**University of Huddersfield**

**Programme Specification**

***This document does not form part of the student contract***

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| **1.** | **Awarding institution** | University of Huddersfield |
| **2.** | **Teaching institution** | University of Huddersfield |
| **3.** | **School and Department** | School of Human and Health Sciences  Department of Clinical and Health Sciences |
| **4.** | **Course accredited by** | Accredited by the Chartered Society of Physiotherapy (CSP)  Approved by the Health and Care Professions Council (HCPC) |
| **5.** | **Mode of Delivery** | Full time |
| **6.** | **Final Award** | BSc (Hons) |
| **7.** | **Course Title** | Physiotherapy |
| **8.** | **UCAS Code** | B160 BSc/Phy |
| **9.** | **Subject benchmark statement** | The Quality Assurance Agency for higher education. (2001) Subject benchmark statement – Physiotherapy |
| **10.** | **Date of Programme Specification Approval** | November 2017 |

**11. Educational Aims of the Course**

**11.1** The BSc (Hons) Physiotherapy course is designed to meet the needs of those who want to become a Physiotherapist. Physiotherapists are autonomous practitioners who help people affected by injury, illness or disability to maximise their function and empower them to manage their own condition using a variety of physical and cognitive modalities (CSP (2013, 2016).

**11.2** Physiotherapists work in a wide variety of sectors. These include primary, secondary and tertiary care settings, occupational health, public health and social care, typically within the National Health Service (NHS), (NHS England, 2017). Other common areas include the private and sporting sectors and education and research. Physiotherapists are increasingly exploring role emergence and diversity opportunities both within the above sectors and also within the third sector (Limb, 2006).

**11.3** The course has an authentic interprofessional strand, which is threaded across all three years and allows students to form an understanding of interprofessional and interagency practice and how this helps facilitates seamless and efficient patient care.

**11.4** The modern demands of healthcare provision require Physiotherapists to be equipped not only with the knowledge and skills to practice Physiotherapy, but also to predict, initiate, enable and manage change in both uniprofessional and interprofessional working environments. This requires flexible and creative approaches to working to ensure service design and provision meets the ever-increasing demands of service users. This course aims to develop robust, resilient and adaptable Physiotherapists who can be at the forefront of modern health care delivery not only as providers but as leaders of the future.

**11.5** The course is delivered over three years with a maximum period of study of six years, (CSP 2010). A combination of theoretical learning in University and practice-based experience makes it difficult for students to ‘step on’ and ‘step off’ and meet the educational aims of the course (see appendix 7, principle 2 for further details). The course has specific awards should a student choose to exit the course early, see 13.7.2. Lastly, some choice is offered in the third year of study with the inclusion of an option module and additionally throughout the course in the approach taken with practice based experience allocation.

**11.6** The Physiotherapy course is a vocational degree, which enables students to develop the standards of proficiency for Physiotherapists, dictated by the regulatory body, the Health and Care Professions Council (HCPC) (HCPC, 2013), as well as the knowledge, skills, professional behaviours, and values (KSBV) required by the professional body, the Chartered Society of Physiotherapy (CSP).

**11.7** The course aims to ensure that students achieve the academic and practitioner standards detailed in the Quality Assurance Agency benchmark statement relevant to Physiotherapy, see appendix 6.

**11.8 The main aims of the course are to:**

**11.8.1** Develop academic ability and clinical competence enabling students to meet the requirements of the HCPC and CSP as a Physiotherapist.

**11.8.2** Develop intellectual skills to facilitate critical enquiry and an analytical approach to practice in order to produce autonomous, forward thinking, reflective and proactive leaders of health care delivery.

**11.8.3** Encourage and support students’ development of knowledge, skills and reflection to inform personal and professional development in order to foster a commitment to life-long learning.

**11.8.4** Develop and maintain awareness of interprofessional working and sensitivity to the benefits and challenges inherent with inter-agency practice.

**11.8.5** Develop knowledge, skills, attitudes and professional behaviours that enable students to work in collaboration with patients, clients, carers and advocates in order to maximise health outcomes within physiotherapy practice, to empower well-being and promote public health.

**11.8.6** Provide a supportive learning environment for students to develop communication and other interpersonal skills that are relevant to practice.

**12. Intended Learning Outcomes**

**12.1** The learning outcomes for this course have been developed in line with the following:

1. QAA Benchmark statements for Physiotherapy, (QAA 2001).
2. DoH Knowledge and skills framework, (DoH 2006).
3. CSP accreditation of qualifying programmes in Physiotherapy: quality assurance processes, (CSP 2010a).
4. CSP learning and development principles for CSP accreditation pf qualifying programmes in Physiotherapy, (CSP 2015a).
5. HCPC standards of proficiency for Physiotherapists, (HCPC 2013).
6. HCPC standards of education and training. (HCPC 2017).
7. University of Huddersfield regulations for awards, (UoH 2017).

**12.2** The course provides opportunities for students to develop and demonstrate knowledge and understanding, skills and other attributes (practical), Intellectual / cognitive skills and transferable/key skills.

On completion of the course, students will be able to:

***Knowledge and Understanding***

1. Apply a critical understanding of human structure within the context of Physiotherapy practice.
2. Apply a critical understanding of the biological and behavioural sciences that underpin effective practice within the context of Physiotherapy.
3. Demonstrate a critical knowledge and understanding of core theories that underpin effective physiotherapy practice.
4. Synthesise a critical understanding of evidence-based practice and how this may underpin and develop effective service delivery in a variety of different emerging healthcare settings.
5. Critically evaluate ethical, legal issues and socio-economic factors that impact on healthcare delivery in a diverse society.
6. Critically evaluate the impact of local, national and global government policies on health and social care delivery.
7. Critically evaluate how a range of leadership approaches are used to ensure efficiency in health and social care delivery.

***Skills and Other attributes (Practical)***

1. Effectively plan, evaluate and negotiate the delivery of competent physiotherapeutic skills within a practice based environment.
2. Sensitively provide competent physiotherapeutic interventions for patients with complex and challenging needs in a variety of contexts whilst incorporating the principles of evidence based practice.
3. Reflect and evaluate the limits of their own scope of practice, working with and/or referring onto other healthcare professionals and agencies where appropriate.

***Intellectual / cognitive skills***

1. Critically analyse and evaluate published literature to determine how it underpins physiotherapy practice.
2. Utilise established research techniques to generate and critically analyse data relevant to health care practice.
3. Evaluate the nature and complexity of how physiotherapy is delivered within the national health service, private and voluntary organisations.
4. Generate and assemble the skills to take responsibility for their own personal development planning (PDP), learning and continuing professional development through working independently and become skilled in reflective practice to review their own academic and clinical work to become life-long learners.

***Transferable / Key Skills***

1. Demonstrate clear, accurate, appropriate and reliable communication to a professional standard.
2. Recognise the value of and successfully participate in collaborative, interprofessional working.
3. Evaluate factors that may impact upon health and facilitate self-management and empowerment among service users.
4. Discriminate and evaluate a range of personal and transferable skills commensurate with working effectively in dynamic healthcare environments.

**13. Course Structures and Requirements, Levels, Modules, Credits and Awards**

**13.1 Course Structure and requirements, Levels, Modules and Credits**

The BSc (Hons) Physiotherapy course is an undergraduate course consisting of Foundation (year 1), Intermediate (year 2) and Honours (year 3) at FHEQ levels 4, 5 and 6 respectively, which is in keeping with the Framework for Higher Education in England, Wales and Northern Ireland (QAA, 2008). The course is designed to be progressively demanding between levels and has ten specific themes which inform the teaching and assessment.

**13.1.1 Themes within the course**

They are:

1. Exercise prescription
2. Soft tissue skills
3. Manual therapy
4. Pain science
5. Behavioural science
6. Public health
7. Leadership and business management
8. Practice based experience
9. Independent research literate professions
10. Authentic Interprofessional learning and practice

**13.1.2** How the themes were developed:

The ten themes were initially generated by the course team during planning meetings. They were identified by exploring the literature, by discussion around external examiner experience, through representation on professional networks and by consultation with all associated partners. The team utilised student panels and course committee meetings as well as less formal approaches to examine the views of past and present students. The team also used clinical practice visits to ask practice colleagues their views. Service users attend course committees as well as contribute to the admissions process and delivery of material on the course, through these different contacts, opinion was sought with regard to the design and deliver of the new course.

**13.1.3** Exercise prescription is an essential component of Physiotherapy practice and evolved from our proud history and early incarnations as medical gymnastics (Wicksteed, 1948). Despite this embedded history, many other professions have seized upon exercise prescription. This course intends to ensure that future Physiotherapists are both able to utilise this fundamental skill of physiotherapy and also compete and lead the way in its research and delivery.

**13.1.4** The lozenge of the CSP (CSP, 2010b) includes the two hands, encompassing soft tissue skills and manual therapy, both key components of the Physiotherapy profession and qualifying education. They are key transferable skills that sit comfortably in all sub disciplines, whether this be assessing muscle tone, facilitating gait and transfers, mobilising respiratory secretions or improving joint range of movement.

**13.1.5** Developments in our understanding of pain science have afforded justification for the approaches and interventions that physiotherapists employ today as well as the opportunity to utilise and develop new physiotherapy management strategies. It has also justified moves from traditional medical models of delivery to more holistic or increasingly psychosocial models. Associated closely with this is behavioural science, where key concepts in this area inform decisions and strategies in pain management. Behavioural science clearly has a significant crossover into public health with evidence suggesting that Physiotherapists have unique skills sets to position themselves as leaders in this developing health priority. Dean (2009) believes that Physiotherapists are best placed to ‘Lead on the assault on lifestyle changes’ and that Physiotherapists need to reflect the health priorities of the 21st century and in doing so would be more aligned with global, national and local strategies. Pre-registration education should therefore include an understanding of how to perform health assessments, how to recognise lifestyle behaviours, how to calculate risk factors related to lifestyle and how to prescribe intervention to prevent, manage and promote public health and wellbeing (Dean, 2009; Lowe 2017).

**13.1.6** Leadership is seen by many (CSP, no date; Cleather 2008; CSP 2015c; McGownan & Stokes 2015) as being the key to addressing increased pressures on healthcare by creating efficiency and focussing care accordingly around the service and service user. Physiotherapists are best placed to lead the on-going development of healthcare provision due to their developed interpersonal skills, their holistic assessment skills and their ability to seek opportunities.

**13.1.7** This Physiotherapy course recognises the importance of an authentic practice based experience and values the importance of students being able to evidence how theoretical understanding can be translated into practice. It is seen as integral to the course and this is recognised by the professional body (CSP, 2015a; 2016b) and the regulator (HCPC, 2017). Research is one aspect, which is key to professional development of the individual and the profession. Students will develop the necessary research skills within the course to engage and contribute to the profession and the wider research community in the future. Lastly, interprofessional learning and interprofessional working is essential for any health care professional. This occurs across several modules and throughout the course (see 14.2.1).

**13.1.8** The curriculum is focused on the practice of Physiotherapy. The course consists of a combination of 20, 30 and 40 credit compulsory modules. Students undertake modules totalling 120 credits in each of the three years. A 30-credit research-based module in the final year is underpinned by a total of 20 credits of research methods modules in years one and two. University modules represent 200 hours of learning per 20 credits.

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| **Foundation Level 4** | **Modules** |  | **Credit** |
| *(all modules are compulsory)* | | | |
| HFG1000 | Professional development and Research 1 | | 20 |
| HFT1015 | Introduction to health and healthcare  **\*Inclusive of (PBE) 1** | | 20 |
| HFT2000 | Physiology in Physiotherapy Practice | | 40 |
| HFT2001 | Applied anatomy and movement analysis | | 40 |
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| --- | --- | --- |
| **Intermediate level 5** | **Modules** | **Credit** |
| *(all modules are compulsory)* | | |
| HIG1000 | Research 2 | 20 |
| HIT1001 | Neuromusculoskeletal Physiotherapy | 20 |
| HIT1009 | Cardio-respiratory Physiotherapy | 20 |
| HIT1010 | Neurological Physiotherapy | 20 |
| HIT1011 | Electrophysical agents and exercise therapy  **\*Inclusive of (PBE) 2** | 20 |
| HIT2000 | Practice based experience 3 and 4: year 2 | 20 |
|  | | |
|  |  |  |
| **Honours level 6** | **Modules** | **Credit** |
| *(all modules are compulsory)* | | |
| HHG1000 | Research 3 | 30 |
| HHT1030 | Management and health promotion of distinctive client groups | 20 |
| HHT1031 | Contemporary Physiotherapy | 20 |
| HHT2003 | Preparation for employment and leadership in healthcare delivery  **\*Inclusive of PBE 5** | 30 |
| HHT2001 | Practice based experience 6 and 7: year 3 | 20 |
|  | | |

**13.2 Foundation Modules, Year 1, Level 4**

**Overview –** these modules form a package of integrated student-centred learning that sets the basis for the course by introducing both Physiotherapeutic specific concepts as well as Interprofessional learning (IPL) and lifelong learning (LLL) principles. The module HFT1015, Introduction to health and healthcare has a learning strategy that includes both University-based learning and an introductory practice based experience (PBE). Collectively these modules prepare the students for subsequent years and a total of 120 credits is accrued upon successful completion.

**13.3 Intermediate Modules, Year 2, Level 5**

**Overview –** these modules build on the foundation modules and utilise this foundation knowledge and understanding to develop further IPL and LLL skills. These modules introduce the students to common dysfunctions and management approaches that are encountered across broad practice areas of Physiotherapy. At this level, students are exposed to a mix of University-based learning and increasingly more practice-based experience. Collectively these modules prepare the students for their final year and a total of 120 credits is accrued upon successful completion.

**13.4 Honours Modules, Year 3, Level 6**

**Overview –** these modules build on the intermediate modules, utilise this knowledge and understanding within more complex aspects of practice and integrate further delivery of IPL and LLL. Collectively, this expands the student’s understanding of the breadth and diversity of Physiotherapy practice. At this level, the students are again exposed to a mix of University-based and practice based experience. Within the module suite, choice is offered in the module HHT1031 Contemporary Physiotherapy, giving the students opportunity to develop more detailed understanding in an area of preference. Collectively these modules prepare the students for their transition from student to qualified physiotherapist, and a total of 120 credits is accrued upon successful completion.

**13.5 Practice based experience (PBE)**

**13.5.1 Overview of Practice Based Experience (PBE)**

Students on the Physiotherapy course undertake a total of 1 x Ward Based Clinical Experience (non-Physiotherapy) to gain appreciation of ward and health delivery orientation and 7 x physiotherapy-specific PBE’s across the three years. The breadth of practice that they engage with over the three years allows the students to develop an understanding of the wide context of Physiotherapy practice. Total hours accrued on the PBE’s can be seen in 13.5.3. The PBE’s are mainly concentrated and aligned with placement providers in the region. The main advantages of more local PBE’s include a reduction in commuting time for the students and an opportunity for the teaching team to foster closer partner relationship with the providers. In order to expose students to more specialised secondary care opportunities PBEs may be sought slightly further afield. Less traditional PBE’s include hospice centred care and sporting sites. There is opportunity to develop third sector placement but this is still very much in the infancy stages. The proposed placement schedule is identified in the proposed course overview (see appendix 2).

**13.5.2 Referral or Failure on Practiced Based Experience (PBE)**

In the event of a student referring or failing a PBE at the initial attempt, one further attempt in the same year will be given to redeem the PBE. To progress, all PBE’s within a level of study must be passed. A student is not permitted to trail a PBE. More than one referral or fail of a PBE’s at the initial attempt within any one academic year will normally result in withdrawal from the course. See 18.2 for more details.

**13.5.3 Breakdown of Practice Based Experience’s (PBE’s)**

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| **Year** | **Breakdown of PBE’s** | **Practice Hours** | **Duration in Weeks** | **Associated modules** |
| Year 1 | Ward Based Clinical Experience  PBE 1 | 30hrs  102hrs | 1 week  1 x 3 week | HFT1015 |
| Year 2 | PBE’s 2, 3 and 4 | 510hrs | 3 x 5-week duration | HIT2000, HIT1011 |
| Year 3 | PBE’s 5, 6 and 7 | 510hrs | 3 x 5-week duration | HHT2003, HHT2001 |

**Total Practice Hours** = 1122hrs, this allows for sickness and planned absence, does not include 30hrs non-Physiotherapy ward based clinical experience.

**13.5.4 Preparation for Practice Based Experiences (PBE’s)**

In advance of all PBE’s, the PBE coordinator (or nominee) for Physiotherapy will organise a briefing session and explain the following to the students:

1. Purpose of the PBE.
2. Professional behaviour whilst attending the PBE.
3. How to maximise learning opportunities whilst attending the PBE.
4. What to do if the student is struggling on the PBE.
5. How to prepare in advance of the PBE.
6. How to fill in the PBE paperwork.
7. Procedure for organising support whilst attending the PBE.
8. Explanation of post PBE procedures.

**13.5.5 Support whilst attending Practice Based Experiences (PBE’s)**

Students are supported on a day-to-day basis during their PBE by their identified clinical educator(s). All students will have a named clinical educator who has ultimate responsibility for the learning and assessment of the student in practice. Students may work with a range of personnel during a PBE and this is encouraged. In addition, students have a named University-based tutor to support them with telephone or Skype contact, or visit them. The University-based tutor will normally contact them at least once during their PBE and by scheduled appointments if follow up is required. Normally, all year 1 and year 2 practice placements are visited by a named member of staff to ensure students are settled, maximising the learning outcomes and any concerns raised by clinical colleagues supporting the learning experience are addressed. In year 3, one of the three placements are visited, the remaining two are supported by phone or Skype calls. However, if a student or clinical have concerns, a placement visit is conducted.

Students who have additional support on PBE identified on their Personal Learning Support Plan (PLSP) will be encouraged to inform their practice placement educator in advance or at the beginning of their PBE and agree any additional requirements that would need to be considered.

**13.5.6** Support and review after attending Practice Based Experiences (PBE’s)

We utilise several methods as a team to explore the learning experience following the completion of a PBE. At a year group level, we organise a reflective session where each member of the cohort is encouraged to share key learning experiences and consider how to plan for future experiences. Individually, all students are encouraged to discuss specific learning needs with their personal academic tutor as well as utilise reflective models for learning.

**13.5.7 Practice Educator Training**

The Physiotherapy team at the University of Huddersfield is keen to support practice placement educators and develop closer partnerships so student education is at its highest when student attend PBE’s. The following suite of courses is available to ensure this.

1. A two-day practice educator course.
2. One-day refresher course.
3. Specific tailored courses (upon agreement) delivered at the placement site.

The two-day practice educator course is run once per year and has 40 places that are always taken. When demand has risen, we have accommodated by running an additional course.

The one-day refresher course also runs once a year and has 40 participants.

Specific tailored courses are dependent on the organisation, for example, Locala was facilitated recently and 20 participants attended.

The feedback from all the courses is excellent and all attendees indicate how useful and beneficial they are, both from an educational perspective as well as links to the University.

**13.5.8 Moderation**

The Physiotherapy placement coordinator conducts moderation of the marks generated from each PBE. This occurs routinely after each PBE. The University’s moderation processes will be followed as per all modules.

**13.5.9 Compliance and Regulation**

At all times, all students are required to abide by the Student Handbook of Regulations, Fitness to Practice policy and Social Media policy.

Link can be found here:

<https://www.hud.ac.uk/registry/regulations-and-policies/studentregs/>

Greater detail on our PBE’s can be seen in Appendix 7, principle 2: programme design includes details on pre, during and post work integrated learning (WIL), pages 47-48 and principle 6: practice placements, pages 51-52.

**13.6 Procedures**

**13.6.1 Enhanced Disclosure and Barring Service Check (or equivalent in country of origin) -**

See 16.9.2

**13.6.2 Occupational Health Clearance -** See 16.9.3

**13.6.3 Occupational Health Immunisation**

All students studying on the Physiotherapy course are required to complete a HepB immunisation programmes and work with the Occupational Health department to ensure their and their patients safety.

**13.6.4 Annual Declaration Procedure -** See 16.9.2

**13.6.5 Misconduct Procedure**

In the event of misconduct or allegation of misconduct that may preclude a student from applying for registration with the HCPC or where cause for concern is raised by another student, a member of staff, a practice educator or patient the University’s ‘Fitness to Practice’ procedure will be implemented.

Link can be found here:

<https://www.hud.ac.uk/registry/regulations-and-policies/studentregs/>

**13.7 Awards**

**13.7.1 BSc (Hons) Physiotherapy**

Only those students who successfully complete of all three years with 360 credits including the completion of a minimum 1000 clinical hours of practice based experiences will be eligible for the award of BSc (Hons) Physiotherapy. Thereafter they will be able to apply for full membership of the Chartered Society of Physiotherapy (CSP) and be eligible to apply for registration with the Health and Care Professions Council (HCPC).

**13.7.2**  **Students who exit the course early may be awarded**

* Upon successful completion of all year 1, level 4 compulsory modules totalling 120 foundation credits, an award of, Certificate of Higher Education in Combined Science may be conferred.
* Upon successful completion of all year 1, level 4 compulsory modules totalling 120 foundation credits, and all year 2, level 5 compulsory modules totalling 120 Intermediate credits, an award of, Diploma of higher Education in Combined Science may be conferred.
* Upon successful completion of all year 1, level 4 compulsory modules totalling 120 credits, and all year 2, level 5 compulsory modules totalling 120 intermediate credits and 60 honours credits at level 6 an award of, BSc Combined Science may be conferred.

**14. Teaching, Learning and Assessment**

**14.1** The course is designed to offer students a variety of learning and assessment opportunities that align with their module learning outcomes and offer realistic and effective preparation for progression in Physiotherapy. It aims to be inclusive of diversity, to allow students to actively engage in learning and be successfully assessed in a variety of ways.

14.1.1 The course team recognises that in order for teaching, learning and assessment to be student centred, the strategies chosen must offer students a variety of opportunities. These strategies align with their module learning outcomes and allow for progression through the BSc (Hons) Physiotherapy course by using a linked approach across modules, as well as incrementally developing skills. The strategies have been chosen to best equip students with the necessary knowledge, skills, behaviours and values to ensure they can successfully make the transition into contemporary physiotherapy practice upon graduation.

14.1.2 Reflecting the ethos of the Chartered Society of Physiotherapy learning and development principles guidelines (CSP, 2015), students are encouraged to learn via a wide range of educational opportunities. A mixture of pedagogical approaches is incorporated into the integrated modular course to stimulate student-centred development in psychomotor, cognitive and affective domains. The teaching team actively encourages students to take responsibility for their own learning and offer progressively diminishing contact hours as the course progresses through its academic years.

14.1.3 Learning and teaching is delivered through seminars, group work, practical experience and lectures as well as interactive learning packages. Modules are designed to embed specific and transferable skills and to allow students to progressively increase their knowledge and confidence. The programme team uses a joined-up approach to avoid the tendency for students to consider topics as independent of each other. This is achieved by team planning and cross module teaching. The course team ensures that theory relates to clinical practice through the widespread use of case studies, videos, reflective practice and local service user and carer involvement. In the foundation level of the course (Year 1), the acquisition of basic skills and the confidence to perform academically and professionally is developed. At the higher levels, a degree of student choice in teaching delivery encourages students to have greater engagement with, and control over, their learning. The novel use of a team based learning (TBL) approach in the inter-professional research and professional development modules, which span all years of the course, utilises a flipped classroom methodology to increase student engagement and achievement in these areas.

14.1.4 All modules are supported with a digital resource in the virtual learning environment (VLE), as an information source for all aspects of learning, which can be accessed remotely. This approach enables students to use the resources for learning anytime, and from any place using Internet access, to suit their needs. The VLE allows for a blended learning approach to delivery of the curriculum, whereby various forms of online learning activities complement more traditional face-to-face teaching approaches. Where information or skills are not confidential or sensitive in nature, sessions within modules are supported by the use of Lecture Capture (powered by Panopto®) which captures audio, video and displayed computer content, e.g. PowerPoint®. This content is automatically uploaded to The VLE and can then be accessed by students either in its entirety or searched for specific topics that an individual student wants to revisit. As such this system allows for individual remote access whenever required to enhance learning. In addition to these course-wide resources, individual modules use other technology to enhance learning. Some examples are anatomical studies in year 1 (HFT2001: Applied Anatomy and movement analysis) are supported by the use of Anatomy TV®, and WileyPLUS® supports both anatomy and physiology (HFT2000: Physiology in Physiotherapy Practice) learning in year 1. The use of Sim-Man and an auscultation simulator in teaching respiratory assessment and management across all 3 years enables students to experience patient simulation which allows for reflection, peer and tutor feedback and skill development in a safe and controlled environment.

**14.2** Students are assessed using a combination of coursework, practice/competency based learning and examination by a variety of means (e.g. written assignment, presentations, multiple choice assessments, peer evaluation or practical skills). These are constructively aligned to the associated modular teaching and learning outcomes and are supported by formative mechanisms in order to support learning and measure achievement. Assessment methods are described in each module specification and module handbook. All learning outcomes in a module are assessed and the mode of assessment is specified for each outcome. Each assessment task is reviewed for its currency and alignment by the course team and verified by an external examiner, in line with University regulations. The suite of assessments is considered in light of the course aims, University regulations and HCPC and CSP requirements of the graduate. The course team also annually looks at assessments across each academic year and the programme as a whole to ensure that: the timing of assessment submissions is achievable for students across the year; that there is variety of assessment types that reflect various learning styles across the year and that there is opportunity for skill development in areas such as academic writing and oral presentations as the student progresses from year to year. In order to offer students with a choice of assessment the Year 3 HHT1031 (Contemporary Physiotherapy) module allows students the opportunity to study two distinct areas of contemporary physiotherapy practice, which are then assessed by written assignment. Students are also able to choose their research topic and method of enquiry in the Year 2 HIG1000 (Research 2) inter-professional module. They then work within a multi-disciplinary group to carry out that research in Year 3 (HHG1000: Research 3 module); assessed by a written report and oral presentation. This is appropriate at Honours level.

14.2.1 The inter-professional learning and teaching framework has been developed with the health professions courses across the Department of Health Sciences. The common core of the framework is the research theme. Through this theme, students on health professions courses (physiotherapists, podiatrists, occupational therapists, all four fields of nursing, operating department practitioners and midwives) share a common suite of modules, one in each year of the respective courses. This framework fosters closer and more supportive working relationships between professionals from different backgrounds. A TBL approach will be used in some of the sessions alongside more traditional group working approaches. Unlike the more didactic methods previously employed, this approach summatively incentivises the inter-professional teams to work together. Thus, it aims to increase engagement, accountability and achievement in this research theme as well as fostering cross course working relationships. A range of shared learning opportunities that are embedded in the modules in the respective degree courses and described in 13.5 supplements this research theme. This approach enables the advantages of shared learning to be realised whilst not compromising the integrity of each professional course.

**14.3** Competence to practice is a primary requirement for health professional registration such that the majority of all classroom learning is practical and 25% of the total credits account for clinical practice-based experience. Learning takes place in a variety of settings. Classroom based learning and the use of simulation allows students to practice skills in a safe and controlled environment. Assessment is centred on students being fit to practise by the end of the course. It includes the verification of practice competency by an educator and integration with written modular assessment in the form of applied assignment work and presentations. To allow students to learn and be assessed in an authentic practice setting, NHS primary care, acute (secondary), tertiary and mental health trusts, the private, sporting and independent sector and social care settings are used, under the supervision of a clinical educators. Whilst on practice-based experience, the clinical educator assesses the students’ clinical performance using a standardised format that has been agreed with physiotherapy courses from other local Higher Education Institutions (HEI’s) in West Yorkshire. Clinical educators attend training and refresher courses to ensure equity and this is currently being monitored during the clinical placement audit process.

**14.4** Continuing Professional Development (CPD) is essential to maintain fitness to practise within the Physiotherapy profession. The concept of CPD is introduced in Term 1 of the Foundation Year with the inter-professional HFG1000 module (Professional Development and Research 1). Here the development of a personal portfolio as one method to enable students to demonstrate they have the skills required for life-long learning is introduced alongside Personal Development Planning (PDP) and reflective practice. These processes are subsequently supported through the personal academic tutor system which offers a minimum of five contacts per academic year and is dependent upon student needs and additionally supported by the year tutorial sessions held at least 3 times per academic year. This support aims to help students critically examine their own progress on the course, reflecting on their academic, personal and professional development. It also provides a medium for recording their progress and creating effective curriculum vitae. Students keep a record of their progress both academically and clinically. This portfolio of materials is then used in preparing for job applications and/or supporting CPD and so is incorporated in HHT2003 (Preparation for Employment and Leadership in Health and Social Care Delivery) module in Year 3.

**14.5** The School of Human and Health Sciences uses the virtual learning environment (VLE) to help both students and staff ensures and protects the originality of work submitted for assessment.

**15. Support for Students and their Learning**

**15.1** Support for students undertaking this course operates at University, School and Course level as follows:

**15.2 University Level**

15.2.1 Central to the provision of student support are **Student Services**. The range of services they offer include:

## Wellbeing and Disability Services

* [Counselling](http://www.hud.ac.uk/wellbeing/studentcounselling/)
* [Back on Track](http://www.hud.ac.uk/wellbeing/back-on-track/)
* [Disability Services](http://www.hud.ac.uk/disability-services/)
* [Drop in (Counselling and Wellbeing)](http://www.hud.ac.uk/wellbeing/)
* [The Faith Centre](http://www.hud.ac.uk/faith-centre/)
* [Getting help](http://www.hud.ac.uk/wellbeing/needhelpwithaproblem/)
* [Group workshops and courses](http://www.hud.ac.uk/wellbeing/needhelpwithaproblem/groupworkshops/)
* [Hate Crime Reporting Centre](http://www.hud.ac.uk/wellbeing/hatecrimereporting/)
* Help for suspended students
* [Self help](http://www.hud.ac.uk/wellbeing/needhelpwithaproblem/selfhelp/)
* [Student parents](http://www.hud.ac.uk/wellbeing/studentparents/)
* [Student wellbeing](http://www.hud.ac.uk/wellbeing/)
* [Welfare support](http://www.hud.ac.uk/wellbeing/needhelpwithaproblem/studentwelfare/)
* [University Health Centre](http://www.universityhealthhuddersfield.co.uk/)

**Careers and Employability Service**

* Careers and Employability Service
* Job shop

More information on the range of student services can be found on their website at: <http://www.hud.ac.uk/wellbeing-disability-services/index.php/>

15.2.2 **The Student Finance Office** provides:

* Information and guidance regarding possible sources of funding for all courses in the University.
* Budgeting advice to discuss a variety of options and strategies in order to manage on a budget.
* Facilities for the billing and payment of income to be collected by the University.
* Debt advice via personal and confidential sessions is available from trained staff along with mediation and resolution.

Further information can be found on their website at:

<http://www.hud.ac.uk/students/finance/>

15.2.3 **Computing services** provide induction and on-going support for all students. More information on the range of computing services can be found on their website at: <http://www.hud.ac.uk/students/it/>

15.2.4 **Library** **Services** provide induction and on-going support for all students. More information on the range of library services can be found on their website at: <http://www.hud.ac.uk/library/>

**15.3 School Level**

* + 1. The School of Human and Health Sciences provides additional student support using a variety of approaches:
    2. **The Academic Skills Development Team (ASDT)** in the School of Human and Health Sciences provides support, development and encouragement for students at all levels with help on a range of academic skills areas. Further information on the services provided can be found here:

https://en-gb.facebook.com/LQSUHHS/

15.3.3 Finally the School has a **Student Hub** with a **Student Support Officer.** The Student Hub provides a drop-in service for all students in the School.  They are based in Harold Wilson Building, Ground Floor, Room 24 and are open on Monday to Friday from 8.30am to 4.30pm during term time.  The School also has a smaller Ramsden Hub, which is located in Ramsden Building on the Ground Floor in Room 01. The opening times of the Ramsden Hub are Monday-to Friday 8am to 4.00pm.

The Student Hub offers the following services:

* Welfare Support
* Advice on extensions and ECs
* Print credit
* Signposting students and visitors to other services
* Binding
* International Student Support
* Independent Services
* Confidential Advice
* Booking for academic staff appointments.

No appointment is necessary for the Student Hub and they can be contacted on 01484 473092 or by email at: [hhsstudentsupport@hud.ac.uk](mailto:hhsstudentsupport@hud.ac.uk)

**15.4 Course Level**

At course level support is provided by:

* + 1. **Personal Academic Tutor**

The University has implemented a personal academic tutor system for full time undergraduate students. This system aims to both improve the student experience of learning and teaching, and increase student retention and achievement rates. Specifically, personal academic tutors:

* Provide a personal contact for the student within the University and the School.
* Act as a liaison between the student and course leader to seek any improvements required
* Offer guidance, assistance and support in managing the students’ academic experience
* Recognise when the problems presented are beyond the personal tutors’ competence and seek guidance and support for the student through the University and/or School referral processes.
* Work with students to review and reflect upon their own progress and if necessary on ways to improve it.
* Take part in supportive training events.

15.4.2 Personal academic tutors are expected to ensure dedicated diary time is available by blocking out up to two hours a week so students are able to book appointments via the student hub. All students are expected to have contact with their personal academic tutor at 5 times per year.

* + 1. **Module Leader**

The module leader is responsible for teaching, learning and assessment of the modules within this course.

* + 1. **Course Leader**

The course leader is responsible for the entire quality assurance arrangements for the course.

* + 1. **Year Leader**

The year leader is responsible for a management of a particular year of a course. Within the Physiotherapy course there is a nominated member of staff for each year. Throughout each term, the year leader organises informal discussion sessions and feeds back to the course leader and team accordingly.

15.4.6 **Disability Coordinator**

The main roles of the disability coordinator are:

* provide advice and support to both staff and students around disabilities.
* to attend school and University meetings and training and inform staff of changes and developments.
* to coordinate personal learning support plans (PLSP’s) and ensure staff and students understand how to implement and utilise the strategies.
* to coordinate updates and relevant training for the staff team, e.g. Mental health first aid

15.4.7 **Practice Based Experience Coordinator for Physiotherapy**

A member of the Physiotherapy team acts as coordinator for Physiotherapy practice based experiences. This includes liaison with the course leader, course team, clinical educators, practice placement unit and the students.

**15.5 Additional support specific to the Physiotherapy course**

15.5.1 **Support to Learning on Practice Based Experience (PBE)**

Details of support whilst on PBE are detailed in 13.5.5

15.5.2 **Peer Support via the ‘buddy system’**

The course successfully encourages the ‘buddy system’ of support. Year leaders facilitate this and typically this informs organising informal meetings between year groups so buddies can be paired with respective students. Usually this involves year 2 buddying year 1 students and year 3 students buddying year 2 students.

15.5.3 **Professional Socialisation**

Students on the Physiotherapy course are encouraged to join CSP professional networks (where permitted) and attend local as well as profession-specific national events and conferences. In addition, year leaders organise external speakers as extra curricula events so students can meet and learn from other experiences. This includes ex-students, expert practitioners, researchers and practitioners from other professions.

15.5.4 **Library and Computing Services**

The course has a strong connection with specific health librarians with Library and Computing Services. Consequently, a well-stocked library of contemporary Physiotherapy literature is maintained. Additionally, specific learning resources applicable to Physiotherapy have been developed by the health librarians to support the students in their academic studies.

**16.** **Criteria for Admission**

**16.1** **Specific Admissions criteria**

Thespecific entry requirements and admission criteria for the BSc (Hons) Physiotherapy course are detailed and updated for each new academic year and can be found at on the University’s website at:

<https://courses.hud.ac.uk/2018-19/full-time/undergraduate/physiotherapy-bsc-hons>

Students should have a minimum of GCSE maths and English at grade C or above (level 4) in addition to a level 3 qualification in a biological science, including:

* Three Advanced GCEs (A2) at ABB, including a biological science at grade B. PE is acceptable as a biological science. General Studies is excluded.
* Foundation course: to have a health/ biological science emphasis- 65% or above pass mark depending on the course.
* Access to health professions: with a biological science emphasis. 45 level 3 credits, with 30 level 3 credits to be passed at distinction, to include 21 credits in biological science
* Irish Higher: x6 higher level, AABBBB (Must include at least a grade B in biology. This can include A1/A2 & B1/B2/B3)
* Biological sciences degree or other related degree (such as sports science) at a minimum of a 2:2 or a non-science degree at 2:2 with recent level 3 Biology study (for example Open University course to ‘top up’ science)
* BTEC extended diplomas in Sport & Exercise Science or Applied Science (2016 curriculum onwards, with at least 40% externally examined content) at DDD
* Pre 2016 curriculum BTEC extended diplomas at DDD in conjunction with an A Level (A2) in biology or PE at grade B or above.

16.1.1 The University of Huddersfield seeks and encourages applicants in order to widen participation, improve access and apply the principles of equal opportunities. We provide support for applicants who require additional assistance in order to select the right programme of study and make a successful transition to studying at University. The School of Human and Health Sciences is actively involved with local schools and colleges to encourage people to consider entry to courses within Higher Education. Such examples are visits to schools/colleges to discuss careers in physiotherapy, attendance at UCAS/careers fairs and science technology engineering and maths conference.

16.1.2 We encourage local, national and international applications. International applicants are expected to meet the equivalent academic requirements. Additionally, they must meet the requirements set out in section 16.9. International applicants should be aware that they may be expected to pay additional fees in relation to practice placements and any checks associated with these.

Further details are available from the University of Huddersfield International office:

<https://www.hud.ac.uk/international/>

**16.2** The University provides opportunities for the accreditation of prior learning (APL) as stated at the following link: <http://www.hud.ac.uk/registry/regulationsandpolicies/awards/>

16.2.1 Applications from prospective students wishing to access the course or gain credit exemptions, using APLA or APEL mechanisms are encouraged. Full details of the process are available on <http://www.hud.ac.uk/registry/regulationsandpolicies/awards/>. Because of the Physiotherapy specific focus which is integrated throughout the three years it is unlikely that students applying from non-Physiotherapy courses will be able to gain many credit exemptions. It may be possible for some graduates or students transferring from other Physiotherapy courses to gain credit exemptions for some modules.

Further information related to the School APL process can be found on the School pages available at:

<http://www-old.hud.ac.uk/hhs/apl/>

**16.3** The University’s general minimum entry requirements are specified in the ‘Regulations for Awards which can be found on the Registry website as follows:

<http://www.hud.ac.uk/registry/regulationsandpolicies/awards/>

**16.4** Every person who applies for this course and meets the minimum entry requirement, regardless of any disability will be given the same opportunity in the selection process. General advice and information regarding disability and the support the University can give can be found by contacting disability services on:

Telephone: 01484 472675

Email: disability@hud.ac.uk

Further information is available at their website at:

<http://www.hud.ac.uk/disability-services/>

**16.5** **The Selection Process**

16.5.1 As outlined in previous sections, the University of Huddersfield seeks and encourages applicants in order to widen participation, improve access and apply the principles of equal opportunities. We provide support for applicants who require additional assistance in order to select the right course of study and make a successful transition to studying at University. We encourage local, national and international applications. The recruitment process is as follows:

1) Applications are reviewed by the admissions team.

2) Documentation is checked and verified by the admission assistant.

3) Those students who meet the entry criteria are invited to interview.

4) The selection day consists of an informal interview where appreciation of the course, Physiotherapy, and readiness to study are assessed. Where possible, service users, practice educators and staff from other disciplines are utilised to maximise the opinion and inform the decision-making process. The six C’s (care, compassion, competence, communication, courage and commitment) are woven into recruitment to ensure the values that ensure compassion in healthcare and therefore align with the philosophy of the National Health Service (NHS) are considered (NHS Health Education England, 2014).

16.5.2 The selection process aims to provide both the applicant and the selection team with the details required to make an informed decision. It is for this reason that all suitable candidates will be invited for interview. Because of the importance of being able to make an informed decision those who do not attend for interview are not offered places.

16.5.3 In exceptional circumstances, usually due to problems with travelling long distances, telephone or video-conferencing interviews will be given. In these circumstances the applicant will be urged to find out as much information about the University as they can prior to the interview to enable them the opportunity to ask relevant questions.

16.5.4 Offers will usually be based on the students achieving the required academic qualifications; a satisfactory second reference and a disclosure and barring service check that does not exclude the student from commencing their studies.

16.5.5 The offer will also be subject to a clear occupational health check carried out by the Occupational Health Department of the University, who will assess all applicants to determine their fitness to undertake all aspects of the course.

16.5.6 The selection process for international applicants will be to make arrangements where possible to carry out a telephone or video link interview using the same questioning and criteria for all other potential applicants.

**16.7 Non-Traditional Entry to the Course**

Applicants with non-traditional qualifications, a combination of qualifications including BTEC and A levels, and / or experience that suggest the student has an equal opportunity of succeeding on the course will be considered on an individual basis by the admissions tutor.

The currency and content of recent study will be carefully considered by the admissions tutors in that applicants must have completed relevant study within the last four years and that this study should include biological sciences to A level or equivalent.

**16.8 Students Applying from Outside the European Union (EU)**

For students applying from outside the EU or relevant European State whose first language is not English, applicants are expected to demonstrate English language ability at a level equivalent to IELTS score of 7.0 overall with no element being less than 6.5.

More information can be accessed from the University of Huddersfield International Office: <http://www.hud.ac.uk/international/enquirer/whereareyoufrom/englishrequirements/>

The International office has been consulted during the planning of this validation with regard to how they can support the course as well as attracts and recruit International applications in line with the school strategic plan, see appendix 16. Additionally, the admissions tutor for the course has developed inroads with the International Office to ensure the course is able to maximise the growing appetite for International applications. We assess equivalence of international qualifications using NARIC, the UK national agency for recognition and comparison of international qualifications (<https://www.naric.org.uk/naric/>).

**17. Methods for Evaluating and Improving the Quality and Standards of Teaching and Learning**

**17.1** The methods for the validation and annual evaluation of courses, including those validated by external bodies, and for the review of teaching and research and of academic support services are specified in the University’s Quality Assurance Procedures for Taught Courses which can be found on the Registry website as follows:

<http://www.hud.ac.uk/registry/regulationsandpolicies/qa>

**17.2** The School is committed to comprehensive student engagement and works actively with the University of Huddersfield Student Union to support this through the student representative system see further information at:

<http://www.huddersfield.su/courserephub>

**17.3** Within the School students are represented at committee level from Student Panels to the School Board. The School also has a Student Council. Individual feedback on the quality and standards of teaching and learning is received through module and course evaluations.

**17.4** The course has representation in each year. Two members of each cohort act as course representation and one member from each cohort acts as a student representative with the professional body, the Chartered Society of Physiotherapy.

**17.5** On completion of each practice based experience the students are required to evaluate their experience via the regional online web-based platform. This uses a series of semi-structured questions and free text entries to establish the student’s perception of their learning experience. The data generated is available to both the University and to the practice site and it feeds into the audit process.

**17.6** The regional practice placement, online web-based platform is audited jointly, bi-annually by an appropriate member of academic staff and a clinical educator from the named site. Occasionally a designated practice learning facilitator who covers the site may be present. Recommendations are presented at the School’s Practice Placement Quality Committee for consideration.

**17.6** Employer Feedback is sought through informal and formal processes. Informally it is gathered through contact and monitoring of practice placement providers and formally it is accounted for at bi-annual course committee’s and during annual evaluation.

**17.7** Professional and Statutory Bodies:

* The course is subject to the National Health Service (NHS) and Quality Assurance Agency (QAA) quality assurance arrangements.
* The HCPC annual monitoring process.
* The professional body, the CSP via its quality review process, reviews the course annually.

**17.8** All forms of feedback, including a review of progression and completion rates, are included in annual course evaluation within the University.

**17.9** An effective external examination system is managed by Registry and all reports are viewed at University, School and course levels. External examiner and student feedback, as well as all statistical data about the course, is reported through the course committee structure and scrutinised through the University wide annual evaluation process.

**17.10** Role of External Examiners

External examiners are appointed by School Boards and approved by Teaching & Learning Committees.

The role of the examiner is to ensure academic and professional standards are maintained through:

* Review of all appropriate coursework and examinations and making suggestions for improvement and consideration
* Attendance at course assessment boards

**18. Regulation of Assessment**

**18.1** University awards are regulated by the ‘Regulations for Awards’ on the Registry website as follows:

<http://www.hud.ac.uk/registry/regulationsandpolicies/awards>

and the ‘Students’ Handbook of Regulations’ on the Registry website as follows:

<http://www.hud.ac.uk/registry/regulationsandpolicies/studentregs>

* 1. **Specific assessment rules for the BSc (Hons) Physiotherapy**

Principle 2, CSP Accreditation of qualifying programmes in Physiotherapy: Quality Assurance processes (2010)

18.2.1 **Compensation**

Compensation of failure may be permitted in a module that is not related to practical skills.

18.2.2 **Condonement**

All modules must be passed and there is no condonement permitted on the modules on this course.

18.2.3 **Progression**

Progression is not normally permitted after two attempts to complete a module; such a regulation should be applied with discretion, taking account of the following:

Foundation modules: Both HFT2000 and HFT2001 must be passed to progress to year 2 (PVC exemption).

18.2.4 **Practice Based Experience**

A minimum of 1000 hours of supervised practice education in the practice of Physiotherapy has to be successfully completed.

In the event of a student referring or failing a PBE at the initial attempt, one further attempt in the same year will be given to redeem the PBE. To progress, all PBE’s within a level of study must be passed. A student is not permitted to trail a PBE. More than one referral or fail of a PBE’s at the initial attempt within any one academic year will normally result in withdrawal from the course.

18.2.5 **Aegrotat Awards**

Aegrotat awards do not provide eligibility to apply for registration with the Health and Care Professions Council (HCPC) or eligibility to apply for membership of the Chartered Society of Physiotherapy (CSP).

18.2.6 **Interprofessional Modules**

In the Interprofessional research modules, students must pass all components of assessment to gain credit for the module.

**19. Indicators of Quality and Standards**

**19.1** This programme specification provides a concise summary of the main features of the course and the learning outcomes that a typical student might reasonably be expected to achieve and demonstrate if he/she takes full advantage of the learning opportunities that are provided. More detailed information on the learning outcomes, content and teaching, learning and assessment methods of each module can be found in the study module guide and course handbook. The accuracy of the information contained in this document is reviewed by the University and may be checked by the Quality Assurance Agency for Higher Education.

**19.2** The outcome of the most recent institutional audit can be found at:

<http://www.qaa.ac.uk/InstitutionReports/Reports/Pages/inst-audit-Huddersfield-10.aspx>

**Appendices**

**BSc (Hons) Physiotherapy**

|  |  |
| --- | --- |
| Appendix 1 | Course management & staffing structure |
| Appendix 2 | Proposed BSc (Hons) Physiotherapy course structure (teaching and practice based experience 1-7) |
| Appendix 3 | Detailed assessment considerations and assessment schedule. |
| Appendix 4 | Mapping of course learning outcomes against course modules |
| Appendix 5 | Mapping of course themes against course modules |
| Appendix 6 | Mapping of course modules (Part A) and course learning outcomes (PART B) to the Quality Assurance Agency (QAA): Bench mark statement, health care programmes – Physiotherapy (2001). |
| Appendix 7 | Learning and Development Principles for CSP Accreditation of Qualifying Programmes in Physiotherapy 2015 |
| Appendix 8 | Mapping of National Health Service Knowledge & Skills Framework; core, specific dimensions, Information and knowledge, general and estates and facilities, (2006) |
| Appendix 9 | Mapping of the BSc (Hons) Physiotherapy course documentation to the Health and Care Professions Council (HCPC) Standards of Proficiency (SOP’s) – Physiotherapists (2013). |
| Appendix 10 | Mapping of the BSc (Hons) course documentation to the Health and Care Professions Council (HCPC) standards of education and training (SET’s), (2017). |
| Appendix 11 | Mapping of personal development planning (PDP) to BSc (Hons) Physiotherapy course modules |
| Appendix 12 | Evidence of International Office Involvement In the planning |

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**Appendix 1**

**Course Management and Staffing Structure**

The course sits within the School of Human and Health Sciences, The Department of Health Sciences and the Division of Health and Rehabilitation. The course staff team encompasses a wealth of teaching and clinical experience. Each staff member has teaching, research and administrative responsibilities. More details about individual staff can be gained by clicking on the hyperlink that is embedded in the relevant name in the table below. This will automatically open an up to date profile detailing a) biography, b) research and scholarship, c) publications and other research outputs, d) esteem, e) research degree supervision, f) administrative responsibilities and g) teaching and professional activities.

All staff involved in the delivery of the course are Health and Care Professions Council (HCPC) registered and members of the professional body, the Chartered Society of Physiotherapy (CSP). Additionally, many of the team contribute actively to a variety of CSP professional networks and HCPC business. Within their respective communities, a number of staff act as school governors, are involved in external committees or have active roles in other worthy community based projects.

**Senior Management Team**

[Professor Paul Bissell](http://www.hud.ac.uk/ourstaff/profile/index.php?staffid=1614) – Dean

[Dr Phil Keeley](https://www.hud.ac.uk/ourstaff/profile/index.php?staffid=1420) – Head of Department

**Staff Involved in the Delivery of the BSc (Hons) Physiotherapy**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Role** | **Grade** | **Qualification** | **Profession & Specialism** | **WTE** | **Contribution to the course** |
| [Sara Eastburn](http://www-old.hud.ac.uk/ourstaff/profile/index.php?staffid=308) | Divisional Leader and Practice Based experience coordinator | 9 | Doctoral | Physiotherapist / Cardiovascular and respiratory | **1** | 0.3 |
| [Jonathan Flynn](http://www-old.hud.ac.uk/ourstaff/profile/index.php?staffid=360) | Course Leader | 8 | Masters | Physiotherapist / Manual Therapy | 1 | 1 |
| [Emma Cropper](http://www-old.hud.ac.uk/ourstaff/profile/?staffid=768) | Admissions coordinator and year 1 leader | 8 | Masters (pre reg) | Physiotherapist / Musculoskeletal | 1 | 1 |
| [Jackie Malone](http://www-old.hud.ac.uk/ourstaff/profile/index.php?staffid=359) | Admissions coordinator | 8 | Doctoral | Physiotherapist Cardiovascular and respiratory | 0.3 | 0.3 |
| [Alexis Moreno](http://www-old.hud.ac.uk/ourstaff/profile/index.php?staffid=304) | Disability coordinator | 8 | Masters | Physiotherapist / Musculoskeletal | 1 | 0.5 |
| [Sarah Prenton](http://www-old.hud.ac.uk/ourstaff/profile/index.php?staffid=1389) | Year 3 leader | 8 | Doctoral | Physiotherapist / Neurology | 1 | 1 |
| [Sarah Chipperfield](http://www-old.hud.ac.uk/ourstaff/profile/?staffid=327) | Year 2 leader | 8 | Masters | Physiotherapist / Musculoskeletal | 1 | 1 |

Based on the staffing levels, the actual contribution to the course is a staff student ratio (SSR) based on 5.1 fte and the current intake of 120 physiotherapy places (40 students per year), which equates to a ratio of 23:5, this does not account for increases in admission places, Flynn (2015/16). Additionally, staff from other disciplines within the School of Human and Health Sciences have input into aspects of the curriculum and includes Nursing, Occupational therapy, Podiatry and operating department practitioners. This mainly occurs on the interdisciplinary modules. The course also has contributions from visiting lecturers. The course is supported administratively by a course assistant, and a student placement officer.

**Based on new numbers**

SSR based on 5.1 fte with 150 students = 29.4. The head of the division of health and rehabilitation, Sara Eastburn and the head of the department, Phil Keeley are aware of the impact on SSR and are planning accordingly with regard to the appointment of new staff. Two further lecturer/senior lecturer posts have been agreed and these appointments will be made in advance of the 2019/20 course.

**Details of Specific Roles**

**The Course Leader**

The course leader role is divided into the following:

* teaching and learning responsibilities
  + curriculum development (pedagogical, professional and research informed)
  + maintain standards of teaching on the course
  + maintain oversight of all assessment matters
  + arrange team meetings
  + to lead review at all levels of the course and documentation using appropriate University systems
  + to lead and present review at student panel, course committee, annual evaluation and external body evaluations.
  + to analyse course action plans and formulate appropriate response
  + ensure all course documentation is available for students in a timely manner
* mentoring new team members.
* managing professional, statutory and regulatory body (PSRB) requirements.
* co-ordinating the marketing and recruitment on the course.
* meet individual students and support with regard to all matters relating the course.

**The Module Leader**

The module leader’s role is as follows:

* teaching and learning responsibilities
  + ensure best and current pedagogical, practice and research is utilised in the delivery of teaching and learning materials
  + ensure all documentation and teaching material is available to students in a timely manner
* coordinate modular team meetings
* liaise with course leader with respect to assessment matters
* liaise with course leader with respect to module evaluation, analysed data and action plan and document using appropriate University systems
* to attend student panel, course committees and annual evaluation meetings
* ensure awareness of any student personal learning support plan (PLSP)
* ensure the VLE is utilised to support the learning of the students

**The Year Leader**

Each year group has a named ‘Year Leader’. Responsibilities of the year leader are dictated by the need of each group. An overview of this (year by year is given here):

The main responsibilities of the ***‘Year 1 leader’*** are as follows:

* lead induction of new students and assist in the initial ‘settling in’ period, ensuring all students are enrolled
* inform students of expectations around professional behaviour
* ensure students are aware of the teaching and assessment schedules
* organise presentations from student support, student union, well-being and disability services, professional body
* liaise with Human and Health Sciences, Academic Support Development Team (ASDT) and student hub and organise informal talk
* liaise with library services and organise informal talk
* organise year group representation and professional body representation
* promote course at relevant University and professional body events
* organise year meetings and collate responses in conjunction with the course leader
* coordinate occupational health appointments with occupational health department
* ensure regular liaising and update with course leader

The main responsibilities of the ‘***Year 2 leader’*** are as follows:

* coordinate the return of students to the University after summer recess period and ensure all students are enrolled
* remind students of expectations of professional behaviour
* coordinate and encourage peer buddy system
* ensure students are aware of the teaching and assessment schedules
* organise presentations and student support as required
* organise year group representation and professional body representation
* promote course at relevant University and professional body events
* organise year meetings and collate responses in conjunction with the course leader
* ensure regular liaising and update with course leader

The main responsibilities of the ***‘Year 3 leader’*** are as follows:

* coordinate the return of students to the University after summer recess period and ensure all students are enrolled
* remind students of expectations of professional behaviour
* coordinate and encourage peer buddy system
* ensure students are aware of the teaching and assessment schedules
* organise presentations and student support as required
* organise year group representation and professional body representation
* promote course at relevant University and professional body events
* organise year meetings and collate responses in conjunction with the course leader
* liaise with career and employability services for informal talk
* organise enrichment presentations, particularly with regard to former students or practitioners who are excelling or leading in their field
* coordinate health and care professions council briefing day
* ensure regular liaising and update with course leader

**Disability Coordinator**

The main roles of the disability coordinator are:

* provide advice and support to both staff and students for those students with disabilities.
* to attend school and University meetings and training and inform staff of changes and developments.
* to coordinate personal learning support plans (PLSP’s) and ensure staff and students understand how to implement and utilise the strategies.
* to coordinate updates and relevant training for the staff team, e.g. Mental health first aid

**Practice-Based Experience Coordinator**

The main roles of the practice-based coordinator are:

* establish and maintain positive relationships with clinical educators in placement areas.
* contribute to clinical educator updates and ensure teaching team are aware of any developments.
* coordinate and ensure audits are updated as required.
* attend relevant practice placement meetings and feedback to Physiotherapy staff team.
* organise briefing sessions for the Physiotherapy staff on the requirements of practice placements.
* organise reflection days as required.
* organise printing and distribution of practice placement documentation.
* coordinate collection of practice placement experience documentation and ensure recording of marks is conducted.

**Admissions Coordinator**

The main roles of the admission coordinator are:

* admissions coordinator(s) are responsible for the process of undergraduate admissions to the BSc (Hons) Physiotherapy course.
* admissions coordinator(s) work to ensure effective processing of applications and decision-making.
* evaluate student applications for qualifications/personal statements and short list for interview.
* coordinate interviews, ensuring that the interview process is robust and adheres to recruitment principles
* arrange for service users/practice colleagues to assist with interviews, ensuring that all interview panel members have been appropriately prepared and have completed equality and diversity training and aware of diversity and issues around unconscious bias.
* record details of interview date/location and panel members and all notes taken.
* liaise with course admissions administrative staff regarding offers and responses regularly to ensure appropriate number of applicants are recruited.
* process applications within suitable time frame.
* liaise with marketing regarding documentary material for applicants on website and used at Open Days.
* arrange cover for open days.
* contribute to outreach activities as required.
* consider applications for transfer onto course from other universities/ returning students who have previously withdrawn.
* ensure applicants complete all mandatory requirements for entry to the course, European Union (EU) requirements, Disclosure and Barring Service (DBS), Occupational Health (OH) and references in conjunction with admissions administration assistants.
* Liaise and keep course leader informed on a regular basis.

**Development of Staff**

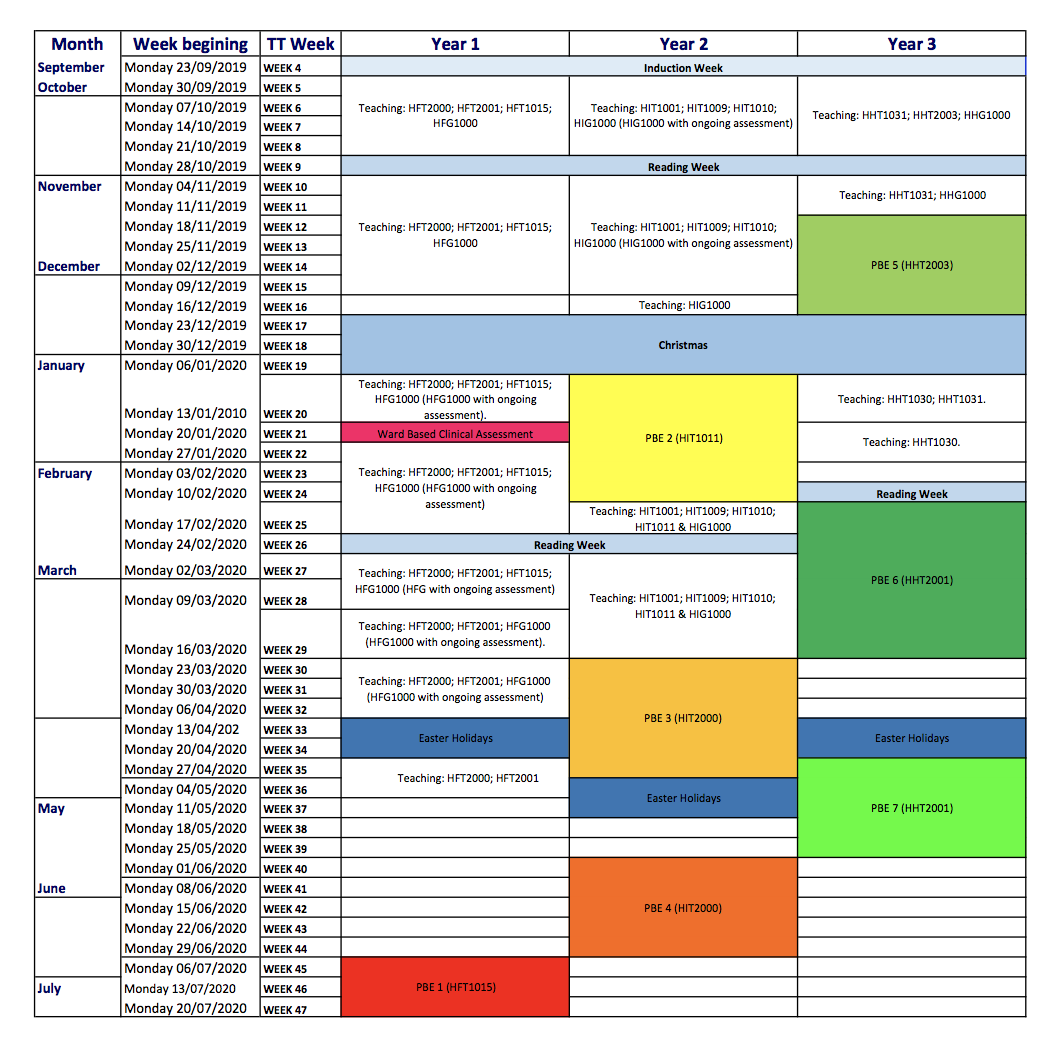
Annual staff appraisal in line with wider University processes allow staff development priorities to be recognised and an individual staff development plan to be formulated. All members of staff have a transparent work allocation, within which is identified time for scholarly activity. Visible output from this

research and scholarly activity is an expectation in line with University KPIs. In addition, staff are encouraged to take up additional staff development opportunities as they arise as long as they are both realistic and congruent with the priorities of the Division, Department, School and University. All staff also have an ARSP review to support their research outputs, and most members of staff have a research buddy.

**Appendix 2**

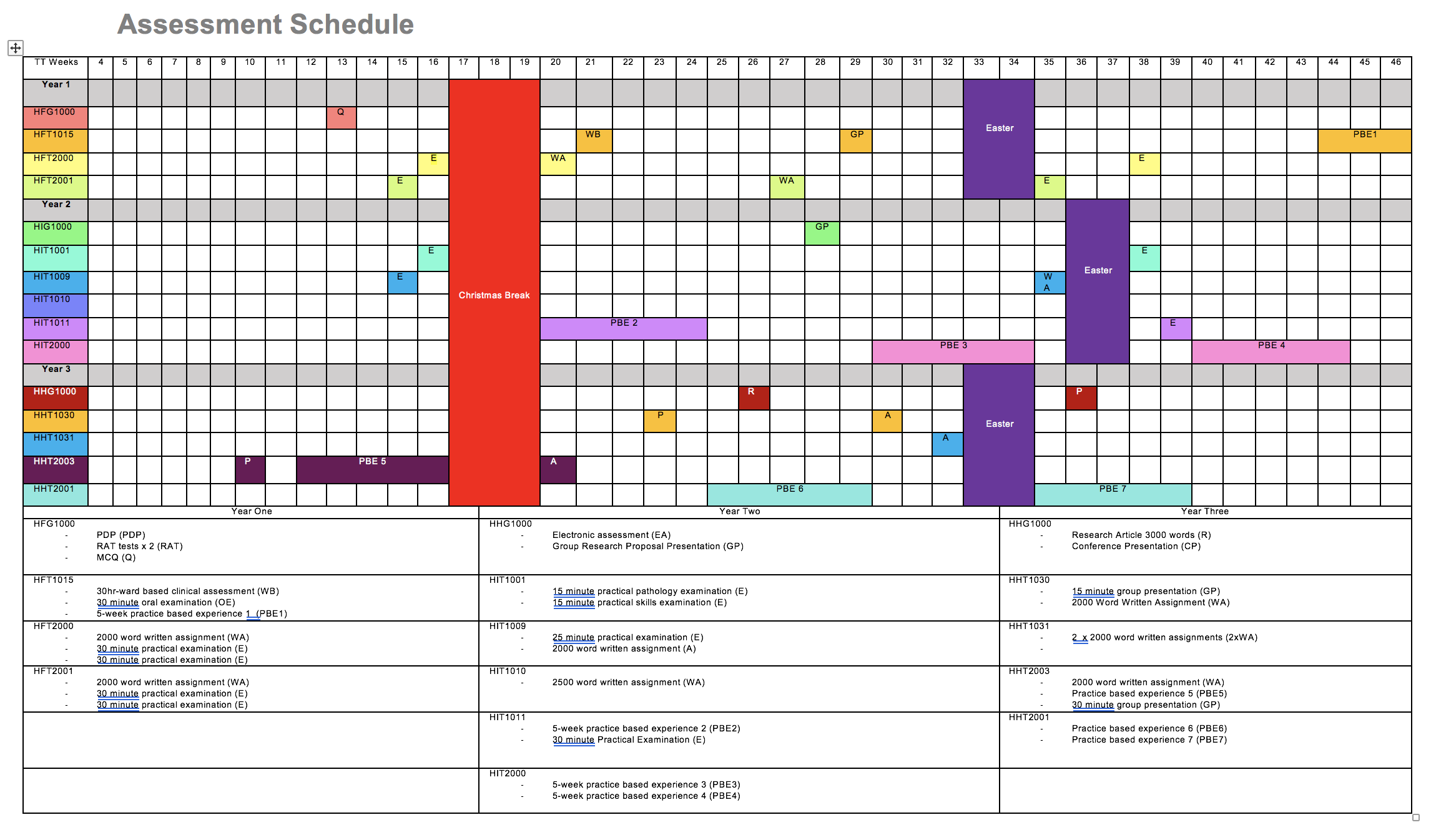
**Proposed BSc (Hons) Physiotherapy course structure (teaching and practice based experience 1-7)**

NB: If larger view needed, click on picture and enlarge accordingly.



**Appendix 3**

**Detailed Assessment Considerations**

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**Principles**

1. All assessment is transparent and accompanied by electronic written assessment briefs, that clearly denote what the assessment tasks are, and how to prepare for success. In class assessment tutorials are utilised to clarify any issues raised by students.
2. All assessment is designed to meet the level of study and has tasks that directly lead to attainment of the learning outcomes.
3. All the assessment tasks are directed to ensure progression and are embedded with realism to reflect the profession the students are training for, therefore linking theory to practice.
4. Formative assessment is integrated so it helps the students prepare specifically for the summative assessment.
5. Feedback from the assessment is designed to help the students’ progress and develop, this is achieved using a standardised feedback formula which identifies what was good about the work, and what could be done to improve it.
6. Type of assessment is considered alongside students on similar courses.
7. A variety of assessment is utilised to enable performance in all domains of learning (Cognitive, Affective and Psychomotor) and promote a wider opportunity of attainment for all students.
8. All assessment is designed around and adheres to the University assessment tariff.
9. Where possible, tutor reassessment is available and assessment is scheduled to allow this.
10. All assessment is staggered to avoid choke points.

**Details of the Assessment tariff can be seen in this table**

|  |  |  |
| --- | --- | --- |
| **Method of assignment** | **Maximum Per 10 credits 100%** | **Maximum per stage** |
| **Coursework/Written assignments** | 2,500 words | 24,000 |
| **Individual Presentations** | 15 minutes | 4 |
| **Group presentations/poster presentations** | To be considered on a case by case basis | |
| **Examinations** | 2 hours | 4 |
| **Practical Examinations/ OSCEs** | 1.5 | 4 |

**Processes employed and verification used**

1. Module team agree assignment titles, examination questions or presentation titles.
2. Course leader organises a ‘assessment review’ meeting where all assessment is presented and discussed with the course team. In this way repetition, specificity, currency and appropriateness of the task can be discussed in relation to the specific module and how the task relates and fits with all modules in the year as well as meeting the principles above.
3. The course leader collates all responses and designated external examiners review the assessment before it is published to the students.

**Variety of Assessment Utilised**

* The development of a personal planning portfolio (PDP)
* Individual and team readiness assurance tests
* Multiple choice questionnaires (MCQ’s)
* Electronic question and answer examinations.
* Individual presentations
* Group presentations
* Written assignments
* Practical examinations
* Written case studies
* Practice based experience assessment
* Research report
* Conference poster defence / group presentation defence

**Reasoning and Purpose for the Selection of the Above Assessment Types**

The variety of approaches utilised throughout the course are purposeful and the course team believe they prepare students accordingly for the working practice as Physiotherapists. PDP is imperative for development and this starts in year 1 where students are required to formulate a PDP folder and are introduced to recourses which have translatable currency across the course. Readiness assurance tests ensure accountability and develop a culture where pre-class readiness is promoted with the intention of fostering adult learning and the underpinning necessities for Interprofessional learning. MCQ’s are utilised to assess foundation material and act as building blocks to concepts that can be explored thereafter.

Individual and group presentations are themes that run throughout all three years. They create different demands on the students and require the development of vital oral skills which is an essential requisite to clinical practice. Group variants require cohesion, a need to meet a common goal and for all participants to consciously inclusive. They include both uniprofessional and interprofessional delivery. Written assignments, case studies and report writing along with conference defence all feed into research informed learning. Practice based experience assessment is arguably a form of longitudinal collective assessment where many of the previous assessment methods are utilised to maximise the learning experience and consolidate knowledge, skills and other attributes necessary for successful practice as a Physiotherapist.

**Moderation processes**

In line with University requirements, all work is subject to the following:

1. Internal moderation
2. External moderation

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outline assessment schedule mapped to Year 1 module learning outcomes** | 1200 word written assignment | Individual & team Readiness Assurance test (IRAS & TRAS) | | | | 1 hour MCQ | | | 30-minute group presentation | | | Practice based experience 1 | | | 2000 word written assignment | | | 30-minute practical examination 1 | | | 30-minute practical examination 2 | | | | |
| **HFG1000 Professional Development and Research 1** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Demonstrate knowledge of continuing professional development and lifelong learning. | x | x | | | |  | | |  | | |  | | |  | | |  | | |  | | | | |
| Identify and distinguish between different approaches to research including ethical considerations affecting the same. |  |  | | | | x | | |  | | |  | | |  | | |  | | |  | | | | |
| Reflect on the development of own professional skills and study skills. | x | x | | | |  | | |  | | |  | | |  | | |  | | |  | | | | |
| **HFT1015 Introduction to Health and Healthcare** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Demonstrate knowledge of the underlying concepts of ‘health’ and evaluate the importance of promoting public health | | | |  | | |  | | |  | | | x | | |  | | |  | | |  | |  | |
| Demonstrate an understanding of the role of the physiotherapist and reflect upon their role within the inter-professional healthcare team. | | | |  | | |  | | |  | | | x | | |  | | |  | | |  | |  | |
| Identify and evaluate appropriate physiotherapy assessment techniques. | | | |  | | |  | | |  | | |  | | | x | | |  | | |  | |  | |
| Demonstrate an ability to apply, integrate and build upon knowledge, skills and evidenced based physiotherapeutic techniques. | | | |  | | |  | | |  | | |  | | | x | | |  | | |  | |  | |
| **Outline assessment schedule mapped to Year 1 module learning outcomes** | | | | 1200 word written assignment | | | Individual & team Readiness Assurance test (IRAS & TRAS) | | | 1 hour MCQ | | | 30-minute group presentation | | | Practice based experience 1 | | | 2000 word written assignment | | | 30-minute practical examination 1 | | 30-minute practical examination 2 | |
| **HFT2000 Physiology in Physiotherapy Practice** | | | |  | | |  | | |  | | |  | | |  | | | x | | |  | |  | |
| Describe how the physiological systems of the body facilitate normal function. | | | |  | | |  | | |  | | |  | | |  | | | x | | |  | | x | |
| Describe how basic pathological processes may influence the function of physiological systems and homeostasis of the body. | | | |  | | |  | | |  | | |  | | |  | | |  | | | x | | x | |
| Explain the theoretical basis of applied clinical skills and their use in Physiotherapy treatment based on term 1 teaching. | | | |  | | |  | | |  | | |  | | |  | | |  | | | x | |  | |
| Explain the theoretical basis of applied clinical skills and their use in Physiotherapy treatment based on term 2 teaching. | | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | x | |
| Practically present ability in performing a Physiotherapy treatment based on teaching term 1. | | | |  | | |  | | |  | | |  | | |  | | |  | | | x | |  | |
| Practically present ability in performing a Physiotherapy treatment based on teaching term 2. | | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | x | |
| **HFT2001 Applied Anatomy and Movement Analysis** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Demonstrate an understanding of the effects of dysfunction on normal human anatomical structure and function. | | | |  | | |  | | |  | | |  | | |  | | | x | | |  | |  | |
| Practically identify and explain human anatomical structure in relation to function of the lower quadrant. | | | |  | | |  | | |  | | |  | | |  | | |  | | | x | |  | |
| Practically identify and explain human anatomical structure in relation to function of the upper quadrant. | | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | x | |
| Practically relate and explain movement analysis in relation to human movement of the lower quadrant. | | | |  | | |  | | |  | | |  | | |  | | |  | | | x | |  | |
| Practically relate and explain movement analysis in relation to human movement of the upper quadrant. | | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | x | |
| **Outline assessment schedule mapped to Year 2 module learning outcomes** | Electronic Assessment | | 20-minute Group Presentation | | 15-minute Practical Pathology Examination | | | 15-Minute Practical Skills Examination | | | 25-minute Practical Examination | | | 2000 Word Written Assignment | | | 2500 Word Written Assignment | | | Practice Based Experience 2 | | | 30-minute Practical Examination | | Practice Based Experience 3 & $ | |
| **HIG1000 Research 2** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Analyse the suitability and appropriateness of quantitative, qualitative, literature reviews and audit research methods. | x | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | |
| Identify and apply appropriate methods of data collection and analysis. | x | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | |
| Identify ethical issues arising out of research involving human participants and be able to apply them appropriately. |  | | x | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | |
| Plan and develop a proposal for a research project. |  | | x | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | |
| Plan and contribute to a group presentation of the research proposal. |  | | x | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | |
| **HIT1001 Neuromusculoskeletal Physiotherapy** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Identify the biomechanics and pathology of selected neuromusculoskeletal conditions. |  | |  | | x | | |  | | |  | | |  | | |  | | |  | | |  | |  | |
| Debate the assessment and clinical management of selected neuromusculoskeletal dysfunctions. |  | |  | | x | | |  | | |  | | |  | | |  | | |  | | |  | |  | |
| Practically apply an understanding of neuromusculoskeletal reasoning during the application of Physiotherapy techniques. |  | |  | |  | | | x | | |  | | |  | | |  | | |  | | |  | |  | |
| Practically apply neuromusculoskeletal treatments in the management of neuromusculoskeletal conditions. |  | |  | |  | | | x | | |  | | |  | | |  | | |  | | |  | |  | |
| **Outline assessment schedule mapped to Year 2 module learning outcomes** | Electronic Assessment | | 20-minute Group Presentation | | 15-minute Practical Pathology Examination | | | 15-Minute Practical Skills Examination | | | 25-minute Practical Examination | | | 2000 Word Written Assignment | | | 2500 Word Written Assignment | | | Practice Based Experience 2 | | | 30-minute Practical Examination | | Practice Based Experience 3 & $ | |
| **HIT1009 Cardiorespiratory Physiotherapy** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Debate the physiotherapeutic management of respiratory and cardio-vascular presentations |  | |  | |  | | |  | | | x | | |  | | |  | | |  | | |  | |  | |
| Examine the evidence supporting the use of treatment interventions in the management of respiratory and cardio-vascular presentations |  | |  | |  | | |  | | |  | | | x | | |  | | |  | | |  | |  | |
| Provide an interprofessional analysis to the holistic care of people with respiratory and cardio- vascular presentations |  | |  | |  | | |  | | |  | | | x | | |  | | |  | | |  | |  | |
| Apply cardio-respiratory physiology to the clinical presentation, including how social factors influence disease processes |  | |  | |  | | |  | | | x | | |  | | |  | | |  | | |  | |  | |
| **HIT1010 Neurological Physiotherapy** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Discuss how the patho-physiology of a neurological condition gives rise to the presenting clinical features in an adult. |  | |  | |  | | |  | | |  | | |  | | | x | | |  | | |  | |  | |
| Debate appropriate physiotherapeutic strategies for an adult with neurological dysfunction. |  | |  | |  | | |  | | |  | | |  | | | x | | |  | | |  | |  | |
| Critically discuss the importance of effective communication within the inter-professional team and how this influences the pyscho-social impact on the adult with neurological dysfunction. |  | |  | |  | | |  | | |  | | |  | | | x | | |  | | |  | |  | |
| Formulate a reasoned problem list for a clinical presentation of an adult with neurological dysfunction. |  | |  | |  | | |  | | |  | | |  | | | x | | |  | | |  | |  | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outline assessment schedule mapped to Year 2 module learning outcomes** | Electronic Assessment | 20-minute Group Presentation | 15-minute Practical Pathology Examination | 15-Minute Practical Skills Examination | 25-minute Practical Examination | 2000 Word Written Assignment | 2500 Word Written Assignment | Practice Based Experience 2 | 30-minute Oral Examination | Practice Based Experience 3 & 4 |
| **HIT1011 Electrophysical Agents and Exercise Therapy** | | | | | | | | | | |
| Acquire knowledge and a critical understanding of key theories and principles associated with treatment, rehabilitation and electrophysical modalities. |  |  |  |  |  |  |  |  | x |  |
| Critically evaluate the suitability and appropriateness of treatment and rehabilitation techniques and electrophysical modalities used in the management of care. |  |  |  |  |  |  |  |  | x |  |
| Discuss the therapeutic value of treatment and rehabilitation techniques and electrophysical modalities in relation to pathology. |  |  |  |  |  |  |  | x |  |  |
| Demonstrate professional conduct and evidence of competency across the 5 key areas of clinical practice. |  |  |  |  |  |  |  | x |  |  |
| **HIT 2000 Practice Based Experience 3 and 4: Year 2** | | | | | | | | | | |
| Apply an understanding of the aetiology, pathology and clinical features of conditions within PBE 3. |  |  |  |  |  |  |  |  |  | x |
| Apply an understanding of the aetiology, pathology and clinical features of conditions within PBE 4. |  |  |  |  |  |  |  |  |  | x |
| Explain and apply the assessment and clinical management of selected patients within PBE 3. |  |  |  |  |  |  |  |  |  | x |
| Explain and apply the assessment and clinical management of selected patients within PBE 4. |  |  |  |  |  |  |  |  |  | x |
| **Outline assessment schedule mapped to Year 2 module learning outcomes** | Electronic Assessment | 20-minute Group Presentation | 15-minute Practical Pathology Examination | 15-Minute Practical Skills Examination | 25-minute Practical Examination | 2000 Word Written Assignment | 2500 Word Written Assignment | Practice Based Experience 2 | 30-minute Oral Examination | Practice Based Experience 3 & 4 |
| Recognise and demonstrate an understanding of the wider implications of acute/chronic illness and disability to patient care within PBE 3. |  |  |  |  |  |  |  |  |  | x |
| Recognise and demonstrate an understanding of the wider implications of acute/chronic illness and disability to patient care within PBE 4. |  |  |  |  |  |  |  |  |  | x |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outline assessment schedule mapped to Year 3 module learning outcomes** | 3000 Research Report | Poster Defence or Verbal Presentation | 15-minute Group Presentation | A 2000 Word Case Study Based on a Patient Scenario | 2 x 2000 Word Written Assignments | 2000 Word Written Assignment | Practice Based Experience 5 | 30-minute Group presentation | Practice Based Experience 6 & 7 |
| **Research 3** | | | | | | | | | |
| Critically review appropriate literature and relate it to the research area. | x |  |  |  |  |  |  |  |  |
| Demonstrate a critical understanding of the method used in their research. | x |  |  |  |  |  |  |  |  |
| Make an effective contribution to the work of a group to undertake and present an empirical, or literature based research project. |  | x |  |  |  |  |  |  |  |
| Write a fully referenced research report in a style suitable for publication. | x |  |  |  |  |  |  |  |  |
| Present and defend their research with particular reference to team working and ethical dimensions. |  | x |  |  |  |  |  |  |  |
| **HHT1030 Management and Health Promotion of Distinctive Client Groups** | | | | | | | | | |
| Analyse and provide a contextual account of the documentation, policy position and national drivers relating to a distinct client group. |  |  | x |  |  |  |  |  |  |
| Critically evaluate the different approaches to the assessment and management of client groups and the contribution made by appropriate physiotherapeutic intervention. |  |  |  | x |  |  |  |  |  |
| Debate the social, moral and ethical dilemmas surrounding the provision of care to distinct client groups and critically evaluate the influence this may have on therapy provision. |  |  | x |  |  |  |  |  |  |
| **Outline assessment schedule mapped to Year 3 module learning outcomes** | 3000 Research Report | Poster Defence or Verbal Presentation | 15-minute Group Presentation | A 2000 Word Case Study Based on a Patient Scenario | 2 x 2000 Word Written Assignments | 2000 Word Written Assignment | Practice Based Experience 5 | 30-minute Group presentation | Practice Based Experience 6 & 7 |
| Verbally present a coherent and balanced argument to an audience. |  |  | x |  |  |  |  |  |  |
| Debate the evidence base to support current management strategies. |  |  |  | x |  |  |  |  |  |
| **HHT1031 Contemporary Physiotherapy** | | | | | | | | | |
| Critically appraise relevant literature relating to contemporary Physiotherapy management for option 1. |  |  |  |  | x |  |  |  |  |
| Critically debate the evidence base to support contemporary Physiotherapy management in relation to option 1. |  |  |  |  | x |  |  |  |  |
| Critically appraise relevant literature relating to contemporary Physiotherapy management for option 2. |  |  |  |  | x |  |  |  |  |
| Critically debate the evidence base to support contemporary Physiotherapy management in relation to option 2. |  |  |  |  | x |  |  |  |  |
| **HHT2003 Preparation for Employment and Leadership in Healthcare Delivery** | | | | | | | | | |
| Critically evaluate the evidence base underpinning leadership in health in a structured written format. |  |  |  |  |  | x |  |  |  |
| Appraise relevant policy and position documents relating to health care delivery. |  |  |  |  |  | x |  |  |  |
| Apply a critical understanding of the aetiology, pathology and clinical features of conditions treated within PBE 5 and be able to justify the clinical management of selected patients based upon a thorough assessment. |  |  |  |  |  |  | x |  |  |
| **Outline assessment schedule mapped to Year 3 module learning outcomes** | 3000 Research Report | Poster Defence or Verbal Presentation | 15-minute Group Presentation | A 2000 Word Case Study Based on a Patient Scenario | 2 x 2000 Word Written Assignments | 2000 Word Written Assignment | Practice Based Experience 5 | 30-minute Group presentation | Practice Based Experience 6 & 7 |
| Critically appraise and demonstrate an understanding of the Physiotherapy management of patient care within PBE 5. |  |  |  |  |  |  | x |  |  |
| Orally communicate information, concepts and ideas effectively. |  |  |  |  |  |  |  | x |  |
| Support oral communication with appropriate evidence. |  |  |  |  |  |  |  | x |  |
| Employ and maintain a high level of professional conduct and evidence of competency across the 5 key areas of clinical practice. |  |  |  |  |  |  | x |  |  |
| Identify and implement appropriate reflective practice strategies to take ownership of learning within PBE 5. |  |  |  |  |  |  | x |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outline assessment schedule mapped to Year 3 module learning outcomes** | 3000 Research Report | Poster Defence or Verbal Presentation | 15-minute Group Presentation | A 2000 Word Case Study Based on a Patient Scenario | 2 x 2000 Word Written Assignments | 2000 Word Written Assignment | Practice Based Experience 5 | 30-minute Group presentation | Practice Based Experience 6 & 7 |
| **HHT2001 Practice Based Experience 6 and 7: Year 3** | | | | | | | | | |
| Apply a critical understanding of the aetiology, pathology and clinical features of conditions treated within PBE 6. |  |  |  |  |  |  |  |  | x |
| Apply a critical understanding of the aetiology, pathology and clinical features of conditions treated within PBE 7. |  |  |  |  |  |  |  |  | x |
| Justify and apply the clinical management of selected patients based upon a comprehensive and clinically-reasoned assessment within PBE 6 |  |  |  |  |  |  |  |  | x |
| Justify and apply the clinical management of selected patients based upon a comprehensive and clinically-reasoned assessment within PBE 7. |  |  |  |  |  |  |  |  | x |
| Critically appraise and demonstrate an understanding the wider implications of acute/chronic illness and disability to patient care within PBE 6. |  |  |  |  |  |  |  |  | x |
| Critically appraise and demonstrate an understanding the wider implications of acute/chronic illness and disability to patient care within PBE 7. |  |  |  |  |  |  |  |  | x |
| Employ and maintain a high level of professional conduct within PBE 6. |  |  |  |  |  |  |  |  | x |
| Employ and maintain a high level of professional conduct within PBE 7. |  |  |  |  |  |  |  |  | x |
| Show evidence of competency across the 5 key areas of clinical practice within PBE 6. |  |  |  |  |  |  |  |  | x |
| Show evidence of competency across the 5 key areas of clinical practice within PBE 7. |  |  |  |  |  |  |  |  | x |
| Critically use reflective practice strategies to take ownership of learning within PBE 6. |  |  |  |  |  |  |  |  | x |
| Critically use reflective practice strategies to take ownership of learning within PBE 7. |  |  |  |  |  |  |  |  | x |

**Appendix 4**

**Mapping of course learning outcomes against course modules.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Year 1** | | | | **Year 2** | | | | | | **Year 3** | | | | |
|  | HFG1000 Professional Development and Research 1 | HFT1015 Introduction to Health and Healthcare | HFT1016 Physiology in Physiotherapy Practice | HFT1016 Applied Anatomy and Movement Analysis | HIG1000 Research 2 | HIT1011 Electrophysical Agents and Exercise Therapy | HIT1009 Cardio-Respiratory Physiotherapy | HIT1001 Neuromusculoskeletal Physiotherapy | HIT1010 Neurological Physiotherapy | HIT2000 Practice-based Experience 3 and 4: Year 2 | HHG1000 Research 3 | HT2003 Preparation for Employment and Leadership in Healthcare Delivery | HHT1031 Contemporary Physiotherapy | HHT1030 Management and Health promotion of Distinctive client groups | HHT2001 Practice-based Experience 6 and 7: Year 3 |
| 1 |  | x | x | x |  | x | x | x | x | x |  | x | x | x | x |
| 2 |  | x | x | x |  | x | x | x | x | x |  | x | x | x | x |
| 3 |  | x | x | x |  | x | x | x | x | x |  | x | x | x | x |
| 4 | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x |
| 5 | x | x |  |  | x | x | x | x | x | x | x | x | x | x | x |
| 6 |  | x |  |  |  |  |  |  |  | x |  | x |  | x | x |
| 7 |  | x |  |  |  | x |  |  |  | x |  |  |  |  | x |
| 8 | x | x | x | x |  | x | x | x | x | x |  | x | x | x | x |
| 9 | x | x | x | x |  | x | x | x | x | x |  | x | x | x | x |
| 10 | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x |
| 11 | x |  |  |  | x |  |  |  |  |  | x |  | x |  |  |
| 12 | x | x |  |  |  | x | x | x | x | x |  | x | x | x | x |
| 13 | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x |
| 14 | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x |
| 15 | x | x |  |  |  | x | x | x | x | x | x | x | x | x | x |
| 16 | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x |
| 17 | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x |
| 18 | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x |

***Knowledge and Understanding***

1. Apply a critical understanding of human structure within the context of Physiotherapy practice.
2. Apply a critical understanding of the biological and behavioural sciences that underpin effective practice within the context of Physiotherapy.
3. Demonstrate a critical knowledge and understanding of core theories that underpin effective physiotherapy practice.
4. Synthesis a critical understanding of evidence based practice and how this may underpin and develop effective service delivery in a variety of different emerging healthcare settings.
5. Critically evaluate ethical, legal issues and socio-economic factors that impact on healthcare delivery in a diverse society.
6. Critically evaluate of the impact of local, national and global government policies on health and social care delivery.
7. Critically evaluate how a range of leadership approaches are used to ensure efficiency in health and social care delivery.

***Skills and Other attributes (Practical)***

1. Effectively plan, evaluate and negotiate the delivery of competent physiotherapeutic skills within a practice based environment.
2. Sensitively provide competent physiotherapeutic interventions for patients with complex and challenging needs in a variety of contexts whilst incorporating the principles of evidence based practice.
3. Reflect and evaluate the limits of their own scope of practice, working with and/or referring onto other healthcare professionals and agencies where appropriate.

**Intellectual / cognitive skills**

1. Critically analyse and evaluate published literature to determine how it underpins physiotherapy practice.
2. Utilise established research techniques to generate and critically analyse data relevant to health care practice.
3. Evaluate the nature and complexity of how physiotherapy is delivered within the national health service, private and voluntary organisations.
4. Generate and assemble the skills to take responsibility for their own personal development planning (PDP), learning and continuing professional development through working independently and become skilled in reflective practice to review their own academic and clinical work to become life-long learners.

**Transferable / Key Skills**

1. Demonstrate clear, accurate, appropriate and reliable communication to a professional standard.
2. Recognise the value of and successfully participate in collaborative, interprofessional working.
3. Evaluate factors that may impact upon health and facilitate self-management and empowerment among service users.
4. Discriminate and evaluate a range of personal and transferable skills commensurate with working effectively in dynamic healthcare environments.

**Appendix 5**

**Mapping of course themes against course modules**

**(see Section 13.1.1 of Programme Specification)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Year 1 - Foundation Level modules** | | | | | | **Year 2 - Intermediate Level modules** | | | | | | **Year 3 - Honours Level modules** | | | | |
|  | HFG1000 Professional Development and Research 1 | HFT1015 Introduction to Health and Healthcare | HFT1016 Physiology in Physiotherapy Practice | | HFT1016 Applied Anatomy and Movement Analysis | | HIG1000 Research 2 | HIT1011 Electrophysical Agents and Exercise Therapy | HIT1009 Cardio-Respiratory Physiotherapy | HIT1001 Neuromusculoskeletal Physiotherapy | HIT1010 Neurological Physiotherapy | HIT2000 Practice-based Experience 3 and 4: Year 2 | HHG1000 Research 3 | HT2003 Preparation for Employment and Leadership in Healthcare Delivery | HHT1031 Contemporary Physiotherapy | HHT1030 Management and Health promotion of Distinctive client groups | HHT2001 Practice-based Experience 6 and 7: Year 3 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 |  | x | x | | x | |  | x | x | x | x | x |  |  | x | x | x |
| 2 |  | x | x | | x | |  | x | x | x | x | x |  |  | x | x | x |
| 3 |  |  | x | | x | |  | x | x | x | x | x |  |  | x |  | x |
| 4 |  |  | x | |  | |  | x | x | x | x |  |  |  | x |  |  |
| 5 | x | x |  | |  | | x | x | x | x | x | x | x | x |  | x | x |
| 6 |  | x |  | |  | |  | x | x | x | x | x |  | x |  | x | x |
| 7 |  |  |  | |  | |  |  |  |  |  |  |  | x |  |  |  |
| 8 |  |  |  | |  | |  |  |  |  |  | x |  | x |  |  | x |
| 9 |  | x |  | |  | |  | x |  |  |  | x |  | x |  |  | x |
| 10 | x |  |  | |  | | x |  |  |  |  |  | x |  |  |  |  |

**Themes:**

The course is developed around eight separate but interlinking themes. They are:

1. Exercise prescription
2. Soft tissue skills
3. Manual therapy
4. Pain science
5. Behavioural science
6. Public health
7. Leadership and management
8. Practice based experience
9. Independent research literate professions
10. Authentic Interprofessional learning and practice

**Appendix 6**

**Demonstration of How Module Learning Outcomes Map onto Subject Benchmark Statements**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Foundation Level modules** | | | | **Intermediate Level modules** | | | | | | **Honours Level modules** | | | | |
| **PART A - QAA Subject benchmark statements: Health care programmes: Physiotherapy (2001), Mapped to Course Modules.** | HFG1000 Professional Development and Research 1 | HFT1015 Introduction to Health and Healthcare | HFT1016 Physiology in Physiotherapy Practice | HFT1016 Applied Anatomy and Movement Analysis | HIG1000 Research 2 | HIT1011 Electrophysical Agents and Exercise Therapy | HIT1009 Cardio-Respiratory Physiotherapy | HIT1001 Neuromusculoskeletal Physiotherapy | HIT1010 Neurological Physiotherapy | HIT2000 Practice-based Experience 3 and 4: Year 2 | HHG1000 Research 3 | HHT2003 Preparation for Employment and Leadership in Healthcare Delivery | HHT1031 Contemporary Physiotherapy | HHT1030 Management and Health promotion of Distinctive client groups | HHT2001 Practice-based Experience 6 and 7: Year 3 |
| A1 Professional autonomy and accountability of the physiotherapist | x | x |  |  |  |  |  |  |  | x |  | x |  |  | x |
| A2 Professional relationships | x | x |  |  |  |  |  |  |  | x |  |  |  |  | x |
| A3 Personal and professional skills | x | x |  |  |  |  |  |  |  | x |  |  |  |  | x |
| A4 Profession and employer context | x | x |  |  |  |  |  |  |  | x |  | x |  |  | x |
| B1 Profession-specific skills |  | x |  | x |  | x | x | x | x | x |  |  | x |  | x |
| B2 Generic and enabling skills | x | x | x | x |  | x | x | x | x | x |  | x | x | x | x |
| C1 Scientific basis of physiotherapy |  | x | x | x |  | x | x | x | x | x |  | x | x | x | x |
| C2 Context of service delivery and professional practice | x | x |  |  |  |  |  |  |  | x |  | x |  |  | x |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Foundation Level modules** | | | | **Intermediate Level modules** | | | | | | **Honours Level modules** | | | | |
| **PART B - QAA Subject benchmark statements: Health care programmes: Physiotherapy (2001), Mapped to Course Learning Outcomes.** | HFG1000 Professional Development and Research 1 | HFT1015 Introduction to Health and Healthcare | HFT1016 Physiology in Physiotherapy Practice | HFT1016 Applied Anatomy and Movement Analysis | HIG1000 Research 2 | HIT1011 Electrophysical Agents and Exercise Therapy | HIT1009 Cardio-Respiratory Physiotherapy | HIT1001 Neuromusculoskeletal Physiotherapy | HIT1010 Neurological Physiotherapy | HIT2000 Practice-based Experience 3 and 4: Year 2 | HHG1000 Research 3 | HHT2003 Preparation for Employment and Leadership in Healthcare Delivery | HHT1031 Contemporary Physiotherapy | HHT1030 Management and Health promotion of Distinctive client groups | HHT2001 Practice-based Experience 6 and 7: Year 3 |
| **Knowledge & Understanding**  Understand and apply knowledge of human structure within the context of Physiotherapy practice. |  | x | x | x |  | x | x | x | x | X |  | x | x | X | x |
| Demonstrate a critical understanding of the biological and behavioural sciences that underpin effective practice within the context of Physiotherapy. |  | x | x | x |  | x | x | x | x | X |  | x | x | X | x |
| Demonstrate a critical knowledge and understanding of core theories that underpin effective physiotherapy practice |  |  |  |  |  | x | x | x | x | X |  |  | x | X |  |
| Demonstrate a critical understanding of evidence based practice and how this may underpin and develop effective service delivery in a variety of different emerging healthcare settings | x |  |  |  | x |  |  |  |  |  | x | x |  |  |  |
| Demonstrate a critical understanding of ethical, legal issues and socio-economic factors that impact on healthcare delivery in a diverse society. |  | x |  |  |  |  |  |  |  |  |  | x |  |  |  |
| Demonstrate a critical understanding of the impact of local, national and global government policies on health and social care delivery. |  | x |  |  |  |  |  |  |  |  |  | x |  |  |  |
| Critically understand how a range of leadership approaches are used to ensure efficiency in health and social care delivery. |  |  |  |  |  |  |  |  |  |  |  | x |  | X |  |
| **Skills and Other Attributes (Practical)**  Effectively plan, negotiate and deliver competent physiotherapeutic skills within a practice based environment. |  | x |  |  |  | X |  |  |  | X |  | X |  |  | x |
| Sensitively provide competent physiotherapeutic interventions for patients with complex and challenging needs in a variety of contexts whilst incorporating the principles of evidence based practice |  | x |  |  |  | X |  |  |  | X |  | X |  |  | x |
| Recognise the limits of their own scope of practice, working with and/or referring onto other healthcare professionals and agencies where appropriate |  | x |  |  |  | X |  |  |  | X |  | X |  |  | x |
| **Intellectual / Cognitive Skills**  Demonstrate an ability to critically analyse and interpret published literature to determine how it underpins physiotherapy practice | x |  |  |  | X |  | x | x | x |  | x | x | x | X |  |
| Utilise established research techniques to generate and critically analyse data relevant to health care practice | x |  |  |  | x |  |  |  |  |  | x |  |  |  |  |
| Understand the nature and complexity of how physiotherapy is delivered within the national health service, private and voluntary organisations. |  | x |  |  |  |  |  |  |  |  |  | x |  | x |  |
| Develop the skills to take responsibility for their own personal development planning (PDP), learning and continuing professional development through working independently and become skilled in reflective practice to review their own academic and clinical work to become life-long learners | x |  |  |  | x |  |  |  |  |  | x |  |  |  |  |
| **Transferable / Key Skills**  Demonstrate clear, accurate, appropriate and reliable communication to a professional standard | x | x | x | x | x | x | x | x | x |  | x | x | x | x | x |
| Recognise the value of and successfully participate in collaborative, interprofessional working | x |  |  |  | x |  |  |  |  |  | x |  |  |  |  |
| Develop professional and personal skills to enable service users to appreciate factors that may impact upon health and facilitate self-management by means of empowerment. | x | x |  |  |  | x |  |  |  | x |  | X |  | x | x |
| Demonstrate a range of personal and transferable skills commensurate with working effectively in dynamic healthcare environments |  | x |  |  |  | x |  |  |  | x |  | x |  |  | x |

**Appendix 7**

**Learning and Development Principles for CSP Accreditation of Qualifying Programmes in Physiotherapy 2015**

|  |
| --- |
| **Principle 1: Programme Outcomes**  **Qualifying programmes should aim to develop the knowledge, skills, behaviour and values (KSBV) required to practise physiotherapy at newly qualified level (NHS Band 5 or equivalent), while nurturing the skills, behaviour and values that will enhance career-long development and practice.** |
| **Self-evaluation questions for programme providers:** |
| How do we ensure our graduates are fit for practice in their first posts, with the necessary KSBV?  All modules are considered to develop a progressive understanding of physiotherapy practice and KSBV required for new graduates. As a team, we see this as a continuum and expect our students to adopt the KSBV, define and refine them as they move through the course. In this way, they will be likely to assume this position for career long development and practice.  The updated 2013, CSP resource: Physiotherapy frameworks, putting Physiotherapy values, knowledge, behaviours and skills into practice has been consulted to ensure the new course continues to meet these. The easiest way to demonstrate this is to indicate via a table, mapping the course models against the dimensions. The values are not mapped as they inform the knowledge, skills and behaviours and are arguably inherent in all modules.  Mapping of course ‘Behaviours Knowledge and Skills’ against course modules.   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Year 1** | | | | **Year 2** | | | | | | **Year 3** | | | | | | Physiotherapy values (altruism, advocacy, compassion, caring, honesty, integrity, duty of care and social responsibility, commitment to excellence). | | | | | | | | | | | | | | | | |  | **Continuum** | | | | | | | | | | | | | | | |  | HFG1000 Professional Development and Research 1 | HFT1015 Introduction to Health and Healthcare | HFT1016 Physiology in Physiotherapy Practice | HFT1016 Applied Anatomy and Movement Analysis | HIG1000 Research 2 | HIT1011 Electrophysical Agents and Exercise Therapy | HIT1009 Cardio-Respiratory Physiotherapy | HIT1001 Neuromusculoskeletal Physiotherapy | HIT1010 Neurological Physiotherapy | HIT2000 Practice-based Experience 3 and 4: Year 2 | HHG1000 Research 3 | HT2003 Preparation for Employment and Leadership in Healthcare Delivery | HHT1031 Contemporary Physiotherapy | HHT1030 Management and Health promotion of Distinctive client groups | HHT2001 Practice-based Experience 6 and 7: Year 3 | | Behaviours, Knowledge and Skills | | | | | | | | | | | | | | | | |  |  | x | x | x |  | x | x | x | x | x |  | x | x | x | x | | 1 |  | x | x | x |  | x | x | x | x | x |  | x | x | x | x | | 2 |  | x |  |  |  |  |  |  |  | x |  | x |  | x | x | | 3 | x |  |  |  | x |  |  |  |  |  | x |  |  |  |  | | 4 |  | x | x | x |  | x | x | x | x | x |  | x | x | x | x | | 5 | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | | 6 | x | x |  |  | x |  |  |  |  | x |  | x |  |  | x | | 7 | x | x |  |  | x | x |  |  |  | x |  | x |  |  | x | | 8 | x |  |  |  | x | x |  |  |  |  | x |  |  |  |  | | 9 |  | x | x | x |  | x | x | x | x | x |  | x | x | x | x | | 10 | x | x |  |  | x | x | x | x | x | x |  | x | x | x | x | | 11 | x |  |  |  | x |  |  |  |  |  | x |  |  |  |  | | 12 |  |  |  |  |  |  |  |  |  | x |  | x |  | x | x | | 13 | x |  |  |  | x |  |  |  |  |  | x | x |  |  |  | | 14 |  | x |  |  |  | x |  |  |  | x |  | x |  |  | x | | 15 | x |  |  |  | x |  |  |  |  |  | x | x |  |  |  | | 16 | x |  |  |  | x | x | x | x | x | x | x | x | x | x | x |  |  |  | | --- | --- | | 1 | Knowledge & understanding of physiotherapy | | 2 | Political and social awareness | | 3 | Self-awareness | | 4 | Physiotherapy practice skills | | 5 | Communicating | | 6 | Helping others learn & develop | | 7 | Managing self and others | | 8 | Promoting integration & teamwork | | 9 | Putting the person at the centre of practice | | 10 | Respecting & promoting diversity | | 11 | Ensuring quality | | 12 | Improving & developing services | | 13 | Lifelong learning | | 14 | Practice decision making | | 15 | Researching & evaluating practice | | 16 | Using evidence to lead practice | |
| How are new needs, demands or opportunities being addressed by the programme changes we are making?  The Department of Health Sciences is intending to monitor the demands of all courses as the changes suggested in the rationale, appendix 3 are similar for all courses within the department. This strategic approach is thought to be best placed to provide support in the form of resources if required. Equally, opportunities will be fed back through the same mechanisms, discussed strategically and decisions made thereafter. |
| Are service providers and service users sufficiently involved in our programme design and delivery?  Service users are involved in the delivery of the physiotherapy programme throughout all levels of the course. Specific modules where service users have input into the course include: HFT1015, HIT1011, HIT1001, HHT1031, HHT1030 to ensure appropriate representation and optimise the learning process. Service users are also invited to contribute to internal review and attend course committees which occur twice annually. Lastly, during the interview and selection days, we are keen that service users attend and work alongside the staff team and invited service providers to select candidates for the course.  External speakers (service providers) who work in specific areas contribute to the course and learning experience of the students, specifically this occurs in the option module, HHT1031, and the module HHT1030.  Service providers are also invited to course review where valuable networking is established. As stated above, they also contribute to the Interview and selection days, working with staff and service users. However, the greatest aspect of service provider input is during the 7 PBE’s the students access of the 3 years of the programme. |
| How well can prospective students find out about the emphases and balance of content within our programme?  Prospective students can find out about the emphases and balance of the course content by one of the following ways:   1. Initial consultation telephone discussion with admissions tutor. 2. By attending the university open days held throughout the year 3. By consulting the university prospectus or course information available at:   <https://www.hud.ac.uk/undergraduate/>   1. By viewing the programme online at:   <https://courses.hud.ac.uk/2018-19/full-time/undergraduate/physiotherapy-bsc-hons?utm_source=google&utm_medium=cpc&utm_campaign=uoh-preclearing-search-2017&gclid=EAIaIQobChMImv2D44C81QIVBrXtCh0UMgdeEAAYASAAEgJHzfD_BwE> |

|  |
| --- |
| **Principle 2: Programme Design**  **Flexibility and local needs will determine programme design decisions, within nationally agreed boundaries** |
| **Self-evaluation questions for programme providers:** |
| Have we explored all opportunities for flexibility in design - including step-on, step-off and opportunities for student choice?  The course is structured to facilitate a route from recruitment to graduation. In that all students joining the course are scrutinised to ensure they hold the correct attributes, see 16.6.1 and 16.6.2 in the programme specification and have a reasonable chance of completing the programme of study. Indirect flexibility does exist with regard to ‘step on and step off’ opportunities and these consist of the following:   1. Should a student wish to suspend their study and return in the next academic period, providing they meet the University deadlines, this is possible. Typically this usually occurs during personal circumstances that are having a direct effect on the student’s capacity to study. 2. If a student completes the credit and requirements required for a particular year, they can choose to exit with a relevant award that recognises their work and contributions, see 13.7.2 in programme specification for details. 3. Within the design of the course there is flexibility with regard to the Practice Based Experience (PBE), in that we try to assist all students by allocating according to need and profile and offering sensible assistance with allocation with students who have dependents or carer commitments and those students who have access to a motor vehicle. 4. Within year 3 we have a module, HHT1031 – Contemporary Physiotherapy Skills which offers the students a degree of choice with its option format. 5. Within some aspects of assessment, particularly with regard to written assignments, module leaders offer choice with regard to task. |
| Do we have effective strategies in place to ensure sufficient integration between learning derived from practice and learning in the University setting?  Integration occurs by course planning and review and by specific meetings such as course committee and annual evaluation.  We have a system that follows the framework suggested by Billett (2009) that encompasses situated learning (Vygostry 1978) and experiential and reflective learning (Kolb 1984).  The framework involves work integrated learning (WIL) and is essentially subdivided into three broad processes.  Pre WIL- this is achieved by structuring the curriculum with modules that sequentially build on the student’s procedural knowledge, hence the reason we often detail our year modules as foundation, intermediate and honours. In this way we aim to prepare our students with the skills and attributes required for achieving a successful learning experience by ensuring they have an appropriate theoretical base of knowledge. Additionally, we engage in exercises which clarify the expectations of PBE’s. This is often informal during modular teaching but a scheduled period is organised by the PBE coordinator for Physiotherapy or the specific year leader, see 13.5.4 in programme specification. The PBE coordinator for Physiotherapy in conjunction with the placement officer then inform the students in advance of the experience where they are going and who will be acting as their practice educator. A specific practice placement website, containing audited and up to date details about the site and expectations of the placement is available. The timeframe we try to work to is 4-6 weeks’ advance notice, occasionally this deadline is no meet due to availability and practice enforced changes. Personal tutors meet with students and discuss how they can maximise the experience and reduce anxiety by structuring strategies that the students can use to maximise the experience.  During WIL – a specific PBE booklet relevant to each year is used to assist the learning on PBE’s. This has 5 broad categories that are easily transferable to most service provision. The learning outcomes within the 5 sections act as a guide for the student and educator as well as providing a template for parity across the cohort. Support in the form of practice educators who usually work in teams with experienced educators is available for most practice sites, where it is known that this does not exist, measures are considered to support both the student and educator. These are not exclusive but may include:   * Additional support by telephone, SKYPE or visit. * Pre PBE visit to assure the educator and discuss the expectations of the PBE. * Access to specific clinical educator programmes, see 13.5.6 in programme specification.   During a PBE each student will have an assigned member of staff from the Physiotherapy team that are there to support the student and maximise the learning transition whilst on the PBE. By engaging in this system, the staff member is able to moderate and where needed integrate the needs and expectations between the student and the educator. The format for this may be a site visit but we also employ telephone, SKYPE methods. This support is equally directed at the student as it is at the educator and at students who may be struggling as it is with students who are performing well.  Post WIL – The usual method we utilise for facilitating and sharing experiences is by gathering the cohort together after a PBE and running a reflective session where a loose agenda allows the students to recant their learning experiences and key moments that occurred on the PBE. The facilitator’s job is to focus the students to engage in how they can utilise reflection to join up the learning that has occurred in University and on PBE and prepare them with how they can add to and go forward in the next stage of their learning. Personal tutor meetings also assist this and all module leaders are experienced and try where possible to integrate these experiences into the remaining aspects of University based learning. Students are also encouraged to use reflective journals to cement these experiences further.  At regular periods during the teaching terms and as part of the annual review process the teaching team discuss any issues that have arisen and how to facilitate smoother transition of the pre, during and post WIL processes. |
| How do we ensure inclusivity?  We ensure this occurs before as well as during the course.  Please see criteria for admissions, 16 onwards in programme specification for measures utilised to ensure inclusivity during this period.  During the course, all staff are keen that all students are able to learn and flourish in an environment that is non-judgemental and at all times inclusive.  The following strategies are utilised:  1.Ensuring the curriculum is representative of all by having frames of reference that are inclusive.  2. By discussion of how power operates in health and society may lead to issues around oppression.  3. How barrier such as access, language, education and culture may create denied rather than inclusive health provision.  4. By the use of inclusive language.  5. Ensuring our assessment strategy offers all students an opportunity to succeed.  6. By having established and supportive pastoral support, see 15 onwards in programme specification.  7. By challenging assumptions, generalisations and positional statements around health and healthcare provision.  8. All staff undergo equality, diversity and otherness training. Several members of the team have undergone specific mental health training.  9. As our International profile grows, we expect to face challenges. We have already established good links with the International office and aim to extend this further to overcome any future challenges, ensuring we maintain availability to all students.  10.Common NSS feedback seen year on year often refers to the Physiotherapy course “being a family, all are welcome and the staff know their students and go out of their way to support and help with enthusiastic and caring approaches”. |

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| **Principle 3: The Learning Process**  **The learning process experienced by students should prepare them well for initial practice upon qualification, to promote continued learning and enable them to adapt to the challenges and opportunities of an ongoing career in physiotherapy.** |
| **Self-evaluation questions for programme providers:** |
| Does each component of our programme enable learners to develop independent and ongoing learning skills?  Each module is designed with components which encourage students to develop independent and ongoing learning skills through a series of directed independent learning tasks, directed study, mixed pedagogical approaches including 1. Chalk and talk, 2. Blended learning, 3. Flipped classrooms, 4. Team Based Learning, 5. Interprofessional learning and 6. Practice Based Experience. Module assessments are also used to develop independent learning and research skills for completion of each component of assessment. |

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| How do we support our students to develop transferrable knowledge and skills, and adapt to different professional settings?  Students develop transferable knowledge and skills in each module and in particular, the level 2 core physiotherapy skills modules in HIT1001 – Neuromusculoskeletal Physiotherapy, HIT1009 Cardiorespiratory Physiotherapy and HIT1010 Neurological Physiotherapy which consider the adaptation of physiotherapeutic skills to different professional settings. HIT1011 - Electrophysical Agents and Exercise therapy in level 2 also includes the development of students’ skills in exercise prescription, an important and emerging role for physiotherapists involved in public health promotion in emerging care settings. |
| How effectively do we enable learners to develop the values underpinning physiotherapy practice? (Reference to new Code of Professional Conduct)  The Chartered Society of Physiotherapy (CSP) code of members' professional values and behaviour is as detailed centred around the needs of patients and clients and as such reflects the values detailed above. The four principles of the code: 1. Taking responsibility for your actions, behaving ethically, delivering an effective service and striving to achieve excellence are broadly encompassed in the practice based experience paperwork, see appendix 7.  The term broadly is used as the code is applicable to members and some student’s choice not to join the society. Consequently, our paperwork covers this eventuality. |
| How do we encourage our students to show initiative and develop anticipatory leadership in contributing to service improvement?  Please refer to the following module specifications for information on how students are encouraged to develop initiative and leadership skills for service improvements as they prepare to graduate:  HHT2003 Preparation for Employment and Leadership in Healthcare Delivery  HHT2001 Practice Based Experience 6 and 7: year 3  HHG1000 Research 3 |

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| **Principle 4: Learning, Teaching and Assessment Strategies**  **Learning, teaching and assessment approaches should be adopted that facilitate the development of high level cognitive skills.** |
| **Self-evaluation questions for programme providers:** |
| How do we ensure that the principles of active learning are adopted in all settings?  Active learning can be evidenced in the module synopsis and curriculum design in each module specification. Each module combines a variety of learning styles, including traditional lectures, seminars, tutorials, group learning, blended learning, practical classes and independent learning activities. |
| How do we ensure our teaching is evidence-based?  All members of the Physiotherapy staff team are actively involved in research. All the team are registered on doctoral studies as this is in line with the University strategic vision. A number of the team are about to complete these awards. This process directly correlates with evidence-based teaching and the research generated by staff is being incorporated into teaching. This approach is echoed by staff outside of the Physiotherapy team who also have contact with the students, particularly during the year1, 2 and 3 research Interdisciplinary modules.  Apart from the direct research staff are involved in, all staff utilise existing research to ensure students are up to date and in some cases ahead with regard to knowledge that is informed by research. |
| How do we make reflection in and on practice an integral part of our programme? How do  we ensure all our assessments are valid and reliable?  Reflective practice is developed throughout the interprofessional research stream of modules at each level and through a programme of year tutorials, whereby reflective practice is considered at opportune points of the programme and alongside practice based experience. |
| How do we ensure all our assessments are valid and reliable?  Pre Assessment:  All assessment is discussed in shredding meetings to ensure the assessment task is appropriate for the level being assessed and meets the learning outcomes.  The proposed assessment is verified by our external examiners.  During assessment:  All module leaders hold meetings in advance of marking with all staff involved to ensure the assessment is fully understand and standardisation occurs. For example in HIT1001, the module team meet in advance of the examination and discuss the process and the expectation of the examination.  All assessment is subject to robust internal and external moderation.  External examiners are invited to observe examinations.  Post Assessment:  All work is verified by external examiners, adjustments are made in line with recommendations. |
| How do we accommodate individual needs in both learning and assessment?  The admissions criteria to the course supports students from a wider perspective and the ethos and culture of the University is supportive and encouraging of this approach. Consequently, the delivery and assessment need to reflect and align with this. The teaching is therefore flexible and delivered in different and varied formats. The essence of this is detailed in ‘principle 3’ above.  Assessment is varied and over the 3 years of the course includes:   * The development of a personal planning portfolio (PDP) * Individual and team readiness assurance tests * Multiple choice questionnaires (MCQ’s) * Electronic question and answer examinations. * Individual presentations * Group presentations * Written assignments * Case studies * Multiple choice questionnaires * Practical examinations * Written case studies * Practice based experience assessment * Research report * Conference poster defence / group presentation defence   This variety offers all students the ability to perform and improve on areas they struggle with. As a team we also feel that a mixed assessment schedule ensures the students are more rounded and prepared better for clinical practice. |

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| **Principle 5: Interprofessional education**  **Opportunities for interprofessional learning with students from other disciplines should be made available in both University and practice settings.** |
| **Self-evaluation questions for programme providers:** |
| How far do our existing interprofessional education activities promote understanding of the roles and ways of working of the other professions involved?  This is an area that has undergone significant change. Interprofessional education activities is a department wide strategy to teaching and Physiotherapy students are taught alongside Podiatry, Nursing, Operating Department Practice, Midwifery and Occupational Therapy students. This has had varying success since its inception but the new course encompasses significant change and the new format being implemented is ‘team based learning’. It is hoped that this approach will offer more opportunity for the students to truly work together and gain a real appreciation of each profession. This format has not run as yet and the first occasion it will be implemented will be the 2017/18 academic period in the existing course. |
| Is there scope for us to increase interprofessional education opportunities in either university or practice settings?  As this is a new incentive and being implemented prior to the 2019/20 start of the new course it is likely to be reordered and changes made following review.  Consequently, until this component is established it is unlikely that as a course or a department we would engage in additional opportunities and this account for 70 credits over the 360 credits needed to complete the course. This is achieved through the following modules:  HFG1000 Professional Development and Research 1 – 20 credits  HIG1000 Research 2 – 20 credits  HHG1000 Research 3 – 30 credits  However, practice based experiences present an opportunity to work in interprofessional teams in healthcare settings and students are encouraged to spend time with other healthcare professionals whilst in clinical practice to experience the different roles of interprofessional team members. |

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| How far can we promote and enhance Interprofessionalism within our Faculty?  The department wide strategy is discussed above.  Interprofessionalism is discussed and facilitated where appropriate in all modules but with a greater emphasis in intermediate and honours levels. As detailed above the main modules it occurs in are the suite of research modules but it also occurs on many practice based experiences and arguably as we have maintained the number of PBE’s equal to 7, all students will invariably have opportunity to engage in this.  The course team also feel that overall the balance is correct and that it is equally as important to have enough opportunity to develop the cognitive, psychomotor and affective domains specific to Physiotherapy practice. |

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| **Principle 6: Practice placements**  **Each student should experience a balanced sequence of practice placements, representing a diverse range of settings in which they are likely to practise on qualification. The placements should make progressively greater demands in terms of competencies, such that successful completion will ensure graduates can practise as autonomous newly qualified practitioners.** |
| **Self-evaluation questions for programme providers:** |
| Do our placements adequately reflect the environments in which students first practise after graduating?  The placements (practice based experience’s – (PBE’s)) are reflective of the environments our students first practice in after graduating. Although several of our students may return home to areas away from the University, many gain their first posts within the local trusts we use for PBE’s.  The variety of PBE’s across the region we place our students has primary, secondary as well as tertiary opportunities to work within healthcare delivery. Perhaps one aspect that is not as representative from the PBE’s we access is the more specialised areas of where Physiotherapists work, this is in large due to the way these services are centralised regionally. For example, we don’t access Leeds or Bradford teaching hospitals, which tend to be larger and have the more specialised areas and regional units such as Hands and plastics, spinal surgery, organ transplant and extensive cancer services. |
| How could our placements be differently arranged (in terms of length, location and supervision) so that students can follow the patient journey and gain a more complete understanding of progressive management?  We have not adjusted the duration of our PBE’s in the new course. The current approach works well and we are able source sufficient capacity to maintain this. The longest PBE’s are 5 weeks in duration and this appears to offer the students a balance between accessing a variety of PBE’s (7 overall on the course), a variety of service provision and a variety of clinical educators with differing approaches.  In making this decision we considered a number of factors:   1. Current resource and allocation. 2. Recent changes in our PBE paperwork. 3. A desire to maintain good relations with practice colleagues. 4. The alignment of the PBE’s to the teaching curricula. 5. The issues relating to poor performance on PBE with extended PBE’s (positive and negative) 6. The fact that as explained above we do not have access to more specialist areas compared to some of our regional competitors. |
| What implications would there be for student assessment if we had more diverse placements and how could these issues be addressed effectively?  We feel that overall, we have diverse PBE’s and we manage them well. Perhaps the more realistic challenge would be gaining the agreement of the students and matching these learning experiences up to their expectations, their profile and as discussed above aligning the additional diverse experience against the environments they first work in upon qualification.  Some members of the team act as external examiners and ideas that have come from other Institutions include:   1. Students organising an option placement – we have discussed this and on balance we feel this may result in difficulties around quality assurance. However, we do and will consider requests from students for PBE’s where a specific area has been highlighted (specialism, home town etcetera) and where possible try to facilitate this. 2. Students organising a third sector opportunity – this may be possible to implement alongside the existing 1 week non-Physiotherapy ward based clinical experience to offers more opportunity and variety. Discussions around this came late in the planning process but may offer alternative and amendment opportunities in the future.   Within the School, the PBE coordinator for Physiotherapy has looked into options around ‘hub and spoke’ nursing approaches to PBE experience however this has not been discussed by the wider Physiotherapy team and may form part of potential amendments to the PBE pattern of approach in the future. |

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| **Principle 7: Models of practice**  **A programme should be based on models of physiotherapy practice that are person- centred, appropriate to the settings and roles in which graduates will practise.** |
| **Self-evaluation questions for programme providers:** |
| Do we explicitly and adequately address models of physiotherapy practice within our programme?  The overarching teaching philosophy utilised on this course is student centred, incorporating a wide variety of learning experiences, assessment opportunities and academic support strategies guided by the varied and diverse backgrounds of the teaching team to develop Physiotherapists that are life-long learners (LLL) and hold the knowledge, skills, behaviours and values (KSBV) required to practice Physiotherapy.  In addition, the team is acutely aware that alongside the teaching philosophy it is equally important to ensure the students are exposed to a curriculum that prepares them for the diversity and reality of current models of physiotherapy practice.  This is achieved by ensuring the curriculum (inclusive of practice based experience (PBE)) is reflective of current practice. Consequently, the content within models has been specifically designed to align with this approach.  Public health, long term conditions, patterns of working and modern delivery of Physiotherapy services with particular emphasis on the shift from secondary to primary or tertiary care is introduced in year 1 with the model HFT1015 – introduction to Health and Healthcare and continued in the year 2 modules, HIT1001- Neuromusculoskeletal Physiotherapy, HFT1009 – Cardiorespiratory Physiotherapy, HFT1010 – Neurological Physiotherapy and again in year 3, HFT1031 – Contemporary Physiotherapy and HHT1030 – Management and health promotion of Distinctive client groups and HHT2003 preparation for Employment and Leadership in Healthcare Delivery).  This is also echoed in the 7 PBE’s (1000hrs plus) of clinical experience where many of the experiences occurring in primary and tertiary care, with many of them in diverse and interprofessional teams.  Examples of where we see different models of Physiotherapy practice currently occurring within our PBE provision include:   1. Shift work / 7-day service 2. Lone working 3. Physiotherapists as first contact practitioners 4. Blurred boundary teams 5. Sport specific experience often encompassing a lot of the above 6. Working with Physiotherapists in extended scope roles 7. Working with Physiotherapists in third sector |
| How can we prepare students effectively for working in diverse and changing settings and with different patient groups, without overloading the programme?  Although some strategies have been discussed already the following are ways we ensure students are prepared effectively for working in diverse and challenging settings.   1. Our admissions criteria is by its variety open to alternative entries to the course. 2. Delivery of teaching is diverse and inclusive. 3. Assessment is diverse and again inclusive. 4. Interprofessional learning and working is a specific school strategy with one aspiration of this to promote diversity. 5. The current 7 practice-based experiences (PBE’s) are by definition diverse as they occur over the 3 year, they are in many different settings, the students are exposed to many practitioners and many different patterns of service and Physiotherapy delivery. 6. Non-Physiotherapy staff are invited to deliver material and personal perspectives on health. 7. Service users are utilised to offer the patients voice in some aspects of the curriculum. 8. Some of the staff team teach and experience different delivery on other courses. 9. All staff undergo mentoring and act as mentors for staff on other courses. 10. Extra curricula activities are organised and sign posted to the students to promote alternative and diverse learning opportunities. |
| Do we pay adequate attention to exercise and exercise prescription in our programme, and prepare learners for roles in public health and fitness for work?  The physiotherapy teaching team identified this area as important for inclusion during the consultation period when planning for the new course. It is flagged as being a specific theme (see 13.1.2 in the programme specification document (PSD)).  Therefore, this is a specific change from the 2012 course to the 2017 course. As with all themes, a member of the Physiotherapy team was assigned to tracking where and how this could be implemented into the new course. Specifically, this now occurs across several modules in each year (HFT2000 - Physiology in Physiotherapy Practice, HFT2001 – Applied Anatomy and Movement Analysis, HIT1001- Neuromusculoskeletal Physiotherapy, HFT1009 – Cardiorespiratory Physiotherapy, HFT1010 – Neurological Physiotherapy and HFT1031 – Contemporary Physiotherapy). The course team recognise the importance of exercise prescription and ensuring this key skill is integrated specifically in the course. |
| How well will our graduates be able to equip people for self-management of their long-term conditions?  The existing and new course has a specific approach to the teaching which is directed at self-management. Empowerment is seen by the team as a crucial aspect of learning and this approach is exploited with regard to self-management, compliance and patient directed measures and outcomes. Examples include discussion around personal action, the effects of social grouping, social and political directives, technology and partnership approaches. In year 1, this is introduced early in the course in modules, HFT1015, introduction to Health and Healthcare and this is picked up in year 2 where 3 specific dysfunction modules (HIT1001 – Neuromusculoskeletal Physiotherapy, HIT1009 – Cardiorespiratory Physiotherapy and HIT1010 Neurological Physiotherapy) incorporate and embed this concept during all teaching and interaction with the students. This is further explored in year 3 with the modules (HHT1030 – management and Health Promotion of Distinctive Clients, HHT1031 – Contemporary Physiotherapy and HHT2003 Preparation for Employment and leadership in Healthcare Delivery).  Additionally, the identified theme of public health, also feeds into this by encapsulating the secondary and tertiary aims of public health that physiotherapists are frequently involved with in practice, Lowe (2017). |

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| **Principle 8: Research, Critical Evaluation and Appraisal**  **The programme should support the development of a questioning and evaluative practitioner who has the knowledge and skills to use and gather evidence in practice, and contribute to the discovery of new knowledge.** |
| **Self-evaluation questions for programme providers:** |
| How do we develop students’ understanding of the nature and philosophy of science and scientific method, and enable them to develop a questioning approach to physiotherapy theory and practice?  Within the course a series of Interprofessional modules, (HFG1000 – Professional Development and Research 1, HIG1000 – Research 2 and HHG – Research 3) develop the students understanding around research and engage them with content which allows them to develop a questioning approach as understanding is gained.  In addition, all physiotherapy specific modules on course echo this approach with research discussed and developing specific scrutiny around what we do as a profession and how we go about doing it. At an individual module level, this is specific to the content.  Examples (not exclusive) from each year include:  Year 1 module: HFT1015 – Introduction to Health and Healthcare, where the context of public health and health promotion is introduced.  Year 2 module: HIT1001 – Neuromusculoskeletal Physiotherapy, where the context of exercise adherence, compliance, empowerment and self-management are explored.  Year 3, Module: HHT2003 – Preparation for Employment and Leadership in Health Care Delivery, where service deliver and redesign is explored in relation to policy and position documentation.  Other way in which we as a team feel we explore and achieve this with our students is through:   1. Setting assessment tasks that involve critical examination, this occurs across all years). 2. By offering effective formative and summative feedback on learning and assessment tasks. |
| How do we ensure that our students view their research project as the means by which they can learn how to apply science to relevant questions about practice, rather than as an end in itself?  Please refer to module specifications HFG1000 Professional Development and Research 1, HIG1000 Research 2 and HHG1000 Research 3 for further information on the development of research skills throughout each level of the Physiotherapy course and the development of research skills and a research culture in the undergraduate students. |
| How do we enable our students to find and apply evidence in individual patient care?  The evidence based practice skills learnt at level 1 in HFG1000 and in the intermediate and honours level research modules enable students to apply these principles when completing their assessments in all modules. |
| How do we familiarise our students with clinical guidelines relevant to their practice?  This predominantly occurs in years 2 and 3 of the physiotherapy course where assessment and management is explored.  Examples include: HIT1010 Neurological Physiotherapy, HIT1001 Neuromusculoskeletal Physiotherapy, HIT1009 Cardio-Respiratory Physiotherapy |
| How do we help students’ understanding as to how these are developed?  Clinical guidelines are woven into the delivery of material and are discussed with regard to need, development and application. This is often a two-way process with students returning from practice based experience and discussing examples they have witnessed or used. Models that address this include: year 1 HFT1015, Year 2 HIT1011, HIT2000, Year 3 HHT2001 & HHT2003 |
| Are our students challenged to ask researchable questions arising from practice?  All students are encouraged to reflect upon their experiences in practice. Students are also encouraged to bring research ideas from practice into the modules HIG1000 Research 2 and HHG1000 Research 3. |
| How do we develop students’ understanding of the uses of standardised data collection in service management, evaluation and improvement?  Audit and service evaluation are methodologies for research that are explored within HIG1000 Research 2 and HHG1000 Research 3. |
| How do we assess and improve our students’ knowledge and skills in health informatics and computing?  Indirect assessment is made of computing knowledge and skills through the use of online learning resources and assessment requirements. The personal tutor system is a means by which these skills might be explored with the students. The Library offers significant resources for students should they need or desire to improve their skills. |
| How do we develop students’ competence to use a range of physical outcome and patient satisfaction measures?  Within the course as a whole, students are actively encouraged to explore and use outcome measures theoretically and in practice based experience opportunities.  Modules where this occurs include:HFT2000, HIT1009, HIT1001, HIT1010, HIT2000, HHT2003 & HHT2001. |

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| **Principle 9: Resources & Programme Management**  **Learning opportunities should be sustained by resources that make their delivery and development viable and supported by an appropriate programme management that enables and promotes peer review and collaboration, and evaluation of delivery and on-going development.** |
| **Self-evaluation questions for programme providers:** |
| How does our programme fit within our institution’s business plan or strategic vision?  The BSc (Hons) Physiotherapy course has changed to fit in with the Institution strategic plan and this is aligned particularly through the School of Human and Health sciences.  Specific changes include:   1. Increase in admission places – 25%, see appendix 1. 2. Specific developments around IPL, team based learning, see 14.2.1 in PSD 3. Strategic vision for research, see below. 4. Sustainability plan, see: <https://www.hud.ac.uk/estates/sustainability/> and 14.6 in PSD |
| Do staff have the opportunities to develop to ensure that we have appropriate expertise?  The strategic vision (research) at the University of Huddersfield is that all academic staff are doctoral qualified. Consequently, all members of the Physiotherapy team are registered on programmes of study within or outside the University of Huddersfield. Several members of the team are near completion, and all staff are research active.  The School of Human and Health Sciences operates a research buddy system which is additional to direct supervision from doctoral teams. The purpose of this support mechanism is offer additional pastoral support, advice and encouragement at a local level.  Human Resources at the University of Huddersfield operate staff development courses and these have a large range of training opportunities. This includes, specific employment and institution training to teaching and learning and research.  Further details can be found here:  <http://www-old.hud.ac.uk/hr/staffdevelopment/> |
| Are our staffing levels adequate to manage the impact of our progression arrangements?  Staffing levels have been considered and are considered adequate for our current number of students. Discussion has occurred between the Head of Division of Health and Rehabilitation, the Head of Department and the Dean for the staffing resource to be increased if there is any further growth in student numbers. (Appendix 1 and Appendix 3 ). |

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| **Appendix 8** | | **Year 1 - Foundation Level modules** | | | | **Year 2 - Intermediate Level modules** | | | | | | **Year 3 - Honours Level modules** | | | | |
| **Mapping of course Modules Against Knowledge & Skills Framework; Core and Specific dimensions, (2006).** | | HFG1000 Professional Development and Research 1 | HFT1015 Introduction to Health and Healthcare | HFT1016 Physiology in Physiotherapy Practice | HFT1016 Applied Anatomy and Movement Analysis | HIG1000 Research 2 | HIT1011 Electrophysical Agents and Exercise Therapy | HIT1009 Cardio-Respiratory Physiotherapy | HIT1001 Neuromusculoskeletal Physiotherapy | HIT1010 Neurological Physiotherapy | HIT2000 Practice-based Experience 3 and 4: Year 2 | HHG1000 Research 3 | HHT2003 Preparation for Employment and Leadership in Healthcare Delivery | HHT1031 Contemporary Physiotherapy | HHT1030 Management and Health promotion of Distinctive client groups | HHT2001 Practice-based Experience 6 and 7: Year 3 |
| **Core Dimensions** | | | | | | | | | | | | | | | | |
| CD 1 | Communication | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x |
| CD 2 | Personal and people development | x | x |  |  | x | x |  |  |  | x | x | x |  |  | x |
| CD 3 | Health, safety and security |  | x |  |  |  | x |  |  |  | x |  | x |  |  | x |
| CD 4 | Service improvement |  | x |  |  |  | x |  |  |  | x |  | x |  | x | x |
| CD 5 | Quality | x | x |  |  | x | x |  |  |  | x |  | x |  |  | x |
| CD 6 | Equality and diversity | x | x |  |  | x | x |  |  |  | x |  | x |  |  | x |
| **Specific Dimensions: Health and Wellbeing** | | | | | | | | | | | | | | | | |
| HWB 1 | Promotion of health and well-being and prevention of adverse effects |  | x |  |  |  |  |  | x |  |  | x |  | x | x | x |
| HWB 2 | Assessment and care planning to meet health and well-being needs |  | x |  |  |  |  |  |  |  |  | x |  |  |  |  |
| **Mapping of course Modules Against Knowledge & Skills Framework; Core and Specific dimensions, (2006).** | | HFG1000 Professional Development and Research 1 | HFT1015 Introduction to Health and Healthcare | HFT1016 Physiology in Physiotherapy Practice | HFT1016 Applied Anatomy and Movement Analysis | HIG1000 Research 2 | HIT1011 Electrophysical Agents and Exercise Therapy | HIT1009 Cardio-Respiratory Physiotherapy | HIT1001 Neuromusculoskeletal Physiotherapy | HIT1010 Neurological Physiotherapy | HIT2000 Practice-based Experience 3 and 4: Year 2 | HHG1000 Research 3 | HHT2003 Preparation for Employment and Leadership in Healthcare Delivery | HHT1031 Contemporary Physiotherapy | HHT1030 Management and Health promotion of Distinctive client groups | HHT2001 Practice-based Experience 6 and 7: Year 3 |
| HWB 3 | Protection of health and well-being |  | x |  |  |  |  |  |  |  |  | x |  |  | x | x |
| HWB 4 | Enablement to address health and well-being needs |  | x |  |  |  |  |  |  |  |  |  | x |  |  |  |
| HWB 5 | Provision of care to meet health and well-being needs |  | x |  |  |  |  |  |  |  |  | x |  |  |  | x |
| HWB 6 | Assessment and treatment planning |  | x | x | x | x |  | x | x | x | x | x |  | x | x | x |
| HWB 7 | Interventions and treatments |  | x | x | x | x |  | x | x | x | x | x |  | x | x | x |
| HWB 8 | Biomedical investigation and intervention |  | x |  |  |  |  |  |  |  |  | x |  |  |  | x |
| HWB 9 | Equipment and devices to meet health and well-being needs |  | x |  |  |  |  |  |  |  |  | x |  |  | x | x |
| HWB 10 | Products to meet health and well-being needs |  | x |  |  |  |  |  |  |  |  | x |  |  | x | x |
| **Specific Dimensions: Information and Knowledge** | | | | | | | | | | | | | | | | |
| IK 1 | Information processing | x |  |  |  |  | x |  |  |  | x |  | x |  |  |  |
| IK 2 | Information collecting and analysis | x |  |  |  |  | x |  |  |  | x |  |  |  |  |  |
| IK 3 | Knowledge and information sources | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x |
| **Mapping of course Modules Against Knowledge & Skills Framework; Core and Specific dimensions, (2006).** | | HFG1000 Professional Development and Research 1 | HFT1015 Introduction to Health and Healthcare | HFT1016 Physiology in Physiotherapy Practice | HFT1016 Applied Anatomy and Movement Analysis | HIG1000 Research 2 | HIT1011 Electrophysical Agents and Exercise Therapy | HIT1009 Cardio-Respiratory Physiotherapy | HIT1001 Neuromusculoskeletal Physiotherapy | HIT1010 Neurological Physiotherapy | HIT2000 Practice-based Experience 3 and 4: Year 2 | HHG1000 Research 3 | HHT2003 Preparation for Employment and Leadership in Healthcare Delivery | HHT1031 Contemporary Physiotherapy | HHT1030 Management and Health promotion of Distinctive client groups | HHT2001 Practice-based Experience 6 and 7: Year 3 |
| **Specific Dimensions: General** | | | | | | | | | | | | | | | | |
| G 1 | Learning and development |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| G 2 | Development and innovation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| G 3 | Procurement and commissioning |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| G 4 | Financial management |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| G 5 | Services and project management |  |  |  |  |  |  |  |  |  |  |  | x |  |  |  |
| G 6 | People management |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| G 7 | Capacity and capability |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| G 8 | Public relations and marketing |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Specific Dimensions: Estates and Facilities** | | | | | | | | | | | | | | | | |
| EF 1 | Systems, vehicles and equipment |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EF 2 | Environment and buildings |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EF 3 | Transport and logistics |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Appendix 9**  **Mapping of the BSc (Hons) Physiotherapy modules to the Health and Care Professions Council (HCPC) Standards of Proficiency (SOP’s) – Physiotherapists (2013).**  Registrant Physiotherapist Must: | HFG1000 Professional Development and Research 1 | HFT1015 Introduction to Health and Healthcare | HFT1016 Physiology in Physiotherapy Practice | HFT1016 Applied Anatomy and Movement Analysis | HIG1000 Research 2 | HIT1011 Electrophysical Agents and Exercise Therapy | HIT1009 Cardio-Respiratory Physiotherapy | HIT1001 Neuromusculoskeletal Physiotherapy | HIT1010 Neurological Physiotherapy | HIT2000 Practice-based Experience 3 and 4: Year 2 | HHG1000 Research 3 | HHT2003 Preparation for Employment and Leadership in Healthcare Delivery | HHT1031 Contemporary Physiotherapy | HHT1030 Management and Health promotion of Distinctive client groups | HHT2001 Practice-based Experience 6 and 7: Year 3 |
| **Be able to practice safely and effectively within the scope of practice** | | | | | | | | | | | | | | | |
| 1.1 know the limits of their practice and when to seek advice or refer to another professional. |  | x |  |  |  | x |  |  |  | x |  | x |  |  | x |
| 1.2 recognise the need to manage their own workload and resources effectively and be able to practise accordingly. | x |  |  |  | x |  |  |  |  |  | x |  |  |  |  |
| **Be able to practice within the legal and ethical boundaries of their profession** | | | | | | | | | | | | | | | |
| 2.1 understand the need to act in the best interests of service users at all times | x | x |  |  | x | x |  |  |  | X | x | x |  | x | x |
| 2.2 understand what is required of them by the Health and Care Professions Council | x | x |  |  | x |  |  |  |  |  | x | x |  |  |  |
| 2.3 understand the need to respect and uphold, the rights, dignity, values and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing. | x | x |  |  | x | x |  |  |  | X | x | x |  |  | x |
| 2.4 recognise that relationships with service users should be based on mutual respect and trust and be able to maintain high standards of care even in situations of personal incompatibility | x | x |  |  | x | x |  |  |  | X | x | x |  | x | x |
| **Mapping of the BSc (Hons) Physiotherapy modules to the Health and Care Professions Council (HCPC) Standards of Proficiency (SOP’s) – Physiotherapists (2013).**  Registrant Physiotherapist Must: | HFG1000 Professional Development and Research 1 | HFT1015 Introduction to Health and Healthcare | HFT1016 Physiology in Physiotherapy Practice | HFT1016 Applied Anatomy and Movement Analysis | HIG1000 Research 2 | HIT1011 Electrophysical Agents and Exercise Therapy | HIT1009 Cardio-Respiratory Physiotherapy | HIT1001 Neuromusculoskeletal Physiotherapy | HIT1010 Neurological Physiotherapy | HIT2000 Practice-based Experience 3 and 4: Year 2 | HHG1000 Research 3 | HHT2003 Preparation for Employment and Leadership in Healthcare Delivery | HHT1031 Contemporary Physiotherapy | HHT1030 Management and Health promotion of Distinctive client groups | HHT2001 Practice-based Experience 6 and 7: Year 3 |
| 2.5 know about current legislation applicable to the work of their profession |  |  |  |  |  |  |  |  |  |  |  |  | x | x |  |
| 2.6 understand the effect of legislation on the delivery of care |  |  |  |  |  |  |  |  |  |  |  |  | x | x |  |
| 2.7 understand the importance of and be able to obtain informed consent. |  | x |  |  |  | x |  |  |  | X |  | x |  |  | x |
| 2.8 be able to exercise a professional duty of care |  | x |  |  |  | x |  |  |  | X |  | x |  |  | x |
| **Be able to maintain fitness to practice** | | | | | | | | | | | | | | | |
| 3.1 understand the need to maintain high standards of personal and professional conduct | x |  |  |  | x |  |  |  |  |  | x |  |  |  |  |
| 3.2 understand the importance of maintaining their own health | x |  |  |  | x |  |  |  |  |  | x |  | x | x |  |
| 3.3 understand both the need to keep skills and knowledge up to date and the importance of career-long learning. | x |  |  |  | x |  | x | x | x | X | x | x | x | x |  |
| **Be able to practice as an autonomous professional, exercising their own professional judgement** | | | | | | | | | | | | | | | |
| 4.1 be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem | x |  |  |  | x | x | x | x | x | x | x | x | x | x | x |
| **Mapping of the BSc (Hons) Physiotherapy modules to the Health and Care Professions Council (HCPC) Standards of Proficiency (SOP’s) – Physiotherapists (2013).**  Registrant Physiotherapist Must: | HFG1000 Professional Development and Research 1 | HFT1015 Introduction to Health and Healthcare | HFT1016 Physiology in Physiotherapy Practice | HFT1016 Applied Anatomy and Movement Analysis | HIG1000 Research 2 | HIT1011 Electrophysical Agents and Exercise Therapy | HIT1009 Cardio-Respiratory Physiotherapy | HIT1001 Neuromusculoskeletal Physiotherapy | HIT1010 Neurological Physiotherapy | HIT2000 Practice-based Experience 3 and 4: Year 2 | HHG1000 Research 3 | HHT2003 Preparation for Employment and Leadership in Healthcare Delivery | HHT1031 Contemporary Physiotherapy | HHT1030 Management and Health promotion of Distinctive client groups | HHT2001 Practice-based Experience 6 and 7: Year 3 |
| 4.2 be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures and record the decisions and reasoning appropriately |  |  |  |  |  | x |  |  |  |  | X | x |  |  | x |
| 4.3 be able to initiate resolution of problems and be able to exercise personal initiative | x |  |  |  | x |  |  |  |  |  | x |  |  |  |  |
| 4.4 recognise that they are personally responsible for and must be able to justify their decisions | x |  |  |  | x |  |  |  |  |  | x |  |  |  |  |
| 4.5 be able to make and receive appropriate referrals |  | x |  |  |  | x |  |  |  | x |  | x |  |  | x |
| 4.6 understand the importance of participation in training, supervision and mentoring |  |  |  |  |  |  |  |  |  |  |  | x |  | x | x |
| **Be aware of the impact of culture, equality and diversity on practice** | | | | | | | | | | | | | | | |
| 5.1 understand the requirement to adapt practice to meet the needs of different groups and individuals |  | x |  |  |  | x |  |  |  | x |  | x | x | x | x |
| 5.2 be able to recognise the need to identify and take account of the physical, psychological, social and cultural needs of individuals and communities |  | x |  |  |  | x |  |  |  | x |  | x | x | x | x |
| **Be able to practice in a non-discriminatory manner** | | | | | | | | | | | | | | | |
|  |  | x |  |  |  | x |  |  |  | x |  | x |  |  | x |

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| **Mapping of the BSc (Hons) Physiotherapy modules to the Health and Care Professions Council (HCPC) Standards of Proficiency (SOP’s) – Physiotherapists (2013).**  Registrant Physiotherapist Must: | HFG1000 Professional Development and Research 1 | HFT1015 Introduction to Health and Healthcare | HFT1016 Physiology in Physiotherapy Practice | HFT1016 Applied Anatomy and Movement Analysis | HIG1000 Research 2 | HIT1011 Electrophysical Agents and Exercise Therapy | HIT1009 Cardio-Respiratory Physiotherapy | HIT1001 Neuromusculoskeletal Physiotherapy | HIT1010 Neurological Physiotherapy | HIT2000 Practice-based Experience 3 and 4: Year 2 | HHG1000 Research 3 | HHT2003 Preparation for Employment and Leadership in Healthcare Delivery | HHT1031 Contemporary Physiotherapy | HHT1030 Management and Health promotion of Distinctive client groups | HHT2001 Practice-based Experience 6 and 7: Year 3 |
| **Understand the Importance of and be able to maintain confidentiality** | | | | | | | | | | | | | | | |
| 7.1 be aware of the limits of the concept of confidentiality | x | x |  |  | x | x |  |  |  | x | x | x |  |  | x |
| 7.2 understand the principles of information governance and be aware of the safe and effective use of health and social care information | x |  |  |  | x |  |  |  |  |  | x |  |  |  |  |
| 7.3 be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public | x |  |  |  | x |  |  |  |  |  | x | x |  |  |  |
| **Be able to communicate effectively** | | | | | | | | | | | | | | | |
| 8.1 be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating information, advice, instruction and professional opinion to service users, colleagues and others |  | x |  |  |  | x |  |  |  | x |  | x |  |  | x |
| 8.2 be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5 | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x |
| 8.3 understand how communication skills affect assessment and engagement of service users and how the means of communication should be modified to address and take account of factors such as age, , capacity, learning ability and physical ability |  | x |  |  |  | x |  |  |  | x |  | x |  |  | x |
| **Mapping of the BSc (Hons) Physiotherapy modules to the Health and Care Professions Council (HCPC) Standards of Proficiency (SOP’s) – Physiotherapists (2013).**  Registrant Physiotherapist Must: | HFG1000 Professional Development and Research 1 | HFT1015 Introduction to Health and Healthcare | HFT1016 Physiology in Physiotherapy Practice | HFT1016 Applied Anatomy and Movement Analysis | HIG1000 Research 2 | HIT1011 Electrophysical Agents and Exercise Therapy | HIT1009 Cardio-Respiratory Physiotherapy | HIT1001 Neuromusculoskeletal Physiotherapy | HIT1010 Neurological Physiotherapy | HIT2000 Practice-based Experience 3 and 4: Year 2 | HHG1000 Research 3 | HHT2003 Preparation for Employment and Leadership in Healthcare Delivery | HHT1031 Contemporary Physiotherapy Skills | HHT1030 Management and Health promotion of Distinctive client groups | HHT2001 Practice-based Experience 6 and 7: Year 3 |
| 8.4 be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others |  | x |  |  |  | x |  |  |  | x |  | x |  |  | x |
| 8.5 be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs |  | x | x |  |  | x | x | x | x | x |  | x |  | x | x |
| 8.6 understand the need to provide service users or people acting on their behalf with the information necessary to enable them to make informed decisions |  | x |  |  |  | x |  |  |  | x |  | x |  | x | x |
| 8.7 understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible |  | x |  |  |  | x |  |  |  | x |  | x |  | x | x |
| 8.8 recognise the need to use interpersonal skills to encourage the active participation of service users |  | x |  |  |  | x | x | x | x | x | x | x | x | x | x |
| **Be able to work appropriately with others** | | | | | | | | | | | | | | |  |
| 9.1 be able to work, where appropriate, in partnership with service users, other professionals, support staff and others | x | x |  |  | x | x |  |  |  | x |  | x |  | x | x |
| 9.2 understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team | x | x |  |  | x | x |  |  |  | x | x | x |  |  | x |
| **Mapping of the BSc (Hons) Physiotherapy modules to the Health and Care Professions Council (HCPC) Standards of Proficiency (SOP’s) – Physiotherapists (2013).**  Registrant Physiotherapist Must: | HFG1000 Professional Development and Research 1 | HFT1015 Introduction to Health and Healthcare | HFT1016 Physiology in Physiotherapy Practice | HFT1016 Applied Anatomy and Movement Analysis | HIG1000 Research 2 | HIT1011 Electrophysical Agents and Exercise Therapy | HIT1009 Cardio-Respiratory Physiotherapy | HIT1001 Neuromusculoskeletal Physiotherapy | HIT1010 Neurological Physiotherapy | HIT2000 Practice-based Experience 3 and 4: Year 2 | HHG1000 Research 3 | HHT2003 Preparation for Employment and Leadership in Healthcare Delivery | HHT1031 Contemporary Physiotherapy | HHT1030 Management and Health promotion of Distinctive client groups | HHT2001 Practice-based Experience 6 and 7: Year 3 |
| 9.3 understand the need to engage service users and carers in planning and evaluating diagnostics, and therapeutic interventions to meet their needs and goals |  | x |  |  | x | x | x | x | x |  |  | x |  | x | x |
| 9.4 be able to contribute effectively to work undertaken as part of a multi-disciplinary team | x | x |  |  | x | x |  |  |  | x | x | x |  |  | x |
| 9.5 understand the need to agree the goals, priorities and methods of physiotherapy intervention in partnership with the service user |  | x |  |  |  | x |  |  |  | x |  | x |  | x | x |
| **Be able to maintain records appropriately** | | | | | | | | | | | | | | |  |
| 10.1 be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines |  | x |  |  |  | x |  |  |  | x |  | x |  |  | x |
| 10.2 recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines |  | x |  |  |  | x |  |  |  | x |  | x |  |  | x |
| **Be able to reflect on and review practice** | | | | | | | | | | | | | | |  |
| 11.1 understand the value of reflection on practice and the need to record the outcome of such reflection | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x |
| 11.2 recognise the value of case conferences and other methods of review | x |  |  |  | x |  |  |  |  |  | x |  |  |  |  |

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| **Mapping of the BSc (Hons) Physiotherapy modules to the Health and Care Professions Council (HCPC) Standards of Proficiency (SOP’s) – Physiotherapists (2013).**  Registrant Physiotherapist Must: | HFG1000 Professional Development and Research 1 | HFT1015 Introduction to Health and Healthcare | HFT1016 Physiology in Physiotherapy Practice | HFT1016 Applied Anatomy and Movement Analysis | HIG1000 Research 2 | HIT1011 Electrophysical Agents and Exercise Therapy | HIT1009 Cardio-Respiratory Physiotherapy | HIT1001 Neuromusculoskeletal Physiotherapy | HIT1010 Neurological Physiotherapy | HIT2000 Practice-based Experience 3 and 4: Year 2 | HHG1000 Research 3 | HHT2003 Preparation for Employment and Leadership in Healthcare Delivery | HHT1031 Contemporary Physiotherapy | | HHT1030 Management and Health promotion of Distinctive client groups | HHT2001 Practice-based Experience 6 and 7: Year 3 |
| **Be able to assure the quality of their practice** | | | | | | | | | | | | | | | |  |
| 12.1 be able to engage in evidence-based practice, evaluate practice systematically and participate in audit procedures | x |  |  |  | x |  |  |  |  |  | x |  |  | |  |  |
| 12.2 be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care | x |  |  |  | x |  |  |  |  |  | x |  |  | |  |  |
| 12.3 be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures | x |  |  |  | x |  |  |  |  |  | x |  |  | |  |  |
| 12.4 be able to maintain an effective audit trail and work towards continual improvement | x |  |  |  | x |  |  |  |  |  | x |  |  | |  |  |
| 12.5 be aware of, and be able to participate in quality assurance programmes, where appropriate | x |  |  |  | x |  |  |  |  |  | x |  |  | |  |  |
| 12.6 be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user |  | x |  |  |  | x |  |  |  | x |  | x |  | |  | x |
| 12.7 recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes |  | x |  |  | x | x |  |  |  | x | x | x |  | |  | x |
| 12.8 be able to evaluate Intervention plans to ensure that they meet the physiotherapy needs of service users, informed by changes in circumstances and health status |  | x |  |  |  | x |  |  |  | x |  | x |  | |  | x |
| **Mapping of the BSc (Hons) Physiotherapy modules to the Health and Care Professions Council (HCPC) Standards of Proficiency (SOP’s) – Physiotherapists (2013).**  Registrant Physiotherapist Must: | HFG1000 Professional Development and Research 1 | HFT1015 Introduction to Health and Healthcare | HFT1016 Physiology in Physiotherapy Practice | HFT1016 Applied Anatomy and Movement Analysis | HIG1000 Research 2 | HIT1011 Electrophysical Agents and Exercise Therapy | HIT1009 Cardio-Respiratory Physiotherapy | HIT1001 Neuromusculoskeletal Physiotherapy | HIT1010 Neurological Physiotherapy | HIT2000 Practice-based Experience 3 and 4: Year 2 | HHG1000 Research 3 | HHT2003 Preparation for Employment and Leadership in Healthcare Delivery | HHT1031 Contemporary Physiotherapy | | HHT1030 Management and Health promotion of Distinctive client groups | HHT2001 Practice-based Experience 6 and 7: Year 3 |
| **Understand the key concepts of the knowledge base relevant to their profession** | | | | | | | | | | | | | | | |  |
| 13.1 recognise the role of other professions in health and social care | x |  |  |  | x |  |  |  |  |  | x |  |  | |  |  |
| 13.2 be aware of the principles and applications of scientific enquiry, including the evaluation of the efficacy of interventions and the research process | x | x | x | x | x | x | x | x | x |  | x | x | x | | x |  |
| 13.3 understand the concept of leadership and its application to practice |  | x |  |  |  |  |  |  |  |  |  | x |  | |  |  |
| 13.4 understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction, relevant to their profession |  |  | x | x |  | x | x | x | x |  |  |  | x | |  |  |
| 13.5 understand the theoretical basis of, and the variety of approaches to, assessment and intervention |  |  |  |  |  |  | x | x | x |  |  |  | x | |  |  |
| **Mapping of the BSc (Hons) Physiotherapy modules to the Health and Care Professions Council (HCPC) Standards of Proficiency (SOP’s) – Physiotherapists (2013).**  Registrant Physiotherapist Must: | HFG1000 Professional Development and Research 1 | HFT1015 Introduction to Health and Healthcare | HFT1016 Physiology in Physiotherapy Practice | HFT1016 Applied Anatomy and Movement Analysis | HIG1000 Research 2 | HIT1011 Electrophysical Agents and Exercise Therapy | HIT1009 Cardio-Respiratory Physiotherapy | HIT1001 Neuromusculoskeletal Physiotherapy | HIT1010 Neurological Physiotherapy | HIT2000 Practice-based Experience 3 and 4: Year 2 | HHG1000 Research 3 | HHT2003 Preparation for Employment and Leadership in Healthcare Delivery | HHT1031 Contemporary Physiotherapy | | HHT1030 Management and Health promotion of Distinctive client groups | HHT2001 Practice-based Experience 6 and 7: Year 3 |
| 13.6 understand the following aspects of biological science:  –  normal human anatomy and physiology, including the dynamic relationships of human structure and function as related to the neuromuscular, musculoskeletal, cardio-vascular and respiratory systems  –  patterns of human growth and development across the lifespan  –  factors influencing individual variations in human ability and health status  –  how the application of physiotherapy can cause physiological and structural change |  |  | x | x |  | x | x | x | x |  |  |  |  | | x |  |
| 13.7 understand the following aspects of physical science:  –  the principles and theories from physics, biomechanics, applied exercise science and ergonomics that can be applied to physiotherapy  –  the means by which the physical sciences can inform the understanding and analysis of movement and function  –  the principles and application of measurement techniques based on biomechanics or electrophysiology  –  the application of anthropometric and ergonomic principles |  |  | x | x |  | x | x | x | x |  |  |  |  | | x |  |
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| 13.8 understand the following aspects of clinical science:  –  pathological changes and related clinical features commonly encountered in physiotherapy practice  –  physiological, structural, behavioural and functional changes that can result from physiotherapy intervention and disease progression  –  the specific contribution that physiotherapy can potentially make to enhancing individuals’ functional ability, together with the evidence base for this  –  the different concepts and approaches that inform the development of physiotherapy intervention |  |  | x | x |  | x | x | x | x |  |  |  | x | | x |  |
| 13.9 understand the following aspects of behavioural science:  –  psychological, social and cultural factors that influence an individual in health and illness, including their responses to the management of their health status and related physiotherapy interventions  –  how psychology, sociology and cultural diversity inform an understanding of health, illness and health care in the context of physiotherapy and the incorporation of this knowledge into physiotherapy practice  –  theories of communication relevant to effective interaction with service users, carers, colleagues, managers and other health and social care professionals  –  theories of team working |  |  |  |  |  | x | x | x | x |  |  | x | x | | x |  |
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| **Be able to draw on appropriate knowledge and skills to inform practice** | | | | | | | | | | | | | | | |  |
| 14.1 understand the structure and function of health and social care services in the UK |  | x |  |  |  |  |  |  |  |  |  | x | |  |  |  |
| 14.2 be able to deliver and evaluate physiotherapy programmes |  | x |  |  |  | x |  |  |  | x |  | x | |  |  | x |
| 14.3 be able to gather appropriate information | x |  |  |  | x |  |  |  |  |  | x |  | |  |  |  |
| 14.4 be able to select and use appropriate assessment techniques |  |  |  |  |  | x | x | x | x |  |  |  | | x |  |  |
| 14.5 be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment |  |  |  |  |  | x | x | x | x |  |  |  | | x |  |  |
| 14.6 be able to undertake or arrange investigations as appropriate |  |  |  |  |  |  |  |  |  | x |  | x | |  |  | x |
| 14.7 be able to analyse and critically evaluate the information collected |  |  |  |  |  |  |  |  |  | x |  | x | |  |  | x |
| **Mapping of the BSc (Hons) Physiotherapy modules to the Health and Care Professions Council (HCPC) Standards of Proficiency (SOP’s) – Physiotherapists (2013).**  Registrant Physiotherapist Must: | HFG1000 Professional Development and Research 1 | HFT1015 Introduction to Health and Healthcare | HFT1016 Physiology in Physiotherapy Practice | HFT1016 Applied Anatomy and Movement Analysis | HIG1000 Research 2 | HIT1011 Electrophysical Agents and Exercise Therapy | HIT1009 Cardio-Respiratory Physiotherapy | HIT1001 Neuromusculoskeletal Physiotherapy | HIT1010 Neurological Physiotherapy | HIT2000 Practice-based Experience 3 and 4: Year 2 | HHG1000 Research 3 | HHT2003 Preparation for Employment and Leadership in Healthcare Delivery | HHT1031 Contemporary Physiotherapy | | HHT1030 Management and Health promotion of Distinctive client groups | HHT2001 Practice-based Experience 6 and 7: Year 3 |
| 14.8 be able to form a diagnosis on the basis of physiotherapy assessment |  |  |  |  |  | x | x | x | x |  |  |  | | x |  |  |
| 14.9 be able to demonstrate a logical and systematic approach to problem solving |  | x |  |  |  | x | x | x | x | x |  | x | | x | x | x |
| 14.10 be able to use research, reasoning and problem solving skills to determine appropriate actions | x |  |  |  | x |  |  |  |  |  | x |  | |  |  |  |
| 14.11 be able to formulate specific and appropriate management plans including the setting of timescales |  | x |  |  |  | x |  |  |  | x |  | x | |  |  | x |
| 14.12 be able to apply problem solving and clinical reasoning to assessment findings to plan and prioritise appropriate physiotherapy |  | x |  |  |  | x |  |  |  | x |  | x | |  |  | x |
| 14.13 recognise the need to discuss, and be able to explain the rationale for, the use of physiotherapy interventions |  | x |  |  |  | x |  |  |  | x |  | x | |  |  | x |
| 14.14 be able to set goals and construct specific individual and group physiotherapy programmes |  | x |  |  |  | x |  |  |  | x |  | x | |  |  | x |
| **Mapping of the BSc (Hons) Physiotherapy modules to the Health and Care Professions Council (HCPC) Standards of Proficiency (SOP’s) – Physiotherapists (2013).**  Registrant Physiotherapist Must: | HFG1000 Professional Development and Research 1 | HFT1015 Introduction to Health and Healthcare | HFT1016 Physiology in Physiotherapy Practice | HFT1016 Applied Anatomy and Movement Analysis | HIG1000 Research 2 | HIT1011 Electrophysical Agents and Exercise Therapy | HIT1009 Cardio-Respiratory Physiotherapy | HIT1001 Neuromusculoskeletal Physiotherapy | HIT1010 Neurological Physiotherapy | HIT2000 Practice-based Experience 3 and 4: Year 2 | HHG1000 Research 3 | HHT2003 Preparation for Employment and Leadership in Healthcare Delivery | HHT1031 Contemporary Physiotherapy | | HHT1030 Management and Health promotion of Distinctive client groups | HHT2001 Practice-based Experience 6 and 7: Year 3 |
| 14.15 be able to conduct appropriate diagnostic or monitoring procedures, interventions, therapy, or other actions safely and effectively |  |  |  |  |  | x |  |  |  | x |  | x | |  |  | x |
| 14.16 be able to select, plan, implement and manage physiotherapy interventions aimed at the facilitation and restoration of movement and function |  | x |  |  |  | x |  |  |  | x |  | x | |  |  | x |
| 14.17 know how to position or immobilise service users for safe and effective interventions | x | x |  |  | x | x |  |  |  | x |  | x | |  |  | x |
| 14.18 be able to select and apply safe and effective physiotherapy- specific practice skills including manual therapy, exercise and movement, electrotherapeutic modalities and kindred approaches |  |  |  | x |  | x | x | x | x |  |  |  | | x |  |  |
| 14.19 be able to change their practice as needed to take account of new developments or changing contexts | x |  |  |  | x | x |  |  |  |  | x | x | |  |  | x |
| 14.20 recognise the value of research to the critical evaluation of practice | x |  |  |  | x |  |  |  |  |  | x |  | |  |  |  |
| 14.21 be aware of a range of research methodologies | x |  |  |  | x |  |  |  |  |  | x |  | |  |  |  |
| **Mapping of the BSc (Hons) Physiotherapy modules to the Health and Care Professions Council (HCPC) Standards of Proficiency (SOP’s) – Physiotherapists (2013).**  Registrant Physiotherapist Must: | HFG1000 Professional Development and Research 1 | HFT1015 Introduction to Health and Healthcare | HFT1016 Physiology in Physiotherapy Practice | HFT1016 Applied Anatomy and Movement Analysis | HIG1000 Research 2 | HIT1011 Electrophysical Agents and Exercise Therapy | HIT1009 Cardio-Respiratory Physiotherapy | HIT1001 Neuromusculoskeletal Physiotherapy | HIT1010 Neurological Physiotherapy | HIT2000 Practice-based Experience 3 and 4: Year 2 | HHG1000 Research 3 | HHT2003 Preparation for Employment and Leadership in Healthcare Delivery | HHT1031 Contemporary Physiotherapy | | HHT1030 Management and Health promotion of Distinctive client groups | HHT2001 Practice-based Experience 6 and 7: Year 3 |
| 14.22 be able to evaluate research and other evidence to inform their own practice | x |  |  |  | x |  |  |  |  |  | x |  | |  |  |  |
| 14.23 be able to use information and communication technologies appropriate to their practice | x |  |  |  | x |  |  |  |  |  | x |  | |  |  |  |
| **Understand the need to establish and maintain a safe practice environment** | | | | | | | | | | | | | | | |  |
| 15.1 understand the need to maintain safety of both service users and those involved in their care | x | x |  |  |  | x |  |  |  | x |  | x |  | |  | x |
| 15.2 know and be able to apply appropriate moving and handling techniques | x |  |  |  | x | x | x | x |  |  |  |  |  | |  |  |
| 15.3 be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting and be able to act in accordance with these | x |  |  |  | x |  |  |  |  |  |  |  |  | |  |  |
| 15.4 be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation | x |  |  |  | x |  |  |  |  |  |  |  |  | |  |  |
| 15.5 be able to select appropriate personal protective equipment and use it correctly | x |  |  |  | x |  |  |  |  |  |  |  |  | |  |  |
| 15.6 be able to establish safe environments for practice, which minimise risks to service users, those treating them and others, including the use of hazard control and particularly infection control | x | x |  |  |  | x |  |  |  | x |  | x |  | |  | x |

**

**Appendix 10**

Major change standards of education and training (SETs) mapping

**How to complete this mapping document**

The following should be used as a **guideline** when providing your documentary evidence, and as a **checklist** before you submit it to us. To ensure we are able to find relevant and pertinent information about how your programme meets the standards, please ensure that your evidence is presented in a coherent and user-friendly way. If there has been no change to the way a standard is met due to this change, please ensure this is clearly reflected. Also please be aware that if a change affects the way a programme meets more than one standard this should be reflected in the mapping.

Your electronic submission should exactly mirror your physical submission. In your electronic submission, please ensure that you group similar documents together into one. For example, please provide one document containing all staff CVs (if applicable). Please also note that our document management system strips documents out of WinZip files, and therefore any folder structure organisation that you do will be lost when documents are added to our system. Therefore, please ensure you contain all identifying information in the filename.

|  |  |
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| Your documentary evidence **should**:   * include a contents page or index * have clear headings * have page numbers * have clear colour contrast (e.g. black on white) * be in a sans serif font (e.g. Arial), preferably size 12 * be grouped together wherever possible   Your documentary evidence **should not**:   * include documents not referenced in your mapping * contain highlights or shading * include scanned text documents (provide original Word documents instead) * include uncompressed photos * include web links that we are unable to access | Your mapping document **should**:   * indicate where evidence can be found for each standard in the accompanying documentation * reference exact document titles * reference correct page and paragraph numbers * contain correct and externally accessible web links * be in Arial size 12   Your mapping documents **should not**:   * contain the evidence itself |

Please note, we may request large print copies of any documents that you submit.

For example:

|  |  |  |  |
| --- | --- | --- | --- |
| **Standard for prescribing for education providers** | **How did the programme meet this** standard**?** | **How does the programme now meet this standard?** | **Where can evidence be found to demonstrate that you meet this standard? (e.g. Programme specification, page 7, paragraph 4)** |
| **4.9** When there is interprofessional learning the profession-specific skills and knowledge of each professional group must be adequately addressed. | Previously there were no inter-professional learning assignments on the programme. | We have now introduced inter-professional activities in the form of non-credit-based PBL exercises. | Information on these activities can be found in appendix five, page 1 of the student handbook. |
| **5.1** Practice placements must be integral to the programme. | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). |

Major change standards of education and training mapping

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| **Standards of education and training** | **How did you meet the SET?** | **How do you now meet the SET?** | **In which document / page of the document provided can this information be found?** |
| **1. Level of qualification for entry to the Register** | | | |
| **1. 1** The Council normally expects that the threshold entry routes to the Register will be the following:  Bachelor degree with honours for:   * biomedical scientists (with the Certificate of Competence awarded by the Institute of Biomedical Science, or equivalent); * chiropodists / podiatrists; * dietitians; * occupational therapists; * orthoptists; * physiotherapists; * prosthetists / orthotists; * radiographers; * social workers in England; and * speech and language therapists.   Master’s degree for arts therapists.  Foundation degree for hearing aid dispensers.  Master’s degree for clinical scientists (with the Certificate of Attainment awarded by the Association of Clinical Scientists, or equivalent).  Diploma of Higher Education for operating department practitioners.  Equivalent to Certificate of Higher Education for paramedics.  Professional doctorate for clinical psychologists.  Professional doctorate for counselling psychologists, or equivalent.  Professional doctorate for educational psychologists, or equivalent.  Master’s degree for forensic psychologists (with the award of the British Psychological Society qualification in forensic psychology, or equivalent).  Master’s degree for health psychologists (with the award of the British Psychological Society qualification in health psychology, or equivalent).  Master’s degree for occupational psychologists (with the award of the British Psychological Society qualification in occupational psychology, or equivalent).  Master’s degree for sport and exercise psychologists (with the award of the British Psychological Society qualification in sport and exercise psychology, or equivalent). | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). |
| **2. Programme admissions** | | | |
| **2.1** The admissions procedures must give both the applicant and the education provider the information they require to make an informed choice about whether to take up or make an offer of a place on a programme. | The admissions procedure has been reviewed and updated. | The admissions procedure has been reviewed and updated. | Section 16 of the Programme Specification Document. |
| **2.2** The admissions procedures must apply selection and entry criteria, including evidence of a good command of reading, writing and spoken English. | The admissions procedure has been reviewed and updated. | The admissions procedure has been reviewed and updated. | Section 16 of the Programme Specification Document, specifically 16.6. |
| **2.3** The admissions procedures must apply selection and entry criteria, including criminal convictions checks. | The admissions procedure has been reviewed and updated. | The admissions procedure has been reviewed and updated. | Section 16 of the Programme Specification Document, specifically 16.9.2. |
| **2.4** The admissions procedures must apply selection and entry criteria, including compliance with any health requirements. | The admissions procedure has been reviewed and updated. | The admissions procedure has been reviewed and updated. | Section 16 of the Programme Specification Document, specifically 16.6.5 and 16.9.3. |
| **2.5** The admissions procedures must apply selection and entry criteria, including appropriate academic and/or professional entry standards. | The admissions procedure has been reviewed and updated. | The admissions procedure has been reviewed and updated. | Section 16 of the Programme Specification Document, specifically 16.10. |
| **2.6** The admissions procedures must apply selection and entry criteria, including accreditation of prior (experiential) learning and other inclusion mechanisms. | The admissions procedure has been reviewed and updated. | The admissions procedure has been reviewed and updated. | Section 16 of the Programme Specification Document, specifically 16.3. |
| **2.7** The admissions procedures must ensure that the education provider has equality and diversity policies in relation to applicants and students, together with an indication of how these will be implemented and monitored. | The admissions procedure has been reviewed and updated. | The admissions procedure has been reviewed and updated. | Section 16 of the Programme Specification Document. |

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| **3. Programme management and resources** | | | |
| **3.1** The programme must have a secure place in the education provider’s business plan. | The programme was secure in the University’s business plan. | The programme expects to grow in the coming years. The position of the programme remains secure in the coming years. | Resource Statement signed by the Head of Department and the Dean (Appendix 1). |
| **3.2** The programme must be effectively managed. | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). |
| **3.3** The programme must have regular monitoring and evaluation systems in place. | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). |
| **3.4** There must be a named person who has overall professional responsibility for the programme who must be appropriately qualified and experienced and, unless other arrangements are agreed, be on the relevant part of the Register. | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). |
| **3.5** There must be an adequate number of appropriately qualified and experienced staff in place to deliver an effective programme. | There has currently been no change to the staff resource. However, as the programme grows in the coming years, the number of appropriately qualified and experienced staff to deliver the programme effectively will be increased. | There has currently been no change to the staff resource. However, as the programme grows in the coming years, the number of appropriately qualified and experienced staff to deliver the programme effectively will be increased. | Resource Statement signed by the Head of Department and the Dean (Appendix 1) |
| **3.6** Subject areas must be taught by staff with relevant specialist expertise and knowledge. | There has currently been no change to the staff expertise and knowledge within the team. However, as the programme grows in the coming years, the specialist expertise and knowledge with be monitored by the Head of Division and course team to ensure that the necessary expertise is in place to deliver the programme effectively. | There has currently been no change to the staff expertise and knowledge within the team. However, as the programme grows in the coming years, the specialist expertise and knowledge with be monitored by the Head of Division and course team to ensure that the necessary expertise is in place to deliver the programme effectively. | Resource Statement signed by the Head of Department and the Dean (Appendix 1). |
| **3.7** A programme for staff development must be in place to ensure continuing professional and research development. | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). |
| **3.8** The resources to support student learning in all settings must be effectively used. | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). |
| **3.9** The resources to support student learning in all settings must effectively support the required learning and teaching activities of the programme. | The course previously utilised a range of range of teaching and learning resources. | Team-based learning has been introduced to an inter-professional module. This is in addition to, not instead of, the other learning and teaching resources already in place. | Programme Specification Document, section 14.  Module descriptor for HFG1000. |
| **3.10** The learning resources, including IT facilities, must be appropriate to the curriculum and must be readily available to students and staff. | Learning resources, including IT facilities currently remain appropriate and available. | As the programme grows in the coming years, an increase in resources will be provided. | Resource Statement signed by the Head of Department and the Dean |
| **3.11** There must be adequate and accessible facilities to support the welfare and wellbeing of students in all settings. | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). |
| **3.12** There must be a system of academic and pastoral student support in place. | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). |
| **3.13** There must be a student complaints process in place. | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). |
| **3.14** Where students participate as service users in practical and clinical teaching, appropriate protocols must be used to obtain their consent. | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). |
| **3.15** Throughout the course of the programme, the education provider must have identified where attendance is mandatory and must have associated monitoring mechanisms in place. | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). |
| **3.16** There must be a process in place throughout the programme for dealing with concerns about students’ profession-related conduct. | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). |
| **3.17** Service users and carers must be involved in the programme.[[1]](#footnote-1) | Service users and carers are involved in the programme in a variety of ways. They are involved in the selection process through the School’s Public Partnership Group. They are present at course committees and have the opportunity to feed into the ongoing review and development of the course. Several modules utilise service users and carers in the delivery of content and they are, of course, at the core of all practice-based learning opportunities. | Service users and carers are involved in the programme in a variety of ways. They are involved in the selection process through the School’s Public Partnership Group. They are present at course committees and have the opportunity to feed into the ongoing review and development of the course. Several modules utilise service users and carers in the delivery of content and they are, of course, at the core of all practice-based learning opportunities | Module descriptors for HFT1015, HIT1010, HIT2000, HHT2003 and HHT2001. |
| **4. Curriculum** | | | |
| **4.1** The learning outcomes must ensure that those who successfully complete the programme meet the standards of proficiency for their part of the Register. | The course was previously mapped to the Standards of Proficiency for Physiotherapists. | Updating the course has allowed an updated mapping exercise to ensure that the course continues to meet the Standards of Proficiency for Physiotherapists | Appendix 9 |
| **4.2** The programme must reflect the philosophy, core values, skills and knowledge base as articulated in any relevant curriculum guidance. | The course was previously mapped to the CSP’s Learning and Development Principles, QAA Benchmark Statements and the NHS Knowledge and Skills Framework. | Updating the course has allowed an updated mapping exercise to ensure that the course continues to meet the CSP’s Learning and Development Principles, QAA Benchmark Statements and the NHS Knowledge and Skills Framework. | Appendices 6, 7 and 8. |
| **4.3** Integration of theory and practice must be central to the curriculum. | The integration of theory and practice was central to all previous modules. | The integration of theory and practice remains central to all modules in the proposed course. | All Module Specification Descriptors. |
| **4.4** The curriculum must remain relevant to current practice. | The previous curriculum was relevant to current practice. | The proposed curriculum has been reviewed and updated and remains current to the needs of practice. | Programme Specification Document (sections 11, 12, 13 and 14). All Module Specification Descriptors |
| **4.5** The curriculum must make sure that students understand the implications of the HCPC’s standards of conduct, performance and ethics. | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). |
| **4.6** The delivery of the programme must support and develop autonomous and reflective thinking. | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). |
| **4.7** The delivery of the programme must encourage evidence based practice. | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). |
| **4.8** The range of learning and teaching approaches used must be appropriate to the effective delivery of the curriculum. | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). |
| **4.9** When there is interprofessional learning the profession-specific skills and knowledge of each professional group must be adequately addressed. | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). |
| **5 Practice placements** | | | |
| **5.1** Practice placements must be integral to the programme. | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). |
| **5.2** The number, duration and range of practice placements must be appropriate to support the delivery of the programme and the achievement of the learning outcomes. | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). |
| **5.3** The practice placement settings must provide a safe and supportive environment. | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). |
| **5.4** The education provider must maintain a thorough and effective system for approving and monitoring all placements. | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). |
| **5.5** The placement providers must have equality and diversity policies in relation to students, together with an indication of how these will be implemented and monitored. | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). |
| **5.6** There must be an adequate number of appropriately qualified and experienced staff at the practice placement setting. | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). |
| **5.7** Practice placement educators must have relevant knowledge, skills and experience. | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). |
| **5.8** Practice placement educators must undertake appropriate practice placement educator training. | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). |
| **5.9** Practice placement educators must be appropriately registered, unless other arrangements are agreed. | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). |
| **5.10** There must be regular and effective collaboration between the education provider and the practice placement provider. | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). |
| **5.11** Students, practice placement providers and practice placement educators must be fully prepared for placement which will include information about and understanding of:   * the learning outcomes to be achieved; * the timings and the duration of any placement experience and associated records to be maintained; * expectations of professional conduct; * the assessment procedures including the implications of, and any action to be taken in the case of, failure to progress; and * communication and lines of responsibility. | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). |
| **5.12** Learning, teaching and supervision must encourage safe and effective practice, independent learning and professional conduct. | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). |
| **5.13** A range of learning and teaching methods that respect the rights and needs of service users and colleagues must be in place throughout practice placements. | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). |

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| **6 Assessment** | | | |
| 6.1 The assessment strategy and design must ensure that the student who successfully completes the programme has met the standards of proficiency for their part of the Register. | The assessment strategy and design previously ensured that the SOPs were met. | The assessment strategy and design has been reviewed to ensure that it continues to meet the SOPs. | Programme Specification Document section 14 and Appendix 3. |
| **6.2** All assessments must provide a rigorous and effective process by which compliance with external-reference frameworks can be measured. | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). |
| **6.3** Professional aspects of practice must be integral to the assessment procedures in both the education setting and practice placement setting. | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). |
| 6.4 Assessment methods must be employed that measure the learning outcomes. | Assessment methods previously measured the learning outcomes within all modules. | Some module learning outcomes and assessment methods have been refreshed through the course review process. Within changed modules, the assessment methods continue to measure the learning outcomes. | All Module Specification Descriptors. |
| **6.5** The measurement of student performance must be objective and ensure fitness to practise. | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). |
| **6.6** There must be effective monitoring and evaluation mechanisms in place to ensure appropriate standards in the assessment. | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). |
| **6.7** Assessment regulations must clearly specify requirements for student progression and achievement within the programme. | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). |
| **6.8** Assessment regulations, or other relevant policies, must clearly specify requirements for approved programmes being the only programmes which contain any reference to an HCPC protected title or part of the Register in their named award. | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). |
| **6.9** Assessment regulations must clearly specify requirements for an aegrotat award not to provide eligibility for admission to the Register. | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). |
| **6.10** Assessment regulations must clearly specify requirements for a procedure for the right of appeal for students. | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). |
| **6.11** Assessment regulations must clearly specify requirements for the appointment of at least one external examiner who must be appropriately experienced and qualified and, unless other arrangements are agreed, be from the relevant part of the Register. | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). | Not applicable (no changes made in this area). |

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| **Appendix 11** | **Foundation Level modules** | | | | **Intermediate Level modules** | | | | | | **Honours Level modules** | | | | |
| **Mapping of Personal Development Planning (PDP) to BSc (Hons) Physiotherapy course modules.**  (See 14.4 of Programme specification)  Based on components of Curriculum guidelines document of the Chartered Society of Physiotherapy (CSP) learning and development principles, for CSP accreditation of qualifying programmes in Physiotherapy, CSP (2015). Additionally, the Quality Assurance (QAA) for Higher Education (2011) A toolkit for enhancing personal development planning strategy, policy and practice in higher education institutions 2nd edition. | HFG1000 Professional Development and Research 1 | HFT1015 Introduction to Health and Healthcare | HFT1016 Physiology in Physiotherapy Practice | HFT1016 Applied Anatomy and Movement Analysis | HIG1000 Research 2 | HIT1011 Electrophysical Agents and Exercise Therapy | HIT1009 Cardio-Respiratory Physiotherapy | HIT1001 Neuromusculoskeletal Physiotherapy | HIT1010 Neurological Physiotherapy | HIT2000 Practice-based Experience 3 and 4: Year 2 | HHG1000 Research 3 | HHT2003 Preparation for Employment and Leadership in Healthcare Delivery | HHT1031 Contemporary Physiotherapy | HHT1030 Management and Health promotion of Distinctive client groups | HHT2001 Practice-based Experience 6 and 7: Year 3 |
| **Criteria** | | | | | | | | | | | | | | | |
| Introduction of PDP principles in Induction | x | x | x | x |  |  |  |  |  |  |  |  |  |  |  |
| Portfolio development and planning | x |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| The development of Information technology literacy | x | x | x | x |  |  |  |  |  |  |  |  |  |  |  |
| The development of a range of communication skills and Interpersonal skills  Verbal (oral, storytelling, crucial conversations), non-verbal (body language, fascial expression, eye contact, posture, touch and proximity and space) written, vision, cultural (sensitivity to beliefs and differences). | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x |
| The development of social and emotional intelligence. | x |  |  |  | x |  |  |  |  |  | x | x | x | x | x |
| The development of professional conduct and responsibility. | x | x |  |  | x |  |  |  | x |  |  | x |  | x | x |
| The development of technical knowledge. | x |  |  |  | x | x | x | x | x | x | x |  | x |  |  |
| Developing self-awareness and confidence. | x |  |  |  |  | x |  |  |  | x | x | x |  |  | x |
| Developing Independence and resilience. |  |  |  |  |  |  |  |  |  |  |  | x |  |  |  |
| **Mapping of Personal Development Planning (PDP) to BSc (Hons) Physiotherapy course modules.**  (See 14.4 of Programme specification)  Based on components of Curriculum guidelines document of the Chartered Society of Physiotherapy (CSP) learning and development principles, for CSP accreditation of qualifying programmes in Physiotherapy, CSP (2015). Additionally, the Quality Assurance (QAA) for Higher Education (2011) A toolkit for enhancing personal development planning strategy, policy and practice in higher education institutions 2nd edition. | HFG1000 Professional Development and Research 1 | HFT1015 Introduction to Health and Healthcare | HFT1016 Physiology in Physiotherapy Practice | HFT1016 Applied Anatomy and Movement Analysis | HIG1000 Research 2 | HIT1011 Electrophysical Agents and Exercise Therapy | HIT1009 Cardio-Respiratory Physiotherapy | HIT1001 Neuromusculoskeletal Physiotherapy | HIT1010 Neurological Physiotherapy | HIT2000 Practice-based Experience 3 and 4: Year 2 | HHG1000 Research 3 | HHT2003 Preparation for Employment and Leadership in Healthcare Delivery | HHT1031 Contemporary Physiotherapy | HHT1030 Management and Health promotion of Distinctive client groups | HHT2001 Practice-based Experience 6 and 7: Year 3 |
| Developing problem and task analysis skills | x |  |  |  | x | x | x | x | x | x | x |  | x |  | x |
| Developing reflection and appreciation of reflection in regard to learning and personal development. | x |  |  |  | x |  |  |  |  | x | x | x | x | x | x |
| Developing and appreciating consequence of actions. | x | x |  |  | x |  |  |  |  | x |  | x |  |  | x |
| Developing and appreciation of leadership skills and attributes. |  |  |  |  |  |  |  |  |  |  |  | x |  |  |  |
| Time management (professional and personal). | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x |
| Career planning. |  |  |  |  |  |  |  |  |  |  |  | x |  |  |  |

**Appendix 12**

**Evidence of University International Office Involvement In the planning and development of the course**

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1. All programmes undertaking the approval process from the 2014–15 academic year onwards will need to meet this standard. Approved programmes will need to demonstrate they meet this standard in either the 2015–16 or 2016–17 academic year via their annual monitoring audit submission. Information about this standard can be found [on our website](http://www.hcpc-uk.org/education/providers/sucinvolvement/) [↑](#footnote-ref-1)