

## RCCP GUIDANCE FOR ACCREDITATION PANELS

RCCP has a responsibility to ensure that graduates are safe and competent practitioners who are eligible to apply for registration (**PSA Standard 1**). It has to inspire confidence in the Register to promote patient safety (**PSA Standard 5**). As such it sets standards for registrants including those for pre-registration programmes (**PSA Standard 8**). RCCP does not retrospectively accredit programmes. A higher education institute (HEI) is normally required to obtain accreditation prior to recruiting students.

RCCP is not directly responsible for the curriculum or competencies of pre-registration programmes if these are established by the professional bodies working with education providers and/or Modernising Scientific Careers (MSC). However, it is responsible for ensuring that education providers deliver the content and curriculum to the standard required for competent, safe practice (**PSA Standard 9**). This enables the RCCP to provide an accreditation independent of MSC which is in line with recent recommendations for improvements to the regulation of healthcare. The RCCP Professional Standards and Education Committee (RCCP PSE) provides the link with practice to ensure that appropriate standards are developed and maintained to assess registrants to the register.

As identified in the RCCP Guidelines for Accreditation, the roles and responsibilities of the RCCP PSE committee for each discipline include:

- Setting, maintaining and raising professional standards.
- Prescribing of qualifications for RCCP registration. Overseeing and co-ordinating the delivery and quality assurance of professional education and training.
- Providing advice to all institutions offering qualifying programmes to the Registration Council for Clinical Physiologists.

RCCP will accredit pre-registration programmes delivering qualifying programmes based on information on the following areas (see **RCCP Accreditation Checklist**):

1. Appointment of an appropriate external examiner from practice (*following national criteria for the appointment of external examiners*) who has a responsibility to review all practice components of a programme (see Appendix One).

N. B. Members of the accreditation panel must be satisfied that programmes have appropriate external examiners covering both academic and professional practice. This may require the appointment of two external examiners.

2. The delivery of discipline specific areas of the curriculum, ensuring the most appropriate teaching, learning and assessment of material. The RCCP PSE committee requires that appropriately qualified and registered staff are used to provide teaching, learning and

assessment within pre-registration programmes. This can be demonstrated by HEIs by:

- providing CVs of staff;
  - ensuring staff are given the opportunity to obtain HEI teaching and learning qualifications;
  - indicating the resources available to teach the discipline specific areas including profession specific clinical skills laboratory facilities, virtual and simulation resources, implementing a robust assessment process etc.
3. Quality assurance processes of the practice components of the programme, ensuring appropriate teaching, learning and assessment (see also RCCP Training Guidelines for Practice Placements). HEIs will need to provide information on the following:
- A practice structure that creates a balance between theory and practice to ensure fitness for practice to promote an integration of knowledge, attitudes and skills in order to develop competence. It should aim to foster the development of interpersonal skills and practice skills by the use of experiential and problem-based learning, skills labs and access to IT as well as the opportunity to work with staff and patients in the practice environment.
  - Audit and action planning processes for practice providing details of placement facilities. This should include an assessment of:
    - i. Departmental resources and services
    - ii. Service policies
    - iii. Induction mechanisms
    - iv. Training and development opportunities and resources for students
    - v. CPD opportunities for staff
  - Opportunities for practice staff to develop clinical supervision skills and mechanisms used by the HEI to ensure staff are appropriately trained and supported in their role of supporting students.
  - Mechanisms employed by the HEI to ensure reliable, repeatable and robust assessment processes of student competencies.

However, following the Francis Report, we will also need to consider the following patient safety issues:

- How RCCP can support a culture in which professionals and others are able to raise and escalate concerns they have about patient safety.
- How HEIs manage fitness to practice concerns, including sharing information appropriately with other organisations.
- How practice ensures the safety of the practice learning environment for service users.

A formal letter detailing the process will be sent to the HEI prior to the visit (see Appendix Two).



Accreditation Panels are required to give VERBAL feedback on the category of outcome to the HEI at the end of the visit. This should only cover key points and should not provide details. The outcome categories are:

1. Confirm that accreditation has been successful
2. Confirm accreditation subject to the satisfactory meeting of any conditions and/or recommendations
3. Reject accreditation.

A '*Condition*' requires a resolution must be implemented prior to acceptance as an accredited programme, whereas '*Recommendation*' is an aspect of provision where resolution would improve the programme.

The accreditation panel is responsible for completing a report which must be submitted to the next RCCP PSE committee meeting, which are normally held quarterly each year, in order that a timely response to the HEI can be provided (see Appendix Three).

Feedback on the accreditation process will be sought from the HEI once the findings have been submitted to the HEI.

## APPENDIX ONE: NATIONAL CRITERIA FOR APPOINTMENT OF EXTERNAL EXAMINERS

1. Every external examiner will be expected to have:
  - Competence and experience in the field covered by the course
  - Academic qualifications/professional qualifications to at least the level of the qualification being externally examined
  - Experience of setting examinations and running assessment procedures (either externally or internally)
  - Sufficient standing, credibility and breadth of experience within the discipline to be able to command the respect of colleagues
  - Familiarity with the standard to be expected of students in the course to be examined
  - fluency in English
  - Met the criteria set out by professional and accrediting bodies
  - Awareness of modern developments in the design and delivery of the flexible curriculum
  - Expertise in the enhancement of the student experience
2. Former staff and students can only be appointed as external examiners for the University after a period of not less than five years has passed since leaving the appointing organisation.
3. Retirees can be considered provided they have sufficient evidence of continuing involvement in the academic area in question.
4. External examiners should hold no more than two external examiner appointments at any point in time.
5. To avoid potential conflicts of interest, external examiners should not be appointed if they are covered by any of the following categories:
  - Member of [University] Council
  - Near relative of a member of staff or student involved with the programme of study
  - Anyone already appointed as an examiner on a cognate course
  - Anyone closely associated with the sponsorship of students on the course
  - Anyone closely associated with placements or training
  - Anyone required to assess colleagues who are recruited as students to the programme of study
  - Anyone in a position to influence significantly the future of students on the programme of study
  - Anyone involved in collaborative research activities with a member of staff
  - Anyone who has been directly involved as an external advisor/member of the programme approval panel for the programme

6. Reciprocal arrangements between the university and other institutions are not allowed.
7. The replacement of an external examiner from an institution by a colleague from the same department in the same institution is not allowed.
8. No more than one external examiner should be appointed to a course from any one department.
9. The duration of an external examiner's appointment will be four years.
10. An external examiner may be reappointed in exceptional circumstances but only after a period of five years has elapsed since their last appointment.
11. The appointment of an external examiner can be terminated by the University, approved at a senior level, if they fail to fulfil their obligations at the end of any single year of appointment.
12. Colleagues who are new to external examining or have professional experience relevant to a professional or vocational programme can be appointed provided they are given appropriate support (e.g. part of a team and mentored by an external examiner that meets the criteria outlined in 1 – 9 above).
13. Once appointed, the University and School will make it clear to external examiners what their duties and obligations are, including those relating to attendance and feedback, and any legal obligations.



## APPENDIX TWO: ACCREDITATION NOTIFICATION TEMPLATE

Dear Name

Re: Accreditation Panel review (state name of programme) on behalf of the RCCP PSE Committee

This is to inform you that the RCCP PSE Accreditation Panel has set the following date for a visit. We have endeavoured to give you as much notice as possible and I hope that this date will be acceptable to you. As I am sure you can appreciate, we have a number of visits to make, and it is difficult scheduling these for members of the Committee who also have a clinical role. There will be two members of the Panel.

The date set for the Accreditation Panel visit is:

*[Provide date here]*

The Accreditation Panel will consist of:

1. Name
2. Name

To avoid a conflict of interest:

- Accreditation Panel members will not participate in accreditation of a University with which they have involvement in teaching, learning, assessment, or where they may act as an external examiner
- Reciprocal arrangements for accreditation will be avoided wherever possible
- The Higher Education Institute may veto membership of the Accreditation Panel
- Such veto must be received by the RCCP within two weeks of receipt of this letter

	Sample agenda
<b>Chair and secretary</b>	The university is required to provide a chair and secretary for the meeting.
<b>10.00am</b>	<b>RCCP Panel meeting</b>  <i>This specific meeting will be used to discuss the documentation and agree the detailed points of discussion in the various meetings.</i>
<b>11.00am</b>	<b>Welcome and introductions</b>  <i>This meeting allows the RCCP panel to meet programme providers (course director, member(s) of staff responsible for clinical practice, and module conveners or those who can answer questions on the content or structure of modules are available).</i>
<b>11.30am</b>	<b>Fifteen-minute presentation of programme followed by discussion</b>  <i>This provides an opportunity to identify key challenges for the programme followed by discussion.</i>
<b>12.30pm</b>	<b>Facilities and resources</b>  <i>A tour allows the RCCP panel to determine whether the learning resources available are appropriate to support the programme. The tour may include specialist teaching areas, the library and IT facilities.</i>
<b>1.00pm</b>	<b>RCCP Panel lunch</b>
<b>2.00pm</b>	<b>Meeting with students</b>  <i>This meeting allows the RCCP panel to gauge the students' experience of the programme. Ideally, this meeting should include student representatives.</i>
<b>2.30pm</b>	<b>Meeting with placement providers</b>  <i>This meeting enables the RCCP panel to discuss placement provision.</i>
<b>3.00pm</b>	<b>Meeting with senior staff (e.g. senior managers, Deans / Heads of School / Faculty, professional body representatives)</b>  <i>This meeting allows the RCCP panel to discuss issues with those responsible for the resourcing and financing (as opposed to the delivery) of the programme.</i>
<b>3.30pm</b>	<b>RCCP Panel meeting</b>
<b>4.00pm</b>	<b>RCCP Panel feedback to programme</b>
<b>4.30pm</b>	<b>Finish</b>  <i>This will enable the panel to provide brief feedback on findings.</i>



This timetable provides an indication of suggested times and can be adjusted through negotiation with the accreditation panel.

More detailed information of our requirements can be found in the document ***RCCP Guidelines for Accreditation*** which you can download from our website (<http://www.rccp.co.uk>).

However, following the Francis Report, we will also need to consider the following patient safety issues:

- How RCCP can support a culture in which professionals and others are able to raise and escalate concerns they have about patient safety.
- How HEIs manage fitness to practise concerns, including sharing information appropriately with other organisations.
- How practice ensures the safety of the practice learning environment for service users.

Electronic copies of documentation should be sent to the RCCP Secretariat (see above for details) two months prior to the agreed accreditation visit.

Following the visit, written confirmation of the findings will be given to the university within two weeks of the following RCCP PSE committee meeting. The report will either:

- Confirm that accreditation has been successful.
- Confirm accreditation subject to the satisfactory meeting of any conditions and/or recommendations.
- Reject accreditation.

Feedback from the accreditation visit and process will also be sought from you after you have received confirmation of the findings.

If you have any queries, please do not hesitate to contact me.

Yours sincerely,

Name

Title

Organisation



## APPENDIX THREE: REPORT TEMPLATE

Dear Name

Re: Accreditation Panel review (state name of programme) on behalf of the RCCP PSE committee

Date of accreditation visit:

Date of letter:

RCCP Accreditation Panel

1. Name
2. Name

The accreditation process was carried out in accordance with the RCCP Guidelines for Accreditation (Version X).

### 1. PROGRAMME ACCREDITATION

Detail any accreditations prior to this one along with any set conditions

### 2. EXTERNAL EXAMINER APPOINTMENT

Detail the external examiner appointment. If it does not comply with RCCP then this must be a condition

### 3. DISCIPLINE SPECIFIC AREAS OF THE CURRICULUM

Detail any areas that require improvement to meet accreditation standards

### 4. QUALITY ASSURANCE PROCESSES OF PRACTICE

Detail any areas that require improvement to meet accreditation standards

### 5. PATIENT SAFETY

Detail any areas that require improvement to enhance patient safety

### 6. COMMENDATIONS

Detail any areas of good or innovative practice

## CONCLUSION

The Accreditation Panel recommends the accreditation of the PROGRAMME NAME programme with the following:

Conditions:

1. ALL OUTSTANDING CONDITIONS ARE MET FROM PREVIOUS ACCREDITATION VISITS



Recommendations:

Commendations:

The accreditation of this programme depends on the conditions being met by the DATE.

If you have any queries, please do not hesitate to contact me.

Yours sincerely,

Name

Title

Organisation