement supervisors and assessors. Generally, these staff are clear about their assessment responsibilities and provide a high level of support for the students'

clinical learning experience. However, some clinical supervisors in audiology reported that there was insufficient clarity in the communication structure with the University. They do not always feel part of the communication loop, nor do they feel able to take advantage of the available opportunities for continuing professional development (CPD). At this stage of the programme's development, these communication lapses have not caused significant problems but, unless addressed, they have the potential to do so.

### **Student achievement**

18 Although no students have yet graduated from the BSc (Hons) Audiology programme, there is evidence from a number of sources to indicate that emerging academic and practitioner standards are appropriate. These include statistical data in the form of the results of module assessments and end-of-year examination boards, all of which indicate a satisfactory profile of achievement. The reports of external examiners offer support for the standards being achieved during the first two years of the programme. Further support for the emerging clinical standards comes in the form of positive feedback in reports from clinical placement centres. Clinical supervisors offered additional verification in meetings with the reviewers during visits to placements. There is a close working relationship between academic and clinical staff, ensuring student achievement is in line with professional body expectations and the draft Subject benchmark statement.

19 The sample of first and second-year student work provided for the reviewers included laboratory reports, reflective clinical practice, essays and examination scripts. The work indicates a spread of ability and achievement. It also offers verification that knowledge and skills are being progressively developed year on year. In particular, there is evidence of an increase in students' ability to relate theory to practice, use evidenced-based judgements and apply critical thinking in the application of knowledge. Students who achieve a Pass

mark or better are clearly achieving the ILOs for the modules, both academic and clinical. The work offers assurance that emergent standards are appropriate to level and thus indicate fitness for the award as defined by the FHEQ. The student work so far completed offers an early indication that students are likely to be fit for purpose and, by the time of their graduation, fit for practice.

20 Audiology teaching staff are actively involved in national initiatives, including the development of the on-line national logbook and the draft Subject benchmark statement. This, alongside their close involvement with service, helps to promote the professional preparation of students. In addition, the use of the national logbook for clinical placement will ensure that professionally agreed ILOs are tested.

21 The newness of the programme means that there are no data yet available on final awards or employment. The aggregate completion rate for the first two cohorts over years one and two is, at almost 90 per cent, in line with other recently introduced honours degrees nationally. The employment prospects for graduates are good, with local NHS Trusts being keen to employ Aston University graduates. Discussions during visits to clinical placements confirmed that there is a major shortage of audiology professionals within the NHS locally.

## Summary of academic and practitioner standards for audiology

**Overall, the reviewers have confidence in the academic and practitioner standards achieved by the programme in Audiology at Aston University in partnership with the Birmingham and the Black Country SHA.**

### Strengths

- The intended learning outcomes (ILOs) for the BSc (Hons) degree in Audiology are shared, well understood and underpin learning and assessment on-campus and in clinical placement (paragraph 6).

- Reflective practice is a positive feature of the clinical placement curriculum in Audiology. It is thoroughly integrated and encouraged systematically throughout the programme (paragraph 12).
- Audiology teaching staff are actively involved in national initiatives, including the development of the on-line national logbook and the draft Subject benchmark statement for audiology, published by QAA. This, alongside their close involvement with service, helps to promote the professional preparation of students (paragraph 20).

### Weaknesses

- Audiology staff recognise that service-user involvement in the development of the programme and its ILOs is limited (paragraph 5).
- Some clinical supervisors in audiology reported that there was insufficient clarity in the communication structure with the University. They do not always feel part of the communication loop, nor do they feel able to take advantage of the available opportunities for continuing professional development (paragraph 17).

## B2 Podiatry

### Intended learning outcomes

22 The ILOs for the podiatry degree are appropriate for the published aims and have been developed with due attention to relevant external academic and professional reference points. The outcomes are informed by the Academic Infrastructure, including the Subject benchmark statement for podiatry, published by QAA, and the FHEQ. They also reflect the requirements of the HPC and the Society of Chiropodists and Podiatrists (SoCP). The influence of the service comes largely through those clinical staff contributing to the programme, who are also senior members of the local clinical community. It is acknowledged in the SED that there has been limited involvement of service users/patients in the development of the programme and its ILOs. To address this, podiatry has recently published a

service-user involvement strategy, which offers an appropriate plan for engaging with service users in the future. The module specifications, including the ILOs, are reviewed annually by module leaders, who draw upon feedback from academic staff, clinical staff and students.

23 The ILOs are listed in the programme specification and are detailed in each module specification. ILOs are also published on the College's VLE. The expectations of the Subject benchmark statement have been mapped against the podiatry programme specification. The thoroughness and effectiveness of these processes is partly undermined by inconsistencies and a lack of clarity in some areas of programme documentation. This is evident, for example, in different versions of the ILOs between documents, and some of the outcomes being described as objectives. In meetings with the reviewers, staff and students offered some reassurance that, despite the inconsistencies, the ILOs are generally understood and are used to inform learning and teaching across the programme. This view was further reinforced in meetings with clinical educators on visits to clinical placements. While the clinical educators in podiatry express confidence in the published ILOs, some are unaware of opportunities to contribute to them. They are similarly unclear about the formal mechanisms for feeding into the academic curriculum and do not feel fully engaged in the assessment strategy or its development.

## Curricula

24 The pre-registration BSc (Hons) in Podiatry was revalidated by Aston University in March 2005 for a start in September 2005. The revised programme does not constitute a major change from that which preceded it. Successful completion of the award makes graduates eligible for professional registration by the HPC. The development of the podiatry curriculum is coordinated by the Head of School through course team meetings, which include campus and clinical staff. An ongoing contribution from service is facilitated by

the involvement of clinical staff, who are senior members of local podiatry provision within the NHS. The clinical educators met by the reviewers confirmed that they work cooperatively with their supportive campus colleagues. Generally, however, they are not clear about the mechanisms for making a formal contribution to the academic elements of the curriculum. Student feedback is taken into account as part of the curricular development process.

25 The curriculum is designed to allow the published ILOs to be achieved. It promotes the integration of theory and practice, as asserted in the SED. There is clear progression in academic and clinical demands throughout the three years of the programme. Clinical Studies modules in each year include placements in clinical environments. The clinical placements are organised to ensure relevant professional preparation. They offer a pre-placement experience within the modern college clinic in year one, leading to a range of clinical placements and visits in years two and three, mostly in the NHS. The value of the clinical placements, which help to establish the patient at the centre of the student experience, is strongly endorsed by students and clinical educators. There is some opportunity in year three to develop specialist areas of interest, for example in diabetes and podiatric surgery. Procedures for the audit of clinical placements are currently underdeveloped, although staff are in the process of introducing the model used in audiology.

26 The clinical relevance and the currency of the podiatry curriculum are promoted by the fact that most campus staff retain clinical roles with local NHS Trusts. However, the podiatry staff have limited opportunities for undertaking research and scholarly activity to inform the curriculum. There are now opportunities for collaboration with the University's School of Life and Health, although as yet there are few tangible outcomes. The lack of a formal strategy for podiatry staff development, identified in the validation of March 2005, is unhelpful for ensuring that the curriculum is underpinned by current subject knowledge and developments.

27 The SED recognises the need to expand IPL in a more structured way in the campus and clinical placement environments. In a meeting with the reviewers, a representative of the SHA confirmed the position of all partners. This is the wish to reflect on alternative approaches to IPL, with a view to ensuring effective long-term implementation. At present, the academic curriculum includes some opportunities for work with audiology students through common modules. Matthew Boulton College has now drafted a strategy for interprofessional teaching and learning for podiatry students. Clinical placements provide interprofessional approaches to patient care, as well as an appreciation of the role of podiatry within a changing NHS.

### Assessment

28 The assessment arrangements for podiatry comply with the requirements of the HPC and SoCP, as well as the regulations of Matthew Boulton College and Aston University. In most key respects they reflect the expectations of the precepts of the Code of practice, Section 6: Assessment of students, published by QAA. The programme makes use of a wide range of tools, both formative and summative. These are well matched to the ILOs, curricular content and to the teaching of the discipline. The range includes examinations, case-studies, clinical logbooks, poster presentations and essays. Overall, the assessment arrangements for podiatry are appropriately designed to measure the achievement of the ILOs. They are progressively more challenging through the years of the programme and reflect the commitment to integrate theory and practice. External examiners have expressed general satisfaction with the conduct of assessments and with the marks awarded.

29 There are, however, a number of shortcomings that, if not addressed, have the potential to threaten the integrity and rigour of the assessment process. The podiatry assessment documentation seen by the reviewers is sometimes confusing and often inconsistent. The inconsistencies

cannot be wholly explained by the two sets of documents currently in circulation following the 2005 revalidation. There are variations in the information contained in the course handbook, student handbook and module specifications. For example, there appear to be two different assessment schedules for the first-year Anatomy module.

30 Practice learning is assessed through the competencies logbook and practical clinical examinations. Students and staff verify that these assessments are generally consistent and fair, but there are issues to be addressed. For example, the learning outcomes being assessed in practice environments by clinical assessors do not fully align with those in the Clinical Studies module specifications. Although there has been a widely acknowledged improvement in the communication between the College and clinical educators, some difficulties remain. Clinical educators value the training and support given by Matthew Boulton College and are clear about their role in the assessment process. However, they do not feel fully engaged in the assessment strategy or its development. The reviewers' meetings with podiatry students revealed uncertainty about the assessment of clinical practice and its contribution to the year mark.

31 The reviewers scrutinised a diverse sample of student work from across all years of the programme. The assessed work for podiatry confirmed that marks in the higher bands are sometimes inflated, for example in clinical studies logbooks, indicating that the procedures and assessment criteria are not always being applied rigorously. In the 2004-05 third-year cohort, 22 of the 26 students achieved marks equivalent to First class honours in the Pathology 3 module. The most recent cohort to complete the first-year Methods of Enquiry module all scored a mark of 100 per cent in one part of the assessment. This is appropriate in itself, given that marks are awarded for the achievement of specific competency standards or for the accreditation of prior experiential learning. However, when computed into other assessments, it has the potential to falsely inflate the overall year

mark. The sample of work offered evidence of clearly documented second-marking and moderation.

32 The written feedback provided to podiatry students on their assessed work has been of variable quality and has sometimes been very late. Students report that staff are very responsive when asked for feedback comments but that, on occasions, the written feedback has been too late to be helpful. In response to these recent past difficulties, a new assignment protocol and common feedback sheet have been introduced. This welcome initiative defines a minimum level of feedback and requires that staff comments are related directly to learning outcomes. Some of the most recent work in the sample provided for the reviewers shows feedback that is clear, constructive and structured to indicate how the overall mark has been allocated.

33 There is a clear procedure for the late submission of coursework, which is implemented through the course team and Head of Department. Decisions are made within the agreed procedures at department level and the examination board is advised.

### **Student achievement**

34 The assessed student work made available for the review offered evidence that successful students are achieving the ILOs and are producing work of an appropriate standard for the award. Despite reservations about some inflationary marking, the reviewers are able to verify that those who successfully complete the pre-registration degree are fit for award. The reports of external examiners offer support for the standards being achieved by graduating podiatry students and noted overall improvements. During 2005, there has been a strengthening of skills in reflection and self-assessment. However, the interpretation of reflective podiatry practice as seen in the student work is not always challenging and is not consistent with current interpretation in the field. The reviewers observed an exception in a placement environment, at Wolverhampton City PCT, where an excellent local initiative

offers an example of how reflective practice might be implemented more effectively.

35 For those students who successfully complete the programme, the achievements of podiatry students are wholly appropriate in respect of the profile of degree classifications. Table 1 shows that, for the past three completing cohorts, 58 per cent gained a First or Upper Second class degree. Over the same period, about 65 per cent of first-year recruits successfully completed the three years. For the cohort completing in 2005, 23 per cent achieved a First class award.

36 As can be seen from Table 2, graduates from the BSc (Hons) degree in podiatry are successful in progressing to employment. Over the last three years, some 87 per cent of podiatry graduates are employed locally within the NHS. Some students take up appointments in the location of their clinical placement. It is clear from the reports of clinical educators and podiatry managers in local NHS Trusts that graduates are meeting service needs. They express confidence in the graduates of the podiatry programme being fit for purpose and practice. Graduates are meeting the expectations of the Subject benchmark statement for podiatry and are achieving registration as professional podiatrists.

**Table 1: Completion and achievement statistics for award-bearing programmes in podiatry**

Programme (Award-bearing only)	Cohort (Each of the last three cohorts)	Degree classification											
		1		2i		2ii		3		F			
		No	%	No	%	No	%	No	%	No	%		
BSc (Hons) Podiatry	2001-02	3	9	13	40	14	42	1	3	2	6		
BSc (Hons) Podiatry	2002-03	8	32	11	44	5	20	0	0	1	4		
BSc (Hons) Podiatry	2003-04	3	11	13	45	11	38	1	3	1	3		
BSc (Hons) Podiatry	2004-05	6	26	14	60	3	13	0	0	*			

\*Note: 3 students from 2004-05 will resit their clinical studies module in December 2005 following the July 2005 exam board

**Table 2: Employment statistics for all pre-registration programmes and exception reporting only for post-registration/post-qualification programmes in podiatry**

Programme	Further study		Local employers		Employers elsewhere		Unemployed		Other*	
	No	%	No	%	No	%	No	% <sup>1</sup>	No	%
BSc (Hons) Podiatry 2001-02	1	4	28	90					2	6
BSc Hons Podiatry 2002/2003	0	0	21	88					3	12
BSc (Hons) Podiatry 2003-04	1	4	25	89					2	7

\*Note: 'Other' reflects graduates taking a gap year or taking up other careers such as sales and marketing

## Summary of academic and practitioner standards for podiatry

**Overall, the reviewers have confidence in the academic and practitioner standards achieved by the programme in Podiatry at Aston University and Matthew Boulton College of Further and Higher Education in partnership with the Birmingham and the Black Country SHA.**

### Weaknesses

- While the clinical educators in podiatry express confidence in the published intended learning outcomes, some are unaware of opportunities to contribute to them. They are similarly unclear about the formal mechanisms for feeding into the academic curriculum and do not feel fully engaged in the assessment strategy or its development (paragraph 23).
- The podiatry assessment documentation seen by the reviewers is sometimes confusing and often inconsistent (paragraph 29).
- The reviewers' meetings with podiatry students revealed uncertainty about the assessment of clinical practice and its contribution to the year mark (paragraph 30).
- The assessed work for podiatry confirmed that marks in the higher bands are sometimes inflated (paragraph 31).
- The written feedback provided to podiatry students on their assessed work has been of variable quality and has sometimes been very late (paragraph 32).
- The interpretation of reflective podiatry practice as seen in the student work is not always challenging and is not consistent with current interpretation in the field. (paragraph 34).

## C Quality of learning opportunities

### Learning and teaching

37 Learning and teaching activities across the provision have been designed with the intention of enabling students to achieve the ILOs at module and programme levels. The University's Learning and Teaching Strategy underpins the diverse range of activities, which are subject to the scrutiny of the Faculty and School Programme Approval Committee. It is the responsibility of the Programme Director for Audiology and the Head of School for Podiatry to monitor learning and teaching methods. Both programmes use a range of learning and teaching approaches that are suitable for the ILOs and the curricular content. The approaches include lectures, seminars, tutorials, clinical skills laboratory classes, clinical demonstrations and projects, problem-based tasks and self-reflection. Student feedback on learning and teaching is collected routinely on both programmes. The feedback from students, as well as from clinical assessors and supervisors, offers general reassurance about the quality of teaching in campus and placement environments. Both programmes make effective use of information and communication technology (ICT) in support of learning, particularly the VLEs.

38 The students met by the reviewers were keen to confirm the value of their learning within the clinical placement environments. However, there are a number of details in the allocation and operation of audiology clinical placements that combine to threaten their full learning potential. The current model for the allocation placements runs the risk of limiting the range and quality of learning experience for students. The interviewing procedure can result in a pseudo-competitive situation in which some students return in successive years to the same placements. As a consequence, others might find themselves locked into a sequence of inappropriate placements. In two of the audiology placements visited by the reviewers, there was insufficient teaching expertise to ensure that practice

ILOs are fully met. In podiatry, the allocation of placements works well overall. However, students feel that they receive insufficient information on the characteristics of the placements and the host Trusts to make a fully informed choice and thus maximise the learning potential. Both programmes have appropriate mechanisms for addressing difficulties and complaints during periods of clinical placements.

39 Students on both programmes are provided with good learning opportunities for skills development prior to their clinical placements within NHS Trusts. These draw upon the modern, simulated clinical environments in the University and Matthew Boulton College. This is an effective way of developing important clinical skills in a safe environment.

40 It is clear that both programmes are effective in promoting the integration of theory and practice, as claimed in the SED. In audiology, students are able to create individual learning contracts to meet their particular needs in the practice environment. The learning outcomes are signed off, once achieved, by clinical supervisors.

41 The SED asserts that reflective practice is used as a teaching method to maintain patient focus. This claim is clearly justified in audiology, where reflection is undertaken in a systematic and structured way. In podiatry, the description in the podiatry course handbook and the content of student work lead the reviewers to conclude that reflective practice is being taught without a full understanding of its real purpose. Generally, it is used descriptively and lacks the analytical content needed to be effective. In some placement environments, local initiatives in the use of reflective practice offer a model for wider dissemination within the programme. Currently, these initiatives have been introduced outside of the formally documented approach to curricular delivery.

42 The reviewers are able to verify the importance attached to the professional development of staff in support of teaching. This is evident in both institutions, with all

new staff being required to undertake a teaching qualification. The SED recognises the need to ensure that teaching and learning are informed by scholarly work and an evidence base. In audiology, there is a clear correlation between the profile of staff research and scholarly activity and the needs of curricular delivery. The podiatry staff are well informed in respect of clinical practice, but have limited opportunities for undertaking research and scholarly activity. They do not claim to engage in empirical research. Overall, it is not clear how research and scholarly activity are contributing directly to the curriculum and its teaching.

43 Formal structured IPL across the campus, and practice, is at an early stage of development. This point is acknowledged in the SED. Clinical placements offer regular but informal opportunities for learning from and with other health professionals. On campus, while audiology and podiatry students share some modules, strategies are still being developed for the introduction of systematic IPL activities.

44 Generally, students receive clear information in support of their learning. In audiology, staff produce a range of accurate documentation and materials for campus and clinical, practice-based learning. In podiatry, although students feel well informed, there are errors and inconsistencies in the materials produced to support learning. This is evident in the variations between the course handbook, student handbook and module specifications. These could lead to confusion among students about what is required of them in respect of their learning. In addition, the module reading lists for podiatry have not been updated to include the most recent relevant books, even those held by the library.

**The quality of learning and teaching is approved.**

Strengths

- Both programmes make effective use of information and communication technology in support of learning,

particularly the virtual learning environments (paragraph 37).

- It is clear that both programmes are effective in promoting the integration of theory and practice (paragraph 40).

#### Weaknesses

- There are a number of details in the allocation and operation of audiology clinical placements that combine to threaten their full learning potential (paragraph 38).
- In podiatry, the description in the podiatry course handbook and the content of student work lead the reviewers to conclude that reflective practice is being taught without a full understanding of its real purpose (paragraph 41).
- In podiatry, although students feel well informed, there are errors and inconsistencies in the materials produced to support learning (paragraph 44).

#### Student progression

45 Recruitment to both of the pre-registration degree programmes is currently buoyant. Audiology commissions are based on national agreements. Those for podiatry are based on historical levels, increased in response to NHS expansion plans. Both degrees operate clearly defined and appropriate admission processes that are in accord with the precepts of the Code of practice, Section 10: Recruitment and admissions, published by QAA. Entry to the BA (Hons) Audiology degree is based upon the academic qualifications profile of applicants. Those with non-traditional qualifications are interviewed, although few have so far been attracted. All podiatry applicants are now interviewed by the Head of Department. It is recognised in the SED that there would be advantage in involving service users formally in the admissions process.

46 The information provided for prospective students through printed literature is generally clear, particularly that for audiology. A range of conventional recruitment activities is used to attract applicants, including Universities and

Colleges Admissions Service, school visits and recruitment fairs. Both programmes are sensitive to the widening access policies of Aston University and Matthew Boulton College. Podiatry has been particularly successful in attracting non-traditional entrants, using more innovative approaches. These have been community-based, including advertising on local radio. In the most recent cohort, about 60 per cent of students were over 30 years old on entry. Nearly 65 per cent had qualifications other than GCE A-Levels and 38 per cent were recruited from Access programmes, many of them Access to health. The large majority of podiatry students, some 87 per cent, is female.

47 All students on each programme follow a formal induction process, which includes programme, subject-specific and institutional elements. Generally, the induction is well received by students. New podiatry students are screened to establish additional learning support needs. This is clearly appropriate for the needs of the intake profile and is followed up with good college support in areas including dyslexia, literacy and numeracy.

48 There is a clear strategy for student support on campus, which is based on a system of named personal tutors. Students report that they have access to the academic advice and support they need. The tutorial system in podiatry has recently been reviewed to include more individual support, with target setting to help students with the management of their studies. The change has been received well by students. Audiology students have initiated a 'buddy' scheme, in which new first-year students are paired with a second-year colleague who is able to offer guidance and support. The students met by the reviewers confirmed that the scheme is proving valuable to both partners in the 'buddy' pairings. In its efforts to improve retention, the podiatry programme has been responsive to the special circumstances of mature access students. A range of actions has been taken, including the introduction of a later start to the working day, to support parents with childcare arrangements.

49 The support for students on clinical placements is generally good. Students confirm the effectiveness of the arrangements, including the work of clinical supervisors and educators. They are encouraged to make contact with their personal or year tutor should they encounter difficulties. The Clinical Practice Coordinator makes routine visits to the clinical placement environments and provides additional support when needed. The clinical supervisors and educators in Trusts confirm the general effectiveness of communication with the academic institutions. The clinical staff met by the reviewers also reported that they received insufficient formal feedback from the University and College, including the views of students.

50 As can be seen from Table 3, the progression rate for audiology is satisfactory for the first two cohorts, with attrition at 11 per cent. In podiatry, the attrition rate to date for the last three cohorts is 35 per cent. This is in line with national figures and is satisfactory, given the intake profile. Virtually all of the losses have been in the first year of study. Following the 45 per cent attrition in 2003-04, the SHA and the College initiated prompt and concerted action through the Podiatry Quality Group. Following a survey to establish the reasons for student withdrawals, the interview process has been reviewed and now includes explicit coverage of the clinical demands of the programme. Students without clinical awareness are now required to spend time in a clinical podiatry environment before starting the programme. The programme is now oversubscribed, which should allow more rigour in the selection of candidates and thus improve their suitability for the programme.

**Table 3: Recruitment and attrition statistics for pre-registration and recordable qualifications**

Award title	Recruited number	Withdrawal		Transfer in		Transfer out		Discontinuation	
		No.	%	No.	%	No.	%	No.	%
BSc (Hons) Audiology Sept 2003	26	2	8			1	4	1	4
Sept 2004	29	2	7						
Sept 2005	29								
BSc (Hons) Podiatry 2002-05	37	12	32	2	6	1	3		
2003-06	42	19	45	0	0	0	0		
2004-07	47	13	28	0	0	1	2		

**The quality of student progression is commendable.**

**Strengths**

- New podiatry students are screened to establish additional learning support needs. This is clearly appropriate for the needs of the intake profile and is followed up with good college support (paragraph 47).
- Following the 45 per cent attrition in 2003-04, the SHA and the College initiated prompt and concerted action through the Podiatry Quality Group (paragraph 50).

**Good practice**

- Audiology students have initiated a 'buddy' scheme, in which new first-year students are paired with a second-year colleague who is able to offer guidance and support (paragraph 48).

**Weakness**

- The clinical staff met by the reviewers reported that they received insufficient formal feedback from the University and College, including the views of students (paragraph 49).

**Learning resources and their effective utilisation**

51 The modern teaching facilities at Aston University and the adjacent new Matthew Boulton College Campus provide a good learning environment for both the healthcare programmes. Recent major investment has provided both areas with new clinical facilities that are well suited to the needs and learning outcomes of the programmes. The clinical facilities on-campus provide excellent opportunities for skills development within simulated clinical environments. Funding has involved good collaboration by the SHA with the University and the College. It has provided audiology with a dedicated clinical skills area, including a clinical laboratory equipped with state-of-the-art audiometric equipment, and test booths for student teaching and practice. The BA (Hons) Podiatry degree has new, purpose-built and equipped clinics, with a range of diagnostic equipment and an operating theatre. The College's podiatry clinics offer students the opportunity to work with patients. General teaching facilities for both programmes are fit for purpose. The new teaching rooms at the College have high-quality, modern teaching aids, including data projectors and interactive whiteboards.

52 The internet-based VLEs are being effectively developed within both institutions. In audiology, comprehensive information is available through the University's VLE for the programme and all the modules. Students make extensive use of the service and value the flexibility it provides, on and off-campus, including at many placement locations. At Matthew Boulton College, the use of the VLE is less widely embedded on the BA (Hons) Podiatry degree. However, there are more innovative developments within some specific modules. For example, video clips and internet-based clinical quizzes have been introduced as part of an ambitious laboratory simulation in physiology. The effectiveness of the electronic resources is helped by the fact that students have good access to campus computing facilities.

53 The University's book and periodical collections for audiology are well matched to the needs of the curriculum and the students. This has been helped by recent investment in additional specialist audiology books. The library has extensive opening hours. At Matthew Boulton College, the new library offers a welcoming environment, but students report that it does not always provide a suitable working environment. Weekend opening is limited to Saturday mornings. The library provides good access to on-line specialist podiatry journals. It is surprising that printed copies of past journals, which provide important student reference works, are not being bound for protection against wear. The College has responded to the learning needs of higher education podiatry students by creating a comfortable HE Centre, which is well furnished for quiet study and contains PCs. Students are enthusiastic about the Centre, which is located near the college library. In a welcome development during the review, it was confirmed that Matthew Boulton College had negotiated full lending rights for podiatry students at the Aston University library.

54 Overall, the programmes have access to a suitable range and number of clinical placement sites. There have been difficulties in ensuring a sufficient number of audiology placements to meet the full range of

professional and regulatory student competencies, but this is being addressed. In podiatry, the more distant placements are rotated between students to try and ensure equity of opportunity. Many heads of podiatry services have met with senior podiatry staff to indicate their expectations of students coming on placement. Both institutions are working with service partners to increase placement capacity to meet increasing demand.

55 The main responsibility for ensuring and maintaining the quality of placement learning lies with the Audiology Placement Quality Team and the Podiatry Quality Group. Both groups include members from the relevant academic institution, the SHA and the placement-providing Trusts. A system of audit for ensuring the suitability of clinical placements is established in audiology. A commitment has now been made to introduce the same model for podiatry. The arrangements for and operation of clinical placements are in accord with the Code of practice, Section 9: Placement learning, published by QAA, although the audit of podiatry placements has yet to be fully implemented.

56 On the evidence of the reviewers' visits to clinical environments, the learning resources available to support practice-based learning are at least satisfactory. In the majority of practice locations, students have ready access to ICT facilities and, through those, to electronic resources on-campus.

57 There is a sufficient number of academic staff with appropriate qualifications and experience to facilitate effective learning and to ensure the programme outcomes are attained. There has been a major change in podiatry staff over the past few years, which has brought benefits in the profile of age and clinical currency. Technical staff support is appropriate for the needs of the specialist facilities on-campus. Academic staff have access to a range of staff development opportunities.

58 Placement staff are generally enthusiastic about their role as educators and both programmes have good take-up

for training for this role. Their commitment has clearly been important in ensuring the effectiveness of the students' experience in placements. In audiology, subject-specific study days are being planned for placement staff to encourage their ongoing professional development, even though this is not yet a statutory requirement for NHS audiology staff. In addition, several clinical placement staff have registered for higher-degree modules and research degrees.

**The quality of learning resources and their effective utilisation is commendable.**

**Strengths**

- The modern teaching facilities at Aston University and the adjacent new Matthew Boulton College Campus provide a good learning environment for both the healthcare programmes (paragraph 51).
- The internet-based virtual learning environments are being effectively developed within both institutions (paragraph 52).
- The College has responded to the learning needs of higher education podiatry students by creating a comfortable HE Centre, which is well furnished for quiet study and contains personal computers (paragraph 53).

**D Maintenance and enhancement of standards and quality**

59 The programmes in audiology and podiatry work within the quality procedures of the respective institutions, Aston University and Matthew Boulton College. There are well-defined procedures for approval, validation and routine monitoring, including annual reporting. Both programmes offer regular opportunities for students to provide feedback on their learning experiences, on-campus and in clinical placement. The views of students about their placements are not consistently fed back to clinical staff.

60 The relationship between the institutions and their partners, the SHA and Trusts, is generally effective and supportive. This is evident in the close partnership approach to providing new campus clinical facilities for both programmes. Regular and ongoing partnership links are fostered through two key groups, the interim Audiology Placement Quality Team and the Podiatry Quality Group. Their membership includes representation from key partners, including all the commissioning SHAs. The Podiatry Quality Group has been an effective driver for change and improvement.

61 Communication between the campus and the clinical placement is generally good. However, all stakeholders have agreed that there is room for further improvement, particularly in relation to the involvement of clinical educators and supervisors in the development of programmes, their delivery and assessment.

62 The BSc (Hons) Podiatry degree has been responsive in its dealings with the HPC, meeting all the requirements arising from the 2002 five-yearly review. The BSc (Hons) Audiology degree has been submitted for professional accreditation to the Registration Council for Clinical Physiologists.

63 The provision has been generally responsive to the reports of external examiners. The responses have included improvements to ensure the appropriateness of assessment methods, as well as the appointment of placement tutors, which has proved to be a crucial enhancement to the provision.

64 The documentation provided for the review was extremely variable in quality and not always helpful. The documentation relating to the podiatry programme contained errors and inconsistencies, within and between documents. It is surprising that the inconsistencies have not been addressed by the internal routine quality monitoring, or by the recent revalidation of the programme undertaken by the University.

65 The SED gave the reviewers a useful insight into the programmes at the start of the review. However, some sections were submitted in an inappropriate format and the references to evidence were not consistently helpful or accurate when tested. The SED is generally evaluative, although some of the weaknesses identified by the reviewers are not identified as issues.

#### Strength

- Regular and ongoing partnership links are fostered through two key groups, the interim Audiology Placement Quality Team and the Podiatry Quality Group (paragraph 60).

#### Weakness

- The documentation provided for the review was extremely variable in quality and not always helpful (paragraph 64).

## Major review of healthcare programmes

NOVEMBER 2004

**Aston University with Matthew Boulton College of Further and Higher Education in partnership with Birmingham and the Black Country Strategic Health Authority**

**We have discussed and agreed the following action plan:**

**Title of organisation (Lead SHA/WDC):** Birmingham and the Black Country Strategic Health Authority

**Signature:** Andrew Snowdon      **Position:** Director of Workforce Development

**Title of organisation (HE):** Aston University

**Signature:** Mark Oakley      **Position:** Pro Vice-Chancellor: Teaching and Learning

**Title of organisation (SHA/WDC):** Shropshire and Staffordshire Strategic Health Authority

**Signature:** Niall McKellar      **Position:** Director of Workforce Development

**Title of organisation (SHA/WDC):** West Midlands South Strategic Health Authority

**Signature:** Tamar Thompson      **Position:** Director of Workforce Development

**Title of organisation (Institution):** Matthew Boulton College of Further and Higher Education

**Signature:** Christine Bradock      **Position:** Principal

Component	Strengths/Weaknesses	Actions to be taken	Target completion date/s	Constraints preventing delivering the action required	Impact of not delivering the action required	Lead responsibility (organisation/s and person/s) Name and title of organisation	Evidence of quality enhancement
Academic and practitioner standards	<p>Strengths</p> <ul style="list-style-type: none"> <li>The intended learning outcomes for the BSc (Hons) degree in audiology are shared, well understood and underpin learning and assessment on campus and in clinical placement (paragraph 6).</li> </ul>	<p>The course content, its learning aims and outcomes will continue to be monitored and updated, and the results disseminated to staff, students, and placement clinic staff in the following ways:</p> <p>Meeting to survey and map course content and teaching methods to the BAA intended learning outcomes for accreditation document</p> <p>More detailed module outlines (in addition to the module descriptors) will be created</p> <p>The module information will be available to students and staff on the WebCT</p> <p>Placement staff will be able to access the information easily within a special folder on WebCT</p> <p>A new placement folder will be created and sent to all departments including all of the necessary information for each year of the programme, including clinical practice learning outcomes and requirements. All information will also be available on webCT.</p>	<p>Feb 2006</p> <p>April 2006</p> <p>May 2006</p> <p>May 2006</p> <p>Sept 2006</p>	None known	This strength will not remain a strength unless we monitor and update the information and its usefulness. Mentors and assessors will not be able to deliver practice outcomes of ILOs if they are not clearly communicated.	Sarah Street Aston University Programme Director	<p>Feedback from students and clinic placement staff about the ease of accessing and usefulness of information about learning outcomes.</p> <p>Student evaluations, placement evaluations and external examiner reports.</p>

Component	Strengths/Weaknesses	Actions to be taken	Target completion date/s	Constraints preventing delivering the action required	Impact of not delivering the action required	Lead responsibility (organisation/s and person/s) Name and title of organisation	Evidence of quality enhancement
Academic and practitioner standards	<ul style="list-style-type: none"> <li>Reflective practice is a positive feature of the clinical placement curriculum in audiology. It is thoroughly integrated and encouraged systematically throughout the programme (paragraph 1.2).</li> </ul>	<p>Build on this strength by sharing best practice with colleagues in Podiatry where reflective practice was identified as a weakness. Ensure that the appropriate handbooks give clear guidance on reflective practice learning outcomes.</p>	Beginning of academic year 2006/7	None known	Lack of improvement in reflective practice	Louise Scott-Worrall, John Malik, Matthew Boulton College	More appropriate implementation of reflective practice by Podiatry students. Student work, student evaluations, placement evaluations and external examiner reports.
<ul style="list-style-type: none"> <li>Audiology teaching staff are actively involved in national initiatives, including the development of the on-line national logbook and the draft QAA Subject benchmark statement. This, alongside their close involvement with service, helps to promote the professional preparation of students (paragraph 20).</li> </ul>	<p>Build on positive experiences and disseminate good practice throughout the school and university and Matthew Boulton College</p> <p>Disseminate good practice identified by peer observation</p> <p>Continue to identify individual staff teaching development needs through the appraisal process.</p> <p>To explore ways to include wider national initiatives to inform and expand the curriculum in line with the modernization agenda and new ways of working, ie technology, demands of service, meeting the need of the local population.</p>	<p>Sept 2006</p> <p>And then annually thereafter through university system of appraisal</p> <p>Through appraisal systems and via partnership groups, ie curriculum development groups, quality groups, QQME processes with exception reporting</p>	<p>Competing priority for staff development opportunities</p> <p>Lack funds to resource requirements</p> <p>Lack of robust workforce data to inform decisions locally re new roles and new demands</p>	<p>Curriculum will not be current</p> <p>Staff will not be developed</p> <p>Students will not be fit for purpose and practice</p> <p>Service will not have workforce with appropriate skills</p> <p>Inadequate workforce for the future</p>	Faculty heads of division	<p>Audits</p> <p>Multi professional tool action plans</p> <p>Evaluations of students</p> <p>Feedback from placement areas</p>	

Component	Strengths/Weaknesses	Actions to be taken	Target completion date/s	Constraints preventing delivering the action required	Impact of not delivering the action required	Lead responsibility (organisation/s and person/s) Name and title of organisation	Evidence of quality enhancement
Academic and practitioner standards	<p>Weaknesses</p> <ul style="list-style-type: none"> <li>● Audiology staff recognise that service-user involvement in the development of the programme and its intended learning outcomes is limited (paragraph 5).</li> </ul>	<p>Engage with service staff to identify public and patient involvement leads and develop a strategy for linking to institution activity</p> <p>Engage with the expert programme leads on the patch to identify how to link to institution activity</p> <p>Develop a template to gather patient views both in clinics and in practice to assess students competence</p> <p>Determine how podiatry and audiology will embrace the philosophy of public/user involvement to enhance the content of the curriculum and to quality assure the programmes being delivered.</p>	<p>Sept 2006</p> <p>Dec 2006</p> <p>Dec 2006</p> <p>Dec 2006</p>	<p>Time and commitment from volunteers</p>	<p>The delivery of Programmes that do not demonstrate effectiveness and relationship to the end users of practitioners who will practice competencies taught</p> <p>The development of practitioners who will be unable to translate the programme into the context of current healthcare</p> <p>Programmes that do not meet the needs of the national agenda, ie a patient led NHS or the choice agenda.</p>	<p>Sarah Street, Audiology Programme Director</p>	<p>Audits</p> <p>Multi professional tool action plans</p> <p>Evaluations of students</p> <p>Feedback from placement areas</p>
	<ul style="list-style-type: none"> <li>● Some clinical supervisors in audiology reported that there was insufficient clarity in the communication structure with the University. They do not always feel part of the communication loop, nor are they benefiting from opportunities for continuing professional development (paragraph 17).</li> </ul>	<p>New structures have been developed to assist robust communication:</p> <p>Development of new quality structures to embrace OQME for combined multiprofessional debate with audiology and podiatry</p>	<p>March 2006</p>	<p>Release of staff for programmes for CPD</p> <p>Time commitment from clinical staff to engage in quality processes</p> <p>Lack of director input at trust and pct level to engage in healthcare education agenda</p>	<p>No ownership of students or programmes across the patch</p> <p>Lack of communication and increased risk of confusion</p>	<p>Quality Group Chair; Group Leads; SHA quality lead; Trust/PCT managers; Faculty leads</p>	<p>Evaluations Audit</p> <p>Annual reporting</p> <p>OQME self evaluation reports</p>

Component	Strengths/Weaknesses	Actions to be taken	Target completion date/s	Constraints preventing delivering the action required	Impact of not delivering the action required	Lead responsibility (organisation/s and person/s) Name and title of organisation	Evidence of quality enhancement
Academic and practitioner standards	<ul style="list-style-type: none"> <li>While the clinical educators in podiatry express confidence in the published intended learning outcomes, some are unaware of opportunities to contribute to them. They are similarly unclear about the formal mechanisms for feeding into the academic curriculum and do not feel fully engaged in the assessment strategy or its development (paragraph 23).</li> </ul>	<p>Development of SHA quality newsletter</p> <p>Development of an audit re assessors to analyze TNA for mentors and assessors across the patch.</p> <p>Introduction of a multi professional tool to aid self evaluation of practice areas to highlight issues and best practice</p> <p>SHA has developed a CPD policy guidance for 2006 / 07 which clearly identifies arrangements for funding for mentor preparation and CPD</p> <p>Development of a flow chart to explain communication structures</p>	<p>Review annually Quarterly</p> <p>Implemented March 2006 and monitoring quarterly</p> <p>Dec 2005 and monitoring quarterly</p> <p>Implementation April 2007 Review April 2007</p> <p>April 2006</p>	<p>Availability of placement staff to attend training days.</p>	<p>Failure to include valuable partners in curriculum design.</p>	<p>Geri O'Neil , Matthew Boulton College</p>	<p>Placement staff to inform curriculum and ensure fit for purpose programme. Evaluations from quality group and QQME structures, and feedback from external examiners reports</p>

Component	Strengths/Weaknesses	Actions to be taken	Target completion date/s	Constraints preventing delivering the action required	Impact of not delivering the action required	Lead responsibility (organisation/s and person/s) Name and title of organisation	Evidence of quality enhancement
Academic and practitioner standards		<p>Head of School to review input from placement staff in annual review of course.</p> <p>Recommendations for change to be presented to Life and Health Sciences Quality team at Aston University.</p> <p>Annual forum to discuss assessment strategy and issues which would feed back into the curriculum group, and the quality group. Identify a common framework across both programmes.</p>	<p>June 2006</p> <p>July 2006</p>				
	<ul style="list-style-type: none"> <li>The podiatry assessment documentation seen by the reviewers is sometimes confusing and often inconsistent (paragraph 29).</li> </ul>	<p>Ensure students' copies of handbook are consistent with course documentation.</p>	Immediate	None	Possible misleading student documentation.	Gerri O'Neil, Matthew Boulton College	<p>All documentation for tutors and students will be transparent and easily accessible.</p> <p>Student evaluation.</p> <p>Validation by Aston University.</p> <p>External examiners' reports.</p>
<ul style="list-style-type: none"> <li>The reviewers' meetings with podiatry students revealed uncertainty about the assessment of clinical practice and its contribution to the year mark (paragraph 30).</li> </ul>	<p>A letter will be circulated to all current students clarifying the contribution of clinical assessment marks to the overall year mark for each year. This will be reviewed by year tutors in year tutorials. This information will also</p>	April 06	None	Relevance and significance of clinical assessments not realized by students	John Malik, Matthew Boulton College	<p>Students' knowledge of clinical assessment weighting.</p> <p>Student evaluations and external examiners reports.</p>	

Component	Strengths/Weaknesses	Actions to be taken	Target completion date/s	Constraints preventing delivering the action required	Impact of not delivering the action required	Lead responsibility (organisation/s and person/s) Name and title of organisation	Evidence of quality enhancement
Academic and practitioner standards		be placed on the student intranet. Student handbook to be updated to include full explanation of contribution of clinical assessment marks to the over all year mark for each year.	Oct 06				
	<ul style="list-style-type: none"> <li>The assessed work for podiatry confirmed that marks in the higher bands are sometimes inflated (paragraph 31).</li> </ul>	<p>Ensure work is rigorously verified/moderated for particularly high grades. All work is submitted to external examiners and examination board may adjust or confirm high marks.</p> <p>Module leaders to include range of marks in end of module reports for consideration by Head of School to produce reports for Directorate quality board course handbooks for 2006 2007 to ensure conformity with course documentation.</p>	Ongoing  June 2006	None	Students grades awarded not reflective of national standards.	John Mailik , Matthew Boulton College	Ensuring grades awarded are fit for award, evidenced in examination board minutes and external examiners reports.
	<ul style="list-style-type: none"> <li>The written feedback provided to podiatry students on their assessed work is of variable quality and has sometimes been very late (paragraph 32).</li> </ul>	<p>College policy on the timely provision of feedback has been amended and the effectiveness of use of standardized feedback paperwork will be reviewed by all staff teaching on the podiatry team through team meetings.</p>	May 06	None	Student learning and reflection on assessed work will be disadvantaged	John Mailik, Matthew Boulton College	Consistent quality and timeliness of feedback to students. Student evaluations, reports from college exams officer, external examiner reports

Component	Strengths/Weaknesses	Actions to be taken	Target completion date/s	Constraints preventing delivering the action required	Impact of not delivering the action required	Lead responsibility (organisation/s and person/s) Name and title of organisation	Evidence of quality enhancement
Academic and practitioner standards	<p>The college exams officers will monitor feedback both in regard to quality and timing and report issues to Head of Podiatry.</p> <ul style="list-style-type: none"> <li>The interpretation of reflective podiatry practice as seen in the student work is not always challenging and is not consistent with current interpretation in the field. The reviewers observed an exception in a placement environment, at Wolverhampton City PCT, where an excellent local initiative offers an example of how reflective practice might be implemented more effectively (paragraph 34).</li> </ul>	<p>The college exams officers will monitor feedback both in regard to quality and timing and report issues to Head of Podiatry.</p> <p>Incorporate use of best practice from Audiology by staff seminar and staff development sessions on Reflective practice models.</p> <p>Staff development for clinical assessors on models of reflective practice.</p> <p>Identify model of reflective practice to be used in current curriculum.</p> <p>Implement new model of reflective practice.</p> <p>Implement reflective practice model with new cohort students</p>	<p>February 06</p> <p>Feb 06 ongoing through summer</p> <p>January 06 - ongoing</p> <p>April 06</p> <p>July 06</p> <p>September 06</p>	<p>Availability of clinical staff to attend workshops</p>	<p>Reflective practice will not be fully implemented or consistent within the podiatry curriculum</p>	<p>Geri O Neil, Matthew Boulton College</p>	<p>Student evaluations and external examiners reports, and curriculum development group audit</p>
Quality of learning opportunities Learning and teaching	<p>Strengths</p> <ul style="list-style-type: none"> <li>Both programmes make effective use of information and communication technology in support of learning, particularly the virtual learning environments (paragraph 37).</li> </ul>	<p>Establish link contact between both institutions for dissemination of good practice.</p> <p>Link contacts to meet at least termly to share ideas and resources from both programmes.</p> <p>Ensure future development of the VLE and ICT is in line with both Institutions' implementation strategy for ICT.</p>	<p>April 2006</p> <p>May 2006 first meeting/ongoing</p> <p>July 2006</p>	<p>Availability of link contacts</p>	<p>Good practice not developed further or disseminated.</p>	<p>John Malik, Matthew Boulton College</p>	<p>Continuation of effective use of ICT and VLE on both programmes.</p> <p>External examiners reports, curriculum development group, and quality group</p>


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<b>Quality of learning opportunities</b> Learning and teaching		School / Directorate Quality boards to monitor the levels of student satisfaction with ICT/VLE use within the two programmes.  Continue to ensure feedback and implementation of programme changes: Podiatry/Audiology Quality groups Monitoring curriculum delivery through course meetings, placement training, placement monitoring & annual course review and curriculum development group Course validation process Student feedback through module & course evaluation Placement feedback from clinical educators & placement managers	July 2006  Ongoing	Time and coordination limits on everyone involved	Reduction in the fitness for practice & purpose of new graduates	Head of School	Through the feedback listed above. Continue to ensure feedback and implementation of programme changes: Podiatry/Audiology Quality groups Monitoring curriculum delivery through course meetings, placement training, placement monitoring & annual course review and curriculum development group Course validation process Student feedback through module & course evaluation Placement feedback from clinical educators and placement managers
	Weaknesses <ul style="list-style-type: none"> <li>There are a number of details in the allocation and operation of audiology clinical placements that combine to threaten their full learning potential (paragraph 38).</li> </ul>	Implementation of a workshop with departmental clinical leads to determine issues and develop a strategy for placement provision Development of an audit re assessors to analyze TNA for mentors and assessors across the patch.	March 2006  Implemented Dec 2005 Quarterly	Time commitment from clinical staff to engage in quality processes Lack of director input at trust and pct level to engage in healthcare education agenda Insufficient numbers of qualified mentors	No ownership of students or programmes across the patch Lack of communication and increased risk of confusion Poor quality placements Potential increase in attrition rates Ill equipped students, poor competence and confidence	Quality Group Chair; Group Leads; SHA quality lead; Trust/PCT managers; Faculty leads	Audits Multi professional tool action plans Evaluations of students Feedback from placement areas

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Learning and teaching		Introduction of a multi professional tool to aid self evaluation of practice areas to highlight issues and best practice Scoping of placements undertaken to assess suitability to intended learning outcomes Implementation of robust mechanisms for audit trail of evaluations	Implemented March 2006 and monitoring quarterly  Dec 2006 Then review annually  Dec 2006 Then review annually				
	<ul style="list-style-type: none"> <li>In podiatry, the description in the podiatry course handbook and the content of student work lead the reviewers to conclude that reflective practice is being taught without a full understanding of its real purpose (paragraph 41).</li> </ul>	Build on this strength by sharing best practice with colleagues in Podiatry where reflective practice was identified as a weakness. Ensure that the appropriate handbooks give clear guidance on reflective practice learning outcomes.	Beginning of academic year 2006/7	None	Reflective practice will not be fully implemented or consistent within the podiatry curriculum	Gerri O'Neill, Matthew Boulton College	More appropriate implementation of reflective practice by Podiatry students. Student work, student evaluations, placement evaluations and external examiner reports.
	<ul style="list-style-type: none"> <li>In podiatry, although students feel well informed, there are errors and inconsistencies in the materials produced to support learning (paragraph 44).</li> </ul>	Ensure students' copies of handbook are consistent with course documentation.	Immediate June 2006 September 2006	None	Possible misleading student documentation.	Gerri O'Neill, Matthew Boulton College	All documentation for tutors and students will be transparent and easily accessible. Student evaluation. Validation by Aston University. External examiners' reports.
Student progression	Strength <ul style="list-style-type: none"> <li>New podiatry students are screened to establish additional learning support needs. This is clearly appropriate for the needs of the intake profile and is followed up with good college support (paragraph 47).</li> </ul>	Build on this strength by sharing good practice with colleagues from Audiology.	Current	None	Students would not be able to access appropriately focused teaching and learning support	Marian Williams, Matthew Boulton College	Improvements in achievement of students with learning disabilities as a result of support strategies following assessment.

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Student progression	<p>Good practice</p> <ul style="list-style-type: none"> <li>Audiology students have initiated a 'buddy' scheme, in which new first-year students are paired with a second-year colleague who is able to offer guidance and support (paragraph 48).</li> </ul>	<p>The 'buddy' scheme will be extended to the Podiatry Programme.</p> <p>A pilot study of 1st year student mentoring is currently being carried out within the School of Life &amp; Health Sciences, at Aston University and the results will be disseminated to all programmes.</p> <p>The University is developing a university-wide scheme for peer mentoring and reviewing current practice.</p>	<p>September 2006</p> <p>October 2006</p> <p>October 2006</p>	<p>Dependent upon student participation</p>	<p>Possible poorer outcomes in terms of progression, retention, student satisfaction</p>	<p>Geri O'Neill, MBC</p> <p>Ros Hill, Aston University</p> <p>Mandy Ingleby, Aston University</p>	<p>Improved levels of student satisfaction.</p> <p>Progression and retention rates increased.</p> <p>Student satisfaction surveys and monitoring via OQME</p>
	<ul style="list-style-type: none"> <li>Following the 45 per cent attrition in 2003-04, the Strategic Health Authority and the College initiated prompt and concerted action through the Podiatry Quality Group (paragraph 50).</li> </ul> <p>Weakness</p> <ul style="list-style-type: none"> <li>The clinical staff met by the reviewers reported that they received insufficient formal feedback from the University and College, including the views of students (paragraph 49).</li> </ul>	<p>Meetings of podiatry quality group to continue in new format to embrace OQME with recruitment and attrition to be discussed</p>	<p>June 2006</p>	<p>None</p>	<p>Poor recruitment and increased attrition</p>	<p>Improvements in both recruitment and attrition rates, evidenced through OQME datasets and exam board minutes</p>	<p>John Malik, Matthew Boulton College</p>
		<p>Circulate student feedback/report at the end of each placement to clinical educators.</p> <p>Implementation of audit trail for student feedback and evaluations with placement areas.</p> <p>Development of action plans following feedback.</p>	<p>Has started</p>	<p>Administrative support.</p>	<p>Breakdown in good relations and team work between HEI &amp; NHS partners</p>	<p>Placement facilitators, university and college tutors</p> <p>Clinical skills facilitators</p> <p>Clinical practitioners</p>	

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		Annual placement report, including placement audits, clinical educator feedback and future planning, to be circulated to all NHS departments and published on the VLE.	August 06				
Learning resources and their effective utilisation	<p>Strengths</p> <ul style="list-style-type: none"> <li>The modern teaching facilities at Aston University and the adjacent new Matthew Boulton College campus provide a good learning environment for both the healthcare programmes (paragraph 51).</li> </ul>	<p>Establish link contact between both institutions for dissemination of good practice.</p> <p>Link contacts to meet at least termly to share ideas resources form both programmes.</p>	Aug 2006 quarterly	<p>Funding to maintain and improve facility</p> <p>Limited stakeholder input</p>	<p>Development of practitioners who do not possess appropriate competence and confidence to practice</p> <p>Sub optimal use of facility</p> <p>Facility that does not meet the needs of the service</p> <p>Equipment that could potentially not be transferable in practice</p>	Programme Directors	<p>Evaluations of facility</p> <p>Annual reporting</p> <p>OQME self evaluation reports</p>
	<ul style="list-style-type: none"> <li>The web-based virtual learning environments are being effectively developed within both institutions (paragraph 52).</li> </ul>	<p>Ensure future development of the VLE and ICT is in line with both Institutions' implementation strategy for ICT.</p> <p>School/Directorate Quality boards to monitor the levels of student satisfaction with ICT/VLE use within the two programmes.</p>	<p>July 2006</p> <p>July 2006</p>	Availability of link contacts	<p>Good practice not developed further or disseminated.</p>	<p>Marina Rose, Aston University</p> <p>Louise Scott-Worrall, Matthew Boulton College</p>	<p>Evaluations of facility</p> <p>Annual reporting</p> <p>OQME self evaluation reports</p>

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Learning resources and their effective utilisation	<ul style="list-style-type: none"> <li>The College has responded to the learning needs of higher education podiatry students by creating a comfortable HE Centre, which is well furnished for quiet study and contains personal computers (paragraph 53).</li> </ul>	<p>The College will maintain and update the furnishings and equipment within the HE centre when appropriate.</p> <p>The HE centre will form part of the student evaluation of the course and facilities. Ensure the centre is maintained and enhanced based on student feedback as part of the overall estates strategy.</p>	<p>February 06 and ongoing</p> <p>July 06</p>	<p>College Funding streams.</p> <p>Space utilization and requirements within the College</p>	<p>There will be fewer facilities for Podiatry students.</p>	<p>Roger Minnett, Matthew Boulton College</p>	<p>Student evaluations.</p> <p>College reports re risk management or audit processes</p>
Maintenance and enhancement of standards and quality	<p>Strength</p> <ul style="list-style-type: none"> <li>Regular and ongoing partnership links are fostered through two key groups, the interim Audiology Placement Quality Team and the Podiatry Quality Group (paragraph 60).</li> </ul>	<p>Build on the tripartite agreement to ensure that the quality groups continue the implementation of robust monitoring and enhancement of agreed major review action plan and enhancement of agreed quality standards</p>	<p>March 2006</p> <p>Rolling</p> <p>Annual review</p>	<p>A reduction in stakeholder involvement</p>	<p>No robust mechanisms for monitoring quality</p> <p>Limited stakeholder involvement</p> <p>No evidence of best value against contracts</p>	<p>Faculty heads</p> <p>SHA quality lead</p> <p>Quality group chairs</p>	<p>OQME monitoring</p>
	<p>Weakness</p> <ul style="list-style-type: none"> <li>The documentation provided for the review was extremely variable in quality and not always helpful (paragraph 64).</li> </ul>	<p>Review all relevant documentation and ensure it is re-written in appropriate format for OQME and future validation panels.</p>	<p>Immediate</p> <p>June 2006</p>	<p>None</p>	<p>Possible misleading student documentation.</p>	<p>Gerri O'Neil , Matthew Boulton College</p>	<p>Monitor through student satisfaction surveys, external examiners reports, internal quality processes and through OQME.</p>



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