

BSc(Hons) Healthcare Science (Audiology) 2025/26

Description



The University of Manchester

BSc(Hons) Healthcare Science (Audiology)

Student Handbook

Faculty of Biology, Medicine and Health

School of Health Sciences, Division of Psychology and Mental Health

2025-26

Disclaimer

While every attempt has been made to ensure that the information given in this handbook is correct, errors may be present. Any subsequent amendments to this handbook will be published on Canvas

Other important documents relevant to your progress throughout your degree are the Personal and Academic Development Programme (PADP, Year 1) the Professional Skills Development Programme (PSDP, Year 2), the Practicals Handbook (years 1 and 2), the Research Project Handbook (year 3) and the Clinical Handbook (for clinical learning in all years). For details of clinic placements, clinical assessment and clinical professional issues (including health and safety) please see the Clinical Handbook.

Please note that due to the continuing development of this programme, some of the details in this handbook will change. Where changes occur, updated sections will be provided.

University information and guidelines on staying safe in relation to Covid-19 can be found here:

<https://www.manchester.ac.uk/coronavirus/>

SECTION 1 INTRODUCTION

Welcome Message from the Programme Director

Welcome to the profession of Healthcare Scientist (Audiology). Congratulations on being selected as someone who has demonstrated excellent potential to develop and achieve both academically and clinically to become a healthcare professional we can be proud of. As a trainee Healthcare Scientist in the field of Audiology you are joining a team of dedicated, hard-working people, committed to supporting the health needs of people with communication, hearing and balance difficulties. We expect you will have high expectations of this degree programme and high expectations of yourself as you dedicate three years to preparing yourself, with our support, to become an independent healthcare professional, worthy of the title, ‘Healthcare Scientist’™. Clearly the journey from first year student to qualified practitioner is a long and challenging one. We will endeavour to ensure that you are equipped with the necessary study skills, knowledge and understanding to take you further as you progress through the programme. Nevertheless, success on a demanding, vocational degree programme involves a great deal of commitment and sustained effort on the part of you as a student. You will become very familiar with the terms ‘independent learner’™ and ‘enquiry-based learning’™ whereby you are expected to be the driving force behind your own learning experience. If you are to be a respected clinician and/or researcher at the end of your training and throughout your career, able to work autonomously and keep up to date, then you need to be clear from the outset that you need to take responsibility for your own learning.

We endeavour to support you and to ensure that you are equipped and fully prepared intellectually, practically and emotionally for the many challenges you will face as a student healthcare scientist. You will need physical good health, mental agility and emotional resilience to negotiate the tremendously varied and demanding learning experiences of this healthcare programme. In Section 4 of this handbook, you will find more detail as to our programme philosophy in terms of student support and guidance.

From the University of Manchester’s™ Strategic Vision 2020, one of the University’s™ three core goals is ‘To provide a superb higher education and learning experience to outstanding students, irrespective of their backgrounds, and to produce graduates distinguished by their intellectual capabilities, employability, leadership qualities, and their ability and ambition to contribute to society’.

In order to achieve this goal your learning journey with us is a partnership between the University and yourselves with expectation from both sides. For more information on commitments from the University, and the commitments that you are signing up to see

the University of Manchester Student Charter:

<http://www.yoursay.manchester.ac.uk/student-charter/>

I sincerely hope you enjoy your three years of studying with us here in Manchester and that your passion for the subject grows as you acquire more knowledge and skills.

Best wishes

Dr Tim Wilding

Programme Director

BSc Healthcare Science (Audiology)

School of Health Sciences Student Handbook

[Click here to access.](#)

You will need your University of Manchester login.

The student handbook has been developed as a resource for Undergraduate and Postgraduate Taught students completing degree programmes within the School of Health Sciences (SHS).

This resource should be used as the first point of reference for questions concerning your programme, support and advice, or academic policies and procedures.

The University of Manchester is a large and complex organisation, and we want to ensure that you know how to access the information, support, and guidance you need to succeed in your studies. It is therefore designed to guide you through many aspects of your time as a student and provides useful links to information available through the University's website, as well as summarising the facilities and support services that are available across the University and how you can access them. It also outlines what you should expect of the School and what they can expect from you, and clarifies the policies and procedures relevant to your area of study.

How to use this Programme Handbook

This programme handbook is absolutely central to your studies. You should endeavour to carry it with you, as you will need to refer to it frequently (an electronic version is available online). It provides you with key information about the degree content, how your work is assessed, what is expected of you as a student and what you can expect from staff. It directs you to other useful sources of information. It is, in part, a record that you keep of exactly what you studied across the 3 years.

Keeping a Record

During your studies, especially in the first year, you will receive a great deal of information both in paper and electronic format. This will include handbooks of various kinds, timetables, handouts, email communications, appointments (with academic and administrative staff, occupational health, library staff, clinical teams, other students and others). One of the key factors that will make your life as a student easier is being organised.

Handy-tip: Organise your paperwork and keep your diary up-to date at all times.

It is important for you to have an accurate record of exactly what your cohort has studied: apart from your transcript of marks, future employers, particularly in other countries, may like more detail of your course content. In the first few sections you will find general information about the degree programme and how it all fits together, providing general guidance on the degree programme itself, how your work will be assessed and what the main sources of support for you are as a student. The appendices provide more detailed, specific information. Appendix 1 contains the course unit outlines for each course unit you will take in the first year. Updates to the Programme Handbook will be provided in electronic format in subsequent years, along with course unit information for those years. Because changes may occur from year to year so it is important that you keep hold of all 3 programme handbooks (electronic copies only will be available for year 2 and 3).

Handy-tip: Make sure you keep copies of your programme and other handbooks.

The History of Audiology and Deafness at Manchester

In 1919 the Department of Education of the Deaf was founded by Sir James E Jones in memory of his deaf son, Ellis Llywd Jones, and was one of the first such departments in the world. Since that time Manchester has played a major role in the development of audiology and deaf education both nationally and internationally. In 1974 the training of speech and language therapists began and thus the group were unique in the country in providing training programmes for teachers of the deaf, audiologists and speech and

language therapists within the same department.

Since the creation of the new University of Manchester in October 2004, The Audiology and Deafness and Speech and Language Therapy groups moved from the Faculty of Education to the School of Health Sciences in the new Faculty of Medical and Human Sciences.

In the 2014 Research Excellence Framework, the system for assessing quality of research in UK higher education institutions, we were reviewed within Unit of Assessment 3 (Allied Health Professions) and ranked first in the UK (out of 94 submissions) in terms of research power.

Handy-tip: For more details on the research we do visit the ManCAD web page at <http://research.bmh.manchester.ac.uk/mancad>

Division of Psychology, Communication and Human Neuroscience

Psychology, Communication and Human Neuroscience (PCHN) founded as the Department of Education of the Deaf in 1919 by Sir James E Jones in memory of his deaf son, Ellis Llywd Jones, and was one of the first such departments in the world. Since that time it has played a major role in the development of audiology and deaf education both nationally and internationally.

PCHN is closely linked with local Health and Education Services, and houses some staff from Manchester Royal Infirmary, including those in the Manchester Adult and Paediatric Cochlear Implant Programmes. Clinical and practical facilities are located on the ground floor of A and B Blocks, and on the fourth floor of A Block. PCHN is located on the ground, first and second floors of B Block, and the ground, first, second, third and fourth floors of A Block in the Ellen Wilkinson Building (formally known as Humanities Building), in the South West sector of the campus. Many staff involved in teaching on the MSc/PG Diploma Audiology course are members of the Manchester Centre for Audiology & Deafness ([ManCAD](#)).

We boast a leading national and international reputation in the education and training of audiologists and healthcare scientists, speech and language therapists, psychologists and teachers of the deaf, and have a commitment to broadening our portfolio of taught programmes. We make basic research discoveries, translate these discoveries into real world applications and improve the quality of life for individuals across the lifespan. We have strong research and teaching networks across the Faculty and beyond. We aim to build these areas further to foster research collaborations, so that psychological

approaches to language, communication and hearing are infused into many areas of activity.

The Division houses two research Centres:

1. Manchester Centre for Audiology and Deafness (ManCAD, <http://research.bmh.manchester.ac.uk/manCad>)
2. ESRC International Centre for Language and Communicative Development ([LuCiD](http://www.lucid.ac.uk), www.lucid.ac.uk).

The Division runs regular meetings and research discussion forums both at Divisional level and in the Research Centres. Our resources include access to an impressive suite of research labs and clinical research facilities (including EEG, eye tracking) located on campus.

Research in the Division is organised into the following main themes:

- Audiology
- Early language development
- Language impairment
- Social communication and pragmatics intervention

Further information can be found on:

- ManCAD pages for audiology and the teaching of the deaf
<http://research.bmh.manchester.ac.uk/manCad>

- LuCiD website (www.lucid.ac.uk)

- Division research pages for language development and disorders
<http://research.bmh.manchester.ac.uk/ldd/people>

Our teaching is organised into the following main discipline areas:

Audiology and Healthcare Science: both pre-registration programmes and post-registration CPD and specialist qualifications
Deaf Education: PGT programmes preparing teachers of the deaf

Speech and Language Therapy: both pre-registration programmes and post-registration CPD qualifications

PCHN staff members contribute to the delivery of fourteen programmes. These are as follows:

BSc (Hons) in Speech and Language Therapy
BSc in Healthcare Science (Audiology)
MSc in Clinical Science (Neurosensory Sciences)
MSc Audiology
Certificate of Clinical Competence UK & Irish Certificate of Clinical Competence in Audiology (ICCCA) MSc in Advanced Audiological Studies
MSc in Advanced Audiological Studies (Paediatric Pathway)
Post Graduate Diploma in Deaf Education
MSc in Deaf Education
MRes Psychology
MSc Neuroimaging for Clinical & Cognitive Neuroscience
Continued Professional Development
Higher Specialist Scientist Training (Audiological Sciences)
PhD studentships in Audiology

Handy-tip: For more details on the faculty visit:

<https://www.bmh.manchester.ac.uk/speech-hearing>

The Programme

Programme context and outline

The BSc (Hons) Healthcare Science (Audiology) programme is a 3-year programme of entry level training for clinical audiologists within the NHS. Audiology is one of the Healthcare Science disciplines that fall under the Department of Health's "Modernising Scientific Careers" (MSC) Programme.

"Audiology" healthcare scientists measure and evaluate people's hearing and balance, fit and adjust aids, and offer therapeutic techniques to improve the quality of people's lives. They work with children or adults as well as special needs groups, and are involved in the delivery of long-term treatment, management and care. (NHS Web Site)

Within the MSC framework Audiology is grouped with Neurophysiology and Vision Sciences and elements of these areas will also form part of the first year of this programme. While the degree falls within the Neurosensory division of the MSC framework, the programme of study at

University of Manchester only allows graduation with the Audiology specialism. Manchester Metropolitan University (MMU) delivers the BSc (Hons) Healthcare Science (Neurophysiology) degree.

The programme covers theoretical, practical and clinical aspects of audiology and related neurosensory topics. Academic components are studied throughout all three years. In years one and two, substantial practical skills training takes place in the well-equipped laboratories and clinics. Supervised clinical education and practice takes place within placement environments during each of the three years.

The general structure of the programme covers the more generic healthcare science topics and professional issues in year one, with core audiology topics in year 2 and more specialist audiology topics in year 3.

Year 1: Professional Issues; Basic Healthcare Science (including general anatomy and Physiology); Anatomy, Physiology and Pathophysiology of the neurosensory systems; Clinical measurement and treatment and Audiological Science 1 – Physics and Measurement. Year 1 also includes clinical placements in Audiology and learning experiences in Neurophysiology and Vision Science Disciplines.

Year 2: Professional Issues; Research Methods & Statistics; Audiological Science 2- Physiology and Perception; Adult Audiological

Assessment and Management; Hearing Aids; and clinic placement and practical skills education. Throughout semesters 1 & 2 you will undertake 2 days per week clinical placement with additional placements taking place during vacations. Further details of these are available in the clinical handbooks.

Year 3: Professional Issues; Research Project; Adult Rehabilitation; Advanced Hearing Aids; Paediatric Audiology; Tinnitus; Vestibular Assessment and Management. From January you will undertake a final 22-week clinic placement.

Accrediting and other organisations

Upon completion of the honours degree programme BSc (Hons) Healthcare Science (Audiology) graduates are eligible to apply for registration as Healthcare Science Practitioners and/or Hearing Aid Dispensers.

NHS Healthcare Science (Audiology)

This programme is a professional qualification developed in response to the Department of Health's – Modernising Scientific Careers – (MSC) Programme. The programme is subject to accreditation by – Health Education England –. Graduates

of the programme will be eligible to register as a Healthcare Science Practitioner in Audiology. The Programme was accredited in May 2012, with the accreditation visit taking place on 4 thMay 2012. This accreditation means that graduates with a BSc (Hons) Healthcare Science (Audiology) are able to work as Healthcare Science Practitioners in Audiology within the NHS.

For further details about audiology as a profession see: <http://www.baaudiology.org/>

Other relevant organisations include:

The National School of Healthcare Science (<http://www.nshcs.org.uk/>)

This is the body that oversees the running of healthcare science programmes. The School implements the NHS healthcare science training programmes and quality assures the training and delivery.

The Academy for Healthcare Science (<http://www.ahcs.ac.uk/>)

â€œThe Academy of Healthcare Science is the overarching body for the whole of the Healthcare Science Profession, working alongside the specialist professional societies. We work to ensure that Healthcare Science is recognised and respected as one of the key clinical professions in the health and care system, including working towards statutory regulation or all our staff groups to ensure protection for the patients we serve.â€• (AHCS Website)

Hearing Aid Dispensers

The BSc (Hons) Healthcare Science (Audiology) programme has also been approved by the Health and Care Professions Council (HCPC) which is the statutory regulating body for a range of 15 different health professions including Hearing Aid Dispensers. This HCPC approval of the programme allows graduates with a BSc (Hons) Healthcare Science (Audiology) degree to apply for registration with the HCPC in order to work as a Hearing Aid Dispenser.

For further details see the HCPC web site: www.hcpc-uk.org

For further details about Hearing Aid Dispensers see www.bshaa.com

Associated organisations

The professional body for Audiologists in the UK is the:
British Academy of Audiology (BAA); www.baaudiology.org

The professional body for Hearing Aid Dispensers in the UK is the:
British Society of Hearing Aid Audiologists; www.bshaa.com

Career opportunities

Successful completion of this programme provides you with a BSc (Hons) Healthcare Science (Audiology) degree and a clinical qualification. This enables you to register as an audiologist and to work in the NHS (AHCS registration), and be eligible to apply for registration with the HCPC in order to work as a Hearing Aid Dispenser in the independent sector.

This programme of study will also allow for a number of other career opportunities. Previous graduates of the BSc Audiology have

undertaken further programmes such as MSc in Advanced Audiology, MSc Clinical Science, or gone on to study for a PhD. Other students have entered the fast-track medicine programme, dentistry and other health related professions. Further career opportunities include research in universities or research institutes or employment in private sector audiology services and the audiology industry.

Handy-tip: The BSc Healthcare Science (Audiology) programme opens up a range of career opportunities please familiarise yourselves with the various organisations mentioned above to help you put this programme into a wider context.

People and Resources

Section 4 of this handbook provides more detail regarding student support and guidance, but here, at a glance, is a brief guide to key people. The Programme director (Dr Tim Wilding) is responsible for overseeing the running of the programme. You may approach the programme director about any academic or personal matters affecting your studies (however, see the section ‘Where do I get Help’).

The Year leads (Year 1: Bridget Goodier, Year 2: Richard Baker, Year 3: Verity Langlands) will support you within their respective year allocations, and they will assist the programme director and academic advisors with the running of the programme.

The administration team are responsible for the day-to-day administration of the undergraduate degree programme and are available as a source of information and support for you while you are studying. Please contact them if you need any general information or material related to the programme or if you need to leave a message for any academic staff delivering the programme. They are based in the Jean McFarlane Building

The Clinical Administrator team is responsible for the administrative organisation around clinical placements for the undergraduate degree programmes in Communication and Deafness.

Staff Availability

Most staff operate an open-door policy where you can knock on their door any time during the week and either see them then, or arrange an appointment. Some staff may however operate an office hours system and post their office hours on their door. These are the times each week when they are available for drop-in enquiries. You can of course arrange to see staff outside these times, but we ask that you make an appointment by phone or email to be sure of finding a time convenient for everyone.

Staff Contact Details *

Name	Position	Room	Tel	Email
Dr. Richard Baker	Reader, Year 2 lead	B2.14	275-3388	Richard.Baker@manchester.ac.uk
Dr. Siobhan Brennan	PT) Lecturer	B2.1A	275-8677	Siobhan.Brennan@manchester.ac.uk
Debbie Cane	(PT) Lecturer	B2.13	275-8679	Debbie.Cane@manchester.ac.uk
Dr Sam Couth	Lecturer	B1.9	275-6924	Samuel.Couth@manchester.ac.uk
Alice Crutchley	Teaching Technician	4th Floor labs	275-3395	Alice.crutchley@manchester.ac.uk
Lucy Pennington	Teaching Technician	4th Floor labs		lucy.pennington@manchester.ac.uk
Bridget Goodier	(PT) Clinical Director, Year 1 lead	B1.17	275-3434	bridget.goodier@manchester.ac.uk

Dr Antje Heinrich	Senior Lecturer	B2.13	275-8679	antje.heinrich@manchester.ac.uk
Dr. Reza Hoseinabadi	Lecturer	B2.7		reza.hoseinabadi@manchester.ac.uk
Dr. Karolina Kluk-de Kort	Senior Lecturer	B2.7	275-3371	karolina.kluk@manchester.ac.uk
Dr Rebecca Millman	Senior Lecturer	B2.8	255-3387	rebecca.millman@manchester.ac.uk
Dr Garreth Prendergast	Lecturer, Exams officer	B1.6	275-3174	garreth.prendergast@manchester.ac.uk
Dr. Elizabeth Sheader	Senior Lecturer	1.124 Stopford	275-3881	elizabeth.a.sheader@manchester.ac.uk
Dr. Kai Uus	Reader	B2.1	275-8282	kai.uus@manchester.ac.uk
Dr Anisa Visram	Lecturer	A3.09	306-1758	Anisa.visram@manchester.ac.uk
Verity Langlands (PT)	Lecturer, Deputy Clinical Director Year 3 lead	B2.6	275-3454	verity.langlands@manchester.ac.uk
Dr. Tim Wilding	Senior Lecturer, Programme Director	B2.10	275-8286	tim.wilding@manchester.ac.uk

* Please note, this list does not include all the staff that you will come across during your studies. Throughout your studies you will come across a wide range of other academic and support staff, including clinicians and patients. PT = part-time

Code of Conduct and Behaviour

As trainee health care professionals, it is very important that you behave in a manner consistent with the ethics and values expected of your profession, especially when interacting with other professionals or patients. You will be expected to follow the Code of Professional Conduct (details in Clinical Handbook) and will be asked to read and sign this Code indicating you understand and agree to behave as a professional. In addition, some general ground rules are given in the Appendices of this handbook. Do take time to read these ground rules and keep them in mind when you are involved in your professional business, especially when on clinic placements.

There are two main key documents which students must be aware of. The first document, Good Scientific Practice (GCP), is published by the Academy for Healthcare Science (AHCS). This document covers the professional standards of behaviour and practice that must be adhered to by AHCS registrants. The second document is the standards of proficiency (SOP), for Hearing aid dispenser registrants, published by the Health and Care Professions Council (HCPC).

Students will be directed to read and learn the professional standard documents. These will be explained and discussed within teaching,

tutorial, and seminar sessions throughout the programme. Any concerns raised about a student's conduct, or health, can result in referral to a concern review panel (CRP). The concern review panel can refer a student onwards to a Fitness to Practice (FTP) panel which can support them and take steps to protect the student, other students and professionals, and the public (service users). Failure to follow the expected standards can ultimately result in a student being suspended, or withdrawn, from the programme. A failure to meet the standards can also be reported to the registration bodies. This could potentially prevent registration required for clinical work.

Some of the key aspects of the codes are outlined below.

Behaviour and communication.

GCP 1.3.5: You use communication formats and channels (written and digital, and including social media and online networking platforms) in **appropriate, professional ways**.

GCP 1.4.2: **You act as an ambassador for healthcare science**, behaving and conducting yourself in ways that uphold the profession's reputation and reflect the trust that the public, patients, employers and colleagues place in the profession.

GCP 1.4.5: You engage and co operate promptly, fully and honestly in complaints and investigation processes, including the following, as the need arises:

The complaints and fitness to practice policies and procedures of your employer, regulatory and/or professional body. An investigation into a complaint made about your own conduct or competence.

An investigation into others'™ conduct or competence if you are invited to input to the process.

HCPC: 2.1 maintain high standards of **personal and professional conduct**

The above extracts from the GCP and HCPC SOP outline some of the professional behaviours that registered audiologists and students are expected to adhere to. These codes of conduct apply to personal life as well as during study or work/clinical placement. Please be particularly careful in the way that you behave and communicate, noting the University guide on social media:

<http://www.regulations.manchester.ac.uk/non-academic/guidance-on-social-media-for-students/>

Health and support needs.

GCP 1.4.6: You declare any matter relating to your health, character or conduct to your employer, regulatory and/or professional body, in line their requirements, that has the potential to do the following:

- Affect or impede your capacity to practise safely and effectively.
- Put others'™ health and safety at risk.
- Undermine the trust and confidence placed in you as a healthcare scientist.

HCPC 3: look after their health and wellbeing, **seeking appropriate support** where necessary be able to maintain fitness to practice be able to maintain fitness to practice

- **3.1: identify anxiety and stress** in themselves and recognise the potential impact on their practice
- **3.2: understand the importance of their own mental and physical health and wellbeing strategies** in maintaining fitness to practice be able to take appropriate action if their health may affect their ability to practice safely and effectively understand the importance of maintaining their own health
- **3.3: understand how to take appropriate action** if their health may affect their ability to practise safely and effectively, including seeking help and support when necessary
- **3.4: develop and adopt clear strategies for physical and mental self-care and self-awareness**, to maintain a high standard of professional effectiveness and and

a safe working environment.

It is important that you are open, honest, and transparent about your health and support needs. You will note that the HCPC standards specifically require that registrants (and so students) understand how to take appropriate action, and proactively adopt clear strategies for physical and mental self-care and awareness. The GCP standard makes it clear that registrants (and so students) are required to declare matters related to health, character, and conduct. The programme regulations are aligned to these standards. All students admitted to the programme are subject to health checks which are made during the **Pre-Acceptance Health Screening Questionnaire** process. Students are also required to notify of any changes to health as soon as they occur, and formally renew their health declarations annually.

It is important that you, with our support, proactively manage your health and wellbeing. It is important that you seek support for health and disability related matters where it is needed. The programme team support students with health (including mental health) and disability related issues. We are here to help and support. We will support students with guidance from the university occupational health (OH) and disability advice and support service (DASS).

Attendance Policy

Attendance is taken very seriously on this vocational degree programme (see above re conduct). It is a requirement that you attend all scheduled campus sessions for any individual course unit and a 80% minimum attendance requirement across the duration of each course unit is imposed. It is a requirement that you attend 100% of practical class sessions. It is a professional requirement that you attend 100% of clinical placement sessions, for further information please see your Clinical Handbook. If your attendance at a particular course unit is deemed unsatisfactory, you may not be permitted to complete the assessment and/or awarded the credits for that course unit, which would mean you would not be able to progress and you would have to leave the programme.

Because of the clinical nature of this programme, you will be required to attend on-campus teaching and clinical placements outside of the normal published teaching weeks. You may also be required to attend clinical placement outside of normal teaching hours. This will depend upon the working patterns of the placement team you are allocated to. You may be required to attend clinical placement before 9am and/or finish after 5pm. This is because there are clinical placement sites which have longer working day patterns; for example: longer hours 4-days per week instead of standard working hours 5-days per week.

In order to support academic attainment and monitor wellbeing, Academic Advisors will be given regular updates of their personal student's attendance profiles. Students who reach trigger points (detailed below) will be flagged to their Academic Advisor. The role of the Academic Advisor in attendance monitoring is a supportive one, to ensure that students are well and engaging with the programme. Academic Advisors will treat cases of poor attendance on an individual basis and agree to a range of actions. These may include regular meetings, referral to Occupational Health or revisiting guidance on the attendance requirements.

Legitimate mitigating circumstances for absence and how to notify

If you are unable to attend a scheduled session for any course unit you must email the attendance team using shs.attendance@manchester.ac.uk and copy in the unit lead for the session you are missing and your academic advisor. You must include the unit code of the session you are missing and the reason why you will not be attending. You must ensure that you notify the attendance team as early as possible **BEFORE** the session you are due to miss. You need to report an absence for each session that you are unable to attend unless you have already informed us of a valid reason for a particular period of absence. **Absences longer than two consecutive days must be reported to your academic advisor using the self-certification form. Absences expected to last longer than the self-certification period of one week need to be supported by a doctor's note, or academic advisor signature for other authorised absence reasons.** Failure to report absences in the correct way may result in your absence being recorded as unauthorised. If you are ill while on placement and so need to be absent at all from placement, please notify your Practice Educator (your contact at the clinical placement site) and the Clinical Director (Bridget Goodier) as soon as possible. You must self-certify or provide a sick note just as you would at any other time during your studies.

Please note that simply notifying us of your absence does not mean that your circumstances for absenting yourself will be regarded as legitimate. Absence for reasons other than genuine illness, attending medical appointments, difficult personal circumstances or religious/cultural reasons will be recorded as unauthorised absence. These include: weekends away; holidays; social functions or sporting events; weddings; part-time jobs; catching trains, planes etc. You may choose to tell staff of your intended absence. However, we cannot authorise any such absence or grant you "permission" to miss teaching sessions for such reasons. As stated above, a record of your attendance will be kept routinely and any periods of absence will be kept on file for future reference. Whatever the reasons for repeated or prolonged absence, if it is deemed to be having an impact or potential impact on your studies or professional

practice, then you will be offered tutorial support.

Please note that if you do not sign the register (online or by other means) for a particular teaching session you will be marked as absent. If a register is not available, please ask the lecturer or notify the undergraduate office immediately after the lecture. **It is your responsibility to sign the register.**

You MUST PROVIDE SUPPORTING EVIDENCE if attendance at an exam or assessments are missed due to illness or particularly difficult circumstances. The documentary evidence (perhaps a medical certificate or letter from another professional person or third party involved) should specifically cover the date(s) of the examination(s) or assessment(s) concerned. See later in this section under “Mitigating circumstances affecting work and assessments. You must notify the Student Support Hub shs.hub@manchester.ac.uk and Assessments and Progression shs.assessments@manchester.ac.uk if you miss an exam.

Handy-tip: If you are absent for any reason let us know, making sure you give the reason. You must complete a self-certification of absence form for absences of more than two consecutive days. Absences of longer than a week (7 consecutive days) require a medical certificate, or Academic Advisor’s signature for other agreed reasons. Forms are available online.

Clinical placement attendance

All clinical placements are a compulsory part of the course and must be attended. University (see above) and Clinic Placement non-attendance procedures must be followed in the event of valid reasons for non-attendance occurring (health/special circumstances). Every effort will be made to arrange additional placement opportunity to make up for significant lost placement time for students who have not been able to achieve satisfactory clinic placement attendance for valid reasons (mitigation). In such cases special arrangement may apply, and course progression could be delayed.

It should be noted that it may not always be possible to arrange clinical placements during normal placement periods for any student depending upon capacity. Students returning from interruption, or those who have special requirements (health/disability/caring responsibilities) may need a bespoke placement plan which requires different placement patterns to enable them to meet the course clinical placement learning outcomes. In such cases course progression could be delayed because of the required placement attendance adjustments. This can also apply to a student returning from interruption.

Handy-tip: If you are absent from Clinic placement for any reason you must notify the University following the absence notification procedures stated above **AND** notify your clinical placement team by following their absence procedures.

Registered clinicians and students must adhere to professional regulatory requirements, including managing their own health and well-being. The HCPC states:

- “6.3”: You must take responsibility for assessing whether changes to your physical or mental health negatively affect your ability to practice safely and effectively. If you’re unsure, seek an assessment from an appropriate health and care professional.
- “6.4”: You must adjust your practice if your physical or mental health negatively affects your ability to practice safely and effectively. These adjustments should promote safe and effective practice. If adjustments can’t be made within your scope of practice, you must stop practicing.

The AHCS states:

“1.4.6”: You must declare any health, character, or conduct issue to your employer, regulatory, or professional body, according to their requirements, if it could:

- “Affect your ability to practice safely and effectively.
- “Put others’ health and safety at risk.
- “Undermine the trust and confidence placed in you as a healthcare scientist.

These regulations impact clinical placement attendance and mitigating circumstances procedures. If a student’s ability to practice safely and effectively is impaired, their clinical placement attendance may need to be suspended or adjusted. Students attending clinical placements must take immediate steps to manage their health. If a student believes a mitigating circumstance is affecting their performance and ability to learn and progress, they must act immediately.

Students must promptly report issues to the relevant clinical placement course unit lead to ensure necessary adjustments are made and to inform the University (as per the AHCS rule on informing employers). This declaration allows for the assessment of fitness to continue the placement or the provision of additional support or adjustments. Essentially, by attending a clinical placement, students are declaring themselves fit to do so unless they notify the University of any issues. If adjustments impact progression (e.g., reduced hours or practice restrictions), this can be considered mitigation affecting progression or assessment. However, if not declared at the time, later submitted mitigating circumstances may not be accepted as they would be seen as retrospective or invalid. Students who miss clinical placement for valid reasons may be offered

alternative placement days outside the usual schedule to complete competencies, though this is not always possible due to placement availability. See below for how such cases may impact course progression.

Resit of Clinical Placement: Students should note that standard resit regulations do not apply to ongoing continuous clinical placement assessment components. Within the allocated placement time, there are effectively unlimited opportunities to demonstrate competencies (IRCP/Placement report). Students must usually complete competencies within the allocated placement time. Under no circumstances can students progress from Year 1 to Year 2, or from Year 2 to Year 3 without passing the clinical placement course units. Graduation with the full program award in Year 3 requires passing all course units, including all clinical placement units.

Year 1:

Year 1 includes short block clinical placements. If a student fails to complete the clinical placement assessment in Year 1, it may be possible to attend a resit placement on-campus with simulated lab-based activities during the resit period due to the limited nature of Year 1 clinical requirements.

Year 2:

Normally, failure to complete the Year 2 clinical placement results in exiting the program due to academic failure, as Year 2 clinical placement cannot be "resat" unless mitigating circumstances apply. Year 2 clinical placement is only available during the regular Year 2 placement term. A student who has not passed the Year 2 clinical placement cannot progress to Year 3, even with accepted mitigating circumstances. In such cases, the student may be offered a repeat of Year 2 at the discretion of the exam board, and only if mitigating circumstances apply to the relevant clinical placement components.

Year 3:

According to the resit regulations in this programme handbook, students must normally complete and pass all clinical placement assignments within the allocated placement time. As mentioned above, students who miss clinical placement for valid reasons may be offered alternative placement days outside the standard schedule to complete their placement. This can delay graduation, and in some cases, graduation may be significantly delayed depending on the availability of a suitable placement to make up the time. This also applies to students with accepted mitigating circumstances for the year 3 clinical placement. Students who have not fully completed and passed the clinical placement and do not have accepted mitigating circumstances will not be eligible for the

full honours award required for clinical registration and will instead receive a non-accredited exit award.

Late arrival for teaching sessions

Punctuality and ability to organise your own schedule are important aspects of professional behaviour. It is expected that all students will be present at each scheduled teaching session (lecture, practical, tutorial, academic-advisor meeting) **BEFORE THE START** of that session. Staff have been instructed to monitor lateness. Staff may set their own rules regarding late entry to classes, please follow any rules that they inform you of. We understand that many students commute and rely on public transport which can cause lateness if there are unexpected delays. We recommend students plan their journeys carefully to allow for delays to ensure punctuality. It is better to plan to arrive early to avoid the risk of being late. Students arriving early can make use of the wide range of on-campus facilities available. Repeated patterns of lateness will be investigated so that appropriate support can be provided. Students repeatedly arriving late may be referred to progress committee.

Late arrival and non-attendance to practical laboratory-based sessions

The tutor teaching the practical class has the right to refuse admission to latecomers. This is because students need to be present at the instructional part at start of practical classes. In the event of non-attendance for any reasons, it is the student's responsibility to obtain permission to attend at alternative appropriate time (different group). Students repeatedly arriving late, or not attending, practical classes may be referred to progress committee.

Students who fail to attend their allocated practical session without prior arrangement and/or do not provide mitigating circumstances may be subject to a 10% reduction in their marks for this course unit.

Late arrival to clinical placement

Punctuality and ability to organise your own schedule are important aspects of professional behaviour. It is expected that all students will be present at each scheduled clinical placement day, or session, **BEFORE THE START** of that session. Late arrival at clinical placement without a valid reason is unacceptable. Students repeatedly arriving late to, or not attending, clinical placement may be referred to progress committee.

University Policies

The BSc Healthcare Science (Audiology) is an intensive and rigorous programme designed to help you to develop into dedicated and motivated Healthcare Science professionals in the field of Audiology. As University Staff we are here to provide the teaching and educational resources for this development, both academically and clinically. However, it is important to view the programme as a partnership and remember that the staff are here to help. If there are any aspects that you don't understand – chances are that others in the group also don't – so please ask us.

To help make things clearer for you in terms of what is expected, each teaching session will have 'intended learning outcomes' (ILOs) which should indicate the knowledge and understanding that you should have gained by the end of the session and after the appropriate reading. These ILOs should also help drive your revision for the various assessments.

Remember also, lectures and tutorials are only the beginning, reading lists are provided to support the lecture material. Some of this will be directed reading which may be specific chapters or papers to support the lectures, or it may be background, or more in-depth reading. It is important that lecture material is backed up by your own study – remember a 10-credit unit (100 hours study) may only consist of 12 hours of lectures; the rest will usually be private study of some sort.

Similar expectations are held regarding the practical sessions. These provide the basic skills that you will use and develop in the clinics and are generally assessed by assignments and OSCEs (objective structured clinical examinations). **While, the practical sessions teach the skills, it is only by extensive practice that you will become 'fluent' in carrying out the various tasks to the level expected in the assessment (and that expected by clinical placement teams). Failure to successfully demonstrate the necessary practical skills and knowledge may result in you not being able to continue on the BSc Healthcare Science (Audiology) programme.**

SECTION 2 PROGRAMME OVERVIEW

BSc Healthcare Science (Audiology) programme specification

(The following pages provide what is called the programme specification – this is a requirement for all programme handbooks and gives in-depth details of how the programme is structured)

Levels of study

In addition to credits, every course unit of a degree is assigned a level: 4, 5 or 6, reflecting the standard of work required. Level 6 corresponds to the standard normally found in the final year of a full-time undergraduate degree. These levels are those described by the Framework for Higher Education Qualification (FHEQ). Previously these were described as levels 1, 2 and 3. These FHEQ descriptors are also used in certain parts of the programme documentation.

Levels and credit ratings for each course unit are shown in the programme specification and in the individual course unit descriptions in Appendix 1 (and those provided online for subsequent years). You are awarded the credits for a given course unit on satisfactory completion of that unit (including attendance at lectures, practicals and clinics and any element of assessment). Level of study and expectations of student involvement are shown in the table below:

Year	FHEQ Level	Credits	Expectations at this level
1	4	120	High achieving students with exceptional level of vocational commitment, prepared to work hard academically to establish a grounding in theory and basic clinical skills to set themselves up for future application to clinical practice; learning independent study: reading outside the scope of lecture notes.

2	5	120	Now equipped with the foundation to consider application of theory to clinical practice, and able to carry out the full range of clinical skills appropriate for their placements; well versed in independent study with a good understanding of the research bases for clinical practice; ready to read more widely on clinically-related subjects. Thoroughly independent learners developing clinical autonomy and an ability to reflect upon and question the theory-practice link. Now equipped to critically evaluate the literature, identify gaps in the research and propose new areas of research. Ultimately graduate Audiologists: independent healthcare professionals, committed to lifelong learning by the process of Continued Professional Development and/or research.
3	6	120	

Credit requirements â€“ BSc Healthcare Science (Audiology)

To obtain the clinical qualification in Healthcare Science (Audiology), and be eligible for registration as a Healthcare Science Practitioner in Audiology, or to apply for registration with the HCPC for the Hearing Aid Dispenser role, you must achieve the minimum number of academic and clinical credits as specified below:

Degree	Min. credits (total)	Min. level 6 credits
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BSc (Hons) Healthcare Science (Audiology)	360	120
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Exit Awards

For students who either fail to satisfy the requirements to proceed to a subsequent year, or who wish to withdraw from the programme before completion of the four years of study, the requirements for the different exit and award points are specified below. Please note that these are exit awards for students who have obtained the appropriate number of credits to enable them to exit at the end of the particular year. Thus, for example, if a student registered on the BSc (Hons) Healthcare Science (Audiology) decides that, having completed the 2nd year of study wishes not to carry on with their studies then they will be able to exit with a DipHE Healthcare Science Studies. Similarly, for example, a student who fails to complete the 2nd year will be eligible for a Cert HE in Healthcare Science Studies (if they have successfully completed the 1st year of studies).

Name of Award	Min. UK credits for the award	Min. ECTS credits	Min. UK credits at the level of qualification	Min. ECTS	FHEQ level
BSc (Hons) Healthcare Science (Audiology) *	360	180	120	90	6
BSc (Ord) Healthcare Science	300	150	60	30	6
DipHE Healthcare Science	240	120	90	45	5
CertHE Healthcare Science	120	60	90	45	4

Please note: achieving the required number of credits for an Honours or Ordinary degree is NOT the same as fulfilling the requirements for the honours degree in Healthcare Science (Audiology) with eligibility for registration as a Healthcare Science

Practitioner or Hearing Aid Dispenser. **You will be required to pass all specified academic and clinical elements of the degree (after resit arrangements have applied) in order to achieve eligibility for professional registration.**

***Only the BSc (Hons) Healthcare Science (Audiology) is accredited for clinical practice as a Healthcare Science Practitioner.**

***Only the BSc (Hons) Healthcare Science (Audiology) allows application to the HCPC for registration as a Hearing Aid Dispenser.**

Course Unit Coding

Each course unit is given a separate code which contains letters followed by a series of numbers. The letters refer to the Faculty or

Department with academic responsibility for that course unit. The first number indicates the year and the fourth number the semester in which the unit is taught:

1 = Semester 1

2 = Semester 2

0 = Semesters 1 and 2.

Examples:

PCHN 11501- a FHEQ Level 4 course unit, taught in semester 1 of year 1.

PCHN 21000- a FHEQ Level 5 course unit, taught in semesters 1 and 2 of year 2.

Summary

1. Background

The BSc (Hons) Healthcare Science (Audiology) is a 3-year undergraduate degree programme that has been developed in response to the Department of Health's "Modernising Scientific Careers" (MSC) programme. This degree programme replaces BSc (Hons) Audiology which was the previous entry level pre-registration practitioner level training route for work in the NHS.

The DoH MSC programme presents 5 healthcare science divisions of which Neurosensory Sciences covers the Audiology specialism. In addition to Audiology, the Neurosensory Science division also covers Neurophysiology and Ophthalmic and Vision Sciences.

General information

UCAS Code Award	Programme Title	Duration	Mode of study
B610	BSc (Hons) Healthcare Science (Audiology)	3 Years	Full Time
BSc	Healthcare Science *	3 Years	Full Time
DipHE	Healthcare Science *	2 Years	Full Time
CertHE	Healthcare Science *	1 Years	Full Time

* exit awards only – these awards do not allow professional registration as Healthcare Science (Audiology) practitioners or with the HCPC for the Hearing Aid Dispenser Role.

School Health Sciences

Faculty Biology, Medicine and Health

Awarding Institution University of Manchester

Medical Education England (Healthcare Science Programme Board) – approved 2012).

Programme Accreditation The BSc (Hons) Healthcare Science (Audiology) has been approved as a training route for registration as a *Hearing Aid Dispenser*.

Relevant QAA benchmark(s) Under development within the Health Care Professions group of benchmarks, but development of the BSc Healthcare Science (Audiology) has been guided by the benchmark statement: Health care programmes – Audiology

Credit Framework

Name of Award	Min. credit for the award	ECTS	Min. credits at the level of qualification	Min. ECTS credits at the level of qualification	FHEQ level
BSc (Hons) Healthcare Science (Audiology)	360	180	120	60	6
BSc (Ord) Healthcare Science	300	150	60	30	6
DipHE Healthcare Science	240	120	90	45	5
CertHE Healthcare Science	120	60	90	45	4

2. Aims of the programme

The programme aims to:

- 01 provide an appropriate educational and work-based learning experience in healthcare science (Neurosensory Science), and specifically Audiology
- 02 provide students with a broad knowledge and understanding of generic Healthcare Science and Neurosensory Science theory and principles
- 03 provide students with a broad, yet in-depth understanding of basic scientific aspects relating to the hearing and balance systems
- 04 provide appropriate learning opportunities for students to gain a comprehensive knowledge of hearing and balance and their disorders in adults and children, as required by the course's accrediting body
- 05 provide students with a knowledge and understanding of how appropriate assessment and management strategies can reduce disability resulting from hearing or balance problems
- 06 provide a strong theoretical background that can be translated into thoughtful, reflective and quality practice
- 07 organise, monitor and evaluate a wide range of appropriate clinical experience within audiology, including skills in clinical interpretation and interpersonal skills in client management
- 08 provide students with understanding and ability to identify clients who need to be referred to rehabilitation and other services

- 09 provide a variety of learning experiences, to equip students with appropriate transferable skills
- 10 enable students to evaluate research critically and to provide them with the opportunity to develop basic skills in research
- 11 promote a commitment to professional development and lifelong learning

3. Intended learning outcomes of the programme

Should be able to show:

A. Knowledge & Understanding of/in:

- A1 Demonstrate knowledge of the learning resource facilities available to support their learning on the course and in future professional life, and how to make use of these facilities.
- A2 Demonstrate knowledge and understanding of basic scientific principles appropriate to developing careers as Healthcare Science (including basic physical and mathematical principles and principles of evidence-based practice)
- A3 Demonstrate knowledge the underpinning areas appropriate to neurosensory sciences (including neurophysiology, vision science, audiology and more general aspects of healthcare science and public health).
- A4 Demonstrate knowledge and understanding of instrumentation, assessment tools and procedures available to assess the function of neurosensory systems.
- A5 Demonstrate in-depth knowledge and understanding of instrumentation, assessment tools and procedures available to assess the function of auditory and vestibular systems.
- A6 Demonstrate knowledge and understanding of a range of rehabilitation and management strategies appropriate for different neurosensory disorders.
- A7 Demonstrate in-depth knowledge and understanding of a range of rehabilitation and management strategies appropriate for auditory and vestibular disorders (including principles of communication and rehabilitation theory and practice, counselling, goal-setting and assessment of outcome)
- A8 Demonstrate knowledge of a range research principles and methodologies and understanding of the importance of research in Healthcare Science and the processes by which research is carried out.

A9

Demonstrate a critical understanding of the role of Healthcare Scientists within the NHS and other sectors of healthcare provision (including NHS codes of practice and ethics, and the legislative framework for disability; the key quality assurance and service guidelines in audiology and related services supporting clients with hearing loss [including Hearing Aid Dispensers]).

Learning & Teaching Processes (to allow students to achieve intended learning outcomes)

Lectures (A1-A9)

Tutorials (A1-A9)

Demonstrations (A1-A9)

Small group instruction (A1-A9)

Practicals (A1-A9)

Online Study (A1-A9)

Directed Reading (A1-A9)

EBL/PBL (A1-A9)

Clinical Practice Placements (NHS and other) (A1-A9)

IRCP = Individual Record of Clinical Practice (National Online Logbook used in Audiology)

Assessment (of intended learning outcomes)

Formative assessments (A1-A9)

Learning reflections (A1)

Written exams (A1-A9)

Written Assignments (A1-A9)

Presentations (A1, A2, A4-A9),

â†’

IRCP/PPLA (A1-A8)

Online assessments (A1-A9)

Research project/proposal (A1-A9)

PPLA = Personal Portfolio of Learning and Application (Electronic Portfolio of Evidence). This includes formal records/evidence of DOPS and CBDs.

DOPS = Direct Observation of Practical Skills

Mini-Cex = Mini Clinical Examination (often referred to as OSCEs – Objective Structured Clinical Examinations)

CBD = formal case-based discussion.

Should be able to show:

B. Intellectual Skills to:

- B1.** Collect information on factual topics from a range of sources, and present it clearly and accurately expressed (orally or in writing)
- B2.** Process, organise and begin to evaluate information on complex topics and present it in a logical argument, clearly and accurately expressed
- B3.** Acquire and evaluate information from a range of sources; show understanding of the theoretical, statistical and methodological issues involved; present a clear discussion of the topic, justifying the chosen position by reference to the evidence considered.
- B4.** Integrate knowledge acquired in different environments and apply it to decision making in clinical practice
- B5.** Critically evaluate the research literature in order to understand and apply the research evidence base in Healthcare Science and Audiology
- B6.** Reflect on their own learning and interaction styles and use this self-awareness to maximise their approach to learning and professional performance
- B7.** Collect information on factual topics from a range of sources, and present it clearly and accurately expressed (orally or in writing)

Learning & Teaching Processes

- Lectures (B1-B7)
- Tutorials (B1-B7)
- Demonstrations (B1-B7)
- Small group instruction (B1-B7)

Assessment***

- Formative assessments (B1-B7)
- Learning reflections(B1, B2, B6, B7)
- Written exams (B1-B7)
- Written Assignments (B1-B7)

Practicals (B1-B7)
Online Study (B1-B7)
Directed Reading (B1-B7)
EBL/PBL/TBL (B1-B7)
Clinical Practice Placements (NHS and other) (B1-B7)

† Presentations (B1-B7)
IRCP & PPLA (B1-B7)
Online assessments (B1-B7)
Research project/proposal (B1-B7)

IRCP = Individual Record of Clinical Practice (National Online Logbook used in Audiology)

PPLA = Personal Portfolio of Learning and Application (Electronic Portfolio of Evidence). This includes formal records/evidence of DOPS and CBDs.

DOPS = Direct Observation of Practical Skills

Mini-Cex = Mini Clinical Examination (often referred to as OSCEs – Objective Structured Clinical Examinations)

CBD = formal case-based discussion.

Should be able to show:

C. Practical Skills to:

- C1.** take an observational role in neurosensory clinics (Neurophysiology, Vision Science and Audiology)
- C2.** basic mandatory training requirements of clinical placements (inc. Infection control, manual handling, basic life support etc).
- C3.** demonstrate skills in a range of audiological assessment procedures
- C4.** demonstrate skills in hearing aid prescription, fitting and verification
- C5.** take a supervised role in appropriate adult audiology clinics
- C6.** undertake directed clinical practice in a variety of adult audiology, paediatric audiology and rehabilitation clinics
- C7.** undertake adult and paediatric audio-vestibular and rehabilitation clinics with supervision

- C8.** use basic knowledge of counselling skills to enhance clinical communication and decision-making
 - C9.** apply basic rehabilitative techniques in clinical practice
 - C10.** set goals and use outcome measures in rehabilitation
 - C11.** carry out appropriate audiometric calibration
- See Clinical Handbook for more detailed breakdown of clinical objectives. Expected skills are also listed in more detail in the QAA subject benchmark statement for Audiology and the HCPC Standards of Proficiency for Hearing Aid Dispensers. It is expected that the above skills will be developed to a threshold level of expertise in that graduates will be able to practise as Healthcare Scientists and/or Hearing Aid Dispensers.

Learning & Teaching Processes

Assessment***

Practical and clinical Demonstrations (C1)

Formative Assessment (C1-C10)

Online and Video presentations (C1-10)

Mini-Cex, practicals assessments (C2, C3, C4, &†' C10)

Practical classes, included directed practice(C1, C2,C3, C10),

IRCP, and Professional Development Portfolio, PPLA, Mini-Cex, DOPS, CBD (C1 &€“ C10)

Clinical placements and tutorials (C1 &€“ C10)

IRCP = Individual Record of Clinical Practice (National Online Logbook used in Audiology)

PPLA = Personal Portfolio of Learning and Application (Electronic Portfolio of Evidence). This includes formal records/evidence of DOPS and CBDs.

DOPS = Direct Observation of Practical Skills

Mini-Cex = Mini Clinical Examination (often referred to as OSCEs &€“ Objective Structured Clinical Examinations)

CBD = formal case-based discussion.

Should be able to show:

D. Transferable Skills and Personal Qualities to:

- D1.** Develop and maintain effective working relationships, including effective functioning in a multi-disciplinary team.
- D2.** Show awareness of their personal and interactional attributes and modify them as necessary in a professional environment.
- D3.** Gather and evaluate information from a wide range of sources.
- D4.** Make use of current research by evaluating it and applying it in clinical practice.
- D5.** Understand, manipulate, analyse and present basic numerical and statistical information.
- D6.** Demonstrate effective communication skills in oral or written interaction with a range of service users, carers and colleagues, either individually or in groups.
- D7.** Make effective use of information and communication technology.
- D8.** Prioritise their workload and manage their time effectively.
- D9.** Continue to engage in self-directed learning that will promote professional development.

Learning & Teaching Processes

Clinical placements in the NHS (D1-D9)

Laboratory Practicals, and Clinical Tutorials (D1-D9)

Online and other case studies (D1, D2, D3, D6, D8)

Research proposal (D1, D2, D3, D4, D5, D6, D7, D8, D9)

PADP, PSDP, Clinical Portfolio (D1-D9)

Assessment***

Ongoing assessment by NHS clinical educators's reports (D1-D9)

IRCP & PPLA(D1, D2, D3, D4, D5, D6, D7, D8, D9)

â†’ Practical Assignments (D1, D2, D3, D4, D5, D6, D7, D8, D9)

Research portfolio (D1, D2, D3, D4, D5, D6, D7, D8, D9)

Formative assessment (D1, D2, D3, D4, D5, D6, D7, D8, D9)

IRCP = Individual Record of Clinical Practice (National Online Logbook used in Audiology)

PPLA = Personal Portfolio of Learning and Application (Electronic Portfolio of Evidence). This includes formal records/evidence of DOPS and CBDs.

DOPS = Direct Observation of Practical Skills

Mini-Cex = Mini Clinical Examination (often referred to as OSCEs – Objective Structured Clinical Examinations) CBD = formal case-based discussion.

4. Structure of the programme

Year one course units

	Code	Course Unit title	Tutor	UK Credit Rating*
	PCHN 10000	Professional Studies I	Bridget Goodier	20
	PCHN 11601	Psychology for Health and Lifespan Development	Rebecca Millman	10
	PCHN 10211	Human Anatomy and Physiology for Healthcare Professionals I	Sam Couth, & Liz Shedder	10
Year 1	PCHN 10212	Human Anatomy and Physiology for Healthcare Professionals II	Sam Couth	10
	PCHN 10040	Introduction to Healthcare Science	Debbie Cane	10
	PCHN 10050	Audiological Science 1 – Physics and Measurement	Richard Baker	20
	PCHN 10070	Introduction to Audiology	Tim Wilding	20
	PCHN 10080	Clinical Placement and Practical Skills I	Bridget Goodier	20
		TOTAL CREDITS		120

Generic Healthcare Science™ units

Neurosensory™ theme specific units

Audiology specific units

*Some course units, especially those involving competency-based assessments, may have both mark-based and pass/fail assessments. In such units an overall pass mark of 40% AND a pass in all the other components is necessary to be successfully awarded the credits for this unit. In such units an overall mark of 40% or more may be achieved, but the unit still failed if the pass/fail assessment components have not been successfully completed.

The course unit specifications will be available on Canvas.

Year two course units

	Code	Course Unit title	Tutor	UK Credit Rating*
Year 2	PCHN 20032	Leadership in Healthcare	Kai Uus	10
	PCHN 20002	Research Methods & Statistics	Antje Heinrich + Richard Baker	10
	PCHN 20001	Audiological Science 2 theme Physiology and Perception	Richard Baker	20
	PCHN 20020	Adult Audiological Assessment and Management	Tim Wilding	30
	PCHN 21200	Hearing Aids	Reza Hoseinabadi	30
	PCHN 21300	Clinical Placement and Practical Skills II	Verity Langlands	20
			TOTAL CREDITS	120

Leadership units

Generic Healthcare Science™ units

“Neurosensory” theme specific units

Audiology specific units (may also contain “Neurosensory” theme specific content)

*Some course units, especially those involving competency-based assessments, may have both mark-based and pass/fail assessments. In such units an overall pass mark of 40% AND a pass in all the other components is necessary to be successfully awarded the credits for this unit. In such units an overall mark of 40% or more may be achieved, but the unit still failed if the pass/fail assessment components have not been successfully completed.

The course unit specifications will be available on Canvas

Year three course units

	Code	Course Unit title	Tutor	UK Credit Rating*
	PCHN 30090	Professional Studies III Advanced Hearing	Verity Langlands	10
	PCHN 32221	Instruments and Contemporary Trends in Rehabilitation.	Reza Hoseinabadi	10
	PCHN 34441	Tinnitus	Karolina Kluk-de Kort	10
Year 3	PCHN 35550	Counselling & Communication Skills in Clinical Practice	Sheila Fidler	20
	PCHN 38880	Audiology Research Project	Rebecca Millman	30
	*PCHN 39990	Clinical Placement and Practical Skills III	Verity Langlands	20
	PCHN 36661	Vestibular Pathology and Assessment	Reza Hoseinabadi	10
	PCHN 37770	Paediatric Audiology	Kai Uus	10
		TOTAL CREDITS		120

Generic Healthcare Science™ units

Neurosensory™ “ theme specific units

Audiology specific units

*Some course units, especially those involving competency-based assessments, may have both mark-based and pass/fail assessments. In such units an overall pass mark of 40% AND a pass in all the other components is necessary to be successfully awarded the credits for this unit. In such units an overall mark of 40% or more may be achieved, but the unit still failed if the pass/fail assessment components have not been successfully completed.

The course unit specifications will be available on Canvas

5. Curriculum progression: intended learning outcomes for each year

Year	Intended learning outcomes
-------------	-----------------------------------

1.1 Collect and collate information on factual topics from a range of sources and present it clearly and accurately expressed (orally or in writing)

1.2 Be able to demonstrate knowledge of the role of Healthcare Scientist within the NHS (and other sectors).

1.3 Have a basic knowledge of neurosensory systems, their assessment, and common pathologies.

Year 1

(Certificate of higher education)

[FHEQ Level 4]

1.4 Carry out basic audiological assessment in adults.

The course units that you will study during the 1st year of your course will have a generic study theme and a Neurosensory Sciences divisional theme. The former will cover topics such as study skills, what it means to be a Healthcare Science Practitioner, healthcare provision and disability, whole body anatomy and physiology, and introductions to psychology and development. The divisional theme covers more specific aspects of Neurosensory sciences relating to Audiology, Neurophysiology and Ophthalmic/Vision Science. These topics include more detailed anatomy, physiology and pathophysiology of these neurosensory systems and how they are assessed, and also the basic mathematical and physical principles and measurement techniques relevant to these topics.

2.1 Process, organise and begin to evaluate information on complex topics and present it in logical arguments, clearly and logically expressed with appropriate acknowledgement of information sources.

2.2 Be able to demonstrate knowledge of, and ability to interpret, a range of research methodologies and to be able to begin to critically evaluate research findings.

2.3 Demonstrate in-depth knowledge of a range of audiological assessment strategies, be able to relate the results of these to underlying pathologies and formulate appropriate management pathways.

2.4 Be able to reflect on, and develop, learning, interaction and communication skills and apply these in both academic and clinical environments.

Year 2

(Diploma in
higher education)
[FHEQ Level 5]

In your second year of study you will continue to develop generic skills relevant to professional practice as Healthcare Science practitioners and in particular those centred on patient centred approaches to healthcare. In addition you will also study aspects of research design and statistics to enable you to both critically evaluate research studies and to design and produce your own research portfolio in the third year. You will also study a range of physiological measurement techniques and instrumentation, which while centred on audiological assessment will be applicable to a wider range of neurosensory situations.

Two-thirds of your 2nd year of study will specialise directly on audiology with emphasis on the adult auditory system, adult assessment management and rehabilitation including detailed study of modern hearing aids and how they are used. This year will also include placement within an audiology clinic where you will develop your skills in adult auditory assessment and management.

3.1 Develop an analytical and critical approach to information on a wide range of complex topics and present it in, clearly and logically expressed arguments with appropriate acknowledgement of information sources.

3.2 Be able to demonstrate a coherent, critically evaluative, approach to a range of research findings and be able to present these aspects in a research portfolio.

3.3 Demonstrate in-depth knowledge of a range of more specialist areas of audiology.

3.4 Be able to reflect on and explain the importance of team-working with healthcare provision and be able to demonstrate awareness of the wide range of different professionals that may be involved in successful patient management.

3.5 Demonstrate knowledge and awareness of basic counselling skills and how these may be used appropriately with audiology.

In your third year of study you will concentrate on more specialist aspect of audiology including areas such as tinnitus and a wider range of more specialist hearing instruments (and an optional unit on either Paediatric Audiology or Vestibular Assessment and Management). You will also use the research skills that you obtained in year 2 to put together a research portfolio on a topic of your own choosing. This year will also include placement within an audiology clinic where you continue to develop your audiological skills with increased emphasis on coherent patient management strategies.

Year 3

[FHEQ Level 6]

6. Curriculum map of course units against intended learning outcomes of the programme

Year	New Code	PCHN	Course Unit title	C/O	Knowledge & Understanding									Intellectual Skills						
					A1	A2	A3	A4	A5	A6	A7	A8	A9	B1	B2	B3	B4	B5	B6	B7
1	10000		Professional Studies I	C	D	D							D	D		D		D		

PCHN 20020	Adult Audiological Assessment and Management		D	DA	D	DA	D	DA		DA	DA	DA	DA
PCHN 21200	Hearing Aids	C		DA				DA		DA	DA	D	DA
PCHN 21300	Clinic Placement & Practical Skills II	C	DA	DA		DA		DA		DA		D	DA
PCHN 30090	Professional Studies III	C	DA	D				DA		D		D	D
PCHN 32221	Advanced and Specialist Hearing Instruments	C			DA	D	DA			DA	DA	DA	DA
PCHN 34441	Tinnitus	C				D	DA	D	DA		DA	DA	DA
PCHN 35550	Counselling & Communication Skills in Clinical Practice	C				D	DA	D	DA		DA	DA	D
PCHN 38880	Audiology Research Project	C	DA	DA				DA		DA	DA	DA	DA
PCHN 39990	Clinic Placement & Practical Skills III	C	DA			DA	D	DA		DA		D	DA
PCHN 36661	Vestibular Pathology and Assessment	C				D	DA	D	DA		DA	DA	DA
PCHN 37770	Paediatric Audiology	C				D	DA	D	DA		DA	DA	DA

Legend for cells A = skills are assessed within this unit; D = skills are taught or developed by students within this unit; C = compulsory unit;

Practical Skills

**Transferable skill
qualities**

	New Code	Course Unit title	C/O	C1	C2	C3	C4	C5	C6	C7	C8	C9	C10	C11	D1	D2	D3	D4	D5		
Year 1	PCHN 10000	Professional Studies I	C		DA										D	D	DA		D		
	PCHN 11501	Introduction to Psychology and Lifespan Development	C												D	D					
	PCHN 10211/2	Human Anatomy and Physiology Healthcare Professions	C												D						
	PCHN 10040	Introduction to Health Science	C																DA D		
	PCHN 10050	Audiological Science 1 " Physics and Measurement	C																D		
	PCHN 10070	Introduction to Audiology Clinic	C	D		D	D											DA	D		
	PCHN 10080	Placement and Practical Skills I	C	DA	D	DA	DA	D	D		D	D			D	D	D				
	PCHN 20033	Leadership in Healthcare	C													DA	DA	D			
	PCHN 20002	Research Methods & Statistics	C																D	D	D
	Year 2	PCHN 20001	Audiological Science 2 " Physiology and Perception	C															DA	D	
PCHN 20011		Adult Rehabilitation II	C			D					D	DA	DA		DA	D	D	DA			
PCHN 20020		Adult Audiological Assessment and Management	C			D												DA	DA		

GCE A level	We require grades ABB, including a science subject (Biology, Chemistry, Physics, Maths, Psychology or Applied Science)
GCE AS level	AS Level results are not considered as part of the standard admissions process at The University of Manchester Candidates must demonstrate a broad general education including a minimum of five GCSEs/iGCSEs overall including B or 5 in Mathematics and B/6 in one of Biology, Chemistry, Physics or Science, with all others at C/4 or above. This must include English Language.
GCSE	GCSE/iGCSE English Literature will not be accepted in lieu of GCSE/iGCSE English Language
Subjects excluded	General Studies (not accepted as part of offer)

Baccalaureate (inc. Irish Leaving Certificate) Qualifications

International Baccalaureate	The course specific requirements are 34 points overall with 6,5,5 at higher level (one higher subject e.g. Biology, Chemistry, Physics, Maths, Psychology or Applied Science) The University of Manchester welcomes applicants with the European Baccalaureate. Acceptable on its own or in combination with other qualifications, applications from students studying for this will be considered on an individual basis.
European Baccalaureate	We require an award of EB at 75%-80% or above overall, with a minimum of 7.5-8 in 3 written subjects including two science subjects. In addition, all applicants are required to demonstrate proficiency in English Language. We accept a score of a minimum of 6 at Year 7 (or a minimum of 7.5 at Year 6) in English Language in the EB or a separate English Language qualification

Scottish Qualifications

**Scottish
Higher**

We require grades ABBBB to include Chemistry and either Mathematics or Biology together with Grade B in Advanced Higher Chemistry. If you have not studied National 5 qualifications, we would expect you to have studied English and mathematics at Higher level

Subjects
excluded

General Studies

Other Qualifications

All applicants to the University (UK and Overseas) are required to show evidence of English Language proficiency. The minimum English Language requirement for this course is either:

- GCSE/iGCSE English Language grade C/4 or
- IELTS 7.0, with no component less than 7.0.or
- TOFL (iBT) 100
- an acceptable equivalent qualification.

Applicants for whom English is not a first language should appreciate that a particularly high standard of spoken and written English is necessary to cope with academic and clinical work. As a minimum we require the above English language requirements. However, there is a great need for audiologists who are fluent in more than one language and graduates with such skills would be a valuable addition to the profession.

English Language Requirement (e.g. IELTS, TOEFL)

Please note that if you hold English as a second language iGCSE qualification, we may also require you to offer one of [our acceptable equivalent English Language qualifications](#) or achieve a higher grade in your iGCSE than the one stated above. Please contact the academic School for clarification.

The UK Visas and Immigration (UKVI) requires that every student from outside the UK and the EU must show evidence of a minimum level of English Language in order to be granted a UK visa (Tier 4 visa) to study at undergraduate or postgraduate level. This level is often referred to as the B2 level.

Additionally, individual Schools may ask for specific English Language proficiency levels necessary for their academic programmes. In most cases these requirements are likely to be higher than the B2 level. Further information about our English Language policy, including a list of some of the English Language qualifications we accept, can be found [here](#).

Pearson BTEC National Extended Diploma

We consider the National Extended Diploma for entry provided it is in a subject relevant to the chosen degree. Entry requirements are based on achievement of the full National Extended Diploma with grades DDD in a science based subject (Applied Science would also be accepted at this level).

Health and Social Care in the BTEC National Extended Diploma at grades DDD can be accepted alongside an A-level at Grade B or above in either Chemistry, Biology, Mathematics, Physics or Psychology.

If the Health and Social Care BTEC National Extended Diploma contains more scientific based units (the Health Sciences pathway rather than the Social Care pathway), you might not be required to obtain an additional A-level at Grade B or above in either Chemistry, Biology, Mathematics, Physics or Psychology.

Please get in touch with us directly and provide a list of all units being undertaken as part of this diploma. We will assess the curriculum of the diploma on a case-by-case basis.

Pearson BTEC Level 3 National Diploma

We consider the National Diploma for entry provided it is in a subject relevant to the chosen course. Entry requirements are based on achievement of the full National Diploma with grades DD plus an additional A Level at grade B. The A Level must be in Chemistry, Biology, Mathematics, Physics or Psychology).

Pearson BTEC Level 3 National Foundation Diploma

We consider the National Foundation Diploma for entry provided it is in a subject relevant to the chosen course. Entry requirements are based on achievement of the full National Foundation Diploma with grades M plus two additional A Levels at grade A B. One A-Level must be in Chemistry, Biology, Mathematics, Physics or Psychology).

Pearson BTEC Level 3 National Extended Certificate

We consider the National Extended Certificate for entry provided it is in a subject relevant to the chosen course. Entry requirements are based on achievement of the full National Extended Certificate with grade D plus two additional A Levels at grades AB. One A-Level must be in Chemistry, Biology, Mathematics, Physics or Psychology.

BTEC

We require a QAA-recognised Access to HE diploma (a minimum of 60 credits overall with at least 45 at Level 3), with merit or distinction in a subject area relevant to the chosen course.

The specific course requirements are: an overall of 60 credits are required, with 45 Level 3 credits awarded at Distinction. 15 credits at Distinction must be in a science subject. You should also meet our standard GCSE requirements.

Access to HE

(number & level of credits, subject area).

We welcome applicants completing an Access to HE course in a health or science-related subject.

We consider Access courses to be suitable for mature applicants who have been out of full-time education and have had no previous access to higher education. We will consider applications on an individual basis taking into account other factors such as other educational achievements, life experience and skills.

Students educated up to GCSE level who have only taken a one-year Access course will not normally be accepted.

Other

Qualifications Not Listed (e.g. Early Years BTEC qualifications.)

Applications from UK and EU students offering qualifications other than those listed above are welcomed. Please contact the University for further advice.

Additional Entry Requirements

Relevant Work Experience

It is not possible for all audiology service providers to offer work experience for applicants, therefore this is **not** a requirement. However, some practical experience of working in Audiology related environments would be beneficial, e.g. the private sector, charitable organisations, lip-reading classes, Tinnitus support groups etc.

Admissions Process: All applications are processed via UCAS.

8. Progression and assessment regulations

The Progression and Assessment regulations will follow the University regulations for Taught Degree Programmes that are applicable at Undergraduate Level except where professional body require specific aspects to differ. These exceptions are in-line with those that were applied to the BSc (Hons) Audiology Programme. These exceptions are detailed below.

Assessment and Progression

- Students must achieve at least a pass mark in taught units, through assessment in accordance with the approved unit specification, in order to meet the intended learning outcomes and gain credit.
- Minimum pass mark for each course unit is 40%.
- Certain course units contain multiple assessment components each of which must be passed in order to obtain the credits for that unit (i.e. for such units there is no compensation across assessments within these units – see course unit specifications)

Compensation

Because of professional requirements stipulated by the Department of Health:

“No condonement/compensation of modules and no aggregation of marks are permitted. Students must pass all modules to be eligible for the award of the MSC accredited degree. This approach is required irrespective of the HEI’s own academic regulations.”

From: Delivering BSc [Hons] Degree Programmes in Healthcare Science for the new Modernising Scientific Careers Healthcare Science Practitioner Training Programme (PTP) – Guidelines for Higher Education Institutions and their NHS/Health Service Partners. January 2012

Reassessment

- A maximum of 2 resit opportunities will be allowed at level 4 (Y1) at the discretion of the Examination Board.
- A maximum of 80 credits may be resat in any one year (year 1 & 2 only), at the discretion of the examination board.
- Because of professional body requirements one resit opportunity may be allowed at levels 5 and 6 in order to obtain the credits required, and thus obtain the necessary Honours degree.
- Students must achieve an overall course unit resit mark of 40% or more (calculated with the course unit assessment weightings using resit marks where applicable) to be awarded the credits for the failed course unit.
- For any course unit that contributes to the final degree classification the contributing mark will be set in the following way. The original first-sit mark (not the resit mark) will be the contributing mark for first-sit marks between 30 and 40 percent. The contributing mark will be 30% for first-sit marks below 30%.

9. Summary of Topics in all Years

Joint Teaching

You will no doubt discover that certain course units will be jointly taught to students studying on different programmes. Sometimes this is simply because a subject area that you need to study is already being taught elsewhere in the university and so it makes sense to double up. It is intended that such inter-professional learning will benefit all students, as you learn to appreciate different perspectives and to understand the need for health, education and social care professionals to work in close collaboration. For some course units at level 5 you will be taught jointly with Masters and Diploma students studying postgraduate Audiology. In this case, while the content of these units may be identical, course unit tutors will be very clear about the different levels expected of student work. **Where units are joint taught, the distinction between BSc and MSc level is made in: (a) the intended learning outcomes for the course unit, (b) the passmark for the assessments (40% for BSc, 50% for MSc), (c) the level/depth of knowledge/understanding required to achieve this pass mark, and (d) the use of different assessments in order to achieve this differentiation.**

Course Units, Practical Skills Classes and Clinics

Course Units will be running concurrently with your practical skills training and (to some extent) with your clinical placements; you will need to discuss your level of knowledge with your clinical tutor and placement supervisor and be prepared to undertake independent reading to support your clinical experience.

Professional and Clinical Components

This aspect runs throughout the three years and covers a wide diversity of subjects which are relevant to the practical work and professional role of the audiologist. Professional Studies in the first year aims to introduce you to a professional culture and ethos, and to provide you with the skills to enable studying and a lifelong approach to learning. In the second year you will take a unit called Leadership in Health that aims to help students to develop as leaders in their chosen professions. In addition to these you will cover basic and more advanced clinical skills and issues, from case history taking to the provision of services to non-English speaking clients; government and NHS policy; work in different areas of healthcare science and audiology and different health, social and educational teams; applications and interviews procedure. Interdisciplinary working and working in an educational context are important aspects throughout the degree but receive particular emphasis in Professional Studies. Sections

of the topic are taught by the University tutors and visiting lecturers drawn from the fields of Audiology, Speech and Language Therapy and other related professions. Professional Studies is an essential supplement to clinical practice and is vital to ensure that students have an adequate understanding and knowledge of the overall role and responsibilities of healthcare workers.

Research

From year 1 you will be encouraged to take an informed and critical approach to reading about research, which will equip you for a professional commitment to evidence-based practice. We aim to give you adequate knowledge of research methods and statistics to enable you to evaluate published clinical research, to design a research project and to support you in undertaking and using clinical research in your future professional role.

Transferable Skills

Throughout the course, you will be provided with the opportunity to develop skills which will help you during your degree programme and also in future work environments and in lifelong learning. These skills are developed through familiarity with Information Systems (word- processing, computer statistical packages, spreadsheets, email, the internet, and computerised library resources), the use of the library, participation in Study Skills and Professional Skills Development Programmes and the opportunity for presentations in seminars (working individually and in groups). Professional preparation is a major component of this vocational course, addressed specifically through Professional Studies course units and clinical placements.

Year 1

During the first year, you will follow course units which aim to provide an understanding of human anatomy and physiology, development across the lifespan, and the basics of healthcare science including elements of physics and mathematics relevant to your studies. You will begin to address some of the assessment and equipment skills needed to be a healthcare scientist and will be introduced to different ways of approaching disabilities, and specifically hearing loss. You will have clinical placements spread throughout the year with both observational and participatory involvement. Your understanding of research and evidence-based health care begins with an introduction to critical appraisal in your independent reading. The Professional Studies unit introduces you to the professional ethos and scope of the course.

Year 2

In the second year the course moves towards a more detailed study of the components of audiology. As well as continuing with developing your practical skills. You will take course units in a range of audiology specific topics that will give you the academic background and knowledge to prepare you for your placements. The 2nd year of study includes a large component of practical and clinical skills education of which a large component is in clinical placements involving participation with adults with hearing loss. During this placement you will start to put your practical skills and academic knowledge into practice in the assessment and management of adult with hearing losses and start to develop your reflective logbook and start to gain the clinical competencies necessary to complete your Clinical Practice Logbook. Your understanding of normal and impaired auditory function will be extended through the course unit on hearing science, and your research understanding will be strengthened by the research methods course unit.

Year 3

During this year, you will continue to develop as healthcare science professionals, gaining more in-depth academic knowledge and understanding of a range of audiology topics (including optional Paediatric of Vestibular assessment and management). The 3rd year of study includes fulltime clinical placement throughout semester two (excluding time spent on-campus for assessment and a counselling course). You will spend time continuing to develop a reflective logbook record of your clinical practicum and you will complete elements of your Clinical Practice Logbook. During this third year you will also bring together the research skills you have learned throughout the programme to complete a substantial research project.

Handy-tip: As you progress through the programme you will revisit areas that you have studied in previous years. Your learning will become more in-depth and more applied “ it is important that you keep all your notes from previous years and that you don’t “forget what you have learnt once you have passed a module. Subsequent exams and assignments will frequently assume knowledge and understanding from earlier course units.

SECTION 3 ASSESSMENT AND REGULATIONS

Summative assessment

This type of assessment, sometimes referred to as “examined” assessment, contributes to your end-of-year overall mark. Some of your year 2 marks and all the year 3 marks contribute to your degree classification (see later). Summative assessment may

take various forms (e.g. essay, poster, presentation assignment or written exams). In the case of summative assignments, hand-in dates will usually be around the end of semester (although may vary depending on course unit). In the case of summative exams, these will normally take place in one of the two allocated exam periods towards the end of each semester.

External Examiners

In all University assessments, External Examiners play a vital role. They are responsible for maintaining academic standards and ensuring that candidates are marked fairly. The External Examiner is invited to comment on the appropriateness of assignment topics and examination questions and reads a selection of scripts from each examination and from assessed coursework.

The current External Examiners involved in moderating the BSc Healthcare Science (Audiology) course are:

Dr Robert MacKinnon “ Angila Ruskin University

Saira Hussain “ Aston University

(1 st year Anatomy and Physiology is externally examined by the external examiners for the courses which the unit is joint taught with)

External Examiners’™ reports relating to this programme will be shared with student representatives at the Student Voice Meetings, where details of any actions carried out by the programme team in response to the External Examiners’™ comments will be discussed. Students should contact their student representatives if they require any further information about External Examiners’™ reports or the process for considering them. (Please note that these external examiners reports give details of the programme as a whole and do not relate to the work of individual students.)

Please note that it is inappropriate for students to make direct contact with External Examiners under any circumstances, in particular with regards to a student’s™ individual performance in assessments. Other appropriate mechanisms are available for students, including the University’s™ appeals or complaints procedures and the UMSU Advice Centre. In cases where a student does contact an External Examiner directly, External Examiners have been requested not to respond to direct queries. Instead, External Examiners should report the matter to their School contact who will then contact the student to remind them of the other methods available for students. If students have any queries concerning this, they should contact the Programme Director.

Exceeding the word limit

Word limits for assignments are set for a good reason. You must clearly and honestly state the word count for your work at the end of all assignments you submit. You should state the word count just before the reference list that appears at the end of the work. You should also state the word count at end of all assignment subsections that have a word limit set. The word count must include the entirety of the main body of text (or each subsection with a limit) including any in text citations. The reference list at the end is the only part of an assignment that is never included in the word count. Having a word limit for an assignment is akin to everyone having the same length of time to sit a written exam (in special circumstances for specific disabilities extra time might be allowed). You will be penalised by a reduction in your mark if your assignment exceeds the word limit according to the following sliding scale:

Number of words above the stated limit	Percentage points deducted
> 0% - 5%	5
> 5% - 10%	10
> 10% - 15%	15
Continued in increasing steps of 5%	Continued increasing in steps of 5
> 40%	A mark of zero is awarded

It is important to note that any deliberate attempt to conceal the fact that your work is over word limit by understating the word count within the work is an offense of academic and professional malpractice which may result punitive action.

A reduction of 5 percentage points will be applied if the word limit is exceeded by just 1 word. It is therefore imperative that you are able to properly and correctly obtain the word count for each assignment you submit. Further guidance on exactly how to obtain the correct word count using Microsoft Word is available in the Canvas programme space. The above word limit regulations apply to all assignments unless otherwise stated by the module tutor setting the work.

Handy-tip: Word limits are set for a reason – make sure you know what the exact word limit is for your assignment and don't exceed it. If you are unsure how we count the words look at the online tutorial on Canvas.

Format (font size/style)

Your work should be submitted using the following formatting unless stated otherwise:

- Double line spacing
- 12-point Arial Font
- APA (Harvard) Referencing, APA (Harvard style) in text citations
- Reference list at end of work, APA (Harvard style) reference list
- Word count included at the end of the main body of text before the reference list

Further guidance on exactly how to apply the correct formatting using Microsoft Word is available in the Canvas programme space. The above regulations apply to all assignments unless otherwise stated by the module tutor setting the work.

Assessment and Resit Regulations

The University's progression principles are based on the principle that 120 academic credits must be passed before progression to subsequent academic years. For this programme, because of Professional Body requirements compensation of failed course units is not allowed [2]. Any student not obtaining pass marks for the full 120 academic credits (after all appropriate reassessment opportunities) will be deemed to have failed that year of study and be exited from the programme. Specific assessment regulations for this programme are presented below.

1. The pass-mark for academic units, where a mark is allocated is 40%. Some units may be classed as pass/fail in which case a "pass" mark must be achieved. Each unit must be passed in order for credits to be awarded for that unit.
2. Certain course units may have multiple assessment components; the overall unit mark is normally calculated as a weighted average of the different assessments. Where assessment components within a unit are pass/fail, each of these components must be passed.
3. Assessments normally take place in the January and May/June examination periods, but assessments may be arranged outside of these periods.
4. Following each assessment period an Examination Board is held that reviews assessment marks and makes decisions regarding progression to subsequent year, resits opportunities, exclusion from the programme and award of degree classifications.
5. A student must pass a minimum of 40 credits at first attempt at each level in order to be eligible for progression to subsequent year (after appropriate reassessment if necessary). If a student fails to pass this minimum number of credits then they will be excluded on grounds of academic failure (i.e. if they fail more than 80 credits at first attempt).

6. Students that have passed 40 credits or more, but have not passed the required 120 credits may, **at the discretion of the examination board**, be allowed opportunities to be reassessed on the failed units (these reassessments are commonly referred to as resits, or referred assessments, also see 11-13 below). In making a decision to allow resits an examination board take into consideration the overall profile of marks (e.g. whether marks are generally in the 30-40 range compared to those being below 20-30%) and/or student attendance and engagement in the programme.

7. Resits normally take place in the August/September of the year in which the examinations were first taken – students are advised that it is their responsibility to make sure that they are available for the whole of this resit period should reassessment be required.

8. The general principle is that only one attempt at reassessment of failed course units will normally be allowed.

9. Unit marks for resit assessments are capped to ensure that student do not gain an advantage by being allowed to resit assessments. If a unit is passed at resit, but the original mark was 29% or below, the unit mark will be capped at 30%. If the original unit mark was between 30 and 39% and is passed at resit then the original mark will be awarded for that unit.

10. In calculating year average and degree classifications the original marks (and/or capped marks as per 9 above) will be used to calculate weighted averages according to the number of credits assigned to each course unit.

11. **In the first year of study** (level 4) a student failing resit assessments may be allowed to carry up to 20 credits into the subsequent year of study for a 2nd resit attempt. Students failing more than 20 credits at resit assessment would normally exit the programme on the grounds of academic failure. Special resit regulations apply to OSCE (practical exams) see below.

12. **In the second year**, (level 5) students may be permitted to resit course units, up to a maximum of 80 credits, with one resit opportunity for each failed assessment task (at the discretion of the Examinations Board). All resits must be passed in the August/September resit period to allow progression to the third year of study, resits of 2nd year units cannot be carried into the 3rd year of study. Students failing **any** of these resits will normally not be allowed to continue on the programme. Special resit regulations apply to OSCE (practical exams) see below. Please note that clinical placement-based assessment tasks that require further placement time cannot be resat after the end of the allocated placement time; this is because, unless special

circumstances apply, no additional placement time is permitted. It is not normally possible to resit a clinical placement during the summer. This is because placement resits are not permitted and are not possible during the summer period. Students failing the Year 2 clinical placement will not be able to proceed into Year 3.

13. **In the third year** (level 6), at the discretion of the Examination Board, a student may be permitted to resit course units, up to a **maximum of 40 credits**, with one resit opportunity for each assessment task, in order to allow the award of a degree in BSc (Hons) Healthcare Science (Audiology). Please note that **clinical placement-based assessment tasks that require further placement time cannot be resat after the end of the allocated placement time**; this is because, unless special circumstances apply, **no additional placement time is permitted**.

14. If a student fails level 6 units (after due consideration to point 13) and a minimum of 300 academic credits have been accrued, the award of BSc (Ord) in Healthcare Science may be considered by the Board of Examiners – such an award will not lead to eligibility for registration as a Healthcare Science Practitioner.

15. For some course units, an alternative resit format may be given. In this case, rather than taking standard unseen resit examinations, for example, students may be asked to submit answers to all questions on the failed examination paper as an assignment.

16. In any of the above regulations the Examinations Board take into consideration any appropriately evidenced mitigating circumstances provided by the student according to the University Guidance on Mitigating Circumstances.

OSCE Resit Regulations

OSCE assessments are on-campus practical (or simulated practical) exams. In addition to practical assessment OSCEs also normally contain written, or viva, components that assess knowledge and understanding of the practical tasks. It is recognised that OSCE assessments can be more difficult to pass at first attempt. This is because the minimum standards required to pass can be high. Few (if any) mistakes are permitted because of the clinical practical nature of the assessment.

All students will have two “first” attempts to pass each OSCE station. Any student passing at either of these attempts will be considered to have passed for the purpose of academic regulations and will be recorded as having passed the OSCE. Failure of both “first” attempts will be recorded on academic records, exam board notified, and be subject to all normal resit regulations above. Failure to attend any scheduled

assessment attempt will count as failure of that attempt opportunity unless mitigating circumstances apply. Resit attempts are at the discretion of exam board and will normally take place in the August/September resit period. These special rules only apply to OSCE assessments.

Handy-tip: After the first year of study only one resit attempt at each assessment is allowed (unless there are appropriate mitigating circumstances). Any resit opportunities are allowed at the discretion of the examination board, and failure of any course unit at resit may lead to exclusion from the programme – please make sure you understand the resit regulations and the implications of any assessment failure – if in doubt talk to your Academic Advisor.

Degree classification

1. All marks will be weighted in proportion to the credit rating of the course units taken. A Year 2 and Year 3 average mark will be calculated from the weighted course unit marks within each year respectively.
2. For the award of BSc (Hons) in Healthcare Science (Audiology), 360 credits (including a minimum of 120 at level 6) must be accumulated by the end of year 3.
3. The final mark for degree classification consideration will be a year 2 and year 3 weighted mark (also see 1 above). The weighting applied will be 0.33/0.67 (33% of the mark from year 2 and 67% from year 3). All course unit marks from year 2 and year 3 form part of the degree classification mark.

Handy-tip: A 20 credit unit in year 2 counts for approximately 17% of the year 2 mark (20 of 120 units that have a mark); this counts for approximately 6% of the overall degree classification mark (0.33/0.67 year 2/3 ratio). A 20 credit unit in year 3 counts for approximately 17% of the year 3 mark (20 of the 120 units that have a mark). This counts for approximately 12% of the overall degree classification mark.

Rules for all students

1. The Board of Examiners will adopt the following procedures in relation to final degree classification: Class I an average of 70% or more

Class II(i) an average of 60% or more

Class II(ii) an average of 50% or more

Class III an average of 40% or more

1. In borderline cases (i.e. where the average mark falls in the ranges 68%–69%; 58%–59%; 48%–49%; 38%–39%), a student may be considered for the next higher class of degree by the following method:

A student who obtains an overall mark in the boundary zone for that class and obtains at least two-thirds of the credits for the final year with a mark not less than 40.0% will obtain that class if at least two thirds of the credits for the final year (80 credits) are in or above the range required for that class.

Please note that the final degree classification mark is calculated to one decimal place. A student with degree classification mark of 69.9%

will be awarded a Class II(i) degree unless their marks meet the boundary condition to allow award of a Class I degree (80 credits in the final year with a mark higher than 70%).

The Board of Examiners will also consider any mitigating circumstances brought to their attention that may have affected the performance of the student. It is therefore essential that students bring any such matters to the notice of examiners by the appropriate deadline. You will be notified of these deadlines prior to each examination period.

Course Unit Assessments

Throughout the BSc Healthcare Science (Audiology) programme a range of assessments are used that include verbal presentations, literature reviews, and formal unseen written examinations consisting of online MCQ assessments (including other similar question types such as “extended matching questions”™ etc), computational questions, short answer questions and essays. The assessment methods employed by each unit will vary and be tailored to match the material delivered and stated ILOs for each unit. The assessments will test students’™ abilities to gather information from a wide range of sources, evaluate and critically analyse information, make considered judgments about that information and synthesize material into logical and coherent pieces of work.

Details of the specific assessment types for each course unit can be found in section 2 of this handbook and in appendices 1-3 and indicative assessment marking criteria can be found in the previous few pages of this handbook. For further details of specific unit assessments please also see the Clinical Handbook, Research Project Handbook and other unit specific information that may be provided by unit tutors.

Group work and Group Assignments

Working together is a crucial part of professional life as a Healthcare Scientist and as such you have a range of group work activities and some group assignments. In such situations planning and working together is crucial – make sure you plan in advance the range of meetings you need. You will need to be prepared to spend time on campus outside lectures so that you can meet with other students. A mature and planned approach to such work will help improve any work produced.

SECTION 4 STUDENT SUPPORT, GUIDANCE AND REPRESENTATION

Programme Committee & Student Progress Committee

The Programme Committee (PC) and its sub-committee, the Student Progress Committee (SPC), are responsible for monitoring the work and attendance records for each student, for progression and development of the course and for the co-ordination of course administration.

Programme development is also overseen by the National School of Healthcare Science who prescribe the curriculum and accredit the programme (as do the HCPC). The programme is subject to accreditation by the NSHCS every 4 years (reaccreditation was granted Summer 2016). In addition, all academic programmes are subject to annual reviews internal to the University, and to Periodic (6- yearly) internal reviews (which involve input from an external subject specialist plus academics from other Faculties).

Personal, Academic and Clinical tutorials

1. At the start of the course, you will be assigned an Academic Advisor who will normally remain the same person throughout the three years of the course. You may ask to change your Academic Advisor at any time if there is good reason. You should raise this request with the Programme Director or Senior Academic Advisor and you would then be assigned to another advisor at the discretion of the Student Progress Committee (i.e. it is not possible for you to specify the alternative advisor). The role of the Academic Advisors is to give general guidance on academic and non-academic problems and s/he is often the person to ask for a reference when required.

2. It is expected that advisees meet their advisor at least once per semester. In year 1 your Academic Advisor will arrange a meeting with you during the beginning of first semester. This will normally be a group meeting with all their advisees from your year

group. They will inform you of the best way to contact them to arrange subsequent meetings.

3. In each year you will be required to attend clinical tutorials. These are designed to prepare you for your clinical placements as well as provide an opportunity for you to reflect on your experiences post placement. It is the responsibility of the University Clinical Tutors to receive and to read reports from Placement Supervisors when they arrive. If you have a query about any of these reports you should therefore see your clinical tutor.

Handy-tip: Make sure you make the best use of your Academic Advisor and Clinical Tutors – they are there to help you. If they ask for you to meet with them please make sure you attend the appointments.

Subject tutorials

Subject tutors responsible for delivering the course units may arrange timetabled academic tutorials for you to pursue in more depth aspects of subject specific knowledge. You may be expected to prepare a piece of work for these tutorials, or to present a précis of a key paper. The content and timing of tutorials will be specified by the tutor at the beginning of the semester.

Academic Feedback

Feedback on academic progress is given by various means, the most obvious of which is the summative feedback provided by

assignment/exam marks. When written assignments are given back they will be accompanied by feedback sheets which give a breakdown of the key issues concerning the marking of the assignment. If the assignment was submitted on Canvas, feedback will usually be given online. You will also receive an individual feedback form for all examinations. Individual or group feedback may also be given by Course Unit Tutors or by Academic Advisors – this may take the form of verbal, as well as written, feedback. Students can request such feedback from Unit Tutors or Academic Advisors (see also previous section).

Project tutorials

In third year, you will be assigned a project supervisor. It is our aim to ensure that you are properly supported during your studies and that both you and your supervisors are aware of the amount of supervision which is appropriate. The following guidelines for project tutorials have therefore been drawn up and apply to students and supervisors

(see project handbook for further details):

1. You are entitled to a maximum of 5 hours contact time with the tutor during year 3.
2. It is your responsibility to ask for and arrange project tutorials at appropriate times with the tutor, to prepare appropriately for tutorials and to submit work at the agreed times.
3. The tutor will keep a record of the time spent in tutorials and a record of the discussion which occurred during the supervision.
4. It is the responsibility of the tutor to ensure that s/he is reasonably available for you or let you know when s/he will be available.
5. It is the responsibility of the tutor to read and give back work submitted for comments within three weeks: tutors are expected to read through all project sections in first draft, provided that the student meets the agreed submission deadlines.
6. Any work handed in after the final specified deadline will not be read.

Handy-tip: The 3rd year project is a 30 credit unit and the emphasis is very much on the students own work – begin planning your work early (start of year 3) but it would help you immensely if you started thinking about it towards the end of year 2.

Other tutorials

You can reasonably expect to be able to see a lecturer individually for discussion of, say, a specific academic or clinical enquiry or a personal problem. Staff workloads, however, limit the availability of tutors. Most staff operate an open-door policy where you can knock on their door any time during the week and either see them then, or arrange an appointment. Some staff may however operate an office hours system and post their –office hours–™ on their door or. These are the times each week when they are available for drop-in enquiries. You can of course arrange to see staff outside these times but we ask that you make an appointment by phone or email to be sure of finding a time convenient for everyone.

Staff are always willing to see students with personal emergencies, such as ill-health, but they may not always be in their rooms. In that case you should leave a telephone number where you can be contacted with the Undergraduate Office or with the staff via e-mail.

Useful Links

The following section gives useful links to external sources of information that are relevant to your studies

British Academy of Audiology:

<http://www.baaudiology.org/>

British Society of Audiology

<http://www.thebsa.org.uk/>

The National School of Healthcare Science

<https://www.nshcs.hee.nhs.uk/>

Health and Care Professions Council (HCPC):

<http://www.hcpc-uk.org.uk/> <https://www.hcpc-uk.org/>

Health Education England (North West)

<https://hee.nhs.uk/hee-your-area/north-west> <https://www.hee.nhs.uk/about/how-we-work/your-area/north-west>

Appendices

Appendix 1 BSc Healthcare Science (Audiology) Assessment/Examination marking criteria

Range Feedback descriptors

Profoundly inadequate

0-9

Highly Deficient

Severely inadequate

10-19 Very Deficient

Incomplete

Inadequate

Deficient

20-29 Some attempt

Confused

Insufficient

30-39 Partial

Some awareness

Sufficient

40-49 Adequate

Basic

Good

Clear

Fair

50-59 Competent

Reasonable

Coherent

Very Good

60-69 Sound

Effective

Excellent

Detailed

70-79

Compelling

Lucid

Outstanding

Sophisticated

Innovative

80-89

Insightful

Ambitious

Perceptive

Advanced

Exceptional

90-100

Authoritative

Very Advanced

* Note, however, that when qualifying comments on structure, phrasing, vocabulary, etc., the word "poor"™ can be a descriptive and helpful tool. However, the word "poor"™ should not be used in isolation.

Level four 90 – 100%

Level five 90 – 100%

Level six 90 – 100%

Content

- Demonstrates exhaustive knowledge and in-depth understanding of all issues and concepts.
- Application of theory to practice is evident across all issues.
- Arguments are balanced, clear, logical and well supported with comprehensive evidence from research and theory.
- Shows independent thought and ideas but not subjective views or anecdotes. Extensive evidence of evaluative/critical thinking present.
- Extensive evidence of relevant reading which is used to support discussion.

Structure

- Content is exceptionally well organised accurate throughout and shows clear evidence of structure and planning.

Style

- All sentences are clear and well-constructed and presented in a formal academic manner.

- Correct spelling, grammar and punctuation.

- Sources are referenced

Content

- Demonstrates exhaustive knowledge and critical understanding of all issues and concepts, and extensive evidence of creative thinking and problem solving (where appropriate).
- Excellent application of theory to practice is evident across all issues.
- All arguments are clearly expressed and analysed with excellent, and comprehensively referenced, support.
- Evidence of appropriate critical reading in all aspects which is used to support and challenge discussion.
- Critical use of research findings to support and develop arguments (where appropriate).

Structure

- Content is exceptionally well organised, accurate and shows extensive evidence of structure and planning.

Style

- Excellent, formal, academic style of work
- Correct and complete

Content

- Demonstrates comprehensive knowledge and critical understanding of all issues and concepts.
- Comprehensive evidence of creative thinking and problem solving evident in all aspects.
- Comprehensive application of theory and concepts to practice in all issues, with evidence of the further development of current or new theories.
- Comprehensive evidence of appropriate critical reading which is used to support and challenge discussion.
- Comprehensive critical use of research findings with clear demonstration of their significance.

Structure

- Content is exceptionally well organised, accurate and shows extensive evidence of structure and planning.

Style

- Excellent, formal, academic style of

Level four 80 – 90 %

Level five 80 -90 %

Level six 80 –90 %

Content

- Demonstrates extensive knowledge and in-depth understanding of all issues and concepts.
- Application of theory to practice is evident across a wide range of issues.
- Arguments are balanced, clear, logical and well supported with a wide range of evidence from research and theory.
- Shows independent thought and ideas but not subjective views or anecdotes. Evidence of evaluative/critical thinking present.
- Significant evidence of relevant reading which is used to support discussion.

Structure

- Content is exceptionally well organised accurate throughout and shows clear evidence of structure and planning.

Style

- All sentences are clear and well-constructed and presented in a formal academic manner.
- Correct spelling, grammar and punctuation.
- Sources are referenced correctly with an

Content

- Demonstrates extensive knowledge and critical understanding of all issues and concepts, significant evidence of creative thinking and problem solving (where appropriate).
- Excellent application of theory to practice is evident across all issues.
- All arguments are clearly expressed and analysed with excellent, and fully referenced, support.
- Extensive evidence of appropriate critical reading which is used to support and challenge discussion.
- Critical use of research findings (where appropriate).

Structure

- Content is exceptionally well organised, accurate and shows extensive evidence of structure and planning.

Style

- Excellent, formal, academic style of work
- Correct and complete bibliography

Content

- Demonstrates comprehensive knowledge and critical understanding of all issues and concepts.
- Extensive evidence of creative thinking and problem solving evident in all aspects.
- Comprehensive application of theory and concepts to practice in all issues.
- Extensive evidence of appropriate critical reading which is used to support and challenge discussion.
- Extensive critical use of research findings with clear demonstration of their significance.

Structure

- Content is exceptionally well organised, accurate and shows extensive evidence of structure and planning.

Style

- Excellent, formal, academic style of work
- Correct and complete bibliography

Level four 70 – 80 %

Level five 70 – 80 %

Level six 70 – 80 %

Content

- Demonstrates knowledge and understanding of all issues and concepts.
- Application of theory to practice is evident.
- Arguments are balanced, clear logical and well supported with appropriate evidence from research and theory.
- Shows independent thought and ideas but not subjective views or anecdotes.
- Evidence of relevant reading which is used to support discussion.

Structure

- Content is very well organised accurate throughout and shows clear evidence of structure and planning.

Style

- All sentences are clear and well-constructed
- Correct spelling, grammar and punctuation.
- Sources are referenced correctly.
- Good, formal, academic style of work

Content

- Demonstrates knowledge and critical understanding of all issues and concepts, some evidence of creative thinking and problem solving (where appropriate).
- Excellent application of theory to practice is evident across all issues.
- All arguments are clearly expressed and analysed with excellent support.
- Clear evidence of appropriate critical reading which is used to support and challenge discussion.
- Critical use of research finding (where appropriate).

Structure

- Content is exceptionally well organised, accurate and shows extensive evidence of structure and planning.

Style

- Good, formal, academic style of work
- Correct and complete bibliography

Content

- Demonstrates extensive knowledge and critical understanding of all issues and concepts.
- Extensive evidence of creative thinking and problem solving evident throughout.
- Application of theory and concepts to practice is evident across all issues.
- Excellent evidence of appropriate critical reading which is used to support and challenge discussion.
- Critical use of research findings with clear demonstration of their significance.

Structure

- Content is exceptionally well organised, accurate and shows extensive evidence of structure and planning.

Style

- Good, formal, academic style of work
- Correct and complete bibliography

Level four 60 € 69 %

Level five 60 € 69 %

Level six 60 € 69 %

Content

Content

- Demonstrates knowledge and understanding of most issues and concepts.
- Application of theory to practice is evident.
- Arguments are balanced, clear logical with good attempt to support with evidence from research and theory.
- Demonstrates evidence of relevant reading.

Structure

- Content is well organised and accurate, shows evidence of structure and planning.

Style

- Most sentences are clear and well-constructed.
- Very few spelling, grammatical or punctuation errors.
- Minor referencing errors, but attempt made to cite all sources discussed.
- Use of appropriate formal writing style.

- Demonstrates knowledge and critical understanding of most issues and concepts.
- Application of theory to practice is evident across most issues.
- Most arguments are clear, logical and well supported.
- There is clear evidence of analysis of strengths and weaknesses of arguments.
- Clear evidence of appropriate critical reading which is used to support discussion.
- Use of research findings with clear demonstration of its significance.

Structure

- Content is well organised and accurate, and shows evidence of structure and planning.

Style

- Use of appropriate formal writing style.
- Minor referencing errors, but attempt made to cite all sources discussed.

Content

- Demonstrates knowledge and critical understanding of main issues and concepts with clear evidence of creative thinking and problem solving.
- Application of theory and concepts to practice is evident across most issues.
- Arguments are clear logical and well supported. There is clear evidence of critical evaluation and analysis.
- Clear evidence of appropriate critical evaluation of reading which is used to support discussion.
- Clear critical evaluation of research findings (where appropriate).

Structure

- Content well organised and accurate and shows clear evidence of structure and planning.

Style

- Use of appropriate formal writing style.
- Minor referencing errors, but attempt made to cite all sources discussed.

Level four 50 € 59 %

Level five 50 € 59 %

Level six 50 € 59 %

Content

- Demonstrates knowledge and understanding of the main issues and concepts.
- Some application of theory to practice is demonstrated.
- Arguments are generally clear logical and well supported with reference to the literature
- Demonstrates evidence of relevant reading from expected sources.

Structure

- Content is mostly well organized and accurate showing evidence of structure and planning
- Quotes some pertinent research (where appropriate) and demonstrates some understanding of its significance

Style

- Some poorly constructed or overlong sentences.
- Few spelling, grammatical or punctuation errors.
- Some missing or erroneous references.
- May be some use of inappropriate, colloquial terms.

Content

- Demonstrates knowledge and critical understanding of several issues and concepts
- Application of theory to practice is evident across several issues.
- Arguments are generally clear, logical and well supported.
- Some evidence of appropriate critical reading which is used to support discussion.
- Some research findings (where appropriate) with some demonstration of its significance

Structure

- Content is mostly well organised, accurate and shows evidence of structure and planning

Style

- Formal writing style with some inappropriate, colloquial terms.
- Some referencing errors

Content

- Demonstrates knowledge and critical understanding of main issues and concepts with some evidence of creative thinking and problem solving.
- Application of theory and concept, to practice is evident across some issues.
- Arguments are clear, logical and well supported.
- There is some evidence of critical evaluation and analysis.
- Some evidence of appropriate critical evaluation of reading, which is used to support discussion.
- Some critical evaluation of research findings.

Structure

- Content well organised and accurate and shows evidence of structure and planning.

Style

- Formal writing style with some inappropriate, colloquial terms.
- Some referencing errors.

Level four 40 € 49 %

Level five 40 € 49 %

Level six 40 € 49 %

Content

- Identifies and demonstrates basic understanding of the main issues and concepts
- Some evidence of awareness of how theory is linked to practice
- Arguments are weakly presented, may contain some ambiguity or be unsupported.
- Evidence of some appropriate reading in terms of adequate number and range of references.
- Some reference to research findings/evidence. Some evidence, however, takes the form of anecdotes rather than substantiated evidence.

Structure

- Some evidence of structure and planning but not well organised.

Style

- Multiple spelling, grammatical or punctuation errors.
- Attempt to reference sources, but many inaccuracies.
- Use of colloquial terms and may be written in an inappropriately informal style.
- Text may be overly descriptive.

Content

- Demonstrates knowledge and understanding of some issues and concepts and their development.
- Shows limited evidence of critical understanding
- Application of theory to practice is evident across some issues.
- Arguments are not consistently clear logical or well supported.
- Limited evidence of appropriate critical reading which is used to support discussion.
- Limited use of research findings (where appropriate) to support points with limited demonstration of its significance

Structure

- Limited evidence of structure and planning but not well organised

Style

- Inappropriately informal style
- Referencing and bibliography incorrectly presented

Content

- Demonstrates knowledge and critical understanding of main issues and concepts, with limited evidence of creative thinking and problem solving.
- Limited application of theory and concepts to practice is evident across some issues.
- Arguments although generally clear, logical and well supported are limited.
- Limited evidence of appropriate critical reading which is used to support discussion.
- Limited evaluation of research findings.

Structure

- Content is mostly well organised, accurate and shows evidence of structure and planning.

Style

- Inappropriate informal style
- Referencing and bibliography incorrectly presented.

Level four Fail 33 â€™ 39% Level five Fail 33 â€™ 39% Level six Fail 33 â€™ 39%

Content

- A piece of work which only meets some of the aims of the assessment
- Presents some, but inadequate knowledge and understanding of the topic/concepts/issues
- Insufficient demonstration of how theory is linked to practice
- Some of the arguments presented are incoherent or illogical.
- Personal opinions are unsupported.
- Evidence of reading is insufficient or inappropriate
- Limited and sometimes inappropriate inclusion of research findings

Structure

- Insufficient structure or evidence of planning/illegible presentation

Style

- Multiple spelling, grammatical and punctuation errors.
- No evidence of proof-reading.
- Inaccurate referencing or no attempt at bibliography.

Content

- A piece of work which does not meet the aims of the assessment and has insufficient evidence of analysis
- Presents limited, but inadequate, knowledge and understanding of the topic/concepts/issues
- Insufficient demonstration of how theory is linked to practice
- Some of the arguments presented are sometimes incoherent or illogical.
- Limited evidence of reading which is sometimes inappropriate.
- Limited inclusion of research findings

Structure

- Insufficient structure or evidence of planning/illegible presentation

Style

- Reference list limited or somewhat inappropriate.
- Inappropriate, informal writing style.

Content

- A piece of work which does not meet the aims of the assessment and has insufficient evidence of analysis and the ability to synthesize
- Presents inadequate knowledge and understanding of the topic/concepts/issues
- Insufficient demonstration of how theory is linked to practice
- Some arguments presented are incoherent or illogical.
- Evidence of reading is insufficient or inappropriate
- Absent or inappropriate inclusion of research findings

Structure

- Some, but insufficient structure or evidence of planning/illegible presentation

Style

- Reference list limited or somewhat inappropriate.
- Inappropriate, informal writing style.

Level four Fail 0 â€™ 32% Level five Fail 0 â€™ 32% Level six Fail 0 â€™ 32%

Content

- A piece of work which falls a long way short of meeting the aims of the assessment
- Presents little or no knowledge and understanding of the topic/concepts/issues
- Does not demonstrate how theory is linked to practice
- Incoherent or illogical arguments are presented.
- Personal opinions are unsupported.
- Evidence of reading is non-existent
- No inclusion of research findings

Structure

- No structure or evidence of planning/illegible presentation

Style

- Multiple spelling, grammatical and punctuation errors.
- No evidence of proof-reading
- Inaccurate referencing or no attempt at bibliography
- Use of inappropriate, informal writing style and/or colloquial language.

Content

- A piece of work which falls a long way short of meeting the aims of the assessment and has little or no evidence of analysis
- Presents little knowledge and understanding of the topic/concepts/issues
- Little or no demonstration of how theory is linked to practice
- Incoherent or illogical arguments are presented.
- Personal opinions are unsupported.
- Evidence of reading is insufficient or inappropriate
- Absent or inappropriate inclusion of research findings

Structure

- No structure or evidence of planning/illegible presentation

Style

- Inappropriate, informal style
- Reference list absent/inappropriate

Content

- A piece of work which falls a long way short of meeting the aims of the assessment and has no evidence of analysis and the ability to synthesize
- Presents little knowledge and understanding of the topic/concepts/issues
- Does not demonstrate how theory is linked to practice Incoherent or illogical arguments are presented.
- Personal opinions are unsupported.
- Evidence of reading is absent or totally inappropriate
- Little or no inclusion of research findings

Structure

- Very little or no structure or evidence of planning/illegible presentation

Style

- Inappropriate, informal style
- Reference list absent/inappropriate.

Appendix 2 Conduct and Discipline of Students (Regulation XVII)

Students must also refer to the HCPC standards of conduct, performance and ethics, available at <http://www.hpc-uk.org/standards/standards-of-conduct-performance-and-ethics/>

The conduct regulation can be found here:

<http://documents.manchester.ac.uk/display.aspx?DocID=6530>

Appendix 3 Professional behaviour and conduct

Ground rules on Professional Behaviour and Conduct

Certain behaviours are accepted as appropriate for professionals and you should learn to incorporate these into your performance and demeanour, particularly when attending clinic placements. As a student, you represent the Programme, the School and the University. Your communication with patients and other professionals may be through personal contact, writing or telephone etc. The importance of developing professional skills and behaviour as well as scientific and technical skills cannot be over emphasised. As a student, you may work with patients who differ in many respects. You will enjoy working with some age groups more than others and like some individuals more than others. You should treat all patients with respect, integrity and compassion and without any form of prejudice. You must make objective clinical judgements.

You may initially be nervous in the clinic, especially in the first semester, but through a combination of your demeanour (e.g. dress appropriately, establish rapport with patient etc) and clinic performance, you must make the patient believe that you will provide a comprehensive quality clinical service. It is important for you to present yourself as a person confident in your skills (without attempting to exceed your area of knowledge). The better prepared you are for each clinic session, the easier it will be for you to appear confident, even when you are a little nervous. This includes reviewing and practising unfamiliar techniques and setting up and testing equipment in advance.

You will also become more confident when discussing test procedures, results and recommendations as your training advances. It may be necessary for you to research information about certain disorders or diseases mentioned in the referral letter before you commence your clinic session. There will be certain categories of patients and test procedures that you will not be expected to undertake until you are more advanced in your training.

Confidentiality

You may be involved in issues of client confidentiality early in the course. You are required to respect patient confidentiality and you must understand the importance of not revealing, without prior authorisation, any professional or personal information about the patient you have seen (or observed) in the clinic. In practice, this means that you should avoid discussing patient details in public places, avoid identifying the patient unless necessary, and avoid leaving case notes and other confidential information in public places. You should not remove case notes from the clinic without permission.

Dress Code

Individuals are typically judged on their appearances. The way you look may inspire confidence or trust. The manner in which you dress and even wear your hair may detract or enhance your clinic sessions. You do not need to buy expensive clothes but you must appear professional. Use common sense. While on placement, both male and female students should avoid wearing jeans, tee-shirts, sport shorts, or provocative clothing. You should consider modesty and comfort in situations where there is frequent kneeling and bending. It is traditional practice for male students to wear a shirt and tie with smart trousers. Female students may also wear smart trousers as well as skirts and dresses. White lab coats are not worn in the department but may be provided at other clinics. Tidiness of hair and beard is requested, and if the hair is sufficiently long to fall over the face when examining a patient, there should be some arrangement to prevent it from doing so. These comments may also apply to certain items of jewellery. You will be excluded from clinic sessions if your supervisor feels that your appearance is unsatisfactory.

(SEE ALSO: Appendix 2 Conduct and Discipline of Students (Regulation XVII), Appendix 4 Religious Events and Festivals, Appendix 5 Communication & Dress Code for Healthcare Science (Audiology) Students, Appendix 6: Drugs and Alcohol Policy)

Appendix 4 Religious Events and Festivals

We recognise that there may be occasions when students are unable to attend The University or clinical placement due to the observance of religious events. You are required at the beginning of each academic year to notify the Programme Director AND the Director of Clinical Education for the Audiology programmes, in writing of any date/s on which you intend to be absent from the University due to the observance of religious events falling within the academic year. These dates will be noted and kept on your file.

You must notify the University of any absences due to religious events in the same way as for any other absences.

Clinic Placements

Due to the scheduling of placements and the demands made on our partner placement providers, it may not always be possible to arrange clinical placement experience to compensate for absences during your allocated clinical placement period. Any dates of necessary absence which coincide with clinical placements should be highlighted and must be reported to the Clinical Director at the start of the academic year.

You should be aware that poor attendance (less than 80%) across the year may affect your progress through the programme.

Should formal examinations fall on significant religious dates, the School will try to make alternative arrangements for those students who would be effected. This will, where possible, be undertaken in co-operation with representatives from relevant religious communities. If a student has any issues surrounding prayer times they should contact the School, or if on placement their line manager, they will discuss the matter with the student to establish if suitable arrangements can be made.

Appendix 5 Communication & Dress Code for Healthcare Science (Audiology) Students

The University of Manchester

All health and social care professionals are bound by the guidance and rules of conduct set out by the Department of Health and the relevant regulatory or representative body, e.g. the General Dental Council (GDC), General Medical Council (GMC), Nursing and Midwifery Council (NMC), Royal Pharmaceutical Society of Great Britain and Pharmaceutical Society of Northern Ireland, the Health Professions Council (HCPC), the British Psychological Society (BPS) and the General Social Care Council (GSCC). These in turn define the standards for health and social care education in the UK in settings in which a student is interacting with patients, clients or service users.

Communication, both verbal and non-verbal, including dress code, is an important element in ensuring that these standards are maintained.

Communication

The General Medical Council document ‘Good Medical Practice’ 1 defines the basic components of effective communication as:

- listening to patients, clients and service users, asking for and respecting their views about their health, and responding to their concerns and preferences;
- sharing with patients, clients and service users, in a way they can understand, the information they want or need to know about their condition, its likely progression, and the treatment options available to them, including associated risks and uncertainties;
- responding to the questions of patients, clients and service users, and keeping them informed about the progress of their care;
- making sure that patients, clients and service users are informed about how information is shared within teams and among those who will be providing their care.

All health and social care students should adhere to these principles in communication and other skills training, discussion and assessment. The GMC document also stresses the importance of ensuring, wherever practical, that arrangements are made to meet the language and communication needs of patients, clients and service users.

Dress

It has been shown that non-verbal communication is at least as important as verbal communication, so how a student or health and social care professional appears to patients, clients, service users, relatives, professionals or colleagues may communicate as much as what is said. Extremes of dress compromise communication channels between health and social care students and other patients and professionals, regardless of either party’s gender, or cultural or ethnic background. Styles of dress or articles of clothing that introduce barriers to communication or that compromise, or could potentially compromise, hygiene must be avoided.

Styles of dress should inspire confidence and add to, not detract from, effective and sensitive communication. In general, students should be clean and smartly dressed. Thus the following are not permitted in settings in which a student is interacting with patients, clients or service users:

- T-shirts with slogans;
- Visible body art or nail varnish or extensions²;
- Extremes of hair styles³;
- Body and face jewellery (except small stud earrings and wedding rings)⁴; Wrist bands/string⁵;

- Revealing clothing;
- Open-toed sandals (all footwear should be low-heeled and well-fitting round the ankles)⁶;
Trainers⁷;
- Clothing that covers most of the face⁸. Peaked caps, hoods, and the Niqab are examples of unacceptable clothing in this context.
- Clothing like the Hijab that only obscures the hair and the top of the head is, however, acceptable. This applies not only in clinical settings but also in educational elements of the programme where communication skills are relevant, such as some types of group work and role-play exercises. The University also reserves the right to check the identity of students who wear clothing that covers most of the face (as defined above) on key occasions such as examinations;
- Strong odours, perfumes or aftershaves⁹.

For cross-infection reasons, NHS Trusts may not permit healthcare workers (including students) to wear wristwatches and ties other than bow ties.

The following are examples of good practice:

- Wearing approved clothing;
- Wearing identification badges or University/Trust identity passes ¹⁰;
- Tying back of hair if it interferes with, or adds risk, to a clinical interaction ¹¹

When on NHS premises such as a hospital Trust or a Primary Care Trust, a community setting such as a GP practice, or in the homes of patients, clients and service users, students should dress according to both the University'sTM and the appropriate local guidelines and regulations.

References

1 TM "Good Medical Practice", GMC 2006, paras 22 and 23

2 TM "Standards for Student Dentists and Student Dental Care Professionals", University of Manchester School of Dentistry, 2006, pages 3-4 (internal document)

3 TM "Standards for Student Dentists and Student Dental Care Professionals", University of Manchester School of Dentistry, 2006, page 4 (internal document)

4 TM [Standards for Student Dentists and Student Dental Care Professionals](#), University of Manchester School of Dentistry, 2006, page 3 (internal document)

5 ~Standards for Student Dentists and Student Dental Care Professionals~™, University of Manchester School of Dentistry, 2006, page 3 (internal document)

6 ~Health and Safety Policy and Clinical Code of Practice~™, Central Manchester and

Manchester Childrens~™s University Hospitals NHS Trust Dental Division, 2005, page 17

7 ~[Standards for Student Dentists and Student Dental Care Professionals~™, University of Manchester School of Dentistry, 2006, page 4](#) (internal document)

8 ~Standards for Student Dentists and Student Dental Care Professionals~™, University of Manchester School of Dentistry, 2006, page 3-4

(internal document)

9 ~Standards for Student Dentists and Student Dental Care Professionals~™, University of Manchester School of Dentistry, 2006, page 4 (internal document)

10 ~Uniform and Dress Code for Doctors: Guidance from the Central Consultants and Specialists Committee~™, BMA, 2007

11 ~Uniform and Dress Code for Doctors: Guidance from the Central Consultants and Specialists Committee~™, BMA, 2007

Other Sources of Information

~Tomorrow~™s Doctors~™, GMC, 2003

~Medical Students: Professional Behaviour and Fitness to Practise~™, GMC/MSc, 2007

Appendix 6: Drugs and Alcohol Policy

Faculty of Biology, Medicine & Health

Misuse of Non-Prescription Drugs and Alcohol: Student Policy and Procedures

The policy can be found here:

<http://documents.manchester.ac.uk/display.aspx?DocID=29039>

Appendix 7 Forms to be Signed by students

The following appendix contains detail of forms that are signed by students at the beginning of the year. These signed forms are then kept in the students' files for our records.

Forms completed prior to registration:

1. Pre-Acceptance Health Screening Questionnaire

For students that have been made a conditional / unconditional offer of a place to study at The University of Manchester we need to be aware of any disabilities or health conditions which could be relevant to your proposed course of training and future employment. Where considered appropriate we can then advise your chosen School of the need to consider any reasonable adjustments or additional support needs both in your own and future patients/pupils interests.

Forms completed during registration process:

- **Audiology Clinical Placements: North West Area**

Statement of understanding that the mandatory Clinical placements which form part of the Audiology degree programme could take place within any of the North West (including Stoke-on-Trent and Wrexham) clinical placement teams (as attached details) and that clinical placement allocation could be assigned within any of these North West Placement teams

- **Disclosure and Barring Service (DBS) and Health Check**

This form is completed by new 1st year students prior to registration. Its purpose is to indicate that students acknowledge that although students are being allowed to register, their place on the course is contingent on satisfactory DBS clearance and Health Checks.

- **School of Health Sciences Plagiarism Form**

This form is for all students and must accompany any submitted assignment. It states that the student has received, read, understood and agree to abide by the departments statement on plagiarism.

- **Code of professional conduct and fitness to practise for healthcare students**

This document provides the basic ground-rules for your behaviour as trainee health-care scientists including aspects such as personal behaviour, behaviour towards others, learning, barriers to learning or professional practice, duty of care, duty of report and

confidentiality.

- **Service User / Practical Subject Consent**

This document is a declaration of acknowledgement that as a student on this programme you will be required to undertake a range of practical and clinical procedures and that you also agree to be a subject for fellow students and staff to carry out procedures on you.

Forms Completed in Subsequent Years:

- **Health & Security Status Update**

This form is for returning students to sign a declaration that there has been no change in physical and mental health, and security status.

Appendix 8 Guidance on Social Networking for Healthcare and Social Care Students

What is the purpose of this document?

This document provides advice and guidance for healthcare and social care students about the benefits and potential dangers of social

networking and suggests ways in which their personal and professional interests, and those of others, can be protected while in the online environment.

What are social networking sites used for?

Social networking is a popular online activity: millions of people of all ages and backgrounds use social networking sites every day. Online social networking sites, such as Facebook,

Twitter, MySpace and Bebo, are used:

- To keep in touch with friends, both in words and through sharing music, video and other types of files (YouTube is also used for sharing videos, and Flickr for sharing images, online).
- For educational and professional benefit, through sharing information about the latest developments in treatments and practice, problem-solving, encouraging participation, and community building.
- To forge new relationships based on common interests.
To make their views and opinions known.

- To take part in discussions on virtually any subject.

People often interact with social networking sites over long periods of time and, occasionally, excessive activity of this nature may have detrimental effects on their work or study.

What is the social networking environment?

It is important to remember that social networking sites are public and therefore, in theory, accessible to anybody. In many cases, ownership of the material posted on them belongs to the site, not the person who posted it, and so sites such as Facebook are free to use it in any way they see fit. Material posted online remains there permanently, if not as part of an active page then as part of easily-accessible "cached"™, i.e. historical, versions of it.

Who visits social networking sites, and why?

Anybody can visit social networking sites and gain access to the information that is uploaded to them. These people include:

- Your intended audience, i.e. your friends, colleagues and others, to share information and to keep in touch.
- Potential employers, who are, increasingly, using social networking sites to gather information about people who have applied for positions within their organisations.
- Criminals, including sexual predators who could use information about you to compromise your safety or wellbeing, and fraudsters, who could steal information about you and impersonate you online, to your potential cost.
- The police, as part of investigations into illegal activities.
- Professional healthcare and social care bodies such as the General Dental Council, General Medical Council, General Pharmaceutical Council, General Social Care Council, Health & Care Professions Council, and Nursing & Midwifery Council, who may access information directly or be asked to investigate material referred on to them by other people.
- Patients, clients and other service users, who may be looking for healthcare or social care information in general, or for your views and comments in particular. Your professional relationship with your patients, and your career, could be compromised at any time by indiscriminate posting of details about patients or inappropriate information about yourself.

What precautions should be taken when social networking?

The same ethics, morals and penalties apply to online social networking as to any other activity. This is particularly true for healthcare

students and professionals, who are expected by the University of Manchester, their professional bodies, and by the public generally, to meet the same standards of behaviour both in and out of their professional settings. Healthcare and social care students from Schools in the Faculty of Biology, Medicine & Health should therefore conduct themselves appropriately online, and take reasonable precautions to ensure that the information they upload cannot be used in a way that could place them, or others, at a disadvantage, either personally or professionally, now or at any time in the future.

The following pointers may be helpful:

Do everything that you can to limit access to your posts to those for whom they are intended. Change security settings if possible to restrict unwanted access.

Consider the language and terminology that you use when you are online and make sure that it is appropriate.

- Avoid posting personal information such as phone numbers or personal addresses, of you or anybody else, since these may fall into the hands of criminals.
- Use your common sense. If you feel that a post, a picture, or a video that you are about to upload might have repercussions for you
- later, or might not be in good taste (e.g. it relates to sexual activity or inappropriate behaviour, or it expresses inappropriate views), then simply do not post it. Once it is online it is there for good.
- Make sure you are thinking clearly before you go online. If, for any reason such as the effects of medication, stress or inebriation, your judgement might temporarily be impaired, you may be tempted to post something that you otherwise would not. Do not post material that might be considered offensive and/or derogatory, that could cause somebody else to feel bullied, harassed, or that could harm somebody's reputation. If you have a grievance about an individual related to your programme, follow it up through the recognised channels in the School, Faculty and/or the wider University.
- Avoid posting confidential information about patients, clients and service users that could violate professional codes of conduct.
- It is imperative that if you post anything about somebody else, including any images of them, it is done with their knowledge and

- consent. It might seem inoffensive to post images of friends, relatives, staff or other colleagues, but it might easily cause offence that you had not intended or could not have foreseen.
- Try to make sure that the people to whom you give access to your information use it sensibly, and also that they themselves do not upload potentially incriminating material about you, which can be just as damaging.
- Avoid joining any groups that could be seen as discriminatory or judgemental in nature.

Are there any related policies and guidance in the University?

The University's Conduct and Discipline of Students (Regulation XVII) document states that a student may be liable to disciplinary action in respect of conduct which, amongst others: "involves violent, indecent, disorderly, threatening or offensive behaviour or language (whether expressed orally or in writing, including electronically) whilst on University premises or engaged in any University activity" and "involves distributing or publishing a poster, notice, sign or any publication which is offensive, intimidating, threatening, indecent or illegal, including the broadcasting and electronic distribution of such material".

Regulation XVII also states that:

"the conduct covered (above) shall constitute misconduct if it took place on University property or premises, or elsewhere if the student was involved in a University activity, was representing the University, was present at that place by virtue of his or her status as a student of the University or if the conduct raises questions about the fitness of the student on a programme leading directly to a professional qualification or calling to be admitted to and practise that profession or calling."

The University of Manchester's Dignity at Work and Study Policies and Procedures give information about the nature and consequences of acts of misconduct while social networking, such as discrimination, bullying and harassment¹, and the penalties that they may incur.

These policies should be read in conjunction with this guidance. The University's Dignity at Work Procedure for Students states:

"Any cases of harassment, discrimination and bullying will be taken very seriously by the University and, where necessary the appropriate procedure will be used to investigate complaints. Similar arrangements will be used in dealing with complaints made by members of staff or by visitors to the University."

â€œCases of proven harassment, discrimination or bullying may be treated as a disciplinary offence where it is not possible to reach a

compromise or resolution. Some cases of harassment, discrimination or bullying if proven could result in dismissal for staff members or expulsion for students.â€•

In addition, the Universityâ€™s Crucial Guide states that:

â€œThe University expects its members to treat one another with respect. There are established procedures to use if you are dissatisfied with any aspect of the Universityâ€™s facilities and services, and you are encouraged to use these procedures to bring such matters to the

Universityâ€™s attention. Inappropriate or defamatory comments about either the University or its members in any media (print, broadcast, electronic) contravene the Universityâ€™s regulations and offenders may be liable to disciplinary action.â€•

What do the Professional Bodies say?

Professional body codes and guidance also explore the potential consequences of social networking activity:

General Dental Council: â€œStandards for Dental Professionalsâ€•

Paragraph 3.2, â€œProtect the confidentiality of patientsâ€™ informationâ€™:

1 Harassment is unwanted conduct that may create the effect (intentionally or unintentionally) of violating a personâ€™s dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment which interferes with an individualâ€™s learning, working or social environment or induces stress, anxiety or sickness on the part of the harassed person.

Discrimination takes place when an individual or a group of people is treated less favourably than others because of their race, gender, gender reassignment, marital status, status as a civil partner, disability, age, religion or belief, sexual orientation or other factors unrelated to their ability or potential.

Bullying can be defined as repeated or persistent actions, criticism or personal abuse, either in public or private, which (intentionally or unintentionally) humiliates, denigrates, undermines, intimidates or injures the recipient. It should, in particular, be borne in mind that much bullying occurs in the context of a power imbalance between victims and alleged perpetrators. â€œ(You must) prevent information from being accidentally revealed and prevent unauthorised access by keeping information secure **at all times**â€•

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Paragraph 6.3, 'Be trustworthy':

'(You must) maintain appropriate standards of personal behaviour **in all walks of life** so that patients have confidence in you and the public have confidence in the dental profession'.

General Medical Council: 'Good Medical Practice'
Paragraphs 56 to 58, 'Being honest and trustworthy'

'Probity means being honest and trustworthy, and acting with integrity: this is at the heart of medical professionalism'.

'You must make sure that your conduct **at all times** justifies your patients' trust in you and the public's trust in the profession'.

'You must inform the GMC without delay if, anywhere in the world, you have accepted a caution, been charged with or found guilty of a criminal offence, or if another professional body has made a finding against your registration as a result of fitness to practise procedures'.

Nursing and Midwifery Council: 'Guidance on professional conduct for nursing and midwifery students'

'Good character is important as nurses and midwives must be honest and trustworthy. Good character is based on a person's conduct, behaviour and attitude. It also takes account of any convictions and cautions that are not considered to be compatible with professional registration and that might bring the profession into disrepute'.

What conclusions can be drawn from all of this?

If the way you conduct yourself online breaks laws, or goes against the codes of practice set down by your professional healthcare or social care body, then you risk the same penalties as you would in any other setting. These include referral to the Faculty Fitness to Practise Committee and potential damage to your career, fines, and even imprisonment.

Acknowledgement:

The Faculty wishes to acknowledge the work of Mrs Dianne Burns, School of Nursing, Midwifery and Social Work, whose document 'Social Networking Sites and Student

Issues informed the content of this guidance.

Version 2, 9 June 2010

Appendix 9 Procedure for a Committee on Fitness to Practise

The Faculty of Biology, Medicine and Health Fitness to Practice Procedure is available online here:

<http://documents.manchester.ac.uk/display.aspx?DocID=50549>

Appendix 10 Health and Safety Policy

The School's primary functions are research, teaching and engagement with the wider public through its social responsibility agenda. The

School is keen to ensure that these aims are achieved, so far as is reasonably practicable, with no adverse effect on the health and safety of anyone inside or outside the University.

It is the aim of the School to comply with the University's general health and safety policy statement;

[display.aspx](http://documents.manchester.ac.uk/display.aspx) (manchester.ac.uk)

and to provide and maintain safe and healthy working conditions, equipment and systems of work for all staff, students, visitors and others.

The School will manage risks to staff, students, visitors and others through the process of hazard identification, risk assessment and management as far as is reasonably practical.

The allocation of duties for safety matters and the particular arrangements for implementing the policy are set out in this document.

The School will comply with any applicable legislation and seek to foster an approach for continuous improvement. We will engage in planning for safety within our operational plans should specific needs arise.

We will ensure effective communication across the School for health and safety matters and seek to involve staff and student representatives.

We will endeavour to make available adequate resources and to ensure we have competent staff who are fully trained in the specific health and safety areas designated to them.

Appendix 11 Facilities for BSc Healthcare Science (Audiology) and BSc/MSc/Dip Audiology Students

The **Laboratory** is located on the 4 th floor of A Block in room A4.12, and students may request access to equipment, from the Laboratory staff. There are several laboratory working rooms, where students carry out practical workshops and practical examinations. There are also rooms set up with equipment for developing practical skills on the Ground Floor of B Block (see below); the PTA room (BG20) is available from 9am to 5pm and **students are strongly encouraged to make use of them early in the course**. Laboratory staff consists of Alice Crutchley and another technician. Please contact Alice Crutchley to check room/equipment availability for independent practice

BG.20: Audiometric booths

4 audiometers

Tympanometer (when required)

Otosopes

A4.7: Is a general purpose teaching room and has no specific equipment. Equipment will be put in A4.7 to run practical classes and will change frequently. When there are impending OSCEs or other practical tests suitable equipment may be put in A4..7 to enable practice.

BG.16: Vestibular and Evoked responses

Students will not access this room without supervision.

A4.11: Speech tests

Maintaining tidiness in the audiometry practical room (BG20) A key aspect of clinical professionalism is taking responsibility for leaving rooms and equipment clean and tidy, ready for the next user. This includes reporting faulty equipment and reporting the need for replenishment to the appropriate person. **At the University of Manchester we expect the highest standards from all audiology students, undergraduate and postgraduate, in this respect. We do not expect any materials or equipment to go missing from these rooms, and we will take a very severe view of any such losses.**

BG 20 has four audiometry booths, associated equipment, and a cupboard to keep material such as earplugs and insert earphone tips.

All students have the responsibility of ensuring the rooms and the equipment are kept in good order.

Audiometry room (BG 20)

- Ensure the audiometers are calibrated (stage A check) on a weekly basis.
- Ensure the booths and audiometers (and tympanometers whenever they are stationed in BG 20) are properly set up. Ensure there are adequate number of audiometry and masking charts.
- Ensure a good supply of: sterilizing wipes, ear-plugs, insert earphone tips, tympanometer tips, otoscope tips, batteries for otoscopes
- etc. The checklist should be consulted on at least a weekly basis to make sure that everything that is supposed to be in the cupboard is there.
- Ensure equipment such as tuning forks are stored in the cupboard in a tidy manner. Ensure general tidiness of the room.

Groups should directly approach the laboratory lead staff for replenishment of supplies or any other issue that need to be brought into their attention.

1. With many healthcare courses such as this one, the curriculum and the number of clinical hours are specified by external Professional Bodies and as such the FHEQ credit rating may not necessarily correspond with the number of hours associated with a unit, especially those involving clinical placement. †

2. The normal University regulations allow compensation of up to 40 credits where unit marks are between 30 and 39% † Professional body requirements means that this is not applicable for this programme. †