BSc (Hons) Degree Programmes  
in Healthcare Science

Guidance on accreditation review visits

(2 years post accreditation) for higher education institutions and panel members

Revised in January 2016

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**PART ONE: GUIDANCE FOR HIGHER EDUCATION INSTITUTIONS**

**1. INTRODUCTION**

**1.1** This guidance should be read in conjunction with the Guidelines for Higher Education Institutions Delivering BSc (Hons) Degree Programmes in Healthcare Science for Modernising Scientific Careers Healthcare Science Practitioner Training Programme[[1]](#footnote-1)

The Accreditation Review will normally be towards the end of the second year of the period but could, on the advice of the Visiting Panel or at the request of the Accreditation Unit at The National School of Healthcare Science be earlier. The review is proportionate in that the depth and breadth of the activity will depend upon the outcome of initial accreditation and the evidence provided since the degree was accredited. If the HEI’s submission of documentation supports the view that the programme is being delivered to a high standard, then the review visit will focus on verification and recognition of good practice.

Where the documentation and data, including student or service user feedback indicate that there are, or have been, concerns and difficulties, the review visit will focus on how the HEI has dealt with such issues and whether they have been resolved.

The Accreditation Review will comprise of completing a self-assessment proforma, with review of the submission by the Accreditation Unit, followed by a Panel visit (normally one day see appendix 3 for draft agenda).

**The aim of the paper review is to:**

1. Understand how your programme matches the MSC programme structure and how the learning outcomes in the PTP learning guidance are met; as well as demonstrating the timing of the module delivery
2. receive, review and evaluate the reports on professional suitability to practice and information on student attrition rates and destination data on outgoing students;
3. receive, review and evaluate annual monitoring reports, external quality assurance reports, student feedback, assessor/supervisor feedback, and patient/lay feedback and progress to implement the action plan for patient/lay involvement;
4. receive, review and evaluate documented changes to programme modules, progress against outstanding conditions and recommendations and practice placement centre’s, previously approved via HEI regulation requirements and notified to the Accreditation Unit at The National School of Healthcare Science
5. review progress towards achieving the recommendations of the Accreditation Visiting Panel

**Accreditation Review Visit**

This information will be used to inform the one-day visit where the Panel will confirm the evidence submitted, discuss any issues seeking clarification and;

1. meet with HEI students and staff;
2. meet with NHS training officer/supervisor;
3. meet with LETB staff;
4. confirm that the programme continues to meet the accreditation criteria.

The HEI will be contacted regarding a suitable date for the planned visit and this will be confirmed, ideally at least 3 months in advance and the agenda will be finalised once the documentation has been received.

Documentation should be submitted at least 6 weeks in advance of the visit.

**The outcome of the review will be:**

* Accredited status continues
* Accredited status continues subject to conditions

In the event of failure to meet the conditions set within a specified time period, a process of accreditation withdrawal will commence. The HEI will be notified of the outcome and additional advice/recommendations shared with them.

The Accreditation Unit at The National School of Healthcare Science reserves the right to undertake any further accreditation activity it deems necessary. It will always work in partnership wherever possible.

**1.2 Overview of Proportionate Touch Review Process**

**2. PRE-VISIT PREPARATION**

Accreditation Unit at The National School of Healthcare Science notifies HEI of intention to undertake an Accreditation Review of an accredited BSc (Hons) Healthcare Science Programme

Accreditation Unit at The National School of Healthcare Science notifies HEI of visit date three months in advance

HEI submits documentation six weeks prior to visit

Chair and Panel members review documentation

Panel visit the HEI

A letter with the visit outcome will be sent to the HEI by Accreditation Unit at The National School of Healthcare Science **within 4 weeks of the visit.**

The timing of subsequent reviews will be determined by the degree of risk identified and the activities and time frame for key stages of achievement set out in the action plan.

At the conclusion of the visit, the Chair will provide a verbal headline report of key themes and issues to senior staff of the programme provider and service partners

Accreditation Unit at The National School of Healthcare Science reports to Education and Training Working Group (ETWG) and Healthcare Science Implementation Network Group (HCSING)

**2.1** Six weeksprior to the visit, the programme provider should send the required documentation to the Accreditation Unit at The National School of Healthcare Science in electronic form and three (3) hard copies. Providers cannot expect reviewers to review documentation immediately prior to or tabled at the event. **Late documentation may result in conditions being set at the review visit, in order that panel members build in time for the necessary scrutiny of the additional documentation.**

The Accreditation Unit at The National School of Healthcare Science will make the arrangements for travel and accommodation for members of the Accreditation Panel for the visit, but will reclaim these costs from the HEI.

**2.2 The documentation should include the following (Please see appendix 2 for checklist):**

* **Self-Assessment Proforma:** (attached appendix 1)

To be completed as instructed, providing attachments where indicated but only providing a short synopsis where indicated.

**2.3 The Chair may request documents from the following list to be made available, but HEI are not required to provide these unless requested**:

1. Student statistics, progression and completion rates;
2. External examiner reports, especially with regard to quality of learning in practice and assessment of practice;
3. Feedback from students, NHS employers, service users and programme provider staff;
4. Reports on action taken in response to feedback by students, service providers and external examiners;
5. Criteria for selection and preparation of practice areas and evidence of appropriate audits;
6. Mentor and supervisor recruitment, training and update statistics and risk management strategy;
7. Profile of teaching team, their responsibilities and workload in respect of student numbers;
8. Copies of the student handbook and assessment of practice documents to pass on to reviewer/s.

**2.4 Reviewers will scrutinise the programme and documentation to ensure that:**

1. Resources are in place to deliver the programme;
2. The standards and content of the programme as set out by MSC have been met;
3. The assessment strategy meets MSC requirements.

**2.5 The Reviewers will also ensure that:**

1. Programmes remain professionally contemporary and fit for practice;
2. Modifications to meet the requirements of any other regulatory bodies do not compromise MSC standards;
3. Work is being undertaken to enhance the quality of work-based practice learning;
4. Examination boards are set up appropriately to ensure the integrity of awards;
5. That patients/service users and carers are contributing to the programme;
6. Outcomes are specified for theory and practice;
7. Arrangements for the accreditation of prior learning are appropriate and in place;
8. The standards of the MSC are explicit in the intended programme, so that those successfully completing the programme will be fit to practice and eligible for registration;
9. Arrangements for the proper supervision, teaching and assessment of students are in place;
10. work-based practice learning have been adequately audited.

**3. ACCREDITATION REVIEW VISIT**

**3.1** Panel Members - on the day of the visit the following people should be in attendance:

**MSC Panel Members**

|  |  |
| --- | --- |
| **Member** | **Key Role** |
| **Visiting Chair** | Leads the review of the submission prior to the visit, identifying any areas where information has not been provided and flagging up any major concerns.  Leads the visit and approves the visit notes. |
| **Professional Advisor** | Provides scientific advice with respect to alignment of the programme to the MSC division and specialism curricula frameworks and learning outcomes. |
| **Patient/Lay Representative** | Advises on programme design, delivery, development and quality assurance and patient/lay involvement at all levels of the programme. |
| **Representative from the Academy for Healthcare Science** | Advises on Education and Training quality and standards. |

**University Panel Members**

* Head of School
* Academic responsible for Teaching Quality, at the University
* Patient/User and Carer representatives
* Student representatives
* Lead developer
* Academic Staff
* Student representatives
* Service representatives–mentors and service managers
* Library representative

**Others**

* LETB representative
* Mentors/work-based practice learning supervisors
* Academy for Health Care Science (AHCS) representative
* Professional Body representative

**3.2** It is expected that work-based practice learning providers and service users and carers will be engaged through meeting with a representative sample of students, mentors, practice teachers, practice education facilitators, clinical managers and service users and carers involved in the programme in attendance for the related agenda items.

**Outcome**

* Accredited status continues
* Accredited status continues subject to conditions

In the event of failure to meet the conditions set within a specified time period, a process of accreditation withdrawal will commence. The HEI will be notified of the outcome and additional advice/recommendations shared with them.

**Cost of Accreditation Review visit and Charges**

The Accreditation Unit will make the arrangements for travel and accommodation for the panel for the visit, but will reclaim these costs from the HEI following the visit. If any conditions need reviewing following reimbursement of the visit costs, there may be an additional charge.

**PART TWO: GUIDANCE FOR PANEL MEMBERS**

**4.0** The information above will provide the panel members with the background and purpose of the accreditation reviews and process both before the visit and during the visit

**4.1** The roles of the MSC Panel Members

|  |  |
| --- | --- |
| **Member** | **Key Role** |
| **Visiting proportionate touch panel Chair** | Leads the review of the submission prior to the visit, identifying any areas where information has not been provided and flagging up any major concerns.  Leads the visit and approves the visit notes. |
| **Professional Advisor** | Provides scientific advice with respect to alignment of the programme to the MSC division and specialism curricula frameworks and learning outcomes. |
| **Patient/Lay Representative** | Advises on programme design, delivery, development and quality assurance and patient/lay involvement at all levels of the programme. |
| **Representative from the Academy for Healthcare Science** | Advises on Education and Training quality and standards. |

**4.2** The information below provides specific guidance on the likely topics for discussion with the programme leaders, the students, the mentors and practice teachers with employers (service managers) patients and carers.

**5. MEETING WITH PROGRAMME LEADERS**

**5.1 Topics for discussion will usually include:**

* 1. Action taken in relation to recommendations made when the programme was accredited;
  2. Any major/minor amendments made since the programme was approved;
  3. The impact of any changes made;
  4. Level of resources available to support programme delivery;
  5. Preparation of student interview panel members and format of interviews;
  6. Application of APEL systems;
  7. Teaching and learning strategy and approaches of MSC learning outcomes;
  8. Assessment strategy and quality assurance;
  9. How specific key risks are addressed (e.g. ongoing checks on the conduct of students throughout the programme, operation of Fitness to Practise Committees etc);
  10. Current issues in the support/collaborative arrangements with the Service partner(s);
  11. Contribution of the multidisciplinary team and service users and carers to the learning opportunities;
  12. Methods of seeking service users and patients’ views on the care offered to them by students, and their level of awareness of the role of students and the programme;
  13. Impact of changes made to meet the requirements of another regulatory body e.g. the Health Care Professions Council, on meeting MSC standards and requirements;
  14. Any changes anticipated in the future;
  15. Any issues programme leaders anticipate may arise during the event;
  16. Preparation for employment

**6. MEETING WITH STUDENTS**

**6.1** Reviewers will meet and hold discussions with students from each programme being monitored. The students should be representative of the whole cohort in age, sex, and ethnic background. Where there are significant numbers of students on different programmes, the Chair will require more than one group of students.

**Topics for discussion will usually include:**

* 1. Access to and engagement with the learning opportunities (e.g. are the teaching sessions and work-based practice learning stimulating, accessible, relevant and challenging?)
  2. Clarity of the aims and purposes of the programme (e.g. Can students see how the programme is providing good preparation for meeting the relevant standards and proficiencies / competencies for practice);
  3. Coherence within the programme including links between university based and work-based practice learning;
  4. The work-based practice experiences (including breadth, balance and suitability);
  5. Assessment programme including its relevance and the provision of support feedback and review;
  6. Individual support including the working relationships with lecturers, supervisors, mentors and practice teachers and the availability of help in the university and from service providers;
  7. The student’s perceptions of the information shared with them about their conduct during the programme;
  8. The students’ perceptions of their progress including the quality and quantity of feedback, assessment procedures and their own contribution to the assessment process.

**7. MEETING WITH MENTORS AND PRACTICE TEACHERS**

**7.1** Reviewers will meet and hold discussions with mentors/supervisors from each programme. Where there are significant numbers of mentors and supervisors for different programmes and for different practice placement providers, the Chair may require more than one group.

**Topics for discussion will usually include:**

* 1. Support/collaborative arrangements in place with the partner programme provider;
  2. Appropriateness of learning outcomes and how they contribute to the achievement of essential skills;
  3. Contribution of the multidisciplinary team and service users and carers to the learning opportunities;
  4. Evidence that care in work-based practice placement areas is based on research and evidence based findings and standards of clinical governance;
  5. Support mechanisms for students on work-based practice;
  6. Preparation for and updating for role as mentor/practice teacher including training on assessment methods;
  7. Accessibility of mentors/practice teachers to student;
  8. Methods of seeking service users and carers’ views on the care offered to students, and their level of awareness of the role of students and the programme;
  9. Record keeping of working and meetings with students;
  10. Feedback on students‟ progress and communication of any concerns with Education Provider;
  11. Feedback from Education Provider on the quality and standards of work-based practice placements and actions required;
  12. Investigation, response to and recording of complaints.

**8. MEETING WITH EMPLOYERS (SERVICE MANAGERS)**

**8.1** Reviewers will meet and hold discussions with service managers from programmes being monitored.

**Topics for discussion will usually include:**

* 1. Support/collaboration/escalation of concerns arrangements with the partner programme provider;
  2. Contribution of practitioners to programme development and monitoring;
  3. Appropriateness of learning outcomes;
  4. Contribution of multidisciplinary teams, service users and carers to learning opportunities;
  5. Procedures and criteria for securing, approving and allocating placements;
  6. Evidence/research base of care and arrangements for clinical governance;
  7. Support mechanisms for students on work-based practice placement;
  8. Preparation of staff for role(s) of mentor/supervisor;
  9. Criteria and selection process for mentors/supervisors;
  10. Ways of ensuring inter rater reliability and validity of assessment of competence between mentors/supervisors;
  11. Methods of seeking service users and carers views on the care received by students;
  12. Feedback on progress of students to programme provider and communication of concerns;
  13. Arrangements for programme providers to provide feedback on the quality and standards of placements and requirements for action;
  14. Investigation, response to and recording of complaints relating to work-based practice placements

**9. MEETING WITH PATIENTS AND CARERS**

**9.1** Reviewers will meet and hold discussions with service users and carers who have contributed to each programme being monitored. The service users and carers should be selected by the provider.

**Topics for discussion will usually include:**

i. Extent to which they felt able to contribute to the programme;

ii. Extent to which they felt their contribution was valued and included;

iii. Relevance of the learning outcomes to the needs of service users and carers;

iv. Opportunity of service users and carers to contribute to the delivery of the programme;

v. Support provided to service users and carers in making meaningful contributions;

vi. Methods of providing feedback on the care that service users are offered by students, and their level of awareness of the role of students and the programme.



**Appendix 1**

**Part 1**

**Accreditation Review Self-Assessment** **Proforma**

**for Practitioner Training Programme (PTP)**

**BSc (Hons) Healthcare Science**

This proforma is your electronic submission required prior to an Accreditation Review visit. The information you supply will be reviewed by the Accreditation Unit and its Panel to facilitate topics for discussion at the visit.

**Note: When asked for brief statements, please keep them simple. You may if you wish use tables or bullet-pointed lists. Please do not send any attachments unless specified.**

***For completion by the Course Director***

***Please return completed form to*** [**msc.accreditation@wm.hee.nhs.uk**](mailto:msc.accreditation@wm.hee.nhs.uk) **by XXXXXXXXXXXX**

|  |  |
| --- | --- |
| **HIGHER EDUCATION INSTITUTION** |  |
| **FACULTY** |  |
| **SCHOOL** |  |
| **TITLE OF PROGRAMME** |  |
| **SPECIALISM (S) (Please list**  **each of the specialisms your programme will offer)** |  |
|  |
|  |
|  |
| **MODE OF DELIVERY** | Full time |
|  | Part time |
|  | Other (Please specify) |

|  |  |  |
| --- | --- | --- |
| **Information and Evidence Required** | **Attachments required** | **For NSHCS staff only** |
| Diagram showing how your programme matches the MSC programme structure | Attachment  1 | S.1.1 |
| Map showing where, in your programme, all the learning outcomes in the PTP learning guidance are met | Attachment  2 |  |
| Reports on Professional suitability to practice (S.2.3)   * The PTP students ‘belong’ to you and there will be some judgements to be made about whether they are fit to practice.  Apart from the evidence of competence that comes from their work-based training, that will also mean a judgement in terms of behaviours, values etc.  The achievement of a PTP degree award implies that the student is fit for practice, because it is accepted by the Academy as the only evidence needed for voluntary accredited registration.  In serious cases, therefore, there should be a process for deciding whether a fitness to practice issue is serious enough to withhold the award of a degree.   + A process to follow if issues come to light   + A means of reporting where necessary, and a route for doing so. | Attachment  3 |  |
| Clinical Work-based Placement Plan for each year of the 3 year programme - showing each week of the placement and what the student will be covering, at which location (hospital or other) and when (dates) | Attachment  4 | S.1.2 |
| Delivery Plan demonstrating the timing of module delivery (showing underpinning of knowledge is delivered before practice placements) | Attachment  5 | S.1.1 |
| Latest Non-completion of Students rates with indicative reasons | Attachment  6 |  |
| Destination data for graduates from last academic year (if applicable) | Attachment  7 |  |
| Narrative of progress against any outstanding conditions and recommendations | Attachment  8 |  |
| Patient and Public Involvement (Service Users) progress/action plan showing what has been achieved in the last six months and what is planned for the next six months | Attachment  9 |  |
| Action Plan showing future goals to be achieved regarding Patient and Public Involvement (Service Users) over the next three years with proposed dates as to when you aim to complete | Attachment 10 |  |
| Provide a note of any issues raised in student feedback in the last year and the measures taken to address them | Attachment 11 |  |
| Details of placement providers to include:-   * Lead Training Officer’s name and email address * Trust Department * Trust postal address | Attachment 12 |  |
| Latest external examiner’s report | Attachment 13 |  |
| Any changes to external examiner’s and short biography/CV of new appointees | Attachment 14 |  |
| Detailed information about any changes to programme regarding modules, assessment and staffing using the Change Notification Form | Change Notification Form if appropriate |  |
| **Typical UCAS offer /entry requirement** | |  |
| **At least one example of research-led teaching (current or planned) as part of programme (no more than 250 words)** | |  |

Please forward this completed proforma to the Accreditation Unit via [msc.accreditation@wm.hee.nhs.uk](mailto:msc.accreditation@wm.hee.nhs.uk) by close of play on the date of the deadline given, as well as posting 3 hard copies to the following address:-

The Accreditation Unit,

National School of Healthcare Science,

St Chads Court,

213 Hagley Road,

Edgbaston,

BIRMINGHAM,

B16 9RG

**Part 2 - Annual monitoring declaration form**

**Annual Monitoring Declaration Form**

**Practitioner Training Programme**

Please note that a separate form must be completed for each Accredited Programme

|  |  |
| --- | --- |
| **HIGHER EDUCATION INSTITUTION** |  |
| **FACULTY** |  |
| **SCHOOL** |  |
| **TITLE OF PROGRAMME** |  |
| **SPECIALISM (S) (Please list each of the specialisms your programme offers)** |  |
|  |
|  |
|  |
| **MODE OF DELIVERY** | Full-time |
|  | Part-time |
|  | Other (please specify) |

|  |  |
| --- | --- |
| **Contact Details for person responsible for submitting the form** | |
| Name: |  |
| Job Title: |  |
| Telephone Number: |  |
| Email address: |  |

|  |  |
| --- | --- |
| **Information and Evidence Required** | **Attachments required** |
| Latest non-completion rates with indicative reasons | Attachment  1 |
| Information about graduate destinations for the last academic year | Attachment  2 |
| Narrative of progress to date against any outstanding conditions and recommendations | Attachment  3 |
| Up-to-date Progress/Action Plan for Patient and Public Involvement (Service Users) showing what has already been achieved and dates planned to achieve future goals | Attachment  4 |
| Details of all placement providers to include:-   * Lead Training Officer’s name and email address * Trust and Department * Trust postal address | Attachment  5 |
| Latest external examiner’s report | Attachment  6 |
| Details of any changes to external examiners and short biography/CV of new appointees | Attachment  7 |
| Detailed information about any changes that you have made or plan to make to the programme including module content, delivery, assessment and staffing, using the Change Notification Form | Change Notification Form if appropriate |
| **Typical UCAS points offer for new entrants** | |
| **Provide a note of any issues raised in student feedback in the last year and the measures taken to address them** | |
| **Provide at least one example of research-led teaching introduced or planned as part of programme in no more than 250 words** | |

**Declaration**

**Declaration to be completed by Head of School/Dean of Faculty or Programme Leader**

I confirm that the Programme continues to meet the accreditation criteria.

I confirm that the information given on this annual monitoring form is correct and failure to disclose relevant information could result in the programme no longer being accredited.

I confirm that any future significant changes to the programme will be reported to the accreditation team via the major change process and failure to disclose relevant information could result in the programme no longer being accredited.

Signature (electronic) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form to [msc.accreditation@wm.hee.nhs.uk](mailto:msc.accreditation@wm.hee.nhs.uk)



**Appendix 2 – Self Assessment Proforma Checklist**

|  |  |
| --- | --- |
| **HIGHER EDUCATION INSTITUTION** |  |
| **TITLE OF PROGRAMME** |  |
| **SPECIALISM (S) (Please list each of the specialisms your programme will offer)** |  |
|  |
|  |
|  |

|  |  |
| --- | --- |
|  | **Tick if included** |
| Completed Accreditation Review Self-Assessment Form |  |
| Attachment 1 - Diagram showing how your programme matches the MSC  programme structure |  |
| Attachment 2 - Map showing where all the learning outcomes in the PTP  learning guidance are met |  |
| Attachment 3 - Reports on Professional suitability to practice |  |
| Attachment 4 - Clinical Work-based Placement Plan for each year of the 3  year programme |  |
| Attachment 5 - Delivery Plan demonstrating the timing of module delivery |  |
| Attachment 6 - Latest Non-Completion of Students rates with indicative  reasons |  |
| Attachment 7 - Destination data for graduates from last academic year |  |
| Attachment 8 - Narrative of progress against any outstanding conditions and  recommendations |  |
| Attachment 9 - Patient and Public Involvement (Service Users) progress/action  plan |  |
| Attachment 10 - Action Plan showing future goals to be achieved regarding  Patient and Public Involvement (Service Users) over the next  three years |  |
| Attachment 11 - Any issues raised in student feedback in the last year |  |
| Attachment 12 - Details of placement providers |  |
| Attachment 13 - Latest external examiner’s report |  |
| Attachment 14 - Any changes to external examiner’s and short biography/CV of  new appointees |  |

Please return the above check list with the documentation to:

[msc.accreditation@wm.hee.nhs.uk](mailto:msc.accreditation@wm.hee.nhs.uk)

**as well as posting 3 hard copies to the following address**:-

The Accreditation Unit

National School of Healthcare Science

St Chads Court

213 Hagley Road

Edgbaston

BIRMINGHAM

B16 9RG

**Appendix 3 - Draft Agenda**

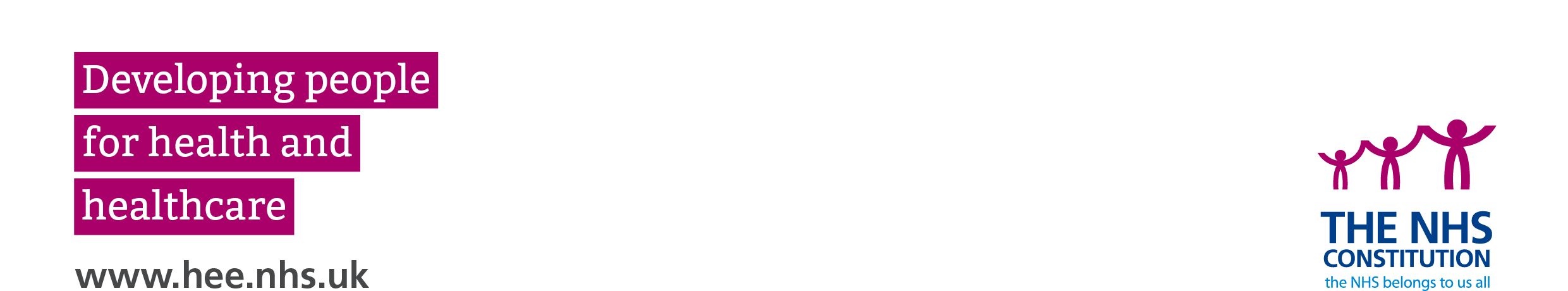
**PTP Accreditation Review -Agenda**

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|  |  |  |
| --- | --- | --- |
| **Meeting title:** | XXXXXX University  BSc (Hons) Healthcare Science (XXXX)  Accreditation Review Visit | |
| **Date:** |  | **Time:** |
| **Location:** |  | |

**Please note the NSHCS Panel require a private room, separate to the main meeting room, for the duration of the visit**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | **Private Meeting of the NSHCS accreditation team** | 9.00 - 9.30 | NSHCS Accreditation Panel |
| 2. | **Welcome and Introductions** | 9.30 – 9.45 | All |
| 3. | **Brief presentation of the programme** | 9.45 - 10.00 | HEI Programme Director |
| 4. | **Open agenda discussion, questions and answers with the University senior management team** | 10.00 – 10.30 | NSHCS Panel and HEI Senior Management |
| 5. | **Open agenda discussion, questions and answers with the programme team including programme director, module leaders, subject/programme librarian** | 10.30 -11.15 | NSHCS Panel and HEI Programme Team |
|  | **COFFEE** | 11.15 -11.30 | ALL |
| 6. | **Open agenda discussion, questions and answers with the programme team including programme director, module leaders, subject/programme librarian** | 11.15 -12.45 | NSHCS Panel and HEI Programme Team |
| 7. | **Meeting with current students and LUNCH** | 12.45 -13.15 | NSHCS Panel invite current students to share their lunch if on site |
| 8. | **Meeting with NHS Trust/Workplace Supervisors and LETB colleagues or equivalent** | 13.15-14.00 | NSHCS Panel, NHS Trust (Placement Supervisors) and LETB colleagues |
| 9. | **Final question and answer session with programme team *– if required*** | 14.00 – 14.30 | NSHCS Panel and HEI Programme Team |
| 10. | **Discussion Time to NSHCS Panel – *to prepare findings*** | 14.30 – 15.00 | NSHCS Panel only |
| 11. | **NSHCS accreditation panel feedback to HEI Panel** | 15.00 -15.15 | NSHCS Accreditation Panel and HEI Programme Team |

\*The panel may also wish to visit the teaching and learning facilities.

**Appendix 4 - Guidelines on Code of Conduct for MSC Review Panel**

Members of the Review Panel must abide by a Code of Conduct and declare any potential conflicts of interest with the degree programme being accredited prior to the start of the Review process.

**Conflicts of interest**

Members of the Review Panel must not have worked for, or acted as an external examiner for the HEI being accredited in the last five years. Members of the Review Panel are expected to (and will be given the opportunity to) declare any previous working relationships with the HEIs that would prevent them assessing a particular application.

**Code of Conduct**

In the course of conducting Accreditation assessments for the Accreditation Unit at The National School of Healthcare Science, the Review Panel may come in contact with individually identifiable, commercially sensitive and/or confidential information. Review Panel members must treat all information received or obtained while performing any duties on behalf of the Accreditation Unit at The National School of Healthcare Science as confidential and not divulge such information to any other person or organisation unless authorised to do so. This responsibility continues after the Review visit has concluded.

In order to ensure that HEIs and the wider public may have confidence is the effectiveness and impartiality of the MSC Accreditation Programme, members of the Panel must undertake to:

* inform the Accreditation Unit at The National School of Healthcare Science of any potential conflicts of interest as soon as is possible
* not use their position as a member of the Review Panel to promote their personal, professional or business interests
* respect the confidentiality of information acquired to them solely by virtue of their position as a member of the Review Panel and not discuss any specific aspects of an on-going Accreditation application with anyone working/studying at or associated with the HEI being accredited or any other unauthorised person
* attend all meetings at which their presence is required
* prepare for meeting by reading all papers issued beforehand
* direct relevant questions about a Review event to the Accreditation Unit at The National School of Healthcare Science
* be fair, open minded, unbiased and non-prejudicial on grounds of gender, race, disability, lifestyle, culture, beliefs, sexuality, age or any other irrelevant ground and not use any language that could be deemed offensive or discriminatory
* not request or accept any inducement, gift, commission, discount or any other profit from the HEI being assessed or from any other interested person

Adhering to this code of conduct is a minimum expectation of all members of the MSC Review Panel. The Accreditation Unit at The National School of Healthcare Science reserves the right to revoke membership of the Panel if any Panel Member does not abide by this code of conduct.

1. <https://www.networks.nhs.uk/nhs-networks/msc-framework-curricula/documents/Guidelines%20for%20Higher%20Education%20Instiutions%20and%20NHS%20-%20Health%20Service%20Partners%20Jan%2013.pdf> [↑](#footnote-ref-1)