



**NURSING &
MIDWIFERY
COUNCIL**



University of Sheffield
South Yorkshire Strategic Health Authority

MARCH 2005

Major review of healthcare programmes



**The Quality Assurance Agency
for Higher Education**

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.

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Summary of the main review outcomes

Subject provision and overall aims

Clinical psychology, orthoptics and speech and language therapy programmes at the University of Sheffield (the University) in partnership with the South Yorkshire Strategic Health Authority (SHA) and the Trent SHA Multiprofessional Deanery were reviewed in the academic year 2004-05. Judgements were made about the academic and practitioner standards achieved and the quality of the learning opportunities provided.

The review covered the following programmes:

- DCLinPsy (three-year postgraduate)*
- BMedSci (Hons) (Orthoptics) (three-year undergraduate)**
- BMedSci (Hons) (Speech and Language Therapy) (four-year undergraduate)***
- MMedSci (Speech and Language Therapy) (two-year postgraduate).***

* Programme accredited by the British Psychological Society (BPS).

** Programme accredited by the Health Professions Council (HPC).

***Programme jointly accredited by the Royal College of Speech and Language Therapists (RCSLT) and the HPC.

Academic and practitioner standards

Overall, the reviewers have confidence in the academic and practitioner standards achieved by the programmes in clinical psychology, orthoptics and speech and language therapy at the University in partnership with South Yorkshire SHA and the Trent SHA Multiprofessional Deanery.

Strengths

- Overall, in clinical psychology, through effective communications and comprehensive documentation, trainees are able to use the intended learning outcomes (ILOs) as clear guides for their learning. Clinical staff also make use of the ILOs to understand what is expected of themselves and of trainees on placements (paragraph 5).
- The clinical psychology staff have developed certain curricular focuses, linked to the skills and expertise of their research, which provide an extensive knowledge base for the specialist areas of the curriculum and encourage evidence-based practice and trainee research (paragraph 6).

- The clinical psychology programme team is enthusiastically engaged in strengthening the opportunities in the curriculum for interprofessional learning (paragraph 8).
- A feature of the clinical psychology provision over the last three years is the high completion rate for the award and for securing employment (paragraph 14).
- The orthoptics programme team has been highly attentive to the need to monitor and modify assessments to ensure that they measure the achievement of ILOs (paragraph 19).
- There is a proactive relationship between University and clinical staff in speech and language therapy to enhance practice assessment (paragraph 31).
- The completion rate for the speech and language therapy master's programme is excellent at 100 per cent, with over 23 per cent on average over the last three years achieving Distinction awards (paragraph 34).

Good practice

- The Assessment of Clinical Competence form is a carefully constructed document and is used effectively by clinical supervisors to support trainees' learning in clinical psychology (paragraph 10).
- The speech and language therapy spiral curriculum is an imaginative and well-designed model which supports the general aims of the provision, facilitates students' progression, provides a more holistic approach to clients and enables students to apply theoretical learning to practice more readily (paragraph 26).

Weaknesses

- Orthoptics examination scripts are not internally moderated. They are sent to the external examiner, but there is no accurate record of what the external examiner has moderated. Neither are there clear strategies for the internal moderation of coursework (paragraph 20).
- Orthoptics students informed the reviewers that, while they were generally satisfied with the quality of written feedback, which can be supplemented with oral comments, they were concerned at the occasional late return of some assessed work (paragraph 21).
- Speech and language therapy postgraduate students expressed some concern regarding the requirement to take two modules, Interpersonal Skills and Life Span, which are assessed, but do not contribute to the final award. The rationale for this practice, especially the mandatory requirement to attend lectures in Interpersonal Skills, is currently being addressed by teaching staff (paragraph 29).

- There is some confusion among some supervisors regarding the completion of the speech and language therapy competency-based assessment form. Students are not always aware of the option to discuss and receive marks for any competencies which cannot be observed in placements (paragraph 31).
- Not all staff on all modules make full use of the marking guidelines to assess student work in speech and language therapy (paragraph 32).
- There is also some confusion among speech and language therapy undergraduate students over the word limit for assignments and the penalties, if any, for too many or too few words (paragraph 32).

Quality of learning opportunities

Learning and teaching

The quality of learning and teaching is commendable.

Strengths

- Clinical psychology and speech and language therapy are highly research-active departments whereby trainees' and students' learning is enhanced through the support they receive from staff in their research topics (paragraph 37).
- All programmes pay close attention to student feedback on placement learning (paragraph 39).
- All programmes are assiduously addressing the development of interprofessional learning in their learning strategies (paragraph 40).

Good practice

- speech and language therapy has developed an innovative CD-ROM-based learning package to enable students to work independently (paragraph 37).
- In clinical psychology, a Supervisor's Information Pack is provided, which is much appreciated by clinical staff and is highly informative in its detail and clear in its format (paragraph 39).

Student progression

The quality of student progression is commendable.

Strength

- All programme teams, SHAs and the University work effectively together to monitor student and trainee progression and, where needed, identify reasons for withdrawal (paragraph 44).

Good practice

- Trainees in clinical psychology benefit from an excellent Trainee Information Pack which provides a very accessible and informative introduction to the programme (paragraph 42).

Learning resources and their effective utilisation

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

Good practice

- The excellent learning resources at the Royal Hallamshire Hospital and in the Department of Psychology effectively support the orthoptics students' and the clinical psychology trainees' abilities to achieve their ILOs (paragraph 46).

Weaknesses

- In orthoptics, students have adequate access to library and study facilities, but web-based materials are not easily accessed in some placements (paragraph 48).
- In clinical psychology, computing, office and clinical space and secretarial support are sometimes poor on placements. The lack of office space in some placements limits placement availability (paragraph 48).

Maintenance and enhancement of standards and quality

Strength

- Students and trainees spoke positively about the opportunities, available through membership of committees and questionnaires, to express their views and evaluate their experiences in both campus and practice settings. They also reported that staff are responsive to addressing issues, where appropriate (paragraph 51).

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 the clinical psychology, orthoptics and speech and language therapy programmes at the University of Sheffield (the University) in partnership with the South Yorkshire Strategic Health Authority (SHA) and the Trent SHA Multiprofessional Deanery. The review was completed during the academic year 2004-05. Founded in 1905, the University was formed from the merger of three existing institutions: Firth College, the Sheffield Technical School and the Sheffield School of Medicine. It is a leading, research-led civic institution with a local, regional and international role. Clinical psychology is registered in the Faculty of Pure Science, and the orthoptics and speech and language programmes are in the Faculty of Medicine. South Yorkshire SHA was formed in April 2002, one of 28 SHAs created under the Government's reorganisation of the NHS. In June 2005, the SHA will be the first in the country to gain foundation status for all adult acute hospitals. South Yorkshire SHA commissions the orthoptic provision and the Trent SHA Multiprofessional Deanery commissions clinical psychology and speech and language therapy.

A Subject provision and overall aims

2 Clinical psychology, orthoptics and speech and language therapy are currently offered in the following programmes:

- DCLinPsy (three-year postgraduate)*
- BMedSci (Orthoptics) (three-year undergraduate)**
- BMedSci (Speech and Language Therapy) (four-year undergraduate)***
- MMedSci (Speech and Language Therapy) (two-year postgraduate).***

* Programme accredited by the British Psychological Society (BPS).

** Programme accredited by the Health Professions Council (HPC).

*** Programme jointly accredited by the Royal College of Speech and Language Therapists (RCSLT) and the HPC.

3 The overall aims of the programmes are as follows.

Clinical psychology

This programme provides the training at doctoral level, necessary for graduate psychologists to register with the BPS as Chartered Clinical Psychologists. The programme seeks to be responsive to the local and national needs of the NHS. Its aims are, therefore, for trainees to have:

- the skills, knowledge and values to integrate psychological theory with practice in both academic and clinical work
- the skills, knowledge and values to develop evidence-based practice
- the skills, knowledge and values to develop working alliances with clients, including individuals, carers and/or services, to carry out psychological assessments, to develop a formulation based on psychological theories and knowledge, to carry out psychological interventions, and to evaluate their work and communicate effectively with clients, referrers and others, orally, electronically and in writing
- the skills, knowledge and values to work effectively with clients from a diverse range of backgrounds, understanding and respecting the impact of difference and diversity upon their lives
- the skills, knowledge and values to work effectively with systems relevant to clients, including, for example, statutory and voluntary services, self-help and advocacy groups, user-led systems, and other elements of the wider community, and working with other mental health professionals
- the skills, knowledge and values to work in a range of indirect ways to improve the psychological aspects of health and healthcare
- the skills, knowledge and values to conduct research and evaluation that enable the profession to develop its knowledge base, to monitor and improve the effectiveness of its work, to monitor and improve services
- the skills in managing personal learning agenda and self-care, and in critical reflection and self-awareness that enable transfer of knowledge and skills to new settings and problems.

Orthoptics

The programme provides the training necessary for graduates to register with the HPC and practice as an orthoptist. More specifically, the aims of the provision are to:

- develop professional expertise, both technical and personal, for effective clinical practice
- evolve graduates who are capable of initiating and participating in research into visual science, with an understanding of the value of continuing professional development and the importance of research to the future development of the discipline
- equip students with appropriate study skills and habits of mind for clinical practice or research
- use a blend of teaching and learning approaches to enable students to progressively become more able to manage personally their own learning
- cultivate in students an attitude of curiosity and desire for intellectual exploration and critical evaluation.

Speech and language therapy

BMedSci

The primary aim of the programme is to prepare the student for professional practice as a speech and language therapist: that is, to achieve the level of 'fit for practice'. Graduates should demonstrate the appropriate competencies for assessment, management and intervention in the range of communication and swallowing disorders, and show knowledge of the professional context. More specifically, the aims of the programme are to provide the students with:

- knowledge of speech and language pathology, and the disciplines which contribute to the understanding and management of disorders of communication
- an understanding of the effects of impairment on the individual within the social, health and educational contexts
- the development of practical skills in the management (assessment and treatment) of communication difficulties, together with the necessary interpersonal skills to work with a range of clients with communication and swallowing difficulties
- a learning experience which covers problem-solving and clinical reasoning as the student progresses, provided by courses in clinical method, interpersonal skills, professional skills and counselling. This is increasingly necessary in the area of human behaviour and provides the core skills for diagnosis and management of clients

- basic research training which is implemented in the final-year dissertation and which will be relevant for use in an evidence-based healthcare and education environment
- intervention and management strategies for the range of communication and swallowing impairments
- the development of skills in active participation in learning, developing appropriate attitudes towards clients, carers and other team members and being able to work effectively in a multidisciplinary team
- appropriate professional and ethical attitudes to all aspects of clinical practice.

MMedSci

The aims are to:

- develop the knowledge, skills and attitudes necessary for graduate work as a speech and language therapist
- enable the graduate to develop the necessary competencies in order to assess and manage a range of communication and swallowing disorders at the appropriate entry level to the profession
- develop the relevant information technology (IT) and research skills to equip the graduate to work within evidence-based practice health provision.

B Academic and practitioner standards

B1 Clinical psychology

Intended learning outcomes

4 The intended learning outcomes (ILOs) were developed as part of a consultative process involving NHS clinicians, staff from Trent SHA Multiprofessional Deanery, the Regional Training Advisory Group, external examiners, trainees and teaching staff. The ILOs are comprehensive, appropriate for the level of the award and are consistent with The framework for higher education qualifications in England, Wales and Northern Ireland (FHEQ), the Subject benchmark statement for clinical psychology, both published by the Quality Assurance Agency for Higher Education (QAA), and the BPS requirements. They identify relevant clinical, academic, professional and research skills and are concordant with the programme's aims to train graduate psychologists to become chartered clinical psychologists and to meet the local and national needs of the NHS. Following the BPS report, programme staff are reviewing the model

of training and continue to involve relevant stakeholders in this process. Overall, the process for producing the ILOs in clinical psychology has been appropriately consultative and inclusive.

5 The ILOs are clearly stated in the trainees' handbook and internet-based sources, and are readily accessible to trainees and clinical staff. ILOs are disseminated to clinical supervisors through regular induction and skills training workshops, mid-placement visits by programme staff and the supervisors' handbook. A regular newsletter is also published which includes information on ILOs. External examiners have commented on the clarity and appropriateness of the ILOs for the academic level of the award and relevance to professional practice, ensuring that the trainees are fit for practice, purpose and award. Overall, in clinical psychology, through effective communications and comprehensive documentation, trainees are able to use the ILOs as clear guides for their learning. Clinical staff also make use of the ILOs to understand what is expected of themselves and of students on placements.

Curricula

6 The strong partnership between the programme team in the University and NHS clinical staff is demonstrated by the joint planning involved in all areas of curricular development, through the curriculum subcommittee and by NHS staff acting as advisers to module coordinators. Through the regular meetings of the programme committee which monitors its design and delivery, the curriculum is current and reflects the changes in the health service and the needs of NHS partner placements and employers. Current and former trainees confirm that the curriculum is well organised and promotes their professional skills and academic knowledge. Throughout the curriculum there is a strong emphasis for trainees to develop research skills. The clinical psychology staff have developed certain curricular focuses, linked to the skills and expertise of their research, which provide an extensive knowledge base for the specialist areas of the curriculum and encourage evidence-based practice and trainee research.

7 The curriculum facilitates trainees' achievement of the ILOs through the well-balanced provision of academic study and practical clinical work. Trainees value the experience of placements to link theory and practice. There is an emphasis on the scientist-practitioner and reflective-practitioner models, which are developed through a clearly-planned

articulation between the curriculum and clinical placements in the first two years of the programme. Trainees' specialist interests are met through the opportunity for two elective placements in the third year. There is an integrative approach to theory and practice that covers the essential competencies of assessment, formulation and intervention alongside the application of psychological models and their application to specific groups. Ethical issues are considered throughout training and programme staff are working with local NHS research departments and nationally to raise awareness of research governance procedures to provide guidelines for trainees.

8 The progressive development of professional and personal reflective practice is embedded in the academic and practice components of the curriculum. Throughout, there is emphasis on working with difference and on community psychology. The Working with Difference module is especially designed to address the Department of Health and BPS initiatives on diversity. Interprofessional learning (IPL) is promoted mainly through practice placements, although the curriculum addresses teamwork with other professions. The clinical psychology programme team is enthusiastically engaged in strengthening the opportunities in the curriculum for IPL through, for example, a pilot project where trainees in years one and two have volunteered to use an IPL placement log. The Combined Universities Interprofessional Learning Unit will evaluate this project. Programme staff are involved in an annual clinical psychology trainers conference, which includes the consideration of opportunities for IPL in the curriculum and have disseminated IPL information following a visit to Australia.

Assessment

9 There are robust assessment strategies in place for the three strands of clinical, academic and research learning, which are set out in the Assessment Regulations and Coursework Guidelines Handbook. This is a highly detailed and well-written document, which includes guidance for academic and clinical staff and trainees on assessment criteria, how assessment is linked to learning outcomes and the different types and levels of assignments. The different modes of assessment, including Short Answer Questions (SAQs), case studies, assessment of clinical competence and the research thesis, are clearly designed to measure the achievement of the ILOs. Trainees are required to attend an oral examination on their thesis. Trainees informed the reviewers that the assessment strategy was clearly

communicated, that they clearly understood the rationale for the modes of assessment and what was expected of them in assignments.

10 Through the academic clinical projects which include small-scale research, single-case experiment design and literature review, the programme team has provided trainees with precise guidance for practical placements and how these relate to psychological theories. Trainees' achievement of clinical skills and competencies is thoroughly assessed by clinical supervisors using the Assessment of Clinical Competence (ACC) form, which provides the opportunity for detailed written feedback. From the samples of ACC forms scrutinised by the reviewers, it was evident that trainees receive full and comprehensive feedback. The ACC form is a carefully constructed document and is used effectively by clinical supervisors to support students' learning in clinical psychology.

11 Trainees regard written feedback as generally satisfactory. Although this can sometimes vary in terms of quality in some assignments, staff are readily available to provide in-depth oral feedback. The programme team is currently moving towards more typed feedback to overcome the problem of legibility of some hand-written comments. Trainees have their assignments returned in a timely fashion to enable them to use the feedback before attempting subsequent assessments.

12 External examiners have commented favourably on the overall effectiveness of the assessment strategy, on the appropriateness of the assignments to assess trainee achievement of the learning outcomes, and on the guidance given to trainees. The reviewers agree with external examiners that marking is consistent, fair and robust. Academic work is internally moderated, with all research theses double marked and SAQs blind but not double marked. To ensure consistency across placements, assessments are discussed with clinical tutors and at the Board of Examiners. The programme team maintains a comprehensive record of trainee assessments for both clinical and academic assignments to enable trainee progress to be carefully monitored. Overall, the procedures in clinical psychology are secure and consistent for the assessment of academic and practice-based learning.

Student achievement

13 Trainees' successful achievement of the ILOs is demonstrated in the positive comments of external examiners and from the reviewers' scrutiny of trainee work which included longitudinal samples of work from case studies, clinical competence and short-answer questions. In particular, the reviewers were impressed with both the variety and depth of trainee work and the way in which both the scientist-practitioner and the personal-reflective dimensions were often synthesised. In their dissertations, trainees demonstrated how they were able to use research evidence to support their arguments and link theory and practice by drawing on their experiences in clinical placements. Overall, the trainees' achievements are commensurate with the award of doctorate and, on graduation from the programme, trainees have accrued the necessary competencies and are fit for practice and purpose.

14 A feature of the clinical psychology provision over the last three years is the high completion rate for the award and for securing employment. On average over the last three years, 91 per cent of trainees completed their assignments, including dissertations, within the three-year period. Over the same period, all trainees completing the programme have gained employment with local (78 per cent) or national (22 per cent) employers, commensurate with their awards in clinical psychology. Feedback from employers shows that the postgraduates from the programme are highly valued for their clinical skills, knowledge and for their professional approach to work.

Table 1a: Completion and achievement statistics for all award-bearing programmes in clinical psychology

Programme	Cohort (last three completed)	Postgraduate programme Pass		Postgraduate programme Fail	
		No.	%	No.	%
DClinPsyc	1999	12	100	0	0
	2000*	14	87	0	0
	2001**	17	85	1	5

2000* 14 passed, 2 deferred

2001** 17 passed, 2 deferred, 1 excluded for plagiarism.

Table 2a: Employment statistics for all pre-registration programmes and exception reporting only for post-qualification programmes

Programme	Further study		Local employers		Employers elsewhere		Unemployed		Other	
	No.	%	No.	%	No.	%	No.	%	No.	%
DClinPsyc 1999	0	0	10	83	2	17	0	0	0	0
2000	0	0	10	71	4	29	0	0	0	0
2001	0	0	13	76	4	24	0	0	0	0

Summary of academic and practitioner standards for clinical psychology

Overall, the reviewers have confidence in the academic and practitioner standards achieved by the programme in Clinical Psychology at the University of Sheffield in partnership with the Trent Strategic Health Authority Multiprofessional Deanery.

Strengths

- Overall, in clinical psychology, through effective communications and comprehensive documentation, trainees are able to use the ILOs as clear guides for their learning. Clinical staff also make use of the ILOs to understand what is expected of themselves and of trainees on placements (paragraph 5).
- The clinical psychology staff have developed certain curricular focuses, linked to the skills and expertise of their research, which provide an extensive knowledge base for the specialist

areas of the curriculum and encourage evidence-based practice and trainee research (paragraph 6).

- The clinical psychology programme team is enthusiastically engaged in strengthening the opportunities in the curriculum for IPL (paragraph 8).
- A feature of the clinical psychology provision over the last three years is the high completion rate for the award and for securing employment (paragraph 14).

Good practice

- The Assessment of Clinical Competence form is a carefully constructed document and is used effectively by clinical supervisors to support trainees' learning in clinical psychology (paragraph 10).

B2 Orthoptics

Intended learning outcomes

15 The ILOs were produced with reference to the Subject benchmark statement for orthoptics, published by QAA, and the standards of proficiency set by the HPC. Academic tutors designed the ILOs for clinical placements, using consultations with clinical staff. The regular meetings between the two groups of staff ensure the currency of the ILOs. The ILOs are highly clinically relevant as befits the aims of the programme and are consistent with the FHEQ. A good example of this is the work done on the extended role of the orthoptist. External examiners have been consulted and have commented that the ILOs are appropriate. Recently, in response to comments by an external examiner, the programme team reviewed the ILOs for one of the subjects to ensure that students presented evidence in greater depth.

16 The ILOs are clearly and comprehensively stated in the programme specifications, in the clinical tutors' handbook and on the Orthoptics Unit's website. Students are informed of the ILOs in their programme handbook and told the reviewers that they found the ILOs a useful guide for their understanding of the programme and for assessments. All stakeholders, including clinical staff on placements, have a clear and shared understanding of the ILOs.

Curricula

17 The programme was started in 1991 when orthoptics became a graduate profession to meet the requirements of a more autonomous and extended role in healthcare provision. The curricular design makes reference to the Subject benchmark statement, and the programme has been approved by the HPC (with the last approval taking place in 1998), which enables students to register with the HPC and practice as orthoptists. Curricular development was informed by informal discussions with clinical practice staff and members of related professions, such as ophthalmology. Changes to the curriculum are guided by the Unit's procedures for curricular design. The patient is at the centre of the orthoptics programme and more attention will be paid to service users in future curricular development.

18 Clinical placements provide students with the opportunity to relate theory in the curriculum to clinical practice. Students spend 33 weeks over the three years of their programme in clinical placements which they confirm enables them to acquire professional

skills and competencies and work alongside experienced staff. The placements are arranged in each semester so that students may progressively relate their theoretical understanding to clinical problems and develop appropriate skills. The IPL is facilitated through the placements and in the curriculum through subjects in physiology, anatomy lectures and demonstrations, psychology, genetics, ethics and law. The curriculum also provides students with knowledge of first-aid. Research skills, to develop projects and encourage students to participate in clinical research and use evidence-based practice, are developed through subjects in research methods and the research project in data collection. Overall, the content and organisation of the curriculum are appropriate for enabling the students to achieve the ILOs.

Assessment

19 Assessments are clearly designed to measure the students' achievement of the ILOs for the academic and clinical elements of the programme. Careful consideration has been given to the appropriateness of the assessments for each year to ensure that they relate to the development of knowledge. For example, in the first year, the assessments include multiple-choice and short-answer questions, which allow for a rapid demonstration of a wide knowledge base. Third-year assessments require more demonstration of synthesis, critical analysis and independent learning, such as the research project and the pathology portfolio. Students reported that they found the assessments became increasingly challenging as they progressed through the programme. The orthoptics programme team has been highly attentive to the need to monitor and modify assessments to ensure that they measure the achievement of ILOs, for example, introducing a case study in place of an essay-style question to test students' abilities to interpret clinical findings.

20 Clinical tutors undertake the assessment of clinical practice, with moderators used for clinical examinations in year 1 and the external examiner present in years 2 and 3. Where inconsistencies have occurred in the assessment of clinical practice, the orthoptics programme team has been vigilant in rectifying these. The evaluation of clinical placements is used to raise assessment issues. All written assessments, apart from the research project, are marked anonymously. Orthoptics examination scripts are not internally moderated. They are sent to the external examiner, but there is no accurate record of what the external examiner has moderated. Neither are there clear strategies for the internal moderation of coursework.

21 While a feedback form was recently introduced to enhance written feedback to students, it will be reviewed at the end of the year to allow for more written comments and to link these more to learning outcomes. Students informed the reviewers that, while they were generally satisfied with the quality of written feedback, which can be supplemented with oral comments, they were concerned at the occasional late return of some assessed work.

Student achievement

22 External examiners have commented on the appropriateness of the quality of students' work, that students are achieving the ILOs in both academic and practical assignments, and that they are fit for purpose and for the award. From their scrutiny of student work, the reviewers agree with the comments of external examiners, in particular, students' research projects demonstrated critical evaluations of research literature and the scientific knowledge required for the understanding of orthoptic disorders. In keeping with one of the aims of the programme, student research demonstrated a recognition of the importance of the use of evidence-based healthcare.

23 Over the last three years, 15 per cent of students achieved a First class award, 62 per cent an Upper Second and 23 per cent a Lower Second. In the same period, employment data show that students readily secure employment in the profession, with 73 per cent gaining work nationally and 9 per cent locally. In their discussions with former students, the reviewers were told that the programme prepared students very effectively for their work with patients and that they felt confident of their clinical skills and knowledge. Employers who met the reviewers confirmed their high levels of satisfaction with the quality of students from the programme who are regarded as fit for practice.

Table 1b: Completion and achievement statistics for all award-bearing programmes in orthoptics

Programme	Cohort	Degree classification											
		1		2i		2ii		3		P		F	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
BMedSci (Orthoptics)	1999	5	18	15	56	7	26	0	0	0	0	0	0
	2000	3	16	14	74	2	10	0	0	0	0	0	0
	2001	2	9	13	59	7	32	0	0	0	0	0	0

Table 2b: Employment statistics for all pre-registration programmes and exception reporting only for post-qualification programmes

Programme	Further study		Local employers		Employers elsewhere		Unemployed		Other unknown		
	No.	%	No.	%	No.	%	No.	%	No.	%	
	BMedSci (Orthoptics) 1999	1	4	2	7	22	82	0	0	2	7
	2000	2	11	2	11	14	73	0	0	1	5
	2001	3	14	2	9	14	63	0	0	3	14

Summary of academic and practitioner standards for orthoptics

Overall, the reviewers have confidence in the academic and practitioner standards achieved by the programme in Orthoptics at the University of Sheffield in partnership with South Yorkshire Strategic Health Authority.

Strength

- The orthoptics programme team has been highly attentive to the need to monitor and modify assessments to ensure that they measure the achievement of intended learning outcomes (paragraph 19).

Weaknesses

- Orthoptics examination scripts are not internally moderated. They are sent to the external examiner, but there is no accurate record of what the external examiner has moderated. Neither are there clear strategies for the internal moderation of coursework (paragraph 20).
- Orthoptics students informed the reviewers that, while they were generally satisfied with the quality of written feedback, which can be supplemented with oral comments, they were concerned at the occasional late return of some assessed work (paragraph 21).

B3 Speech and language therapy

Intended learning outcomes

24 The ILOs for the undergraduate and postgraduate programmes were informed by the HPC Standards of Proficiency; the Subject benchmark statement for speech and language therapy, published by QAA; RCSLT Competencies Project and accreditation guidelines. The ILOs clearly support the overall aims of the programmes and are appropriate for the levels of the awards. They are consistent with the FHEQ. Monitoring of the ILOs takes place through external examiners' reports, annual reviews, the SHA and feedback from clinical staff.

25 ILOs are clearly stated in student handbooks, programme specifications, clinical supervisor handbooks and module outlines, and are accessible on the departmental website. Students are made aware of the ILOs during induction. Pre-placement tutorials outline the specific ILOs for placement learning. Both students on placements and clinicians said that

they were aware of the ILOs. Students found them a useful guide to focus their learning and clinical staff use them as a means of structuring the delivery of the programme. External examiners and visiting clinical staff teaching on the programme are made aware of the ILOs through programme and module documentation and discussions with staff.

Curricula

26 New curricula for the BMedSci and the MMedSci in speech and language therapy (SLT) were introduced in 2002. They adopted a more SLT-centred approach through a 'spiral curriculum model'. Topics are introduced and revisited at greater depth as students progress. For example, Introduction to Communication introduces students to a range of client groups in the first weeks of the programme; the topic is then developed in year two for the BMedSci students in the module Speech Processing, and in more depth in year three in the Cognition and Communication module. The new curriculum is designed around six tracks, such as biomedical science, research methods and clinical practice. Students explained that they fully understood the organisation of the curriculum and that they were able to study topics in depth and build on previous knowledge. The SLT spiral curriculum is an imaginative and well-designed model which supports the general aims of the provision, facilitates students' progression, provides a more holistic approach to clients and enables students to apply theoretical learning to practice more readily. The professional body recommended the spiral model as an exemplar for a new SLT programme in Ireland.

27 The programme team has been enthusiastic in involving stakeholders and considering external reference points. The curricula were developed collaboratively with, among others, the NHS Liaison Committee (for placement coordinators), SHA staff and students. The Subject benchmark statement, the RCSLT Competencies Project, and subsequent HPC Standards of Proficiency were used as external reference points. The curricula include reference to an ethics review for student research. Ongoing staff research informs the specialist areas of the curriculum.

28 The clinical practice element operates in parallel with the theoretical components to enable the contextualisation of theory with practice. Theory and practice are also integrated

by the use of case study-based experiential learning. IPL opportunities in the curricula occur through the 'tracks' and are being developed in the practice placements through work with stroke patients and in a nursery school project in the local Education Action Zone. With funding from the Trent SHA Multiprofessional Deanery Practice Learning Scheme, a member of the teaching staff was able to disseminate information on approaches to IPL in Australia following a study visit there.

29 Students are involved in the development and evaluation of the curricula and the Department has responded to student feedback which included the revision of module structures. At the time of the major review, SLT postgraduate students expressed some concern regarding the requirement to take two modules, Interpersonal Skills and Life Span, which are assessed, but do not contribute to the final award. The rationale for this practice, especially the mandatory requirement to attend lectures in Interpersonal Skills, is currently being addressed by teaching staff.

Assessment

30 The assessment methods for both programmes are generally appropriate for testing students' achievement of the ILOs and include formative and summative assessments. There is clear mapping of ILOs with assessments, including clinical and theoretical assessments. There is a range of assessment methods, including essays, portfolios, interviews, research-based assignments and practical assessments, all clearly matched to the ILOs of individual modules and designed to encourage the linking of theory and practice. The programme team has been responsive to suggestions from external examiners to amend assessments, for example, on the Clinical Methods and Intervention module, where the revised method was more appropriate for testing the achievement of learning outcomes. All assessed work is anonymously marked and 15 per cent is moderated internally. The reviewers agree with external examiners that the marking is consistent and fair.

31 Assessment of practice is undertaken by clinically qualified University staff and clinicians in placements. University and clinical staff work closely to apply the clear procedures for managing failing students on practice, and students are aware of the process. University staff also visit local placements to monitor clinical supervisors' marking. There is a proactive relationship between University and clinical staff in SLT to enhance practice assessment. For

example, practice placement assessment has been changed to competency-based. This makes for a more transparent process and provides students with specific feedback and targets for learning. The change was brought about following supervisors' feedback and was developed with local NHS staff through a collaboration meeting. The clinicians' handbook provides a detailed explanation for the completion of the competency-based assessment form. However, there is some confusion among some supervisors regarding the completion of the SLT competency-based assessment form. Students are not always aware of the option to discuss and receive marks for any competencies which cannot be observed in placements.

32 Generic marking schemes, guidance on assignment format and procedures for handing in coursework are published in student handbooks. Students were generally satisfied that the information was useful and clear, and external examiners commented favourably on the marking guidelines. However, not all staff on all modules make full use of the marking guidelines to assess student work in SLT. Students are now provided with a schedule for handing in assignments, which will help to avoid the congestion reported by students and the external examiner for the psychology modules. University guidelines state that student work should be returned in 'reasonable time', and while the reviewers were told that, in the case of SLT, this is normally six weeks, there is no published statement about this in the student handbooks. From their scrutiny of samples of assignments and from comments by external examiners, it was evident that students were provided with helpful written feedback. There is, however, some confusion among SLT undergraduate students over the word limit for assignments and the penalties, if any, for too many or too few words.

Student achievement

33 The reviewers agree with the external examiners that students are achieving the ILOs on both programmes and that they are fit for practice, purpose and award. Undergraduate student work demonstrates the ability to relate theory and practice, to use evidence-based judgements and breadth of reading, and the critical ability to integrate and apply knowledge across disciplines. In line with the aims of the programme, postgraduate students' work shows that they have developed the necessary competencies to assess and manage a range of communication and swallowing disorders at the appropriate entry level to the profession. They

also demonstrate the necessary IT and research skills to work within evidence-based practice health provision.

34 On average over the last three years, 10 per cent of the students have achieved a First class award, 81 per cent an Upper Second and 9 per cent a Lower Second. The completion rate for the SLT master's programme is excellent at 100 per cent, with over 23 per cent on average over the last three years achieving Distinction awards. Over the same period, students are gaining employment as speech and language therapists in the NHS with 38 per cent of the graduates gaining employment locally and 57 per cent nationally. For the postgraduates, 18 per cent were employed locally and 40 per cent nationally by the NHS. Former students said that they sometimes found their first year challenging where they had to learn a great deal, but agreed that their programmes had prepared them very effectively for this challenge and for future professional work.

35 Employers stated that they were wholly satisfied with the quality of the graduates and postgraduates they employ and that they are fit for practice and purpose. Of particular note are the comments about postgraduates who, the reviewers were informed, demonstrate a high level confidence, professional personal skills and integrate well into interdisciplinary teams. The Department has established a series of seven student prizes to reward students for their achievements, including, for example, prizes for level 1 examination, for phonetics and for clinical practice.

Table 1c: Completion and achievement statistics for all award-bearing programmes in speech and language therapy

Programme	Cohort	Degree classification											
		1		2i		2ii		3		P		F	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
BMedSci (Speech and Language Therapy:SLT)	1998	4	12	28	85	1	3	0	0	0	0	0	0
	1999	0	0	4	80	1	20	0	0	0	0	0	0
	2000	2	11	14	74	3	15	0	0	0	0	0	0

Programme	Cohort	Total	Pass	Distinction
BMedSci (SLT)	2000	23	16	7
	2001	25	21	4
	2002	22	17	5

Table 2c: Employment statistics for all pre-registration programmes and exception reporting only for post-qualification programmes

Programme		Further study		Local employers		Employers elsewhere		Unemployed		Other unknown	
		No.	%	No.	%	No.	%	No.	%	No.	%
BMedSci (SLT)	1998	0	0	6	18	22	67	0	0	5	15
	1999	0	0	4	80	1	20	0	0	0	0
	2000	0	0	3	16	13	68	1	5	2	11
MMedSci (SLT)	2000	0	0	2	9	8	35	0	0	13	56
	2001	0	0	2	8	12	48	0	0	11	44
	2002	0	0	8	36	8	36	0	0	6	28

Summary of academic and practitioner standards for speech and language therapy

Overall, the reviewers have confidence in the academic and practitioner standards achieved by the programmes in Speech and Language Therapy at the University of Sheffield in partnership with Trent Strategic Health Authority Multiprofessional Deanery.

Strengths

- There is a proactive relationship between university and clinical staff in SLT to enhance practice assessment (paragraph 31).
- The completion rate for the SLT master's programme is excellent at 100 per cent, with over 23 per cent on average over the last three years achieving distinction awards (paragraph 34).

Good practice

- The SLT spiral curriculum is an imaginative and well-designed model which supports the general aims of the provision, facilitates students' progression, provides a more holistic approach to clients and enables students to apply theoretical learning to practice more readily (paragraph 26).

Weaknesses

- SLT postgraduate students expressed some concern regarding the requirement to take two modules, Interpersonal Skills and Life Span, which are assessed, but do not contribute to the final award. The rationale for this practice, especially the mandatory requirement to attend lectures in Interpersonal Skills, is currently being addressed by teaching staff (paragraph 29).
- There is some confusion among some supervisors regarding the completion of the SLT competency-based assessment form. Students are not always aware of the option to discuss and receive marks for any competencies which cannot be observed in placements (paragraph 31).
- Not all staff on all modules make full use of the marking guidelines to assess student work in SLT (paragraph 32).
- There is some confusion among SLT undergraduate students over the word limit for assignments and the penalties, if any, for too many or too few words (paragraph 32).

C Quality of learning opportunities

Learning and teaching

36 The learning and teaching strategies for clinical psychology, orthoptics and SLT are consistent with the University's guidelines. The clinical psychology programme has been successfully designed to offer academic research and clinical opportunities at doctoral level, and adopts an adult learner model. In orthoptics and SLT, there is an emphasis on teamworking and independent learning, with SLT paying particular attention to multidisciplinary learning as befits its spiral curriculum. All three programmes emphasise lifelong learning and pay appropriate attention to health and safety issues.

37 A variety of learning and teaching methods is used, including lectures, tutorials, student-led seminars, presentations, case study-based learning and problem-solving, and laboratory classes. Students in all programmes expressed a high level of satisfaction with the quality of learning and teaching. Staff research in all programmes ensures that learning and teaching accurately reflect current research and practice. Clinical psychology and SLT are highly research-active departments whereby trainees' and students' learning is enhanced through the support they receive from staff in their research topics. SLT has developed an innovative CD-ROM based learning package to enable students to work independently, and there is emphasis on the promotion of client-focused skills such as observation, deduction, clinical reasoning and decision-making. Clients in SLT are asked to contribute to student training by giving consent for videos and data to be used for teaching purposes.

38 Clinical psychology employs external clinical staff to share the delivery of learning and teaching. NHS clinical psychologists are informed about developments through a regular newsletter, and supervisors are offered induction workshops funded by the Trent SHA Multiprofessional Deanery. Students in all programmes value the input of clinical practitioners. The input is carefully managed to ensure that external staff are aware of the ILOs and curricula and to encourage the integration of theory and practice.

39 Learning in placements is well organised and clinical staff are well supported in all programmes. In clinical psychology, a Supervisor's Information Pack is provided, which is much appreciated by clinical staff and is highly informative in its detail and clear in its format. Placement staff are able to identify the learning needs of students through consultation with academic staff. The content of trainees' learning

on placements in clinical psychology is agreed with the placement supervisor, and the clinical tutor placement visits provide an opportunity for discussion between the supervisor, trainee and clinical tutor. Placement learning is highly valued by trainees and students to relate theory and practice, reflect on their learning, build up clinical competencies and take up opportunities for IPL. All programmes pay close attention to student feedback on placement learning. In clinical psychology, this is achieved through the annual feedback questionnaire and end-of-placement form, which is seen by the supervisor and the clinical tutor. In SLT, a separate form is used for student feedback on placements, which is discussed at the teaching committee.

40 All programmes are assiduously addressing the development of IPL in their learning strategies. In clinical psychology, this is addressed primarily through placement experiences and will be developed through the pilot project and through funding by the Trent SHA Multiprofessional Deanery for an educational bursary. Orthoptics students have the opportunity for IPL in clinical placements and through campus-based learning with, for example, biomedical science, psychology and paediatric neurology. In SLT, there is shared learning through its multidisciplinary themes, and this is also being developed through the Trent SHA Multiprofessional Deanery bursary.

The quality of learning and teaching is commendable.

Strengths

- Clinical psychology and SLT are highly research-active departments whereby trainees' and students' learning is enhanced through the support they receive from staff in their research topics (paragraph 37).
- All programmes pay close attention to student feedback on placement learning (paragraph 39).
- All programmes are assiduously addressing the development of interprofessional learning in their learning strategies (paragraph 40).

Good practice

- SLT has developed an innovative CD-ROM-based learning package to enable students to work independently (paragraph 37).
- In clinical psychology, a Supervisor's Information Pack is provided which is much appreciated by clinical staff and is highly informative in its detail and clear in its format (paragraph 39).

Student progression

41 Selection procedures for all four programmes are clearly set out in the University's prospectuses and website. The procedures are well managed and the information available to applicants is clear and accurate. Open days are well organised and appreciated by students. Applications for clinical psychology are through a central clearing house. The process is equitable and involves academic and clinical staff. Consideration is being given to involving service users in the admissions process. For orthoptics, recent changes have considerably enhanced the admissions process, whereby applicants are required to complete brief work experience placements prior to entry and spend some time with current students. The changes were introduced in recognition of the need to improve the information provided to applicants about the role of the orthoptist, to provide more accurate ways of differentiating between applicants and to reduce attrition rates. Applicants for SLT are required to attend individual and group interviews, an auditory test and are asked to submit an essay. Students and trainees in all three programmes said that they found the admissions process fair, informative and clear.

42 Students and trainees were also very positive in their comments on their induction experiences. All programmes provide suitable arrangements to ensure that new students and trainees are provided with information about their studies and clinical placements. In clinical psychology, for example, induction involves a three-week introductory block comprising academic teaching, observation and role-play. Trainees in clinical psychology benefit from an excellent Trainee Information Pack which provides a very accessible and informative introduction to the programme. For placements, trainees receive the Sheffield Care Trust Induction pack. In all three disciplines, students and trainees receive a thorough induction, including information on health and safety issues.

43 The University has an overarching strategy to ensure that students and trainees are supported on campus and in practice placements. Each programme has evolved its own structure for supporting students. In clinical psychology, the personal tutor and clinical supervisor work effectively together to provide trainees with proactive and well-organised academic and placement support. Trainees identified this support as one of the highlights of their experiences in clinical psychology. In orthoptics, students appreciate the support they receive from personal and academic tutors and stated that support and feedback on progression

in placements is appropriate from both University and clinical staff. Orthoptics faces a considerable challenge providing support for students on placements some distance from the University, but students reported that the support and communications are effective. Clinical staff are also invited to an annual meeting to discuss, among other things, support for students and trainees on placements. In response to feedback from students and the recommendation from the RCSLT accreditation report (2003), the SLT programme recently moved from a year tutor arrangement to one where a tutor is assigned to each student throughout their programme. This should address some of the confusion expressed by students about personal tutoring.

44 All programmes receive applications from highly-qualified students and trainees. Applications are buoyant and all programmes meet their contractual expectations with the NHS for recruitment. The attrition rate in clinical psychology is zero, and low in both SLT programmes. In orthoptics, the relatively higher attrition rates for the 1999, 2000 and 2001 intakes have been recognised and appropriate action has been taken to reduce the rate, with the rate reduced to 8 per cent for intakes after 2002. All programme teams, SHAs and the University work effectively together to monitor student and trainee progression and, where needed, identify reasons for withdrawal. Progression and attrition are addressed in the Annual Review of Teaching Quality (ARTQ) reports. Trainees in clinical psychology have annual personal reviews, and progression rates are discussed at contract review meetings. In orthoptics, the first clinical placement was moved in 2002 to enable students to return to the University to discuss their experiences, which enabled staff to monitor progression at an earlier stage in the student's career. SLT staff are involved in a project with the University Careers Service to monitor progression.

Table 3: Recruitment and attrition statistics

Award title	Recruited number	Withdrawal		Transfer in		Transfer out		Discontinuation	
		No.	%	No.	%	No.	%	No.	%
DCLinPsy									
1999	12	0	0	0	0	0	0	0	0
2000	16	0	0	0	0	0	0	0	0
2001	20	0	0	0	0	0	0	1	5
BMedSci (Orthoptics)									
1999	30	5	17	3	10	1	3	0	0
2000	29	9	31	1	3	2	7	0	0
2001	30	5	17	2	7	4	13	1	3
BMedSci (SLT) (four-year)									
1998	40	4	10	0	0	3	8	0	0
1999	7	1	14	0	0	1	14	0	0
2000	25	1	4	0	0	2	8	0	0
MMedSci (SLT)									
2000	26	3	12	0	0	0	0	0	0
2001	25	0	0	0	0	0	0	0	0
2002	25	3	12	0	0	0	0	0	0

The quality of student progression is commendable.

Strength

- All programme teams, SHAs and the University work effectively together to monitor student and trainee progression and, where needed, identify reasons for withdrawal (paragraph 44).

Good practice

- Trainees in clinical psychology benefit from an excellent Trainee Information Pack which provides a very accessible and informative introduction to the programme (paragraph 42).

Learning resources and their effective utilisation

45 Overall, learning resources, including library books, periodicals and arrangements for borrowing, hardware and software for IT and their management, and utilisation on the University campus, are excellent. Students and trainees clearly benefit from this provision. Physical libraries providing study spaces, networked PCs, book loan collections, journals and information support are focused for orthoptics and clinical psychology at the Royal Hallamshire Hospital Health Sciences Library, and for SLT students in the main University library. Students on block practice placements have extended loan rights.

46 Clinical psychology has its own teaching, computing, audiovisual and resource library facilities which students find appropriate for their learning. The Orthoptics Unit is located in the Royal Hallamshire Hospital where there is high quality and conveniently arranged accommodation, including a lecture room, library, refraction room, staff offices and orthoptic laboratories. Students have access to specialist learning resources, including an autorefractor, artificial eyes and head, optic bench, an orthoptic literature database and a clinical skills room. The excellent learning resources at the Royal Hallamshire Hospital and in the Department of Psychology effectively support the orthoptics students' and the clinical psychology trainees' abilities to achieve their ILOs.

47 The learning resources for SLT are split between four adjacent Victorian buildings, though there are plans to re-house the provision in the next few years. Included in the accommodation is a purpose-built SLT clinic, comprising four suites of clinical and observation rooms and a large-group teaching room, all with video-sound links. A grant from the Hewlett Packard Philanthropy fund in autumn 2000 enabled the department to create two very well-equipped IT laboratories for student use. Teaching staff have commented on how these facilities have enabled them to deliver professionally relevant and innovative teaching on site, and students have commented positively on how effective the resources are in supporting their learning.

48 Learning resources in most placements are adequate, but there are some placements where there are insufficient resources. In clinical psychology, computing, office and clinical space and secretarial support are sometimes poor on placements. The lack of office space in some placements limits placement availability. In orthoptics, students have adequate access to library and study facilities, but web-based materials are not easily accessed in some placements. In SLT, students have access to resources through the RCSLT and University web sites, and make use of NHS libraries. In feedback from questionnaires and discussions with the reviewers, students indicated that resources on placements meet their needs. In clinical psychology, the placement database operated with the Trent SHA Multiprofessional Deanery provides information about the location and facilities in placements. This is available to trainees, programme staff and supervisors. University of Sheffield staff in clinical psychology work effectively with the colleagues at the University of Leicester to manage placements in the region. Similarly, staff in orthoptics work

jointly with staff at the University of Liverpool to allocate students to placements.

49 The quality of learning opportunities in placements varies mainly in terms of resources, but there are processes in place to monitor placement provision. All programmes make use of trainee/student and supervisor feedback which is discussed at monitoring meetings. Information is fed into the annual reports that are discussed at programme committees and with the SHA and the service commissioning groups. The introduction of the tripartite survey in 2005-06 for SLT should provide additional formal mechanisms for feedback and its analysis.

50 Academic and clinical staff in all programmes are highly qualified, are research-active and have a wealth of clinical experience highly appropriate for the specialist areas of the programmes, in particular, for the postgraduate provision in clinical psychology and SLT. Senior staff in all programmes are active in national training issues and engage in clinical practice to ensure the currency of their own knowledge and practice. All clinical and academic staff have annual appraisals, and new staff are well supported through induction and mentoring processes. In SLT, University staff provide training for practice staff who will be able to access a CD-ROM, which is being developed so that they can receive distance training. Technical and administrative support is appropriate for all programmes.

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

Strength

- The excellent learning resources at the Royal Hallamshire Hospital and in the Department of Psychology effectively support the orthoptics students' and clinical psychology trainees' abilities to achieve their intended learning outcomes (paragraph 46).

Weaknesses

- In orthoptics, students have adequate access to library and study facilities, but web-based materials are not easily accessed in some placements (paragraph 48).
- In clinical psychology, computing, office and clinical space and secretarial support are sometimes poor on placements. The lack of office space in some placements limits placement availability (paragraph 48).

D Maintenance and enhancement of standards and quality

51 The ARTQ, together with the Independent Evaluation of Teaching, are the key processes for monitoring the achievement of standards and for reviewing the quality of learning opportunities. The subsequent reports are informed by quantitative information, such as admissions and student attainment and employability, and by a qualitative analysis of the outcomes of student evaluation and the external examiners' reports. Deans and heads of departments also provide detailed comments on external examiners' reports, with action plans being carefully monitored by the faculty boards. Students and trainees spoke positively about the opportunities available, through membership of committees and questionnaires, to express their views and evaluate their experiences in both campus and practice settings. They also reported that staff are responsive to addressing issues, where appropriate. The ARTQ reports provide clear and detailed statements regarding actions required to address issues, which are checked in the reports for the following year. With the minutes of the internal programme committees, the reports indicate a robust and conscientious approach to the evaluation and monitoring of the provision.

52 The respective statutory bodies have accredited the three programmes, in 1998 for orthoptics, 2002 for SLT and 2004 for clinical psychology. No conditions were required and programme teams have addressed any recommendations. The statutory body for orthoptics has not visited the provision since March 1998. The accreditation period was extended in 2003 during the period of the shadow HPC while the new approval process was discussed. The accreditation was extended further by the statutory body and by the University on the grounds that there was a major review and a building programme in 2005. The next visit will be in 2006.

53 The SHA and the Service Commissioning Groups at each mid-year contract meeting, review programmes based on annual reports. The course training committees receive comprehensive feedback through the annual reports, which are discussed with programme committees where recommendations are made and action plans drawn up. Following a review, commissioned by the SHAs, of orthoptics' contracts, staff work closely through regular meetings with the University of Liverpool to achieve a common approach to the allocation of students to, and the evaluation of, practice placements. While the relationship between

orthoptics and the SHAs is informal, due mainly to the small size of the profession, there is a free interchange of ideas and effective communication. Overall, the working relationship between the University, the Trusts and SHA is productive, efficient and mutually supportive.

54 The production of the self-evaluation document (SED) was a collaborative activity between teaching staff in all four disciplines, in consultation with the two commissioning bodies, students/trainees, service-users, a University-led steering group and the University's central service departments. The process involved the use of away-days and focus groups. The SED was a helpful and evaluative guide to the provision, and provided examples where the provision had been enhanced following recommendations by external examiners, professional bodies, clinical placement staff and feedback from students.

Strength

- Students and trainees spoke positively about the opportunities available, through membership of committees and questionnaires, to express their views and evaluate their experiences in both campus and practice settings. They also reported that staff are responsive to addressing issues, where appropriate (paragraph 51).

Major review of healthcare programmes

March 2005

University of Sheffield
South Yorkshire Strategic Health Authority
Trent Strategic Health Authority

Title of organisation (Lead SHA/WDC): South Yorkshire Strategic Health Authority

Signature: Alan Wittrick Position: Chief Executive

Title of organisation (HEI): University of Sheffield

Signature: Professor Robert Boucher Position: Vice Chancellor

Title of organisation (SHA/WDC): Signed by SYSHA on behalf and with the approval of Trent Strategic Health Authority

Signature: Alan Wittrick Position: Chief Executive

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"> Overall, in clinical psychology, through effective communications and comprehensive documentation, trainees are able to use the intended learning outcomes as clear guides for their learning. Clinical staff also make use of the intended learning outcomes to understand what is expected of themselves and of students on placements (paragraph 5). The clinical psychology staff have developed certain curricular focuses, linked to the skills and expertise of their research, which provide an extensive knowledge base for the specialist areas of the curriculum and encourage evidence-based practice and trainee research (paragraph 6). The clinical psychology programme team is enthusiastically engaged in strengthening the opportunities in the curriculum for interprofessional learning (paragraph 8). A feature of the clinical psychology provision over the last three years is the high completion rate for the award and for securing employment (paragraph 14). 	<p>Continue with current work of updating and reviewing: a) personal review system; b) revised placement forms; c) teaching handbook.</p> <p>Continue with current strategy of profiling staff research interests and linking these with trainee research projects.</p> <p>Continue to develop this work through review of case study assessments.</p> <p>Continue to monitor.</p>	<p>a) March 2006 b) March 2006 c) September 2005</p> <p>Ongoing</p> <p>1 June 2006</p> <p>None</p>	<p>None</p> <p>None</p> <p>None</p> <p>None</p>	<p>Trainees do not achieve learning outcomes. Poorer communication with trainees and clinical staff.</p> <p>Reduction in quality of training experience.</p> <p>Reduced strengthening of interprofessional learning opportunities.</p> <p>Loss of qualified staff for NHS.</p>	<p>a) Personal and Professional Development Sub-Committee; b) Clinical Practice Sub-Committee; c) Curriculum Sub-Committee</p> <p>Executive Committee</p> <p>Clinical Tutors</p> <p>Programme Director in partnership with programme commissioners and faculty.</p>	<p>Trainee, supervisor and external teacher feedback; annual feedback reports.</p> <p>Trainee feedback; external examiners' reports.</p> <p>Trainee feedback; clinical tutor meeting; Course Training Committee, SHA Quality Management.</p> <p>Annual reports; University monitoring via the ARTQ; employment data.</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"> The orthotics programme team has been highly attentive to the need to monitor and modify assessments to ensure that they measure the achievement of intended learning outcomes (paragraph 19). There is a proactive relationship between university and clinical staff in speech and language therapy to enhance practice assessment (paragraph 31). The completion rate for the speech and language therapy master's programme is excellent at 100 per cent, with over 23 per cent on average over the last three years achieving Distinction awards (paragraph 34). <p>Good practice</p> <ul style="list-style-type: none"> The Assessment of Clinical Competence form is a carefully-constructed document and is used effectively by clinical supervisors to support trainees' learning in clinical psychology (paragraph 10). 	<p>Record what is currently done more clearly in the Guidelines for Examiners.</p> <p>Identify ILOs that are being assessed in each assessment.</p> <p>Consider including the above in guidelines given to students.</p> <p>Consider using Minerva, a web-based learning and information resource used within the Faculty of Medicine.</p> <p>Continue to develop and monitor through liaison.</p> <p>Continue to monitor.</p> <p>Continue to develop through encouraging the provision of formative as well as summative feedback and to encourage supervisors to use the website and access electronic forms.</p>	<p>1 September 2005</p> <p>1 September 2006</p> <p>1 September 2005</p> <p>1 September 2005</p> <p>None</p> <p>None</p> <p>None</p> <p>Ongoing</p>	<p>None</p> <p>None</p> <p>None</p> <p>None</p> <p>None</p> <p>None</p> <p>None</p>	<p>Lack of improvement in this area. Assessment may not remain current for the programme.</p> <p>Reduced quality of development of practical assignment.</p> <p>Loss of qualified staff for NHS.</p> <p>Trainees' learning opportunities reduced.</p>	<p>Examination Officer/Subject Leaders.</p> <p>Clinical Tutors in University and Trust Practice Learning Coordinators, service managers and via the Human Communication Studies Board of Clinical Course Studies.</p> <p>Programme Directors, in partnership with University quality monitoring systems, including the Annual Review of Teaching Quality (ARTQ) report; SHA quality management.</p> <p>Clinical Tutors</p>	<p>Tutor and Student Evaluations. External examiners' reports.</p> <p>Clinical placement feedback process.</p> <p>Annual report and employment data.</p> <p>Trainee and Supervisor feedback; Annual Feedback 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 awards	<ul style="list-style-type: none"> The speech and language therapy spiral curriculum is an imaginative and well-designed model which supports the general aims of the provision, facilitates students' progression, provides a more holistic approach to clients and enables students to apply theoretical learning to practice more readily (paragraph 26). <p>Weaknesses</p> <ul style="list-style-type: none"> Orthoptics examination scripts are not internally moderated. They are sent to the external examiner, but there is no accurate record of what the external examiner has moderated. Neither are there clear strategies for the internal moderation of coursework (paragraph 20). 	<p>Continue to monitor.</p> <p>Write strategy for internal moderation of scripts.</p> <p>Request external examiners to record scripts looked at and incorporate this request into Unit's guidelines for external examiners.</p> <p>Record current practices for moderation of orthoptic assignments in Guidelines for Examiners.</p> <p>Explore methods for moderating non-orthoptic assignments.</p>	<p>Ongoing</p> <p>1 September 2005</p> <p>1 September 2005</p> <p>1 September 2005</p> <p>1 September 2006</p>	<p>None</p> <p>Availability of suitable academics.</p> <p>None</p> <p>None</p> <p>Availability of suitable academics.</p>	<p>Reduction in quality of training experience.</p> <p>Lack of clear policy for moderating scripts.</p> <p>Lack of record</p> <p>Unclear procedure</p> <p>Lack of consistency between subjects in moderation.</p>	<p>Programme Director and Director of Teaching and Learning; Service Managers in SHA.</p> <p>Programme Leader/Examination Officer.</p> <p>Examination Officer.</p> <p>Examination Officer.</p> <p>Programme Leader/Examination Officer.</p>	<p>SHA monitoring process; University quality monitoring processes e.g. ARTQ, Student feedback; Staff Student Liaison Committee.</p> <p>Unit handbook on examination guidelines.</p> <p>Annual Examination Officer report.</p> <p>Annual Examination Officer report.</p>

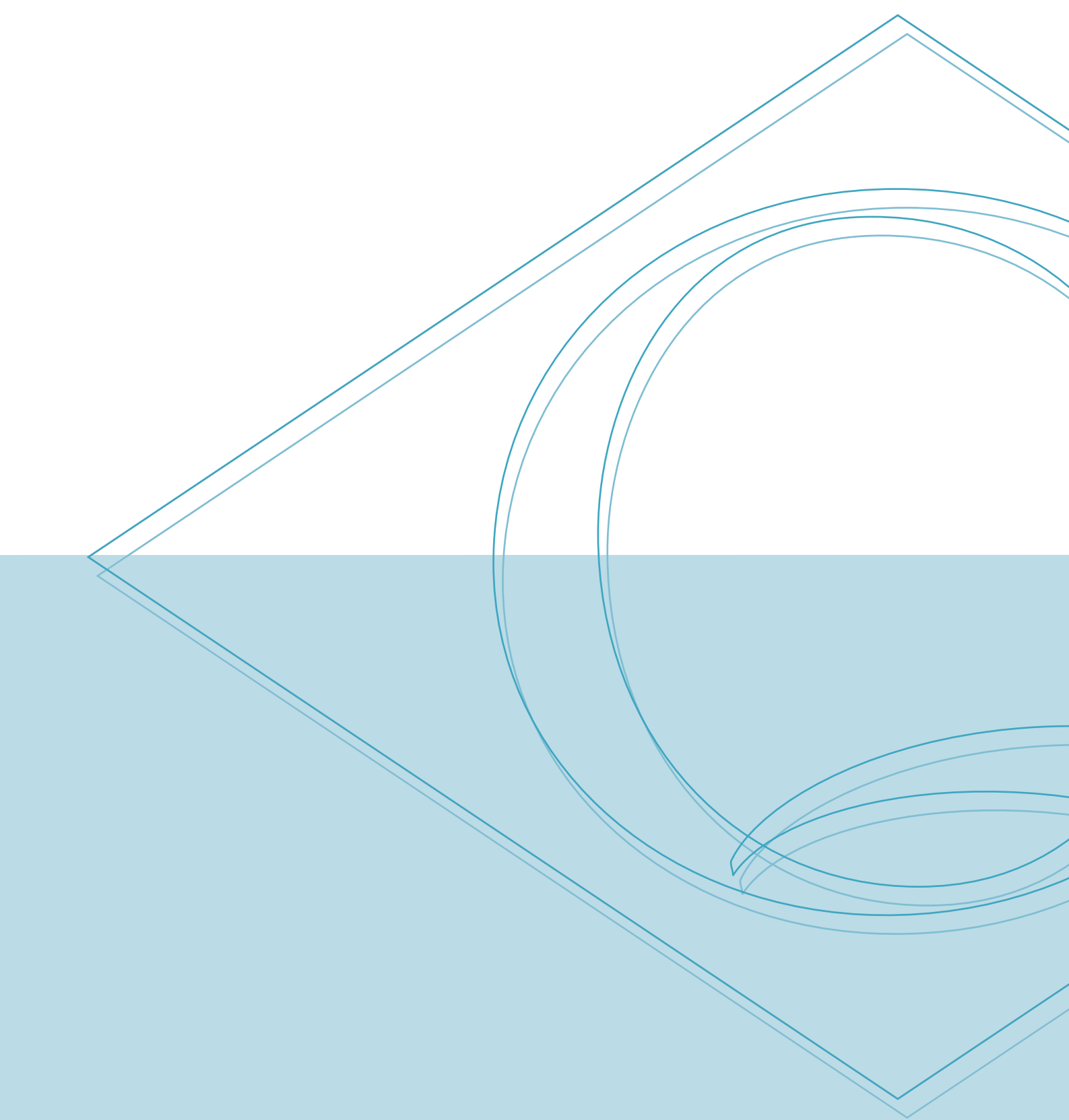
Component	Strengths/Weaknesses	Actions to be taken	Target completion date/s	Constraints preventing delivering the action required	Impact of not delivering the action required	Lead responsibility (organisation/s and person/s) Name and title of organisation	Evidence of quality enhancement
Academic and practitioner standards	<ul style="list-style-type: none"> Orthoptics students informed the reviewers that, while they were generally satisfied with the quality of written feedback, which can be supplemented with oral comments, they were concerned at the occasional late return of some assessed work (paragraph 21). Speech and language therapy postgraduate students expressed some concern regarding the requirement to take two modules, Interpersonal Skills and Life Span, which are assessed, but do not contribute to the final award. The rationale for this practice, especially the mandatory requirement to attend lectures in Interpersonal Skills, is currently being addressed by teaching staff (paragraph 29). There is some confusion among some supervisors regarding the completion of the speech and language therapy competency-based assessment form, and students are not always aware of the option to discuss and receive marks for any competencies which cannot be observed in placements (paragraph 31). 	<p>Feedback date to be given with hand-in date for assignments.</p> <p>Interpersonal Skills lectures removed from the curriculum; Interpersonal Skills tutorials re-structured; Lifespan Development tutorials instituted.</p> <p>Actions already taken to enhance clinical supervisor training via a) the use of a DVD and b) Clinical Education link through the departmental website. Further monitoring will take place through the ongoing review of clinical education during 2005-06.</p>	<p>1 September 2005</p> <p>1 July 2005</p> <p>a) and b) ongoing and c) 2005-06 academic year</p>	<p>None</p> <p>None</p> <p>None</p>	<p>Lack of clarity for timescale of feedback.</p> <p>Imbalance of curriculum components.</p> <p>Reduction in quality of training experience.</p>	<p>Examination Officer/Subject Leader.</p> <p>Course Director, MMedSci.</p> <p>a) and b) Clinical Tutors and c) clinical placement track team.</p>	<p>Student evaluations/feedback.</p> <p>Student evaluation process; Staff Student Liaison Committee.</p> <p>Placement supervisor feedback and student feedback.</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
Quality of learning opportunities Learning and teaching	<ul style="list-style-type: none"> Not all staff on all modules make full use of the marking guidelines to assess student work in speech and language therapy (paragraph 32). There is also some confusion among speech and language therapy undergraduates over the word limit for assignments and the penalties, if any, for too many or too few words (paragraph 32). 	<p>Ensure consistent methods for each type of teaching activity.</p> <p>Ensure word limits for assessment clearly stated and policy for deviations from limit to be highlighted via website and student handbook.</p>	<p>For next academic year 2005-06</p> <p>Begin 2005-06</p>	<p>None</p> <p>None</p>	<p>Reduction in quality of student learning experience.</p> <p>Reduction in quality of student learning experience.</p>	<p>Departmental Teaching Committee</p> <p>Departmental Teaching Committee</p>	<p>ARTQ and Audit use of marking feedback sheets.</p> <p>Audit through Staff Student Liaison Committee.</p>
	<p>Strengths</p> <ul style="list-style-type: none"> Clinical psychology and speech and language therapy are a highly research-active department whereby trainees' learning is enhanced through the support they receive from staff in their research topics (paragraph 37). 	<p>Maintain staff research output and links between staff research interests and trainee projects.</p>	Ongoing	Constraints on staff time	Trainee learning could be adversely affected through reduced research output.	Academic staff	Annual publication record; external examiners' reports.
CP response	<ul style="list-style-type: none"> All programmes pay close attention to student feedback on placement learning (paragraph 39). 	<p>Continue to encourage informal as well as formal feedback on placements.</p>	Ongoing	None	Quality of placement learning experience adversely affected.	Clinical Tutors	Trainee feedback; Annual Feedback Reports; SHA quality monitoring procedures.
Orthoptics response		<p>Continue this practice and liaise with other Orthoptic providers to give more robust information.</p>	Ongoing	None	Lack of response to feedback could weaken the educational experience.	Programme Leader/Clinical Placement Coordinator	Student and tutor evaluations.
SLT response		<p>Will continue to seek responses from students and practice learning providers to build on success of learning opportunities.</p>	2005-06 and annually	None	Weakening of current feedback mechanism which would be detrimental to whole programme.	Both BMed and MMed students and practice learning providers.	Monitoring through University quality assurance procedures, e.g. Annual Review of Teaching Quality (ARTQ) report; Staff Student Liaison Committee; SHA review meetings; HPC accreditation procedures.

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) Name and title of organisation	Evidence of quality enhancement
CP response	<ul style="list-style-type: none"> All programmes are assiduously addressing the development of interprofessional learning in their learning strategies (paragraph 40). 	<p>Continue to encourage informal as well as formal feedback on placements.</p> <p>Formalise IPL on placement and include as heading for student PDP file.</p> <p>Discussions with clinicians to determine further IPL opportunities, particularly in relation to stroke and child development.</p> <p>Continue to explore further links with other departments; remain involved with Faculty of Medicine working group on IPL.</p>	Ongoing	None	Quality of placement learning experience adversely affected.	Clinical Tutors	Trainee feedback; Annual Feedback Reports; SHA quality monitoring procedures.
Orthoptics response			1 September 2006	Practice placements being able to provide IPL without affecting ILO achievement.	Lack of improved awareness of IPL in Orthoptic practice.	Clinical Tutors/SHA/Programme Leader	Feedback from Clinical Tutors and students.
SLT response	<p>Good practice</p> <ul style="list-style-type: none"> Speech and language therapy has developed an innovative CD-ROM-based learning package to enable students to work independently (paragraph 37). In clinical psychology, a Supervisor's Information Pack is provided, which is much appreciated by clinical staff and is exemplary in its detail and format (paragraph 39). 	<p>To strengthen this development via the Centre for Inquiry Based Learning in Arts and Social Sciences (CILASS), a HEFCE-funded Centre for Excellence in Teaching and Learning.</p> <p>Continue to review and update annually and make available on the website.</p>	2005-06	None	No further extension of IPL in the Department.	Department of Human Communication Sciences via Clinical Education Tutors and faculty level leadership.	Monitoring via the Board of Clinical Course Studies (HCS), University quality monitoring procedures, e.g. ARTQ report and SHA quality monitoring procedures.
			Ongoing	None	Less substantial development of learning opportunities.	Academic Staff	Monitor through curriculum review.
			Ongoing	None	Less effective communication between clinical tutors and supervisors.	Clinical tutors	Supervisor feedback; Annual Feedback Reports.

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Student progression CP response HCS response Orthoptics response	<p>Strength</p> <ul style="list-style-type: none"> All programme teams, SHAs and the University work effectively together to monitor student and trainee progression and, where needed, identify reasons for withdrawal (paragraph 44). <p>Good practice</p> <ul style="list-style-type: none"> Trainees in clinical psychology benefit from an excellent Trainee Information Pack which provides a very accessible and informative introduction to the programme (paragraph 42). <p>Good practice</p> <ul style="list-style-type: none"> The excellent learning resources at the Royal Hallamshire Hospital, and in the Department of Psychology, effectively support the orthoptics students' and the clinical psychology trainees' abilities to achieve their intended learning outcomes (paragraph 46). <p>Weaknesses</p> <ul style="list-style-type: none"> In orthoptics, students have adequate access to library and study facilities, but web-based materials are not easily accessed in some placements (paragraph 48). 	<p>Continue to monitor trainee progression.</p> <p>Continue to monitor and evaluate progress.</p> <p>Continue to work effectively in partnership with each other.</p> <p>Continue to review and update annually.</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	<p>None</p> <p>None</p> <p>None</p> <p>None</p>	<p>Reduced completion rates.</p> <p>Reduction in effectiveness of the programmes.</p> <p>Reduction in effectiveness of partnership.</p> <p>Communication between course team and trainees less good.</p>	<p>Examinations Board and SHA</p> <p>Programme Directors</p> <p>SHA/Programme Leader/Clinical Tutors</p> <p>Course Team</p>	<p>Annual Report; SHA quality monitoring procedures.</p> <p>SHA annual report and quality monitoring process, University quality monitoring process.</p> <p>Contract reviews</p> <p>Trainee feedback; Annual Feedback Reports.</p>
Learning resources and their effective utilisation CP response Orthoptics response	<p>Good practice</p> <ul style="list-style-type: none"> The excellent learning resources at the Royal Hallamshire Hospital, and in the Department of Psychology, effectively support the orthoptics students' and the clinical psychology trainees' abilities to achieve their intended learning outcomes (paragraph 46). <p>Weaknesses</p> <ul style="list-style-type: none"> In orthoptics, students have adequate access to library and study facilities, but web-based materials are not easily accessed in some placements (paragraph 48). 	<p>Continue to develop the resource room.</p> <p>Transfer learning resources successfully to new accommodation without adverse affect on students.</p> <p>Web availability already improved. Encourage placements to explore ways of gaining web access for students. Use of Portal and explore the use of Minerva to provide improved access to learning materials whilst on placement.</p>	<p>Ongoing</p> <p>1 December 2005</p> <p>Ongoing</p>	<p>None</p> <p>Reduction in space available.</p>	<p>Resources become out of date.</p> <p>Reduction in student achievement when ILOs assessed.</p>	<p>Course Team; SHA</p> <p>Medical School Space Committee/Head of Unit/Programme Leader</p>	<p>Trainee feedback; Annual Feedback Reports.</p> <p>Student evaluations on improved shared learning opportunities due to better integration within the Medical School.</p>
			Ongoing	Both manpower and technological resources are required to produce material for Minerva.	Less easy access to learning materials when remote from the Unit.	Programme Leader/Medical School and Unit IT technicians	Feedback from clinical tutors and student evaluations.

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
Learning resources and their effective utilisation	<ul style="list-style-type: none"> In clinical psychology, computing, office and clinical space and secretarial support are sometimes poor on placements. The lack of office space in some placements limits placement availability (paragraph 48). 	Use of information obtained from audit of placements and BPS guidance to continue to lobby Chief Executive. Liaise with Trent and S Yorkshire SHAs to review strategy.	1 December 2005	None	Resources on some placements remain poor. Difficulty in finding sufficient placements in the future.	Trainee and clinical tutor feedback; Annual Feedback Report; Annual Report.	
Maintenance and enhancement of standards and quality	<p>Strength</p> <ul style="list-style-type: none"> Students and trainees spoke positively about the opportunities, available through membership of committees and questionnaires, to express their views and evaluate their experiences in both campus and practice settings. They also reported that staff are responsive to addressing issues, where appropriate (paragraph 51). 	Continue to encourage informal and formal feedback, both on campus and on placements, in order to enhance learning opportunities.	Ongoing	None	Lack of responsiveness to feedback would have an adverse effect on the quality of learning opportunities.	Academic staff, practice placement providers, students and trainees.	Feedback and evaluations from students and trainees; SHA and University quality monitoring procedures.



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