

College of Radiographers	13201	MSc Radiography (Medical Ultrasound)		2012	Joint Periodic Review and PSRB Visit - 20/02/2018	No	The programme was recredited by the College alongside the University's Periodic Review on 20 February 2018	1) The Programme Team was advised to seek an exception to the Senate Regulations, to extend the 5-year maximum registration period. 2) During the meeting, it became apparent that a number of students who were financially supported by Trusts had received threatening letters from the University, and had been excluded from access to the University and its systems (email, library, Moodle, etc), if their fees were paid late by Trusts. It was noted that this was something which students had no control over, and for which they were therefore being unfairly and unacceptably penalised. The Panel advised that the Programme Team should again follow this issue up with the University Finance Office, to ensure that this type of communication was sent to the Trusts responsible, rather than to the individual students. RECOMMENDATIONS 1) The Panel recommended that the Programme documentation was made more specific to the subject (MSc: Medical Ultrasound), as it was noted that a number of the aims and learning outcomes were fairly generic in nature. 2) The Programme Team was advised to review the potential for delivering vascular and MSK (musculoskeletal) teaching. 3) Investigate the	1) The MSc Medical Ultrasound Programme Team was commended for a well-respected and well-managed programme. This respect had been evident in all of the individual meetings during the joint Periodic Programme Review/ Re-accreditation event. 2) The MSc Medical Ultrasound Programme Director was commended on the very high quality of the documentation provided to the panel in advance of the event. 3) The innovative teaching and learning methods used inside and outside the classroom were commended by the Panel. 4) The panel commended the high level of student support provided by the Programme Team. 5) The high level of engagement with alumni by the Programme Team was commended. 6) The Programme Team's engagement with SU and stakeholders was commended. 7) The Programme Team's engagement and support for student collaborative research was commended by the Panel. 8) The innovative teaching on ergonomics by the Programme Team, in terms of how to stay safe whilst scanning, was commended by the Panel.	The report and action plan were considered by PARC in April 2018. Response to PPR Panel will be sent to Student and Academic Services. It is scheduled for Board of Studies consideration in July 2018. The action plan will be reviewed as part of APE 17-18	N/A	Gill Harrison - Programme Director
General Optical Council (GOC)	5801	Foundation Degree in Ophthalmic Dispensing	The programme is run in partnership with City and Islington College. The programme has now been terminated and last intake of this programme was 2017-18. GOC still want to reaccredit the programme - currently we are waiting for GOC to provide a date for reaccreditation.	2012	2015 - The programme has now been terminated and last intake of this programme was 2017-18. GOC still want to reaccredit the programme - currently we are waiting for GOC to provide a date for reaccreditation.	No	The programme was accredited by the GOC in 2012	The accreditation event was managed by the Optometry Department and due to changes in staff managing the programme the report for 2012 event is not available	The accreditation event was managed by the Optometry Department and due to changes in staff managing the programme the report for 2012 event is not available	Not available	Dr Irene Cttori - Programme Director	
General Optical Council (GOC)	5801	BSc Optometry	Programme was successfully reaccredited in 2014.	1973	2019	No	The approval event was held in November 2014 following by a revisit in January 2016	Conditions: 3.2.1 The Visitor Panel found that the definition of a patient episode in Contact Lenses was not being correctly interpreted. Immediate action must be taken to ensure that a patient episode in Contact 3.2.2 Revision must be made to the existing logbook so that there is a clear audit trail to demonstrate where core competencies have been signed off during patient episodes. All attempts (including fails) should be recorded to include evidence of how the relevant performance criteria were demonstrated and must identify both the supervisor and the patient involved. 3.2.3 If the practice of signing off dispensing patient episodes outside of the University clinic is to continue, it must be subject to the same VCT (Visiting Clinical Tutors) quality assurance processes as those that have been introduced within the University clinic. 3.2.4 The audit of students' logbooks revealed that a significant proportion of patient data was not anonymised; this was particularly evident in the early stages of the programme. The department must ensure	Commendations: The Visitor Panel commends the actions taken by the clinic staff to improve the volume of patient activity in primary care and dispensing clinics through increased advertising and refurbishment of the dispensing area. 3.1.2 The Visitor Panel was impressed by the enthusiasm of staff and the high standard of teaching observed during the visit, in particular, the willingness and responsiveness of staff in helping students on request. Students informed the panel that staff are approachable and readily available to assist students outside of their fixed teaching schedules, often responding to emails outside normal working hours and even running additional practical tutorials and repeat competency assessments. 3.1.3 The Visitor Panel commends the quality of equipment and facilities in the Eye Clinic, and noted the proactive approach to collaborating with industry. 3.1.4 The Visitor Panel commends the use of OSCE-type assessment in some modules and would encourage that their use is expanded across the	The outcome was reported to Board of Studies at its next meeting. GOC following a revisit in May 2016 signed of the conditions. Action plans were reported through APES.	N/A	Dr Byki Huntjens - Programme Director
General Optical Council (GOC)	5801	MSc Clinical Optometry (PGC CPD) Clinical Optometry (MSc) Clinical Optometry (Occasional) Clinical Optometry (PGDip) Optometry Postgraduate Occasional MSc in APHSC (Clinical Optometry)	The following modules are accredited by the GOC: OVM050 - Principles of Therapeutics OVM051 - Principles of Prescribing OVM053 - Independent Prescribing	First accreditation in 2008/9.	2022	No	Re-accreditation visit was on 13 and 14 November 2017	Condition: The programme must assure that standard setting is adopted and the validity and reliability of the assessments is clearly documented. Evidence of the standard setting policy must be provided to the GOC in documentary form. Recommendations: 1. To give the IP programme greater identity, through dedicated administration support, external examining arrangements and marketing. 2. To consider the sequencing of the IP modules so as not to disadvantage some cohorts in time or learning opportunities. 3. To clarify the programme structure for applicants and current students on the programme website and paper based related material. 4. To undertake a review in order to enhance student support mechanisms in communication, feedback and registration. 5. To undertake a review of the range of programme delivery methods in order to broaden and enrich multimedia learning opportunities.	Commendations or good practice were not included in the report but the programme (modules) were granted full accreditation by GOC.	The full report will be shared with PARC and Board of Studies. The condition was met and GOC confirmed full accreditation. Recommendations to be monitored through APE and PARC	N/A	Dr Michelle Hennelly - Programme Director
Colleg of Optometrists	15501	MSc Clinical Optometry (PGC CPD) Clinical Optometry (MSc) Clinical Optometry (Occasional) Clinical Optometry (PGDip) Optometry Postgraduate Occasional MSc in APHSC (Clinical Optometry)	The following modules are accredited by the College of Optometrists: OVM006 – Glaucoma – Professional Certificate in Glaucoma OVM013 – Low Vision – Professional Certificate in Low Vision OVM057 – Professional Higher Certificate in Contact Lenses OVM056 – Professional Certificate in Medical Retina A part of the diabetic module is accredited by City and Guilds for diabetic graders OVM005 – Diabetes	First accredited 2008/9 Re-accredited in 2015. Accreditation awarded 2015 Accredited in 2015 Accredited in 2015	2018 - schedule for reaccreditation varies due to different period of accreditation	No	Revalidation due in 2018 Reaccreditation due in 2018. Reaccreditation due 2018 Reaccreditation due again in 2018	The accreditations which are considered through desk-top exercises were managed by the Optometry Department, and due to changes in staff managing the programme the reports from previous accreditation are not available. All the accredited modules have now been aligned to PARC, therefore all events will be managed by the Quality and Student Support Team. The team will have access to reports and full documentation.	All modules have been successfully accredited by the College, which demonstrates that their standards are met.	PARC and Board of Studies will have oversight of all the College and GOC accredited/approved programmes. All the modules have been successfully accredited by the College. Actions Plans are reported through APES	N/A	Dr Michelle Hennelly - Programme Director
Health and Care Professions Council (HCPC)*		Foundation Degree in Radiotherapy	Programme terminated – last intake to complete next year									
Health and Care Professions Council (HCPC)*	6913	BSc Radiography (Diagnostic Imaging)	Following major changes to the programme successful re- accreditation was attained on 8 and 9 March 2016. In addition, to maintain its approval the programme undergoes annual monitoring through a desk top exercise	2005	Open ended approval – programme is monitored annually	No	The programme was reapproved in March 2016. Programme is audited annually through a desk top exercise. The 2018 audit submitted on 31 January 2018 was successful.	No conditions and recommendations were set	As no conditions and recommendations were set the reviewers were satisfied that the programme continued to meet its standards, and demonstrated quality and compliance.	The outcome was noted at the June Board of Studies. The programme is monitored annually. Actions plans are reorted through APES.	N/A	Dr Sophie Willis - Programme Director

Health and Care Professions Council (HCPC)*	6913	BSc Radiography (Radiotherapy and Oncology)	Following major changes to the programme successful re-accreditation was attained on 8 and 9 March 2016	2005	Open ended approval – programme is monitored annually	No	Programme is audited annually through a desk top exercise. The 2018 audit submitted on 31 January 2018 was successful.	No conditions and recommendations were set	As no conditions and recommendations were set the reviewers were satisfied that the programme continued to meet its standards, and demonstrated quality and compliance.	The outcome was noted at the June Board of Studies. The programme is monitored annually. Actions plans are reorted through APEs.	N/A	Richard Thorne - Programme Director
Health and Care Professions Council (HCPC)*	6913	MSc Radiography Diagnostic (pre-registration)	New programme approved on 8 and 9 March 2016. Due to changes to Department of Health funding this programme is no longer viable and talks to terminate this have commenced.	2016	Open ended approval – programme is monitored annually	No	Programme is audited annually through a desk top exercise. However a request has been submitted to terminate the programme due to changes in funding by Department of Health - awaiting a response from HCPC	Conditions: The programme must have a secure place in the education provider's business plan. 2. There must be an adequate number of appropriately qualified and experienced staff in place to deliver an effective programme. 3. Subject areas must be taught by staff with relevant specialist expertise and knowledge. 4. The resources to support student learning in all settings must be effectively used. 5. Assessment regulations must clearly specify requirements for student progression and achievement within the programme. Recommendations: 1. The programme must be effectively managed. 2. The education provider must maintain a thorough and effective system for approving and monitoring all placements	1. The Programme Team was commended for the way in which they engaged with the students, the practice placement providers, and the service users in the design, development and delivery of the programmes. 2. The Programme Team was commended for the commitment which they had demonstrated in producing excellent documentation, and their responsiveness to the queries from the Approvals Panel. 3. The Programme Team were commended for their commitment to student learning and support. 4. The Programme Team were commended for their innovative approach to teaching, learning and assessment design.	The full report and action plan were noted at the June Board of Studies. All the conditions were signed-off by HCPC approving the programme on 27 June 2016. Action plans were updated via APE	N/A	Dr Sophie Willis - Programme Director
Health and Care Professions Council (HCPC)*	6913	MSc Radiography Therapeutic (pre-registration)	New programme approved on 8 and 9 March 2016. Due to changes to Department of Health funding this programme is no longer viable and talks to terminate this have commenced.	2016	Open ended approval – programme is monitored annually	No	Programme is audited annually through a desk top exercise. However a request has been submitted to terminate the programme due to changes in funding by Department of Health - awaiting a response from HCPC	Conditions: The programme must have a secure place in the education provider's business plan. 2. There must be an adequate number of appropriately qualified and experienced staff in place to deliver an effective programme. 3. Subject areas must be taught by staff with relevant specialist expertise and knowledge. 4. The resources to support student learning in all settings must be effectively used. 5. Assessment regulations must clearly specify requirements for student progression and achievement within the programme. Recommendations: 1. The programme must be effectively managed. 2. The education provider must maintain a thorough and effective system for approving and monitoring all placements	1. The Programme Team was commended for the way in which they engaged with the students, the practice placement providers, and the service users in the design, development and delivery of the programmes. 2. The Programme Team was commended for the commitment which they had demonstrated in producing excellent documentation, and their responsiveness to the queries from the Approvals Panel. 3. The Programme Team were commended for their commitment to student learning and support. 4. The Programme Team were commended for their innovative approach to teaching, learning and assessment design.	The full report and action plan were noted at the June Board of Studies. All the conditions were signed-off by HCPC approving the programme on 27 June 2016. Action plans were updated via APE	N/A	Richard Thorne - Programme Director
Health and Care Professions Council (HCPC)*	6915	BSc Speech and Language Therapy	Major amendments have been made to the programme, which was approved by in March 2017	2002	Open-ended approval - programme is monitored annually. The programme was not audited in 17-18 cycle as it was only approved in March 2017. Next annual audit by 31 January 2019	No	8 and 9 November 2016 approval visit - joint Stage 2 and approval event with HCPC and RCSLT	1. The education provider must provide further evidence as to the formal process for approval and monitoring of placements for the programme. 2. The education provider must provide further evidence of how they ensure there is a sufficient number of appropriately qualified and experienced staff in place at practice placements settings. 3. The education provider must provide further evidence to demonstrate how they ensure all practice placement educators have the relevant knowledge, skills and experience to supervise students. 4. The programme team must provide further evidence as to what training practice placement educators are required to undertake and how this training prepares them to act as educators for students on this programme. 5. The programme team must provide further evidence to demonstrate how they facilitate and ensure regular and effective collaboration between the education provider and the practice placement provider. 6. The programme team should provide further evidence as to how they ensure that everyone involved in practice placements are aware of their responsibilities and understand the expected lines of communication should any issues arise.	1) The Panel commended the high quality of the programme documentation 2) The enthusiasm and commitment of the Programme Team, students, and service users was commended 3) The Panel commended the responsiveness of the Programme Team to specific requests for information during the two-day approval/ accreditation event	The report and action plan were presented to Board of Studies in April 2017. Action plans are incorporated in APE. The annual audit by HCPC was not undertaken in 2017-18 as the programme was only recently approved.	N/A	Paul Turner and Fiona Kyle
Health and Care Professions Council (HCPC)*	6915	PGDip Speech and Language Therapy	Major amendments have been made to the programme, which was approved by HCPC in March 2017	2001	Open-ended approval - programme is monitored annually	No	8 and 9 November 2016 approval visit - joint Stage 2 and approval event with HCPC and RCSLT	1. The education provider must provide further evidence as to the formal process for approval and monitoring of placements for the programme. 2. The education provider must provide further evidence of how they ensure there is a sufficient number of appropriately qualified and experienced staff in place at practice placements settings. 3. The education provider must provide further evidence to demonstrate how they ensure all practice placement educators have the relevant knowledge, skills and experience to supervise students. 4. The programme team must provide further evidence as to what training practice placement educators are required to undertake and how this training prepares them to act as educators for students on this programme. 5. The programme team must provide further evidence to demonstrate how they facilitate and ensure regular and effective collaboration between the education provider and the practice placement provider. 6. The programme team should provide further evidence as to how they ensure that everyone involved in practice placements are aware of their responsibilities and understand the expected lines of communication should any issues arise.	1) The Panel commended the high quality of the programme documentation 2) The enthusiasm and commitment of the Programme Team, students, and service users was commended 3) The Panel commended the responsiveness of the Programme Team to specific requests for information during the two-day approval/ accreditation event	The report and action plan were presented to Board of Studies in April 2017. Action plans are incorporated in APE. The annual audit by HCPC was not undertaken in 2017-18 as the programme was only recently approved.	N/A	Paul Turner and Bernard Camilleri

No

Health and Care Professions Council (HCPC)*	6915	MSc Speech and Language Therapy	Major amendments have been made to the programme, 2002 which was approved by HCPC in March 2017	2002	Open-ended approval - programme is monitored annually. The programme was not audited in 17-18 cycle as it was only approved in March 2017. Next annual audit by 31 January 2019	No	8 and 9 November 2016 approval visit joint Stage 2 and approval event with HCPC and RCSLT	- 1. The education provider must provide further evidence as to the formal process for approval and monitoring of placements for the programme. 2. The education provider must provide further evidence of how they ensure there is a sufficient number of appropriately qualified and experienced staff in place at practice placements settings. 3. The education provider must provide further evidence to demonstrate how they ensure all practice placement educators have the relevant knowledge, skills and experience to supervise students. 4. The programme team must provide further evidence as to what training practice placement educators are required to undertake and how this training prepares them to act as educators for students on this programme. 5. The programme team must provide further evidence to demonstrate how they facilitate and ensure regular and effective collaboration between the education provider and the practice placement provider. 6. The programme team should provide further evidence as to how they ensure that everyone involved in practice placements are aware of their responsibilities and understand the expected lines of communication should any issues arise.	1) The Panel commended the high quality of the programme documentation 2) The enthusiasm and commitment of the Programme Team, students, and service users was commended 3) The Panel commended the responsiveness of the Programme Team to specific requests for information during the two-day approval/ accreditation event	The report and action plan were presented to Board of Studies in April 2017. Action plans are incorporated in APE. The annual audit by HCPC was not undertaken in 2017-18 as the programme was only recently approved.	N/A	Pau Turner and Bernard Camilleri
Health and Care Professions Council (HCPC)*	6915	Master in Speech and Language Therapy (with Hons)	New programme 2020	2017	Open-ended approval - programme is monitored annually. The programme was not audited in 17-18 cycle as it was only approved in March 2017. Next annual audit by 31 January 2019	No	8 and 9 November 2016 approval visit joint Stage 2 and approval event with HCPC and RCSLT	- 1. The education provider must provide further evidence as to the formal process for approval and monitoring of placements for the programme. 2. The education provider must provide further evidence of how they ensure there is a sufficient number of appropriately qualified and experienced staff in place at practice placements settings. 3. The education provider must provide further evidence to demonstrate how they ensure all practice placement educators have the relevant knowledge, skills and experience to supervise students. 4. The programme team must provide further evidence as to what training practice placement educators are required to undertake and how this training prepares them to act as educators for students on this programme. 5. The programme team must provide further evidence to demonstrate how they facilitate and ensure regular and effective collaboration between the education provider and the practice placement provider. 6. The programme team should provide further evidence as to how they ensure that everyone involved in practice placements are aware of their responsibilities and understand the expected lines of communication should any issues arise.	1) The Panel commended the high quality of the programme documentation 2) The enthusiasm and commitment of the Programme Team, students, and service users was commended 3) The Panel commended the responsiveness of the Programme Team to specific requests for information during the two-day approval/ accreditation event	The report and action plan were presented to Board of Studies in April 2017. Action plans are incorporated in APE. The annual audit by HCPC was not undertaken in 2017-18 as the programme was only recently approved.	N/A	Paul Turner and Bernard Camilleri
Health and Care Professions Council (HCPC)*		Independent Prescribing Module	A prescribing module which sits under the Nursing (APHSC) programme, but is termed by the PSRB as a programme. This module is also approved by NMC for nurses, midwives and public health nurses	2014	Open-ended approval - programme is monitored annually	No	The programme is audited annually at the 31 March via a desk top exercise. The last audit was submitted on 31 March 2018	The programme was approved without any conditions or recommendations on 28 March 2018.	A report was not provided to note good practice. However as the programme which is usually approved without any conditions or recommendations, it demonstrate compliance and quality assurance on an ongoing basis.	A verbal report on the response from HCPC was noted at the 24 April 2018 Board of Studies.	N/A	Lynda Filer - Programme Director
Health and Care Professions Council (HCPC)*	6911	Doctorate in Health Psychology (DPsych)	Programme was moved from School of Arts and Social Sciences to School of Health and Social Sciences in 2016. The Dpsych programme has now in the process of being terminated and is scheduled to close in 2024. BPS will continue to accredit it. Annual monitoring audit was submitted for 2018 - awaiting response	2005	Open-ended approval - programme is monitored annually	No	The annual audit for 2018 has been submitted - awaiting response from HCPC	To be completed on receipt of the annual audit outcome.	To be completed on receipt of the annual audit outcome.	To be noted at the Board following receipt of outcome.	N/A	Dr Angeliki Bogosian
Nursing and Midwifery Council (NMC)	11106	BSc Midwifery	The programme was re-approved by joint NMC Re-Approval and University Periodic Review in April 2014 following major changes to the programme. NMC are publishing new standards for midwifery education in 2019. Publication of the new standards will lead to approval event in 2019-20 academic year.	2014	03/06/2020	No	The programme was reapproved in April 2014 following a joint Periodic Review and Reapproval event with NMC and University. All NMC programmes are monitored through Annual Self-Reporting and Annual Quality Assurance Exercises.	Conditions: 1. Review of two biology modules MW2001 and MW3003 as they are at different levels but have identical learning outcomes. 2. Provide mapping of all NMC essential skills to the Practice Assessment Document for both BSc and PGDip (standard 15). 3. Review programme specifications and supporting documentation to ensure consistency and correct inaccuracies. Recommendations: 1. Make explicit in student facing documentation how the compassion in practice philosophy features within the curriculum. 2. Review learning outcomes to ensure they are measurable. 3. Consider how you can support students within the first few months in feeling confident in raising any concerns they have on placement and how you might monitor on-going effectiveness of the support.	1. The quality of the Personal Tutoring Support booklet. 2. The preparation of the Reflective Review and particularly: i. The use of the Curriculum Steering Group established for the purpose. ii. The use of SWOT analysis. iii. The use of equality and diversity data. iv. The use of graduate destination data. v. The organisation and mapping against benchmarks. 3. The role of the Programme Advisory Board and standing agenda items supporting quality provision. 4. The use of co-compulsory modules which are relevant, innovative and support future engagement. 5. The responsiveness to student feedback as an on-going activity.	The report and action plan were presented to Board of Studies in June 2014, and an update was provided to NMC through its annual report. The progress on the action plan was reported in the APE	N/A	Jamie Richardson - Programme Director
Nursing and Midwifery Council (NMC)	11106	PG Dip Midwifery	The programme was re-approved by joint NMC Re-Approval and University Periodic Review in April 2014 following major changes to the programme. NMC are publishing new standards for midwifery education in 2019. Publication of the new standards will lead to approval event in 2019-20 academic year	2014	03/06/2020	No	The programme was reapproved in April 2014 following a joint Periodic Review and Reapproval event with NMC and University	Conditions: 1. Review of two biology modules MW2001 and MW3003 as they are at different levels but have identical learning outcomes. 2. Provide mapping of all NMC essential skills to the Practice Assessment Document for both BSc and PGDip (standard 15). 3. Review programme specifications and supporting documentation to ensure consistency and correct inaccuracies. Recommendations: 1. Make explicit in student facing documentation how the compassion in practice philosophy features within the curriculum. 2. Review learning outcomes to ensure they are measurable. 3. Consider how you can support students within the first few months in feeling confident in raising any concerns they have on placement and how you might monitor on-going effectiveness of the support.	1. The quality of the Personal Tutoring Support booklet. 2. The preparation of the Reflective Review and particularly: i. The use of the Curriculum Steering Group established for the purpose. ii. The use of SWOT analysis. iii. The use of equality diversity data. iv. The use of graduate destination data. v. The organisation and mapping against benchmarks. 3. The role of the Programme Advisory Board and standing agenda items supporting quality provision. 4. The use of co-compulsory modules which are relevant, innovative and support future engagement. 5. The responsiveness to student feedback as an on-going activity.	The report and action plan were presented to Board of Studies in June 2014, and an update was provided to NMC through its annual report. The progress on the action plan was reported in the APE	N/A	Jamie Richardson - Programme Director

Nursing and Midwifery Council (NMC)	11102	BSc Nursing - Adult	Renewal date for re-approval was 18 June 2017. New education standards for pre-registration nursing programmes were published in April 2018. Extension has been granted until 31 August 2019. Programme is currently rewritten to comply with the new standards for nurse education. Joint Stage 2 approval possibly in March/April 2019 in order for the new intake to run September 2019 pending approval by NMC/Uni.	2012	31/08/2019	No	The programme was last approved in 2012 following introduction of a new curriculum - the diploma option was removed. All NMC programmes are monitored through Annual Self-Reporting and Annual Quality Assurance Exercises.	The full report for this programme was not handed over as part of the transition. NMC have since moved onto an online portal and any reports for approvals since 2015-16 are available via the portal.	All NMC regulated programmes undergo an Annual Self-Reporting and Annual Quality Assurance exercise to provide assurance and compliance with standards and risks. The report for 17-18 monitoring cycle were reviewed by the NMC. A letter on 1 February 2018 noted that the report provides assurance that all NMC risks are controlled or are in the process of mitigation.	The report was shared with Board of Studies at its February meeting.	N/A	Mark Jones - Programme Director
Nursing and Midwifery Council (NMC)	11105	BSc Nursing - Children	Renewal date for re-approval was 18 June 2017. New education standards for pre-registration nursing programmes were published in April 2018. Extension has been granted until 31 August 2019. Programme is currently rewritten to comply with the new standards for nurse education. Joint Stage 2 approval possibly in March/April 2019 in order for the new intake to run September 2019 pending approval by NMC/Uni.	2012	31/08/2019	No	The programme was last approved in 2012 following introduction of a new curriculum - the diploma option was removed. All NMC programmes are monitored through Annual Self-Reporting and Annual Quality Assurance Exercises.	The full report for this programme was not handed over as part of the transition. NMC have since moved onto an online portal and any reports for approvals since 2015-16 are available via the portal.	All NMC regulated programmes undergo an Annual Self-Reporting and Annual Quality Assurance exercise to provide assurance and compliance with standards and risks. The report for 17-18 monitoring cycle were reviewed by the NMC. A letter on 1 February 2018 n	The report was shared with Board of Studies at its February meeting.	N/A	Jane Chudleigh - Programme Director
Nursing and Midwifery Council (NMC)	11103	BSc Nursing - Mental Health	Renewal date for re-approval was 18 June 2017. New education standards for pre-registration nursing programmes are under review and will be published by Spring 2018. Extension has been granted until 31 August 2019	2012	31/08/2019	No	The programme was last approved in 2012 following introduction of a new curriculum - the diploma option was removed. All NMC programmes are monitored through Annual Self-Reporting and Annual Quality Assurance Exercises.	The full report for this programme was not handed over as part of the transition. NMC have since moved onto an online portal and any reports for approvals since 2015-16 are available via the portal.	All NMC regulated programmes undergo an Annual Self-Reporting and Annual Quality Assurance exercise to provide assurance and compliance with standards and risks. The report for 17-18 monitoring cycle were reviewed by the NMC. A letter on 1 February 2018 n	The report was shared with Board of Studies at its February meeting.	N/A	Louise Phillips - Programme Director
Nursing and Midwifery Council (NMC)	11102	PGDip Adult Nursing	Renewal date for re-approval was 18 June 2017. New education standards for pre-registration nursing programmes are under review and will be published by Spring 2018. Extension has been granted until 31 August 2019	2012	31/08/2019	No	The programme was last approved in 2012 following introduction of a new curriculum. All NMC programmes are monitored through Annual Self-Reporting and Annual Quality Assurance Exercises.	The full report for this programme was not handed over as part of the transition. NMC have since moved onto an online portal and any reports for approvals since 2015-16 are available via the portal.	All NMC regulated programmes undergo an Annual Self-Reporting and Annual Quality Assurance exercise to provide assurance and compliance with standards and risks. The report for 17-18 monitoring cycle were reviewed by the NMC. A letter on 1 February 2018 n	The report was shared with Board of Studies at its February meeting.	N/A	Mark Jones - Programme Director
Nursing and Midwifery Council (NMC)	11105	PGDip Children's Health	Renewal date for re-approval was 18 June 2017. New education standards for pre-registration nursing programmes are under review and will be published by Spring 2018. Extension has been granted until 31 August 2019	2012	31/08/2019	No	The programme was last approved in 2012 following introduction of a new curriculum. All NMC programmes are monitored through Annual Self-Reporting and Annual Quality Assurance Exercises.	The full report for this programme was not handed over as part of the transition. NMC have since moved onto an online portal and any reports for approvals since 2015-16 are available via the portal.	All NMC regulated programmes undergo an Annual Self-Reporting and Annual Quality Assurance exercise to provide assurance and compliance with standards and risks. The report for 17-18 monitoring cycle were reviewed by the NMC. A letter on 1 February 2018 n	The report was shared with Board of Studies at its February meeting.	N/A	Jane Chudleigh - Programme Director
Nursing and Midwifery Council (NMC)	11103	PGDip Mental Health Nursing	Renewal date for re-approval was 18 June 2017. New education standards for pre-registration nursing programmes are under review and will be published by Spring 2018. Extension has been granted until 31 August 2019	2012	31/08/2019	No	The programme was last approved in 2012 following introduction of a new curriculum. All NMC programmes are monitored through Annual Self-Reporting and Annual Quality Assurance Exercises.	The full report for this programme was not handed over as part of the transition. NMC have since moved onto an online portal and any reports for approvals since 2015-16 are available via the portal.	All NMC regulated programmes undergo an Annual Self-Reporting and Annual Quality Assurance exercise to provide assurance and compliance with standards and risks. The report for 17-18 monitoring cycle were reviewed by the NMC. A letter on 1 February 2018 n	The report was shared with Board of Studies at its February meeting.	N/A	Louise Phillips - Programme Director
Nursing and Midwifery Council (NMC)		BSc/PG Diploma Public Health (District Nursing, Health Visiting and School Nursing)	The programme was successfully reapproved by a joint NMC and University Re-Approval Panel on 23 May 2016	2011	May-22	No	The programme was last approved in 2016. All NMC programmes are monitored through Annual Self-Reporting and Annual Quality Assurance Exercises.	No conditions were set. Recommendations: To consider providing written guidance for Service Users to facilitate a higher level of engagement, outlining the purpose of the individual activities which they are involved in, and the expectations placed on the Service User within these activities (for example, vignettes, interviews, programme (re-approval)). 2. To consider rewording the statements regarding the V100 Community Practitioner Nurse Prescriber both in all Programme Specifications and the Module Specifications for PH3005/ PHM009 (V100) Community Practitioner Nurse Prescriber, to make them more inclusive of student School Nurses who may want to undertake the V100 and sustainable for the next five years. 3. To consider rewording the Module Specifications to clearly identify formative assessments, indicating that they are optional and are not assessed.	1. The Panel commended the outstanding support shown by the Practice Teachers, Practice Managers and Trusts in enabling staff to attend CPD activities including the five annual Action Learning Sets. 2. The Programme Director and Programme Team were commended on the coherence of the design and management of the programme. 3. The Programme Team were commended on the diversity of the assessment strategies contained within the Public Health programme, and for consciously responding to student feedback. 4. The excellent Link support was commended.	The full report and action plan were noted at the June Board of Studies. An update was provided to NMC through its annual reporting. Action plans were updated via APE	N/A	Val Thurtle - Programme Director
Nursing and Midwifery Council (NMC)		Mentorship / Practice Teacher / Teacher Programme	The programmes was scheduled for re-approval by NMC in 2017. However, new education standards for pre-registration nursing - this change will impact on the education standards for mentors/practice teachers and teachers. Reviewed standards to be published in 2018. Extension has been granted until 31 August 2019	2012 / 2012 / 2012	July 2019 / July 2019 / July 2019	No	The last approval was in 2012 - due for reapproval following publication of NMC standards. Provisional timeline for reapproval to be agreed. All NMC programmes are monitored through Annual Self-Reporting and Annual Quality Assurance Exercises.	1. Submit a signed statement of compliance. 2. Develop an appropriate template to ensure NMC Standards are met when delivering online learning for the mentor programme with new practice partners. 3. Update the mentor portfolio to include clarity in relation to signing-off practice proficiency which will also demonstrate that mentor students are allocated an appropriate student on an NMC approved programme. 4. The teacher programme must demonstrate more explicitly how the two pathway awards map against the NMC Standards to ensure comparability.	The NMC reported that the programmes overall level of achievement to a majority of the NMC Standards was Good.	The outcome and action plan were reported at the relevant Board of Studies, and the NMC confirmed on 23 July 2012 that the conditions were met.	N/A	Pam Parker - Programme Director (Teacher) Val Thurtle - Programme Director (Practice Teacher); Julie MacLaren - Programme Director (Mentor)
Nursing and Midwifery Council (NMC)		Independent Prescribing Module (V100 and V300)	The NMC are reviewing standards of proficiency for nurse and midwife prescribers due to be published by 2018. The programme has therefore received an automatic extension under 31 January 2019	2011	31/01/2019	No	The prescribing modules sit under the BSc/MSc Public Health (referred to as V100 and V300) programmes respectively and were approved as part of the full programme approval in 2012. All NMC programmes are monitored through Annual Self-Reporting and Annual Quality Assurance Exercises.	No conditions were set. Recommendations: To consider providing written guidance for Service Users to facilitate a higher level of engagement, outlining the purpose of the individual activities which they are involved in, and the expectations placed on the Service User within these activities (for example, vignettes, interviews, programme (re-approval)). 2. To consider rewording the statements regarding the V100 Community Practitioner Nurse Prescriber both in all Programme Specifications and the Module Specifications for PH3005/ PHM009 (V100) Community Practitioner Nurse Prescriber, to make them more inclusive of student School Nurses who may want to undertake the V100 and sustainable for the next five years. 3. To consider rewording the Module Specifications to clearly identify formative assessments, indicating that they are optional and are not assessed.	1. The Panel commended the outstanding support shown by the Practice Teachers, Practice Managers and Trusts in enabling staff to attend CPD activities including the five annual Action Learning Sets. 2. The Programme Director and Programme Team were commended on the coherence of the design and management of the programme. 3. The Programme Team were commended on the diversity of the assessment strategies contained within the Public Health programme, and for consciously responding to student feedback. 4. The excellent Link support was commended.	The full report and action plan were noted at the June Board of Studies. An update was provided to NMC through its annual reporting. Action plans were updated via APE	N/A	Judy Brook - Module Leader (V100 - level 6); Lynda Filer - Module Leader (V300 - level 7)

Nursing and Midwifery Council (NMC)	Overseas Nursing	Run in partnership with Transformational Learning Consultants. The programme will cease to exit from August 2016	2014	31/08/2016 – No further renewal required as programme is no longer offered.								
Nursing and Midwifery Council (NMC)	Return to Practice Nursing	The programme was re-approved on 4 February 2015 and is run in partnership with Transformational Learning Consultants. Following publication of the new education standards for nurses, the standards for this programme may be amended - awaiting guidance from NMC. This is a partnership provision run in collaboration with Transformational Learning Consultants	2000	19/02/2022	No	The last approval event was held on 4 February 2015. All NMC programmes are monitored through Annual Self-Reporting and Annual Quality Assurance Exercises.	Condition: 1. To include in the student contract, programme specification, handbook and other student-facing documentation, and to inform the students that they must apply to register with the Nursing and Midwifery Council (NMC) within 6 months of completing the Return to Practice (Nursing) programme. Recommendations: 1) To ensure that the profile and services offered by the City University Student Union and Support Services continues to be strengthened. 2) To work with the University's marketing department to develop a clear marketing strategy to increase visibility and accessibility of the programme, and to strengthen the application process. 3) To consider incorporating a wider range of input from service users, carers and other professional groups to further enhance the student experience. 4) To develop a Frequently Asked Questions (FAQs) resource to guide mentors in practice in order to support the Return to Practice (Nursing) students whilst on placement.	1) Considering the partnership nature of the programme, the Panel acknowledged the coherent and transparent way in which the Programme Team manage the programme whilst liaising with different groups of stakeholders. 2) The high level of support given to students and the impressive positive experience reported to the Panel by the students. 3) The input of service users and carers is embedded throughout the programme. 4) The very good level of communication between the different stakeholders, such as the University, Transformational Learning Consultants, students and practice placement providers is noteworthy. 5) The documentation produced for the re-approval was clear and comprehensive.	The report was considered by Board of Studies in February 2015 and the conditions for NMC were met in the specified timeframe. The actions plans are reviewed as part of the APE	N/A	Michelle Ellis - Programme Director Ben Teh - Programme Lead (Transformational Learning Consultants)	
Nursing and Midwifery Council (NMC)	11102 1103	MSc Nursing - Adult and Mental Health	Programme was approval on 20 July 2015. Renewal date for re-approval was 18 June 2017. New education standards for pre-registration nursing programmes are under review and will be published by Spring 2018. Extension has been granted until 31 August 2019.	2015	31/08/2019	No	Last programme approval event on 20 July 2015 - next one to be scheduled for March 2019	Conditions: 1) To clarify and evidence clearly the calculation of hours to meet the NMC standards including: - the taught element hours - the independent study hours - the practice hours - calculation of APEL allowance for both theory and practice, against both adult and mental health elements of the programme - 50-50 split of hours to meet NMC standards 2) To explain clearly and in detail the transitional arrangements for existing Postgraduate Diploma students who wish to access the new MSc Nursing: Adult and Mental Health Programme (pre-registration), including selection, transfer processes, progression and completion. Recommendations: 1) To establish and undertake an evaluation of simulated practice. 2) To review the APL process for the Postgraduate Diploma and the MSc Nursing: Adult and Mental Health Programme (pre-registration) in advance of the forthcoming 2016-17 revalidation. 3) To ensure adequate mentors are identified and well-prepared, and have the necessary processes to support students on the new MSc	1) The innovative and nature of the programme. 2) The responsiveness to and strong relationship with the sectors and commissioners, both were incredibly supportive and positive. 3) The high level of support given to students.	The conditions for NMC were addressed by 4 September 2015. The full report and action plan was considered	N/A	Tracey Lindsay - Programme Director
CASE (Consortium for the Accreditation of Sonographic Education)	MSc Medical Ultrasound			2013	2023	No	The programme was reaccredited by the College and CASE alongside the University's Periodic Review on 20 February 2018	1) The Programme Team was advised to seek an exception to the Senate Regulations, to extend the 5-year maximum registration period. 2) During the meeting, it became apparent that a number of students who were financially supported by Trusts had received threatening letters from the University, and had been excluded from access to the University and its systems (email, library, Moodle, etc), if their fees were paid late by Trusts. It was noted that this was something which students had no control over, and for which they were therefore being unfairly and unacceptably penalised. The Panel advised that the Programme Team should again follow this issue up with the University Finance Office, to ensure that this type of communication was sent to the Trusts responsible, rather than to the individual students. RECOMMENDATIONS 1) The Panel recommended that the Programme documentation was made more specific to the subject (MSc Medical Ultrasound), as it was noted that a number of the aims and learning outcomes were fairly generic in nature. 2) The Programme Team was advised to review the potential for delivering vascular and MSK (musculoskeletal) teaching. 3) Investigate the	1) The MSc Medical Ultrasound Programme Team was commended for a well-respected and well-managed programme. This respect had been evident in all of the individual meetings during the joint Periodic Programme Review/ Re-accreditation event. The MSc Medical Ultrasound Programme Director was commended on the very high quality of the documentation provided to the panel in advance of the event. 3) The innovative teaching and learning methods used inside and outside the classroom were commended by the Panel. 4) The panel commended the high level of student support provided by the Programme Team. 5) The high level of engagement with alumni by the Programme Team was commended. 6) The Programme Team's engagement with SU and stakeholders was commended. 7) The Programme Team's engagement and support for student collaborative research was commended by the Panel. 8) The innovative teaching on ergonomics by the Programme Team, in terms of how to stay safe whilst scanning, was commended by the Panel.	The report and action plan were considered by PARC in April 2018. Response to PPR Panel will be sent to Student and Academic Services. It is scheduled for Board of Studies consideration in July 2018. The action plan will be reviewed as part of APE 17-18	N/A	Gill Harrison - Programme Director
Royal College of Nursing (RCN)	MSc Advanced Practice in Health and Social Care (Advanced Nurse Practitioner – Adult/Child/Neonatal)	The ANP programme reaccreditation was due in May 2018, however Health Education England would like to replace this programme with Advanced Clinical Practitioner (ACP). The ANP programme will be replaced by the ACP therefore no longer exist once the students on the current programme have finished. RCN have therefore granted a year's extension to run this programme and following a desktop exercise, if successful the programme will retain its accreditation and run until the students have completed.	2013	Aug-18	No	May 2018 - however Health Education England would like to replace this programme with Advanced Clinical Practitioner (ACP). The ANP programme will be replaced by the ACP therefore no longer exist once the students on the current programme have finished. RCN have therefore granted a year's extension to run this programme and following a desktop exercise, if successful the programme will retain its accreditation and run until the students have completed. The original accreditation was undertaken taking into consideration the UPAC Stage 2 documentation and outcomes, therefore the conditions and recommendations are from UPAC Stage 2 and relates to the full Advanced Practice in Health and Social Care umbrella of programmes.	RCN did not set any conditions. Their report referred to UPAC Stage 2 conditions for the full APHSC programme: 1. To clarify arrangements for the dissertation module with regard to the type of project that a student can undertake for their particular programme and to ensure that this is clear within the programmes' documentation Deadline for completion: September 2013 Recommendations 1. To consider how the quality and standards mechanisms, such as Annual Programme Evaluations, External Examining and Assessment Boards, will be implemented across the programmes. 2. To undertake final enhancement work of the programme documentation. This will include ensuring that all specifications are student-facing and that module specifications provide enough detail to enable students to make informed decisions about their module choices. 3. To consider re-titling discipline-specific modules to ensure that the discipline is clear, particularly for those modules which are offered as electives to a range of programmes. 4. To provide a map to demonstrate to students	1. Positive feedback from students currently on the programme (See Annual Programme Evaluation attached). 2. Over 100% increase in recruitment to the programme currently, and all efforts have been put in place to increase future recruitment and firming up the programme team through new recruitment initiatives. The Committee commended the rationale behind the development of the programmes; the School's aim to create a more coherent range of postgraduate provision including cross-disciplinary learning experiences for the students was considered to be highly appropriate. The Committee also highlighted the School's aim to create a coherent structure across such a wide range of disciplines. The Committee acknowledged the amount of work that had been undertaken in preparing for approval and commended the School and the Programme Team for providing such comprehensive documentation.	The report was considered by Board of Studies in November 2014. The Periodic Review for the APHSC programme is scheduled for 18-19. Actions plans are part of APEs	N/A	Maggie Tarling - Programme Director	

Royal College of Speech and Language Therapy (RCLST)	11901	BSc Speech and Language Therapy PGDip/MSc Speech and Language Therapy	The PSRB has now moved from certification to accreditation of programmes requiring all HEIs to accredit their programmes from 16-17 onwards. RCLST visited the School on 8 and 9 November 2016 to accredit the new/revised programmes jointly with the University and HCPC	2016	2018 - Biennial review	Yes	The programme was accredited by RCLST for the first time in November 2016 jointly with the University and HCPC.	1. The education provider must provide further evidence as to the formal process for approval and monitoring of placements for the programme. 2. The education provider must provide further evidence of how they ensure there is a sufficient number of appropriately qualified and experienced staff in place at practice placements settings. 3. The education provider must provide further evidence to demonstrate how they ensure all practice placement educators have the relevant knowledge, skills and experience to supervise students. 4. The programme team must provide further evidence as to what training practice placement educators are required to undertake and how this training prepares them to act as educators for students on this programme. 5. The programme team must provide further evidence to demonstrate how they facilitate and ensure regular and effective collaboration between the education provider and the practice placement provider. 6. The programme team should provide further evidence as to how they ensure that everyone involved in practice placements are aware of their responsibilities and understand the expected lines of communication should any issues arise.	1) The Panel commended the high quality of the programme documentation 2) The enthusiasm and commitment of the Programme Team, students, and service users was commended 3) The Panel commended the responsiveness of the Programme Team to specific requests for information during the two-day approval/ accreditation event	The report and action plan were presented to Board of Studies in April 2017. Action plans are incorporated in APE. The annual audit by HCPC was not undertaken in 2017-18 as the programme was only recently approved.	N/A	Paul Turner - Fiona Kyle - Bernard Camilleri
The British Psychological Society	2002	MSc Health Psychology MSc Psychology and Health	Programmes were moved from School of Arts and Social Sciences to School of Health Sciences in 16-17. The programme was re-accredited on 24 January 2017	2016	08-Jun-18	Yes	The programme was considered by BPS in Jan 2017. A revisit has been arranged for 8 June 2018.	To be completed following the revisit in June 2018.	To be completed following the revisit in June 2018.	Update on this activity is noted at each Board of Studies.	N/A	Dr Martin Cartright - Programme Director
The British Psychological Society	2002	Doctorate in Psychology (DPsych)	Programme was moved from School of Arts and Social Sciences to School of Health and Social Sciences in 2016. The Dpsych programme has now in the process of being terminated and is scheduled to close in 2024. BPS will continue to accredit it until the students have completed the course.	2005	Open ended approval – programme is monitored annually	Yes	The programme was considered by BPS in Jan 2017.	Conditions: 1. The programme must include a self-evaluation of the trainees' competencies based on the Health Behaviour Change Competence Framework, as outlined in Programme Standard 1: Learning, research and Practice, 2.0 Core Competencies in Psychological Interventions. 2. The programme must ensure that all workplace supervisors have completed training as outlined in Programme Standard 1: Learning, research and Practice, 2.C. Supervised practice 5 3. The programme's trainee documents must include the correct terminology and information for accreditation of existing competence (AEC) 4. The programme team needs to ensure that applicants to the programme hold GBC prior to starting the programme. Recommendations 1. The programme team could consider having a yearly student evaluation of placement supervisor(s) and provide the supervisors with feedback on areas of good practice and development areas. 2. The programme team could consider having an on-line option for providing supervisor training. 3. The programme team could outline more	1. The programme team has managed the transition effectively from School of Arts and Social Sciences to the School of Health Sciences, including maintaining the links with the placement providers. 2. The programme team provides a highly supportive environment for the trainees and the team is quick to respond to the trainees' needs.	The report was noted at the April Board of Studies. The conditions and recommendations were signed off by BPS on 10 December 2017.	N/A	Dr Angeliki Bogosian - Programme Director