

**ST GEORGE'S, UNIVERSITY OF LONDON**

**REVALIDATION REPORT (CONJOINT APPROVAL WITH CSP)**

**BSc (Hons) Physiotherapy/MSc Physiotherapy (pre-registration)**

**1st May 2019**

**Panel Membership**

Prof Deborah Bowman (Chair)	Deputy Principal (Institutional Affairs); Professor of Bioethics, Clinical Ethics and Medical Law, St George's, University of London
Dr Helen Frank	Head of Department (Occupational Therapy, Physiotherapy and Nutritional Therapy), School of Allied Health and Community, University of Worcester
Catherine Moore	Lecturer, Faculty of Medicine & Health Sciences, University of Nottingham
Alan Rice	Associate Professor Paramedic Practice, Faculty of Health, Social Care and Education, Kingston University and St George's, University of London
Janette Grey	Education Representative, Chartered Society of Physiotherapy (CSP)
Ratna Romy	Student Reviewer, St George's, University of London

**In attendance**

Nina Paterson	Education Representative, Chartered Society of Physiotherapy (CSP)
Derek Baldwinson	Director, Quality and Partnerships Directorate, St George's, University of London
Glen Delahaye	Quality Assurance & Enhancement Manager, St George's, University of London
Prof Jane Lindsay	Associate Dean for Learning and Teaching, Faculty of Health, Social Care and Education, Kingston University and St George's, University of London

## **Introduction and context**

- 1) The Panel was convened to consider the revalidation of BSc (Hons) Physiotherapy and MSc Physiotherapy (pre-registration). Subject to revalidation, the new programmes would be phased in for new BSc students enrolling from September 2019 and for new MSc students from September 2020. Continuing BSc and MSc students would remain on the existing Physiotherapy programmes.
- 2) The Chartered Society of Physiotherapy (CSP) were present for the event and would be writing a separate report detailing the outcome of the CSP re-accreditation and including any conditions. The Health & Care Professions Council (HCPC) had been sent the documentation to be considered as part of their Major Modifications process, but would not be attending the Revalidation Event. The HCPC would review the documentation and determine the appropriate mechanism for assessing the changes made to the programme.

## **Conduct of the meeting**

- 3) Prior to the meeting, the Panel received the documents listed in Annex A. Documents were received four weeks ahead of the revalidation.
- 4) The Panel members held a private meeting at which they confirmed the range of issues that they wished to discuss with the programme team. The full Panel then conducted a series of separate meetings, including a meeting with five student representatives, as well as meetings with practice educators; senior management; service users and the programme team. Attendees are listed in Annex B. At the conclusion of the meeting, the Panel members held a second private meeting in which they agreed the outcome, including areas of good practice, conditions and recommendations. These are recorded in paragraphs 5 to 18.

## **Outcome of the meeting**

- 5) The Panel recommended to Senate that BSc (Hons) Physiotherapy and MSc Physiotherapy (pre-registration) should be approved for five years with the first BSc intake commencing in September 2019 and MSc in September 2020. The programmes would next be reviewed (or revalidated) in academic year 2023/24 to enable further intakes to enrol on the programme in the subsequent academic year (2024/25). The deadline for responding to the conditions and recommendations would be 9<sup>th</sup> August 2019.

## **Good Practice**

- 6) The strong relationship between the programme team and the practice educators (paragraph 19).
- 7) The student-centred approach of the programme team, including their responsiveness to feedback received from students, as well as the ongoing relationship that is maintained with the student body (paragraph 39).

- 8) The holistic approach to physiotherapy and care underpins the programme, which continues to evolve and develop.
- 9) The breadth of expertise and unique perspectives of the programme team.

### **Conditions**

- 10) Ensure that students are signposted to financial support that is available to them within St George's and externally, in particular in relation to placement hardship funds (paragraph 40 and 44).
- 11) Develop a service user engagement plan that includes a commitment to consistently engage with service users at a variety of levels, including governance, admissions, curriculum design, delivery and assessment, and that ensures training, remuneration and support for those who work with the programme team (paragraphs 28, 60 and 61).
- 12) Clarify and provide a rationale for the requirements for students to achieve an overall pass in modules where only the "major component" is required to be passed (paragraphs 46 and 47).

### **Recommendations**

- 13) Develop a plan to optimise digital learning that ensures consistent management of materials on the VLE, including its updating and the archiving of content, as well as its capacity to be used as an enhancement vehicle, for example by providing assessment feedback electronically (paragraphs 38 and 57).
- 14) Monitor the changes made to the programme and their impact on the student workload and burden of assessment (paragraphs 51 to 54).
- 15) Ensure that the themes of management, ethics, leadership, patient safety, safeguarding and entrepreneurship are threaded throughout the full programme and in a scholarly and rigorous way, rather than compartmentalised within a single module or limited number of sessions (paragraph 48).
- 16) Review whether the quality assurance of placements is sufficiently robust (paragraph 20)
- 17) Consider whether MSc students could benefit from having marks in place of the current pass/fail assessment for their placements (paragraph 23)
- 18) Seek advice from assessment experts about standard setting methodologies and methods for practical and MCQ assessments. The programme team is advised to meet with Dr Kevin Hayes (paragraphs 49 and 50).

### **Meeting with practice educators**

#### Communication with the university

- 19) The practice educators that met with the Panel stated that they had enjoyed a functional two-way relationship with the programme team for several years and that the relationship was continually improving. The Practice Educator Liaison Group meetings had helped them to maintain regular contact and they found it easy to reach the programme team when they needed to. One practice educator stated that they had also been involved in the delivery of the programme, as well as in interviewing prospective students.
- 20) All practice educators are advised to attend a free study day before supervising students for the first time, but it is not mandatory. They may then attend further refresher study days as well. One of the practice educators stated that their clinicians attend the training every two years. A sample of placement providers is audited on an annual basis against quality performance indicators and standards.

#### Communication with students

- 21) Clinicians working at the practice educators appreciated the presence of the students on placement, as it brought diversity to their roles. Productivity generally improved once students were around and it allowed the clinicians to focus on their own non-clinical responsibilities.
- 22) There had been a clear difference between the BSc and MSc students on placement. The MSc students typically had more experience, sometimes through having previously worked as carers. Despite this, the practice partners had never faced any difficulties communicating with students either on the BSc or MSc and found that the BSc students were able to quickly progress to the level of the MSc students.

#### Assessment

- 23) MSc students did not receive marks for their placements. One practice educator regarded this as a positive thing, as a pass-fail mark helped to remove subjectivity and to protect against inconsistencies between placement providers that could influence the mark awarded to the student. It also allowed students to focus more on providing quality care. However, another provider stated that it was a shame not to receive marks on the MSc as it meant that particularly strong work by students would not be recognised. It was noted that it was difficult to ensure consistency across different practice educators.

#### Student support

- 24) Two of the practice educators who met with the Panel had experience with students who had failed or almost failed their placements. They had found the programme team to be helpful in developing a strategy and action plan to support the students. The experience had been useful, including in the case where the student eventually failed and had found that the course was not right for them.
- 25) The practice educators each had their own surveys that they used to collect feedback from students at the end of the final assessment. However, they typically found any concerns to be obvious early on without the need to complete the survey.

### **Meeting with service users**

- 26) The service users had varying levels of involvement in the programme, which included attending committee meetings, observing classes, taking part in MMIs for prospective students and also teaching. For both of the service users, the role had evolved and grown over time.
- 27) When attending meetings, they received an agenda and previous minutes in advance of the meeting. All attendees of the meetings would introduce themselves. The service users were easily able to follow discussions in the meetings and found the environment welcoming and accessible. Travel expenses were reimbursed where required.
- 28) The Panel heard that there were a number of individual service users involved in the programme, but that they did not have a group identity. A difficulty had sometimes been the health of the service users, which made their availability unpredictable.
- 29) One of the service users stated that they felt that they were part of the programme team. Overall the service users had a feeling that they could enhance the course. Additionally, ways of using service users in the assessment of students had been discussed, but had not yet moved forward.

### **Meeting with senior management**

#### Strategy

- 30) The Physiotherapy programme was regarded as a flagship and would soon reach its 20th anniversary. The institution had a good reputation for the programme and was proud of it.
- 31) Despite the removal of the NHS bursary, there continued to be an aim to grow, but in a slow and considered manner. There was an intention to offer doctoral awards and to expand internationally. Experienced staff had already been recruited to develop an internationalisation strategy. Beyond that, significant changes to Physiotherapy were not anticipated, but it was acknowledged that it would be challenging.
- 32) There were currently no plans to introduce a Physiotherapy apprenticeship, but it could be considered for other courses where there was employer demand.

#### Recruitment

- 33) The Panel expressed concerns over the difficulties in recruiting students to BSc Occupational Therapy, which they believed could pressure the institution into increasing recruitment targets for Physiotherapy and therefore admitting a lower calibre of students to the programme. The senior managers stated that there had been no temptation to use Physiotherapy to compensate for low numbers to other programmes and that they continued to receive a high number of quality applications to Physiotherapy and were confident that this would continue. Demand for the programme had not been affected by the removal of the NHS bursary.

#### Student workload

- 34) The senior managers were aware that there was a significant workload for students on the MSc Physiotherapy programme, but they considered it to be an essential part of getting the students up to speed and in achieving 1000 hours of practice-based learning, as was recommended by Chartered Society of Physiotherapy: Learning and Development Principles. They were not aware of any negative feedback from students over the workload.

#### Staff development

- 35) Opportunities existed for staff to develop themselves and to build careers outside of their professionalism. The university created opportunities for staff that helped to maintain enthusiasm and provided staff with a destination within the organisation, such as the associate dean roles. Interprofessional learning is also encouraged through the mixing of programme teams.
- 36) Staff within the Joint Faculty are encouraged to allocate 20% of their time for their own professional development. It was acknowledged that staff may not always be achieving the 20% target, due to their workloads. The senior managers recognised this as an area to improve.

#### **Meeting with student representatives**

#### Assessment

- 37) The students found the turnaround times for assessment feedback to be timely and consistent. They had a clear understanding of how their work was marked and they were aware that it was subjected to peer review. They also noted that their presentations were recorded so that they could be moderated later, and therefore had confidence in the marks they were awarded. However, they did note some inconsistencies in the quality of the feedback, depending on the assessor.
- 38) The way in which feedback was provided to the students varied. It was sometimes online, but occasionally they were required to come to the university to collect it in person. This was sometimes inconvenient, as the feedback could only be collected during specific hours. The students would prefer to receive all feedback online.

#### Student support

- 39) The experience of embarking on a course could be overwhelming for many students, particularly as it could coincide with leaving home or moving to London for the first time. The students felt that the university recognised that this experience could be challenging for them and that they had been well supported from the beginning of the course. They were regularly encouraged to provide feedback and responses to their feedback were typically received quickly.

#### Finances

- 40) A number of the students had faced financial difficulties on the programme. Their cohort had been the first following the removal of the NHS bursary. In particular, they had faced difficulties funding

themselves while on placements. They were aware that hardship funds existed, but had not been aware of how to access them. It noted that it would have been helpful to have more information about the different funds available to them and suggested that this could have been provided to them online.

### Placements

- 41) Aside from financial difficulties (paragraph 38), the students felt they were well-supported during their placements. They had link tutors who they could contact at any time. They also received a visit halfway through the placement, at which they could raise any concerns. They were not aware of any students in their cohort who had not received support when it was needed.
- 42) Some students had their placements changed at the last minute, which had been inconvenient, but the students recognised that this was out of the university's control. They agreed that it would be helpful to learn the location of their placement earlier. Placements were typically announced during exam period and the students therefore did not have as much time as they would have wanted to prepare themselves for placement.
- 43) A particular strength of the programme that was highlighted by the students had been the inclusion of patients in sessions. They had found these experiences to be particularly helpful in preparing them for the real-life interactions they would have with patients during placements.

### **Meeting with programme team**

#### Finance

- 44) The programme team informed the Panel that applicants to the Physiotherapy programmes were provided with clear information about the costs and the funding options available to them. This was provided to them at open days, during the interview stage and through presentations by the finance team. They acknowledged that the information could be made more overt on the website. They also noted that they had raised the idea of offering loans to support the students and would consider this again in the future.

#### Structure

- 45) The two programmes had been designed in tandem and shared a number of modules to enhance peer learning and to facilitate timetabling and delivery. From the second term, MSc students would join the 2nd year of the BSc programme with a combination of shared level 5 and 6 modules. Some shared modules would be taught at Levels 6 and 7 simultaneously. While the learning outcomes and assessments would differ, the content of the lectures would remain the same. Separate support would be provided to the MSc students through masterclasses to address the differentiation between the levels.
- 46) The programme would not offer compensation, including within individual modules. The team's rationale for this was that they considered all of the elements to be of equal importance. They had attached different weightings to the elements, but none of them could be compensated for.

- 47) The Panel noted that there was not a requirement to pass all three of the practical components of the programme. This was not in line with the CSP requirements. The team's view was that there was a risk of bias within those areas and that they did not want to unfairly disadvantage students who could have failed a component unfairly.
- 48) It was not apparent from the documentation how the programme would support students in the development of their management, ethics, leadership, patient safety and entrepreneurship skills. These skills were noted in the Self-evaluation Document and had been built into the curriculum and learning outcomes for the Quality and Innovation in Health & Social Care module, but they were not visibly threaded throughout the full programme documentation.

### Assessment

- 49) The assessment for the Neurological Physiotherapy module would be an Interactive Practical Examination with a pass mark of 40%. In order to establish the pass mark, the team had held a meeting to calibrate the questions to the pass mark. As a Level 4 module, it would not count toward the final degree outcome and the team therefore considered it to essentially be a formative assessment.
- 50) As part of a standard setting exercise, on a yearly basis, the team reviews the work and spread of results for students who have passed or failed.
- 51) As had been indicated through external examiner reports provided to the Panel, the programme had a high assessment burden. It was noted that the programme had gone through changes, but that a significant amount of assessment continued to exist. The team acknowledged that it was a challenging course for its students, but that this was not regarded as being an issue. It was made clear to prospective students prior to their enrolment.
- 52) The assessment strategy reflected feedback that they had received from students, who had noted that there were too many essays. As a result, assessment methods had been made more varied and now included single best answer exams and presentations. The assessment types would build on each other.
- 53) In an effort to address the high assessment volume, the new course design would be shorter. Timetables would be condensed into four weekdays, to provide students with a day off on Fridays.
- 54) Clinically focussed assessments would be completed ahead of placements to allow students time to reflect on them before they went into placements. This meant that the assessments were close together, but was intentional.

### Placements

- 55) Support existed for students who were deemed to be at risk of failing their placements. The team stated that they always aimed to resolve any problems on placement ahead of the visit at the half-way point. Although students occasionally failed, the team was always able to anticipate it in advance and made every effort to support the students. Following placement, all students are



invited to provide anonymous feedback. Practice educators had been welcoming and responsive to feedback received from students.

### Canvas

- 56) Following the introduction of Canvas, a series of staff development activities were arranged and included bespoke sessions around assessment. Staff also received support on Canvas from Kingston University.
- 57) A checklist is used to ensure a consistent quality across modules. There is also an intention to explore additional functions, including linking the timetable to the calendar, uploading videos, as well as making assessment feedback available online. The team acknowledged that there was room for improvement.

### Inclusivity

- 58) The team stated that they were continuously looking for ways to make the programme more inclusive, including through bringing in a wider range of service users and role players. In addition, research exploring inequalities in physiotherapy education had been led by colleagues in the department.
- 59) They considered the MMI to be a particularly fair process for selecting students and had designed the programmes entry criteria to be accessible, whilst still ensuring a high calibre of students.

### Involvement of service users

- 60) Service users contributed to the students' learning throughout the course, for example through the sharing of their experiences of living with long term health conditions and of the health and social care system. The team recognised the value of involving service users in tutorials and seminars, as it provided the students with a lasting impression. Service users were also present at course committees and had been involved in the development of the new programme.
- 61) They had previously had service users on MMI stations, but had faced difficulties when service users were suddenly unable to attend as the MMI format required exactly six people.

### Staff development

- 62) As the programme was delivered through the Joint Faculty, in line with Kingston University, staff were encouraged to spend 20% of their time on work that related to their personal development and research. Reviews had been taking place with staff members to agree how they would allocate their time. It was noted that it had been difficult to consistently allocate 20%, but that overall it was achievable.

*GD/June 2019*

## **Annex A**

Self-evaluation Document

Course Document

Resource Document

Programme Regulations

Schemes of Assessment

Programme Handbooks

Practice Education Handbook

Programme Specifications

Module Directory

Module Handbook

HCPC SETS mapping

HCPC SoPs mapping

## **Annex B**

### Programme team:

Dr John Hammond (Associate Professor / Head of Department of Rehabilitation Sciences)

Alison Jones (Senior Lecturer and MSc (pre-reg) Physiotherapy Course Director)

Matthew Zasada (Course Director BSc (Hons) Physiotherapy)

Anne-Marie Hassenkamp (Senior Lecturer)

Gill Mein (Senior Lecturer/ Senior Research Fellow in Health and Wellbeing)

Dr Agnieszka Lewko (Senior Lecturer)

Chris Manning (Senior Lecturer)

David Rees (Senior Lecturer)

Jo Dawes (Senior Lecturer in Physiotherapy)

Saskia Walker (Senior Lecturer)

Mary Jane Cole (Senior Lecturer)

Sarah Waygood (Senior Lecturer/ Admissions Tutor)

Julia Wood (Interprofessional Education Lead)

Elizabeth Treadwell (Senior Lecturer)

Senior management:

Andy Kent (Dean of the Faculty of Health, Social Care and Education)

Iain Beith (Head of School of Allied Health, Midwifery and Social Care)

Practice educators:

Ben Hildrey (St George's NHS Trust)

Rebecca Campbell-Jones (St George's NHS Trust)

Matthew Wyatt (Connect Health)

Grace Garcia-Alba (Royal Hospital for Neurodisability, Putney)