Inspection Report

Inspection ID	UMR1_A
Course provider	University of Manchester
Validating body (if different)	
Course inspected	PG Cert Approved Mental Health Professional Practice
Mode of study	Part-time
Maximum student cohort	35
Date of inspection	9 – 10 June 2026
Inspection team	Caroline Reynolds (Education Quality Assurance Officer) Rebecca Khanna (Lay Inspector) Kev Stone (AMHP Registrant Inspector)
Inspector recommendation	Approved
Regulator decision:	Approved
Date of Regulator decision:	17 August 2026

Contents

Introduction

1. Social Work England completes inspections as part of our statutory requirement to approve and monitor courses. Inspections form part of our process to make sure that courses meet our education and training approval standards for Approved Mental Health Professional (AMHP) courses. We approve courses against these standards to ensure that students who successfully complete an AMHP course can meet the requirements set out in the Mental Health (Approved Mental Health Professionals) (Approval) (England) Regulations 2008.

2. During the approval process, we appoint partner inspectors. This will include a registered inspector who will be a qualified AMHP, and a lay inspector who is not AMHP qualified.

3. These inspectors, along with an officer from the education quality assurance team, undertake activity to review documentary information and evidence, and carry out an inspection. This activity could include observing and asking questions about teaching, placements, facilities and learning resources; asking questions based on the evidence submitted; and meeting with staff, people with lived experience and students. The inspectors then make recommendations to us about whether a course should be approved.

4. The process we undertake is described in our legislation: The Children and Social Work Act 2017, The Social Workers Regulations 2018 - Social Work England , and our Education and Training Rules 2019.

5. In this document we describe the University of Manchester as 'the course provider' and we describe the PG Cert Approved Mental Health Professional Practice as 'the course'.

Summary of Inspection

6. University of Manchester and the PG Cert Approved Mental Health Professional Practice was inspected as part of Social Work England's reapproval cycle, whereby all course providers with AMHP courses will be inspected against the new education and training approval standards for AMHP courses.

7. An on-site inspection took place from 9 – 10 June 2026.

8. As part of this process the inspection team gathered feedback from key stakeholders through meetings on the inspection. These meetings included current and former students, employer representatives from a broad range of local authorities including

Central Manchester, Bury, Salford, and Blackburn. We also met three people with lived experience, the programme team, and admissions staff during the inspection.

Inspection Findings

9. In this section we set out the inspectors' findings in relation to whether the course meets the education and training approval standards for AMHP courses. We describe the inspection team in this section as 'we'.

Standard 1. Admissions	Met or not met.
1.1 Confirm on entry to the course that applicants have: i. the potential to acquire and demonstrate the competences set out in the relevant legislation governing AMHP practice; ii. the capability to meet the academic requirements of the course; and iii. the capability to use information and communication technology (ICT) methods and techniques to achieve course outcomes	**Met**
1.2 Confirm that applicants are and remain fully registered with a relevant regulatory body in line with the relevant regulations	**Met**
1.3 Ensure that the admissions processes assess the suitability of applicants, including in relation to their conduct, health and character. This includes appropriate criminal conviction checks	**Met**
1.4 Ensure that applicants have suitable prior experience of the practical application of appropriate legislation and policy, specifically including but not limited to mental health, mental capacity and human rights legislation	**Met**
1.5 Ensure that applicants have a robust level of legal literacy in appropriate legislative and policy areas	**Met**
1.6 Ensure that employers, placement providers, people with lived experience of social work, and carers are involved in student admissions	**Met**
1.7 Ensure that there are equality, diversity and inclusion policies in relation to applicants and that they are implemented and monitored	**Met**
1.8 Ensure that the admissions process gives applicants the information they require to make an informed choice about whether to take up an offer of a place on a course. This will include information about the award level and professional qualification, course content, teaching modes, location of study, assessment methods, duration, and observation requirements including the expectations around arranging or securing placements	**Met**
1.9 Ensure that the admissions process allows candidates from any eligible profession to demonstrate their suitability to join the course	**Met**

Key observations for standard 1

10. We reviewed the course provider's website, taster day materials, admissions guidance, and Applicants' Professional Reference Form (hereafter 'Reference Form'). These provided clear information about the admissions process, available support and reasonable adjustments, the 50-day placement requirement, course content, assessment methods, and information about the

realities of AMHP practice. Taster days were offered to help prospective applicants understand the programme, the meaning of suitable experience, and the application requirements. Information made clear that candidates from all eligible professions could demonstrate their suitability for the programme (1.1, 1.4, 1.7, 1.8, 1.9).

11. The admissions process comprised two stages aligned to the AMHP competencies: an initial selection process undertaken by sponsoring employers, followed by admission to the programme by the course provider. We heard about the longstanding partnerships between the course provider and sponsoring employers, supported through the Programme Management Committee (PMC) meetings held two to three times each year. These meetings involved sponsoring employer coordinators and people with lived experience and provided opportunities to review application criteria, interview questions, and admissions processes to ensure consistency of understanding and expectations (1.1, 1.6).

12. Applicants were required to hold an undergraduate degree, a recognised professional qualification in social work, nursing, occupational therapy, or psychology, and a minimum of two years' relevant work experience, as outlined on the course provider's website. The Reference Form, completed by the applicant's manager or employer coordinator, required confirmation of the applicant's potential to develop and demonstrate the competencies specified in relevant AMHP legislation. Applicants were also required to use digital platforms to submit applications and book interview slots, demonstrating their level of ICT proficiency (1.1, 1.4, 1.5, 1.6, 1.9).

13. Application documentation was reviewed by the admissions team prior to interview. Applicants were then required to demonstrate their suitability through the interview process by providing examples of how they had applied relevant legislative frameworks in practice and evidencing their legal literacy. Interview panels comprised a member of admissions staff, a person with lived experience, and a practising AMHP, who could be a practice educator or sponsoring employer coordinator. Applicants received the interview questions one hour before the interview, enabling them to reflect on and draw upon their relevant knowledge, experience, and legal literacy in an inclusive manner (1.1, 1.4, 1.5, 1.6).

14. Several mechanisms were in place to confirm that applicants were, and remained, fully registered with an appropriate professional regulator, including the requirement to provide a registration number on the Reference Form. These requirements were outlined across programme documentation, including the Programme Handbook, which also detailed the professional qualification and award level associated with this programme (1.2, 1.8).

15. Prior to enrolment, sponsoring employers were required to confirm applicants' suitability and Disclosure and Barring Service (DBS) status through the Employer Support Form and the Reference Form. These checks were verified by the admissions team, and applicants were additionally required to confirm their suitability during the interview (1.3).

16. We heard that admissions processes were aligned with the course provider's Student Recruitment, Selection and Admissions Policy and overseen by the School of Health Sciences Admissions Manager. The policy was aligned to the course provider's Equality, Diversity and Inclusion (EDI) Strategy. Interview questions were designed to promote inclusivity and were supported by input from people with lived experience. All interview panel members completed EDI training, and admissions data was monitored and reviewed through PMC meetings (1.6, 1.7).

Standard 2. Course governance, management and quality.	**Met or not met**
2.1 Ensure courses are supported by a management and governance plan that includes the roles, responsibilities and lines of accountability of individuals and governing groups in the delivery, resourcing and quality management of the course	**Met**
2.2 Ensure that regular and effective monitoring, evaluation and improvement systems are in place, and that these involve employers, people with lived experience including carers, and students	**Met**
2.3 Ensure that the number of students admitted is aligned to a clear strategy, which includes consideration of: i. local and regional placement capacity; and 1. the availability of part-time or other flexible course arrangements to widen access wherever possible.	**Met**
2.4 Ensure that the person with overall professional responsibility for the course is a relevant qualified professional with appropriate experience	**Met**
2.5 Ensure that there is adequate provision of appropriately qualified and experienced staff, with relevant specialist subject knowledge and expertise	**Met**
2.6 Ensure that educators are supported to maintain their knowledge and understanding in relation to professional practice	**Met**

Key observations for standard 2.

17. The Programme Director, who held overall professional responsibility for the course, was a registered social worker with appropriate qualifications and relevant experience. They chaired the PMC, and we reviewed the PMC terms of reference. The committee provided regular oversight of programme monitoring, quality improvement, and curriculum development, ensuring the course remained current, relevant, and aligned with both employer requirements and strategic workforce needs. Membership included the course team, the admissions coordinator (who was a practising AMHP), people with lived experience, employers, practitioners, and students, as evidenced in the PMC minutes from July and November 2025 (2.1, 2.2, 2.3, 2.4).

18. We also reviewed evidence from the Applied Mental Health Agency Coordination meetings, which were held three times a year. These meetings considered matters including student attendance concerns, workforce planning, student numbers, placement capacity, and funding arrangements. The course provider was also an active member of the Greater Manchester Social Work Academy (GMSWA), whose primary function was to develop a Greater Manchester-wide social work workforce strategy. This included identifying workforce needs and ensuring continuing professional development (CPD) programmes aligned with local employer requirements, as evidenced in the Greater Manchester Workforce Strategy (2.1, 2.2, 2.3).

19. The programme formed part of the course provider's postgraduate taught (PGT) provision. Overall quality assurance and enhancement of postgraduate programmes was overseen by the PGT Teaching and Learning Committee, which met four times a year and was chaired by the Director of Division. The Director held overall responsibility for the quality assurance of PGT programmes. The Programme Director met monthly with the Director to discuss staffing, resources, and programme planning. The Director reported to the School of Health Sciences, which set student recruitment targets for PGT programmes based on strategic priorities (2.1, 2.2, 2.3, 2.5).

20. We heard that effective and sustainable workforce planning was supported through partnerships with a minimum of 10 local authorities each year. Members of the programme teaching team were linked to specific authorities, helping to maintain strong relationships and develop detailed understanding of local workforce needs (2.2, 2.3).

21. We reviewed mechanisms for gathering and responding to student feedback, including end-of-semester course unit evaluations, unit surveys, and in-class feedback tools such as Mentimeter. We heard an example of student feedback regarding the timing of teaching on understandings of mental disorders, which resulted in this content being moved earlier in the programme (2.2).

22. We were satisfied that the programme was appropriately resourced. CVs demonstrated that members of the programme teaching team had relevant qualifications and experience, including expertise in AMHP practice. We also heard that colleagues from a range of internal and external disciplines, including people with lived experience, contributed to teaching and brought additional specialist knowledge to the programme. The course provider used a workload allocation model to monitor teaching, research, and other responsibilities across the team (2.1, 2.5).

23. We were satisfied that educators were supported to maintain their professional knowledge and practice. This was overseen through line management arrangements and the annual Professional Development and Review (PD&R) process, which considered workload, resource allocation, and professional development needs. Staff were supported to undertake scholarly activity, refresher training, participation in relevant professional forums, including the AMHP Leads Network, and activities required to maintain professional registration. We also heard that one member of the programme teaching team undertook AMHP duty during university time to maintain current practice knowledge and inform programme delivery (2.5, 2.6).

Standard 3. Curriculum	Met or not met
3.1 The views of employers, practitioners and people with lived experience of mental health services are incorporated into the design, ongoing development and review of the curriculum	**Met**
3.2 The content, structure and delivery of the training is in accordance with relevant guidance and frameworks and is designed to enable students to demonstrate that they have the necessary knowledge and skills, including around cross-national border issues in relation to practice in Wales, where this is appropriate	**Met**
3.3 The course is designed in accordance with equality, diversity and inclusion principles, human rights and legislative frameworks	**Met**
3.4 Course content is routinely updated as a result of developments in legislation, research, government policy, and best practice	**Met**
3.5 The integration of theory and practice is central to the course	**Met**
3.6 Students understand how the standards of the student's own professional regulator(s), apply to their specialist practice	**Met**
3.7 The course is designed to enable students to demonstrate an evidence-informed approach to AMHP practice, underpinned by skills, knowledge and understanding in relation to research and evaluation	**Met**

Key observations for standard 3.

24. It was evident that the course provider had long-established partnerships with employers, practitioners, and people with lived experience of mental health services. Evidence of this was seen through the PMC and Agency Co-ordinator meetings minutes, where stakeholders actively contributed to the design, ongoing development, and review of the curriculum and assessment strategy. These forums also ensured that course content was routinely updated in response to changes in legislation, research, government policy, and best practice. We reviewed case examples that reflected current best practice and heard that practitioners and people with lived experience contributed to teaching across all four taught units (3.1, 3.4).

25. The programme aims were clearly set out in the Programme Specification, and the timetable was made available to students in advance to support attendance. We reviewed the four mandatory 15-credit taught units, which were delivered sequentially, alongside the Practice Learning Handbook, which outlined the requirements for the 50-day practice placement. The learning outcomes were clearly aligned to Schedule 2 of the AMHP Regulations (England) (3.2).

26. Students were required to complete a practice portfolio and evidence log to demonstrate achievement of each competency during the placement and, where appropriate, through the taught elements of the programme. The integration of theory and practice was clearly evidenced through the sequencing of learning activities and assessments, which required students to apply their academic learning to practice. Students' understanding of how the standards of their own professional regulator(s) applied to their specialist practice was introduced in the first unit of the programme, which included a specific focus on decision-making in AMHP practice and the role of professional standards and ethics (3.2, 3.5, 3.6).

27. The programme structure was designed to draw on current research, evaluation, and evidence from a range of sources and disciplines to inform AMHP practice. This was evidenced through contributions from a variety of professionals, including psychologists and barristers, who taught on the programme. We heard that this expertise was embedded throughout the curriculum to support students in developing their own evidence base and critical approach to AMHP practice. The marking criteria further demonstrated this expectation, requiring students to critically apply research-informed and evidence-based approaches within their learning and assessments (3.4, 3.7).

28. The programme was designed and delivered in line with the course provider's EDI strategy, which included specific success criteria and measurable indicators relating to the student experience. These were embedded throughout the programme's structure, delivery, and associated processes. Programme documentation included clear information on requesting reasonable adjustments, and the Institute for Teaching and Learning provided guidance on creating accessible teaching resources. We heard that a range of teaching methods and materials were used across the programme to promote inclusivity (3.3).

Standard 4. Practice Placements	**Met or not met**
4.1 Ensure practice placements are integral to the course	**Met**
4.2 Ensure that the number, duration and range of practice placements is appropriate to support the delivery of the course and the achievement of the learning outcomes	**Met**
4.3 Ensure that students, practice placement providers and educators are prepared for each placement, which will include information about: i. the learning outcomes to be met ii. the timing and duration of any placement experience iii. the records to be maintained iv. expectations of professional conduct	**Met**

v. assessment procedures including the implications of, and any action to be taken in the case of failure to progress vi. communication and lines of responsibility	
4.4 Maintain clear collaborative arrangements for planning and communication with placement providers including a thorough and effective system for approving and monitoring all placements, in order jointly to ensure: i. that practice placement settings provide a safe and supportive environment ii. that placement providers have equality, diversity and inclusion policies in place which will apply to students, and which they will implement and monitor iii. that there is an adequate number of appropriately qualified and experienced staff, with relevant specialist subject knowledge and expertise, at the practice placement setting iv. that practice placement providers support their placement staff to maintain their knowledge and understanding in relation to professional practice, including appropriate practice placement educator training v. that a range of learning and teaching methods that respect the rights and needs of people with lived experience of social work and colleagues must be in place throughout all practice placements	**Met**

Key observations for standard 4.

29. Applicants were made aware of placement expectations at pre-course taster days. As part of the application process, the Employer Support Form confirmed that placement requirements could be met, and expectations were further clarified within the applicants Reference Form. During the programme induction, the learning outcomes of the placement were outlined, providing an additional opportunity for detailed discussion and clarification of the placement process and the requirements for achieving the learning outcomes (4.1, 4.3, 4.4).

30. The 50-day practice placement had to be successfully completed as outlined in the Teaching & Learning Practice Learning Handbook (hereafter 'T&LP Handbook'). We heard that placements were typically undertaken within AMHP hubs and learned more about these arrangements during the inspection. Placements ran alongside the taught elements of the programme, providing flexibility in start dates, which was welcomed by sponsoring employers (4.1, 4.2, 4.3).

31. Before the placement commenced, a documented pre-placement meeting was held involving the student, practice educator, academic advisor and agency coordinator. This meeting reviewed

the suitability of the placement, ensuring that it offered a safe and supportive learning environment. It also identified and recorded key learning opportunities aligned to the programme learning outcomes, as well as the student's individual needs, professional background and previous practice experience. A midpoint review meeting was conducted to monitor and assess progress. Students were required to provide evidence within their portfolio demonstrating achievement of each competency. We heard that, where necessary, placements could be extended to allow students additional time to achieve competencies rather than requiring them to retake the placement (4.1, 4.2, 4.3, 4.4).

32. Practice placement records were maintained within a practice portfolio, which included a record of activities, three direct observations of practice, a competency log, pre-placement and midpoint review documentation, and the practice educator's report. The range and breadth of learning opportunities were considered at each placement meeting. Students were actively encouraged to shadow a wide range of colleagues to develop their understanding of different approaches and aspects of the role (4.3, 4.4).

33. We heard that students were encouraged to raise any concerns with their academic advisor in the first instance. We agreed that standard 4.3 was met; however, we recommend the course provider strengthens the signposting to the placement concerns procedures within relevant student facing course materials as the information was limited. Full details of the recommendation can be found in the proposed outcome section.

34. Placement providers were required to provide evidence of relevant EDI policies at the pre-placement meeting, and this requirement was confirmed within the pre-placement documentation (4.4).

35. We heard about the GMSWA, a teaching partnership that delivered a programme of developmental events through collaboration between local authorities and the four partner universities across Greater Manchester. Placement providers were further supported through the provision of AMHP practice educator training and refresher sessions, delivered by the Programme Director, to ensure staff maintained current knowledge and understanding relevant to their role (4.4).

Standard 5. Supporting students.	**Met or not met**
5.1 Ensure that students have access to resources to support their health and wellbeing including: i. confidential counselling services ii. occupational health services, where appropriate	**Met**
5.2 Ensure that students have access to a system of academic and pastoral student support for their progression, development, wellbeing and welfare	**Met**

5.3 Ensure that there is a thorough and effective process for ensuring the ongoing suitability of students' conduct, character and health	**Met**
5.4 Make reasonable adjustments for students with health conditions or impairments to enable them to progress through their course and meet the relevant standards, in accordance with relevant legislation	**Met**
5.5 Provide timely information to students about parts of the course where attendance is mandatory and have associated monitoring mechanisms in place	**Met**
5.6 Provide timely and meaningful feedback to students on their progression and performance in assessments	**Met**
5.7 Ensure that policies and processes, including for whistleblowing, are in place for students to challenge unsafe behaviours and cultures and organisational wrongdoing, and report concerns openly and safely without fear of adverse consequences	**Met**

Key observations for standard 5.

36. We reviewed information about the range of wellbeing, pastoral and academic support services which were introduced at taster days, induction and through the Programme Handbook. These services, also outlined on the course provider's website, included access to mental health support and confidential counselling. We heard that support for accessing university occupational health services was initially provided by the Programme Director. We also reviewed information about the School's student hub, which provided both in-person and online support. In addition, students confirmed that they had access to support resources provided by their employers (5.1, 5.2).

37. Students were provided with information and guidance on accessing support if they had disabilities or individual learning requirements. Students could self-refer to the Disability Advice and Support Service (DASS) and, following assessment, received an individual support plan that was shared confidentially with the programme team. During the inspection, students gave examples of adjustments that had been implemented. We also heard that reasonable adjustments were mirrored on placement, with agency coordinators and practice educators ensuring these were in place (5.4).

38. We reviewed the Academic Advising Policy, which outlined the role of Academic Advisors (AAs). Students were allocated an AA at the start of the programme and could access both formal and informal support meetings. In addition, students told us they valued the programme team's open-door approach (5.2).

39. We heard that the ongoing suitability of students' conduct, character and health was managed through close collaboration with sponsoring employers. The Employer Support Form required employers to confirm students' suitability at the point of entry and was supported by the applicants

Reference Form. Application documentation made clear that information would be shared between the course provider and sponsoring employer where fitness to practise concerns arose. Students were reminded of their professional responsibilities before commencing the programme and throughout their studies. Ongoing monitoring was facilitated through placement declarations completed at pre-placement and mid-placement meetings (5.3).

40. Attendance expectations were clearly communicated during pre-enrolment taster days and at induction. The T&LP Handbook stated that students were required to attend all taught sessions. Attendance was monitored through an electronic system, supported by a paper-based backup process. Completion of the 50-day placement requirement was mandatory and monitored by AAs and practice educators. We heard that patterns of sustained absence were discussed with sponsoring employers. All lectures were recorded through the course provider's podcast system, enabling students to revisit learning materials (5.4, 5.5).

41. We reviewed a range of documentation, including the T&LP Handbook, induction materials, placement documentation and unit specifications, which clearly outlined expectations regarding student progression, assessment and placement performance. Each unit included formative assessments, such as mock examinations and in-class exercises, alongside summative assessments. Students were able to submit and discuss evidence relating to programme competencies with their AA throughout the programme. In line with the level 7 marking descriptors, feedback was provided within 15 working days of submission (5.6).

42. We were satisfied that there were effective mechanisms in place for students to raise concerns. At pre-placement meetings, sponsoring employers were asked to provide their whistleblowing policy. Students were supported by their AA in navigating relevant processes. Whistleblowing was introduced at induction, referenced in the T&LP Handbook, and taught within the first unit of the programme. This taught session explored examples of whistleblowing, unethical conduct and unsafe practice, encouraging students to reflect on these issues (5.7).

Standard 6. Assessments	**Met or not met**
6.1 Ensure that the assessment strategy and design demonstrate that the assessments are robust, fair and consistent, and that those who successfully complete the course have developed the knowledge and skills necessary to meet the competencies set out in the relevant legislation and rules as set out in the guidance that accompanies these standards	**Met**
6.2 Ensure that professional aspects of practice are integral to assessments	**Met**
6.3 Use objective measures of student performance which ensure safe and effective practice as an AMHP	**Met**
6.4 Regularly monitor and evaluate assessment standards	**Met**

6.5 Clearly specify requirements for student progression and achievement within the course	**Met**
6.6 Clearly specify that any aegrotat award which may be made will not lead to eligibility to be approved as an AMHP	**Met**
6.7 Clearly specify the procedure for the right of appeal for students	**Met**
6.8 Clearly specify a process for the appointment of at least 1 external examiner who must be appropriately experienced and qualified and from the relevant part of an appropriate professional register	**Met**

Key observations for standard 6.

43. The course assessment strategy was aligned with national benchmarks for postgraduate programmes, and the programme learning outcomes were mapped to the unit specifications. Evidence demonstrated that the units required students to show competence in AMHP practice regardless of their professional background. We were satisfied that these competencies were aligned with the AMHP statutory competency framework (6.1, 6.2).

44. A recent assessment review was undertaken through co-production with students and people with lived experience. Unit assessments clearly evidenced the inclusion of perspectives from practice educators and people with lived experience. The overall approach to assessment operated within the course provider's Assessment Framework (6.1, 6.2, 6.4).

45. A range of assessment methods was used, including written assignments, oral presentations, an examination, written accounts of three observations in practice, and a competency log. Each assessment was marked against clear criteria. Assessments were internally moderated with input from people with lived experience, academics, and practice educators, and were externally moderated by an external examiner. Student feedback on assessment standards was gathered through a variety of evaluation methods, including Mentimeter class surveys, and unit evaluations. Cohort progression and achievement were reviewed at the PMC and Agency Coordinator meetings (6.1, 6.2, 6.3, 6.4, 6.8).

46. Practice learning assessments required students to integrate and justify their practice experience against each AMHP competency. Practice educators provided reports confirming students' competence to practise as AMHPs, supported by joint assessment with colleagues in practice. Assessment requirements and timelines were clearly communicated through taster days, induction, the T&LP Handbook, and the Programme Handbook (6.1, 6.2, 6.3).

47. Progression requirements were set out in the Programme Specification, Programme Handbook, and the T&LP Handbook, and were communicated during taster days and induction. To promote consistency and transparency, a standard marking rubric was used across all taught units, supplemented by annotated scripts and written feedback. From the evidence reviewed, we were

satisfied that students were required to meet all programme requirements to pass and that an aegrotat award would not confer eligibility for AMHP approval (6.5, 6.6).

48. We reviewed the course provider's academic appeals procedures, which clearly outlined the three-stage process, including the grounds for appeal and available support. This information was signposted to students through several documents, including the Programme Handbook and the T&LP Handbook (6.7).

49. We also heard about the recruitment process for external examiners and reviewed the CV of the current external examiner, which demonstrated that they were appropriately qualified and experienced. We additionally reviewed the 2025 External Examiner's Report (6.8).

Outcome

The inspection team recommend that the course be approved.

The regulator decision maker agreed with this recommendation.

Recommendations

The inspectors identified the following recommendation for the course provider. This recommendation highlighted an area that the course provider may wish to consider. The recommendation does not affect any decision relating to course approval.

	Standard	Detail	Link
1	4.3	The inspectors are recommending that the course provider considers strengthening the signposting of the placement concerns information in relevant student facing course materials.	4.3