
Performance review process report

Aston University, Review Period 2018-2023

Executive summary

This is a report of the process to review the performance of Aston University. This report captures the process we have undertaken to consider the performance of the institution in delivering HCPC-approved programmes. This enables us to make risk-based decisions about how to engage with this provider in the future, and to consider if there is any impact on our standards being met.

We have

- Reviewed the institution's portfolio submission against quality themes and found that we needed to undertake further exploration of key themes through quality activities
- Undertaken quality activities to arrive at our judgement on performance, including when the institution should next be reviewed
- Recommended when the institution should next be reviewed
- Decided when the institution should next be reviewed

Through this assessment, we have noted

- The areas we explored focused on:
 - Quality theme 1 - The education provider outlined changes had not been needed about promoting public health and preventing ill-health, and further centralising the service user. They described they had embedded leadership through 'authentic opportunities to demonstrate leadership'. The visitors were unsure what the education provider had done related to these themes, and why they considered this had delivered the revised standards of proficiency (SOPs). The visitors were also unsure how learners learned about leadership. Through a quality activity we were satisfied with how the education provider embedded the revised SOPs.
 - Quality theme 2 - The education provider explained they reviewed their internal processes and regulations and ensured these were compliant with the Office for Students (OfS) conditions. The visitors were unsure how the education provider had responded to the revised ongoing conditions of registration. Through a quality activity, we were satisfied the education provider integrated the B conditions, and how the B conditions formed benchmark key performance indicators for their monitoring and evaluation of programmes.

Previous consideration	Not applicable. This performance review was not referred from another process.
------------------------	--------------------------------------------------------------------------------

Decision	<u>The Education and Training Committee (Panel) is asked to decide:</u>
----------	-------------------------------------------------------------------------

-
- when the education provider's next engagement with the performance review process should be

Next steps

Outline next steps / future case work with the provider:

- Subject to the Panel's decision, the provider's next performance review will be in the 2028-29 academic year
-

Included within this report

Section 1: About this assessment	4
About us	4
Our standards	4
Our regulatory approach	4
The performance review process	4
Thematic areas reviewed	5
How we make our decisions	5
The assessment panel for this review	5
Section 2: About the education provider	6
The education provider context	6
Practice areas delivered by the education provider	6
Institution performance data	7
Section 3: Performance analysis and quality themes	8
Portfolio submission	8
Data / intelligence considered	9
Quality themes identified for further exploration	9
Quality theme 1 – Unclear how the revised SOPs were embedded, particularly;	9
• Promoting public health and preventing ill-health; and	9
• Leadership	9
Quality theme 2 – Response to the conditions of registration of the OfS	10
Section 4: Findings	11
Overall findings on performance	11
Quality theme: Institution self-reflection	11
Quality theme: Thematic reflection	14
Quality theme: Sector body assessment reflection	17
Quality theme: Profession specific reflection	18
Quality theme: Stakeholder feedback and actions	19
Data and reflections	21
Section 5: Issues identified for further review	22
Section 6: Decision on performance review outcomes	22
Assessment panel recommendation	22
Education and Training Committee decision	23
Appendix 1 – summary report	24
Appendix 2 – list of open programmes at this institution	27

Section 1: About this assessment

About us

We are the Health and Care Professions Council (HCPC), a regulator set up to protect the public. We set standards for education and training, professional knowledge and skills, conduct, performance and ethics; keep a register of professionals who meet those standards; approve programmes which professionals must complete before they can register with us; and take action when professionals on our Register do not meet our standards.

This is a report on the performance review process undertaken by the HCPC to ensure that the institution and practice areas(s) detailed in this report continue to meet our education standards. The report details the process itself, evidence considered, outcomes and recommendations made regarding the institution and programme(s) ongoing approval.

Our standards

We approve education providers and programmes that meet our education standards. Individuals who complete approved programmes will meet proficiency standards, which set out what a registrant should know, understand and be able to do when they complete their education and training. The education standards are outcome focused, enabling education providers to deliver programmes in different ways, as long as individuals who complete the programme meet the relevant proficiency standards.

Our regulatory approach

We are flexible, intelligent and data-led in our quality assurance of programme clusters and programmes. Through our processes, we:

- enable bespoke, proportionate and effective regulatory engagement with education providers;
- use data and intelligence to enable effective risk-based decision making; and
- engage at the organisation, profession and programme levels to enhance our ability to assess the impact of risks and issues on HCPC standards.

Providers and programmes are [approved on an open-ended basis](#), subject to ongoing monitoring. Programmes we have approved are listed [on our website](#).

The performance review process

Once a programme institution is approved, we will take assurance it continues to meet standards through:

- regular assessment of key data points, supplied by the education provider and external organisations; and

- assessment of a self-reflective portfolio and evidence, supplied on a cyclical basis

Through monitoring, we take assurance in a bespoke and flexible way, meaning that we will assess how an education provider is performing based on what we see, rather than by a one size fits all approach. We take this assurance at the provider level wherever possible, and will delve into programme / profession level detail where we need to.

This report focuses on the assessment of the self-reflective portfolio and evidence.

Thematic areas reviewed

We normally focus on the following areas:

- Institution self-reflection, including resourcing, partnerships, quality, the input of others, and equality and diversity
- Thematic reflection, focusing on timely developments within the education sector
- Provider reflection on the assessment of other sector bodies, including professional bodies and systems regulators
- Provider reflection on developments linked to specific professions
- Stakeholder feedback and actions

How we make our decisions

We make independent evidence based decisions about programme approval. For all assessments, we ensure that we have profession specific input in our decision making. In order to do this, we appoint [partner visitors](#) to design quality assurance assessments, and assess evidence and information relevant to the assessment. Visitors make recommendations to the Education and Training Committee (ETC). Education providers have the right of reply to the recommendation. If an education provider wishes to, they can supply 'observations' as part of the process.

The ETC make the decisions about the approval and ongoing approval of programmes. In order to do this, they consider recommendations detailed in process reports, and any observations from education providers (if submitted). The Committee takes decisions through different levels depending on the routines and impact of the decision, and where appropriate meets in public. Their decisions are available to view [on our website](#).

The assessment panel for this review

We appointed the following panel members to support a review of this education provider:

Joanna Lemanska	Lead visitor, Hearing Aid Dispenser
Peter Abel	Lead visitor, Biomedical Scientist
Ian Hughes	Service User Expert Advisor
John Archibald	Education Quality Officer
Hugh Crawford	Advisory visitor, Hearing Aid Dispenser

We encourage reflections through portfolios to be made at the institution level wherever possible. The performance review process does not always require profession level scrutiny which requires all professionals to be represented in the assessment panel. Rather, the process considers how the education provider has performed at institution level, linked to the themes defined in section 1. Lead visitors have the option to appoint additional advisory partners where this will benefit the assessment, and / or where they are not able to make judgements based on their own professional knowledge.

In this assessment, we considered we required professional expertise across all professional areas delivered by the education provider. We considered this because there were areas within the portfolio which the lead visitors could not make judgements on with their professional knowledge or expertise. These areas were the implementation of the revised standards of proficiency (SOPs) and curriculum development.

Section 2: About the education provider

The education provider context

The education provider currently delivers two HCPC-approved programmes across two professions. It is a higher education provider and has been running HCPC approved programmes since 2007.

Practice areas delivered by the education provider

The provider is approved to deliver training in the following professional areas. A detailed list of approved programme awards can be found in [Appendix 1](#) of this report.

	Practice area	Delivery level		Approved since
Pre-registration	Biomedical scientist	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2010
	Hearing Aid Dispenser	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2007

Institution performance data

Data is embedded into how we understand performance and risk. We capture data points in relation to provider performance, from a range of sources. We compare provider data points to benchmarks, and use this information to inform our risk based decisions about the approval and ongoing approval of institutions and programmes¹.

Data Point	Benchmark	Value	Date	Commentary
Total intended learner numbers compared to total enrolment numbers	170	64	2023	<p>The benchmark figure is data we have captured from previous interactions with the education provider, such as through initial programme approval, and / or through previous performance review assessments. Resources available for the benchmark number of learners was assessed and accepted through these processes. The value figure was presented by the education provider through this submission.</p> <p>The education provider is recruiting learners below the benchmark.</p> <p>We explored this by looking at the potential impact on the sustainability of the provision. The visitors did not have any issues to explore further.</p>
Learners – Aggregation of percentage not continuing	3%	2%	2020-21	<p>This data was sourced from a data delivery. This means the data is a bespoke Higher Education Statistics Agency (HESA) data return, filtered bases on HCPC-related subjects.</p> <p>The data point is below the benchmark, which suggests the education provider is performing above sector norms.</p> <p>When compared to the previous year’s data point, the education provider’s performance has improved by 3%.</p>

¹ An explanation of the data we use, and how we use this data, is available [here](#)

Graduates – Aggregation of percentage in employment / further study	94%	89%	2019-20	<p>This data was sourced from a data delivery. This means the data is a bespoke HESA data return, filtered bases on HCPC-related subjects.</p> <p>The data point is below the benchmark, which suggests the provider is performing below sector norms.</p> <p>When compared to the previous year’s data point, the education provider’s performance has dropped by 3%.</p> <p>The visitors considered the education provider’s performance here and were satisfied with the education provider’s reflection.</p>
Teaching Excellence Framework (TEF) award	N/A	Gold	2023	The definition of a Gold TEF award is “Provision is consistently outstanding and of the highest quality found in the UK Higher Education sector.”
Learner satisfaction	75%	76%	2022	<p>This data was sourced at the subject level. This means the data is for HCPC-related subjects.</p> <p>The data point is broadly equal to the benchmark, which suggests the provider’s performance in this area is in line with sector norms.</p> <p>When compared to the previous year’s data point, the education provider’s performance has dropped by 0.5%.</p>

Section 3: Performance analysis and quality themes

Portfolio submission

The education provider was asked to provide a self-reflective portfolio submission covering the broad topics referenced in the [thematic areas reviewed](#) section of this report.

The education provider's self-reflection was focused on challenges, developments, and successes related to each thematic area. They also supplied data, supporting evidence and information.

Data / intelligence considered

We also considered intelligence from others (eg prof bodies, sector bodies that provided support) as follows:

- NHS England (Midlands) informed us of pressures on practice-based learning in the region, in physiotherapy particularly. The visitors didn't consider this as the education provider does not run any programmes in physiotherapy.

Quality themes identified for further exploration

We reviewed the information provided, and worked with the education provider on our understanding of their portfolio. Based on our understanding, we defined and undertook the following quality assurance activities linked to the quality themes referenced below. This allowed us to consider whether the education provider was performing well against our standards.

Quality theme 1 – Unclear how the revised SOPs were embedded, particularly;

- Promoting public health and preventing ill-health; and
- Leadership

Area for further exploration: The visitors noted the education provider stated changes were not required around the promotion of public health and prevention of ill-health. This was because changes relating to the revised SOPs had been undertaken. However, the visitors did not know what the education provider had done related to this theme, and why the education provider considered this will deliver the revised SOPs.

The education provider outlined they have embedded leadership through 'authentic opportunities to demonstrate leadership', for example in group activities and assessments. The visitors noted the opportunities, to display leadership skills, were only available for some learners, and not all. For instance, those who take on leadership roles such as being a learner representative. The visitors were unsure how all learners learned about leadership, and so were unsure of the work the education provider had done to embed leadership skills to meet the revised SOPs into the programmes. They therefore sought more information about these areas.

Quality activities agreed to explore theme further: We decided to explore this by requesting a response from the education provider so the visitors could understand how the education provider embedded the revised SOPs, or ensured the revised SOPs were already delivered. We considered this was the most effective way to explore the theme as we decided it was a query to which we needed to clarify our understanding.

Outcomes of exploration: The education provider stated content related to promoting public health and preventing ill-health was embedded throughout the curriculum. The curriculum addressed different diseases and their prevalence across different demographics, as well as treatment and prevention.

The education provider informed us there were several opportunities for learners to gain experience of leadership skills. For example, in the first year of the biomedical science programme the education provider ran an employability and professional skills assessment. This was a group-based approach where learners discussed team working and leadership skills. The education provider also ran problem-based learning sessions, where learners took on a leadership role.

The visitors were satisfied the evidence assured them promoting public health and preventing ill-health through the SOPs was taught and assessed. They were also assured the education provider had embedded leadership through the revised SOPs. We had no further areas to explore in this theme.

Quality theme 2 – Response to the conditions of registration of the OfS

Area for further exploration: The visitors recognised education providers must show they offer high quality higher education to register and stay registered with the OfS. The OfS conditions of registration are designed to make sure they maintain these standards. The visitors noted the education provider regularly reviewed their internal processes and regulations and ensured these were compliant with the OfS conditions. The visitors were unable to find information about how the education provider had responded to, and their performance against, the revised ongoing conditions of registration. They were therefore unsure how the education provider had done so and sought more information about this.

Quality activities agreed to explore theme further: We decided to explore this by requesting an email response from the education provider. We thought this was the most effective way to explore the theme as we decided it was a query to which we needed to clarify our understanding.

Outcomes of exploration: The education provider stated they had integrated the B conditions, where appropriate. We recognised the B conditions relate to quality, reliable standards, and positive outcomes for all learners. The education provider outlined the B conditions formed the benchmark key performance indicators for the education provider's continual monitoring and evaluation of programmes. They also formed a core part of the College 2030 strategy, as a measure of success. The visitors were satisfied with how the education provider had performed in responding to the revised ongoing conditions of registration. We had no further areas to explore in this theme.

Section 4: Findings

This section provides information summarising the visitors' findings for each portfolio area, focusing on the approach or approaches taken, developments, what this means for performance, and why. The section also includes a summary of risks, further areas to be followed up, and areas of good practice.

Overall findings on performance

Quality theme: Institution self-reflection

Findings of the assessment panel:

- **Resourcing, including financial stability –**
 - The education provider stated recruitment of learners was stable. They did not rely on Clearing, where applicants are matched to places on programmes yet to be filled, to recruit learners. This was due to the use of Teacher and Centre Assessed Grades.
 - They had been successful in attracting funding from the OfS and HEE to support the purchase of equipment for the hearing aid dispenser programmes, including for simulation. This ensured learners used up-to-date equipment while on the programmes. Most of the financial support for the education provider came from learner fees.
 - The education provider had three places available for international applicants on the hearing aid dispenser provision. They were reviewing expanding this to see whether it will be viable.
 - The availability of practice-based learning was key to determining the size of programmes, including staff recruitment targets.
 - We were satisfied how the education provider is performing relating to this area.
- **Partnerships with other organisations –**
 - The education provider reflected they had excellent relationships with their partners. They found the sourcing of practice-based learning to be a challenge, especially during Covid-19. In addition, the implementation and growth of the hearing aid dispenser degree apprenticeship had reduced the provision of practice-based learning opportunities for non-degree apprenticeship learners.
 - They had been working with their partners to increase opportunities through their governance structures and agreements. The education provider had developed partnerships with Amplifon and Specsavers to provide practice-based learning opportunities.
 - The education provider was a member of the higher education institutions (HEIs) in Audiology foRum (HARP). The education provider outlined they had an effective relationship as part of HARP. They stated the group allows them to see how effective their programmes are and whether they are still meeting the needs of the workforce they are aimed at and influence other organisations. For example, as part of

HARP, they have liaised with National School of Healthcare Science (NSHCS) and been involved in the design of their new curriculum.

- The education provider also ran a consortium with five other biomedical science providers and eight NHS Trusts in the West Midlands.
- We were satisfied how the education provider is performing relating to this area.
- **Academic quality –**
 - Covid-19 had put pressure on the education provider's ability to ensure the quality of academic provision. This was due to the need to transition to online delivery and assessment during the latter part of the 2019 / 20 academic year.
 - The education provider made changes in response to Covid-19. For example, online exams. The education provider outlined the changes had not compromised academic integrity. The education provider had informed the relevant professional bodies of these changes. Following Covid-19, most teaching and assessments was back on campus.
 - Much of the quality data the education provider had collected was gathered once learners had left or finished a particular period of study. The education provider had developed their provision by implementing a Continuous Monitoring and Evaluation (CME) process to gather ongoing data. Programme Directors completed a CME return for their programme. By monitoring data as it becomes available, the education provider has been able to review recruitment the November after the year start. Learning can now be taken for recruitment events and planning.
 - The education provider had restructured their Quality Team so responsibility for Quality Assurance fell to two named individuals within each college. They reported to the Director of Academic Quality and liaised with the Associate Deans Education within the college. The education provider outlined this had enabled them to take a more robust approach to quality assurance. For example, these staff helped prepare for periodic reviews, PSRB accreditations, collate learner feedback, monitor action plans, and ensure proposals to introduce or modify programmes were appropriate.
 - We were satisfied how the education provider is performing relating to this area.
- **Placement quality –**
 - The education provider found finding practice educators to verify biomedical science learner's portfolio to be a challenge. The portfolio is needed for them to enter employment as a registered biomedical scientist. The education provider and the IBMS held a session to encourage training officers to take up verifier posts. During Covid-19, all verifications took place online. The education provider had retained this as an option for the verifier. The West Midlands consortium manages a pool of verifiers to reduce pressure on the Midlands provision.

- The education provider developed structures for introducing new practice-based learning providers and reviewing the learner experience of practice-based learning. They ensured feedback was received and acted on. The education provider outlined that as they have an increasing number of healthcare programmes, they plan to identify best practice within their practice-based learning quality processes to create a unified system.
- The education provider moved to assessing non-degree apprenticeship hearing aid dispenser learners on campus. This freed up capacity in workplace settings for degree apprenticeship assessment while maintaining quality assurance.
- The education provider considered individual learner circumstances when allocating and / or supporting practice-based learning. They had introduced practice-based learning workshops for biomedical science learners.
- We were satisfied how the education provider is performing relating to this area.
- **Interprofessional education –**
 - The education provider informed us they had limited capacity within timetables to develop substantial IPE opportunities.
 - During Covid-19, with the need to prioritise elements of face-to-face teaching such as clinics, there was reduced provision of IPE opportunities.
 - The education provider reflected upon how IPE provision has increased since Covid-19. For example, they created a virtual IPE experience, and the education provider's studies showed more than 84% of learners agreed this works well.
 - Programme development provided increased opportunities for IPE. The education provider had developed annual IPE between professions such as hearing aid dispenser, biomedical science, optometry, and pharmacy.
 - We were satisfied how the education provider is performing relating to this area.
- **Service users and carers –**
 - The education provider considered their current service user activities were well-established and fit for purpose. They had appointed a Patient and Public Involvement (PPI) Administrator. Covid-19 had impacted PPI interactions and the administrator had been employed to increase and enhance these interactions. They were also developing a PPI strategy. The education provider considered any impact of this appointment will likely be considered from the 2024 / 25 academic year.
 - The education provider had a small pool of service users which limited capacity. They had been looking to develop virtual and remote resources to allow them to mitigate challenges such as service users who were unwell and missed sessions.

- The education provider had developed assessments that focused on service users to ensure learners understood the professional roles within the patient's journey.
- The education provider used online and recorded service user reflections. This had increased the routes by which service users could interact with the education provider. It provided a repository of testimony learners can revisit. The education provider had returned to face-to-face interactions but used online materials if service users were unavailable. Recorded provision was monitored and refreshed to ensure it remained up-to-date and relevant.
- We were satisfied how the education provider is performing relating to this area.
- **Equality and diversity –**
 - The education provider had small learner numbers on approved programmes which made identifying and diagnosing attainment gaps a challenge for them. The education provider had undertaken dedicated research studies to understand any attainment, award or experience gaps learners may have.
 - The education provider had begun to integrate EDI considerations in their curricula. They had worked with their Disability and Academic Support team to ensure appropriate learners had bespoke support plans.
 - We were satisfied how the education provider is performing relating to this area.
- **Horizon scanning –**
 - The education provider's increase in learner numbers provided an opportunity for expansion but also challenges with capacity.
 - Programme development considered internal and external drivers. Hearing aid dispenser programmes were undergoing a change with NHS departments moving towards management of complex cases and a growth in the independent sector to manage patients.
 - The education provider will be seeking HCPC approval for a Non-Medical Prescribing programme soon.
 - The education provider was limited in the capacity to take more learners on HCPC-approved programmes. However, they wanted to increase the learner experience through interprofessional learning.
 - We were satisfied how the education provider is performing relating to this area.

Risks identified which may impact on performance: None.

Outstanding issues for follow up: None.

Quality theme: Thematic reflection

Findings of the assessment panel:

- **Embedding the revised Standards of Proficiency (SOPs) –**
 - The education provider had taken a team approach to embed the revised SOPs. They recognised wide expertise was required to ensure all SOPs were mapped and integrated appropriately. They mapped the SOPs within module specifications to give transparency and to highlight to learners where they were actively engaging with them.
 - As detailed in [quality theme 1](#), the education provider had undertaken changes to ensure the revised SOPs were embedded in the programmes.
 - They had increased their focus on fitness to practice and ensuring learners understood the importance of their own mental and physical wellbeing.
 - The education provider had increased their digital skills and technology resources by investing in equipment and simulation facilities. These had been funded by internal resources and external grant awards.
 - The education provider had embedded leadership through opportunities to demonstrate leadership. For example, in group activities and assessments.
 - We were satisfied how the education provider is performing relating to this area.
- **Learning and developments from the COVID-19 pandemic –**
 - Covid-19 impacted on the education provider's ability to deliver programmes as planned. These had a reliance on face-to-face provision. The education provider switched to online learning, teaching, and assessment during March 2020. Clinical assessments moved to online Vivas throughout Covid-19. Simulated patient sessions were delivered as online telecare appointments.
 - The use of online assessments led to more opportunities for learners to undertake activities that constitute academic misconduct. The education provider outlined they had seen an increase in offences. For example, one biomedical science assessment was declared void after they uncovered evidence of 'mass collusion'. The assessment was redesigned and rerun without issue. In response, the education provider had revised the academic offences regulations to make clearer what offences are, and to increase communication to learners around this area.
 - The education provider developed a 'no detriment' policy to cover assessments during the pandemic period, the second half of 2019 / 20 and all of 2020 / 21.
 - The education provider maintained practical experience where possible, reinforced it with online materials and provided catch-up sessions.
 - We were satisfied how the education provider is performing relating to this area.

- **Use of technology: Changing learning, teaching and assessment methods –**
 - The education provider considered staff and learner’s lack of understanding of simulation, and seeing the values of this technology, can limit its uptake. The education provider had found if staff are not well versed in the technology, or if learners do not engage, there had been limited value in it. Consequently, the education provider had ensured all staff who delivered simulated training had been trained in the use of it. The education provider had also invested in simulation facilities to improve the learner experience and keep programmes up to date. They developed simulated telecare appointments during Covid-19. They had retained these as they reflected the way professions had developed.
 - They considered the use of artificial intelligence (AI) can be a threat to academic integrity, especially when coupled with remote assessment. The education provider wanted to explore the positives of AI. This was included in assessments and the use of AI-generated simulations. The education provider had used almost entirely remote assessments during Covid-19. They outlined that their priority was to ensure the integrity of their assessments. They had done this this by educating staff and learners, redesigning assessments, returning to in-person assessments, and strengthening academic offences regulations. This was an ongoing process as AI developed.
 - We were satisfied how the education provider is performing relating to this area.
- **Apprenticeships in England –**
 - The education provider had found there was an increase in demand on resources, such as staff, facilities, and practice-based learning. This was due to the implementation of the hearing aid dispenser degree apprenticeship provision.
 - The Office for Standards in Education, Children’s Services and Skills (Ofsted) visited in 2023. This was their first visit. The education provider considered them supportive. Ofsted highlighted the education provider needed to document safeguarding processes more carefully. The education provider had developed a central repository for all documentation. They had ensured all relevant staff have undertaken and recorded safeguarding training, and had appointed a safeguarding lead.
 - The education provider had invested in new posts dedicated to degree apprenticeship delivery. These roles included managing employer relationships.
 - Feedback from employers was positive about the level of competence and confidence a degree apprenticeship learner had. Employers considered the results gave their department an experienced clinician. The education provider saw this gave them an excellent reputation within the profession and strengthened recruitment.

- By teaching degree apprenticeship learners with non-degree apprenticeship learners, the education provider considered it possible to encourage the development of peer support. This was because non-degree apprenticeship learners supported the degree apprenticeship learners with academic needs. For example, assignment and presentation writing. Degree apprenticeship learners helped the non-degree apprenticeship learners understand the need for effective communication skills and professionalism.
- The education provider used the apprenticeship management system [Aptem](#) to manage and monitor degree apprenticeship learners.
- We were satisfied how the education provider is performing relating to this area.

Risks identified which may impact on performance: None.

Outstanding issues for follow up: None.

Quality theme: Sector body assessment reflection

Findings of the assessment panel:

- **Assessments against the UK Quality Code for Higher Education –**
 - The education provider found there had been change in higher education in terms of who had responsibility for quality oversight of higher education institutions. The QAA Quality Code is no longer a regulatory requirement in England.
 - The education provider benchmarked their provision against the Quality Code. This was done through mechanisms such as annual review of programme documents at programme and module level.
 - We were satisfied how the education provider is performing relating to this area.
- **Office for Students (OfS) –**
 - The education provider had not been subject to a monitoring visit from OfS during the review period. They had been proactive in integrating conditions of registration.
 - The education provider reviewed their processes and regulations and ensured these are compliant with OfS conditions. They undertook reviews of these when new or modified conditions are announced. This was done at an institutional level, often by the University Learning and Teaching Committee.
 - As detailed in [quality theme 2](#), the education provider stated they had integrated the B conditions, where appropriate. The education provider outlined the B conditions formed the benchmark key performance indicators for the education provider's continual monitoring and evaluation of programmes. They also formed a core part of the College 2030 strategy, as a measure of success.

- We were satisfied how the education provider is performing relating to this area.
- **Other professional regulators / professional bodies –**
 - The education provider engaged with public sector regulatory bodies (PSRBs) to ensure programmes are up to date. Staff attended Institute of Biomedical Science (IBMS) meetings and conferences. Staff members were on panels with British Academy of Audiology (BAA) and British Society of Audiology (BSA). As a member of HARP, the education provider liaised with NSHCS. This allowed the education provider to share and take learning from other approved programmes.
 - The curriculum for biomedical science followed the Quality Assurance Agency (QAA) Benchmark Statements. The curriculum for hearing aid dispensers followed the National School of Healthcare Science curriculum.
 - We were satisfied how the education provider is performing relating to this area.

Risks identified which may impact on performance: None.

Outstanding issues for follow up: None.

Quality theme: Profession specific reflection

Findings of the assessment panel:

- **Curriculum development –**
 - The education provider had redesigned their programmes to a credit structure where modules were multiples of 15 credits rather than 10 credits. This gave them an opportunity to refresh the hearing aid dispenser programmes to ensure they remain fit for purpose. The biomedical science provision was reaccredited by the IBMS in 2020.
 - The education provider remapped the programme to the SOPs and has identified areas where provision could be further strengthened.
 - We were satisfied how the education provider is performing relating to this area.
- **Development to reflect changes in professional body guidance –**
 - During Covid-19, people and organisations were required to act quickly. The education provider considered guidance was sometimes 'lagging behind the situation on the ground'. The education provider prioritised healthcare programme provision where there was capacity to do so. They are now much more prepared for future eventualities so guidance should be clearer.
 - The education provider outlined guidance from professional bodies stated programmes could be changed to ensure the safety of staff and learners while 'maintaining academic integrity'.

- Following Covid-19, the IBMS mandated a return to on campus assessments, where they formed part of the originally approved programmes.
- We were satisfied how the education provider is performing relating to this area.
- **Capacity of practice-based learning (programme / profession level) –**
 - There were a limited number of biomedical science practice-based learning positions in the West Midlands each year. They were offered by IBMS approved laboratories and needed to have the capacity to take on a learner. Therefore, the number of practice-based learning available in any year was limited by the number of laboratories within the West Midlands and the availability of IBMS-approved Training Officers. The education provider's Placements Team looked for new relationships with suitable laboratories. Since 2018 they had placed learners in three new practice-based learning providers. They continued to foster relationships with practice-based learning providers in the local area so learners could choose from a variety of opportunities.
 - Biomedical science learners entered a competitive process to secure practice-based learning. The number of practice-based learning secured by learners each year was determined by the practice-based learning providers and how successful learners are at interview. The education provider prepared learners for the interview and application process. The education provider reviewed and refined employability and laboratory workshops.
 - We were satisfied how the education provider is performing relating to this area.

Risks identified which may impact on performance: None.

Outstanding issues for follow up: None.

Quality theme: Stakeholder feedback and actions

Findings of the assessment panel:

- **Learners –**
 - Learners used feedback sessions, such as Student Voice, to comment on their preferences for online or on campus learning. The education provider noted there was not a consensus among learners. However, the education provider refined the delivery of their programmes following the pandemic. Most sessions returned to being on campus, but retained online teaching where it was considered more suited. For example, the education provider stated sessions where learners interacted and asked questions tended to work better online. This was because they found there was less pressure to interact online than in person.

- Learners considered completing practice-based learning and having to return to campus monthly for two days of study a week to complete academic work was 'exhausting'. They considered they could not commit their best efforts to either element. They found it made the financial burden of practice-based learning more challenging due to travel costs. The programme team looked at alternative methods of delivering the final year. Based on learner feedback, the programme moved to delivering all academic learning in term one, and other terms were dedicated to practice-based learning. Based on the success of this model, the programme continued to use this.
- The hearing aid dispenser degree apprenticeship programme was structured to be completed over five years. Learners considered this was too long. It had a burden on finances, the running of clinics, and learners' overall well-being. Learners who demonstrated they were academically strong could opt into a four-year compressed route. Based on the success of the compressed route, the education provider facilitated a permanent move to deliver the programme in four years.
- We were satisfied how the education provider is performing relating to this area.
- **Practice placement educators –**
 - Practice educators reported several issues which had led to positive change. For example, they considered non-degree apprenticeship learners were not getting enough clinical practice exposure and did not have the level of confidence or competence the clinical educators hoped for. The clinical skills teaching was restructured to enable more time for clinical practice. The changes to the delivery of clinical skills led to positive feedback from learners, assessors, and clinical supervisors. Learners were reported to grow in confidence and competence.
 - We were satisfied how the education provider is performing relating to this area.
- **External examiners –**
 - The education provider stated external examiners had raised no significant issues with the programmes.
 - External examiners praised the education provider's response to Covid-19 and the integration of professional and transferrable skills training.
 - External examiners fed back about accessing digital resources and submissions which delayed their work. During Covid-19 work was moved online, and external examiners were unfamiliar with the virtual learning environment. There were also miscommunications with the central digital services, so external examiners were not aware of security policies, and were locked out of their accounts. The education provider developed closer working relationships between professional services staff and external examiners. They also refined the induction

for external examiners to include training and resources around accessing digital provision.

- We were satisfied how the education provider is performing relating to this area.

Risks identified which may impact on performance: None.

Outstanding issues for follow up: None.

Data and reflections

Findings of the assessment panel:

- **Learner non continuation:**
 - Covid-19 presented challenges for successful learner completion. The education provider introduced a no detriment policy which ensured learners had an appropriate opportunity to complete.
 - The education provider saw few academic non-continuations. Most who did not continue their studies did so for personal reasons. The education provider considered the pastoral support, central services, well-designed programmes, and clear assessment guidance they gave ensured learners do well.
 - We were satisfied how the education provider is performing relating to this area.
- **Outcomes for those who complete programmes:**
 - Many learners were local and wanted to remain so after their study. This limited the opportunities available to them. The education provider worked with the careers and Placements Team to embed employability skills within curricula.
 - They stated a good proportion of learners were offered roles at their practice-based learning providers after graduation.
 - We were satisfied how the education provider is performing relating to this area.
- **Learner satisfaction:**
 - The education provider was awarded 'Triple Gold' in the 2023 TEF. This means ratings for both the Student Experience and Student Outcomes were rated as gold, with an overall rating of gold. The education provider considered this reflected excellent learner experience and outcomes and the way they acted informed by data to make positive interventions.
 - The hearing aid dispenser provision faced challenges as the NSS period was realigned when learners were in practice-based learning. This reduced the education provider's ability to encourage participation and be proactive in highlighting strengths.
 - We were satisfied how the education provider is performing relating to this area.

- **Programme level data:**
 - Learner numbers on the Foundation Degree in Hearing Aid Audiology programme declined. The education provider stated the programme was no longer viable with the learner numbers. They reflected this was because other education providers had introduced a degree apprenticeship at level 5, which was equivalent to Foundation Degree. They considered this was more attractive for employers and learners. The Foundation Degree programme was a fallback option for learners.
 - Learners entered onto the biomedical science programme through securing appropriate practice-based learning. If these were not secured the learner numbers declined. The education provider worked with learners, practice-based learning providers and training officers to understand the selection and recruitment process so they supported learners. The education provider maintained an excellent success rate of learners securing practice-based learning opportunities.
 - The education provider had seen new programmes developed well. This ensured they were sustainable.
 - We were satisfied how the education provider is performing relating to this area.

Risks identified which may impact on performance: None.

Outstanding issues for follow up: None.

Section 5: Issues identified for further review

This section summarises any areas which require further follow-up through a separate quality assurance process (the approval or focused review process).

There were no outstanding issues to be referred to another process,

Section 6: Decision on performance review outcomes

Assessment panel recommendation

Based on the findings detailed in section 4, the visitors recommend to the Education and Training Committee that:

- The education provider's next engagement with the performance review process should be in the 2028 / 29 academic year.

Reason for next engagement recommendation

- Internal stakeholder engagement
 - The education provider engaged with a range of stakeholders with quality assurance and enhancement in mind. Specific groups engaged

by the education provider were external examiners, learners and practice educators and partner organisations. This ensured the education provider's performance had not identified any risks for delivering provision of good quality.

- External input into quality assurance and enhancement
 - The education provider engaged with four professional bodies. They considered professional body findings in improving their provision.
 - The education provider engaged with NSHCS, General Pharmaceutical Council (GPhC), General Medical Council (GMC), and Nursing and Midwifery Council (NMC). They considered the findings of other regulators in improving their provision.
 - The education provider had not been subject to a monitoring visit from OfS during the review period. The education provider reviewed their processes and regulations and ensured these are compliant with OfS conditions.
 - The education provider considered sector and professional development in a structured way.
- Data supply
 - Data for the education provider was available through key external sources. Regular supply of this data enabled us to actively monitor changes to key performance areas within the review period
- What the data is telling us:
 - From data points considered and reflections through the process, the education provider considered data in their quality assurance and enhancement processes and acted on data to inform positive change.

Education and Training Committee decision

Education and Training Committee considered the assessment panel's recommendations and the findings which support these. The education provider was also provided with the opportunity to submit any observation they had on the conclusions reached.

Based on all information presented to them, the Committee decided that:

- The education provider's next engagement with the performance review process should be in the 2028-29 academic year

Reason for this decision: The Panel agreed with the visitors' recommended monitoring period, for the reasons noted through the report.

Appendix 1 – summary report

If the education provider does not provide observations, only this summary report (rather than the whole report) will be provided to the Education and Training Committee (Panel) to enable their decision on the next steps for the provider. The lead visitors confirm this is an accurate summary of their recommendation (including their reasons) and any referrals.

Education provider	Case reference	Lead visitors	Review period recommendation	Reason for recommendation	Referrals
Aston University	CAS-01361-S3P6V4	Joanna Lemanska Peter Abel	5 years	<p>The areas we explored focused on:</p> <ul style="list-style-type: none"> The education provider stated changes were not needed about promoting public health and preventing ill-health, and further centralising the service user. The visitors were unsure what the education provider had done related to these themes. They were unsure why the education provider considered this will deliver the revised SOPs. The education provider outlined they had embedded leadership through 'authentic opportunities to demonstrate 	n/a

				<p>leadership'. The visitors were unsure how all learners learned about leadership. They were unsure of the work the education provider had done to embed leadership into the SOPs. The education provider stated content related to promoting public health and preventing ill-health was embedded throughout the curriculum. They outlined how the programmes centralised service users and carers. The education provider informed us there are several opportunities for all learners to gain experience of leadership skills. The visitors were satisfied with how the education provider performed in this area.</p>	
--	--	--	--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

				<ul style="list-style-type: none">• The education provider reviewed their internal processes and regulations and ensured these were compliant with OfS conditions. The visitors were unable to find information about how the education provider had responded to the revised ongoing conditions of registration. The education provider had integrated the B conditions. They outlined the B conditions formed the benchmark key performance indicators for the education provider's continual monitoring and evaluation of programmes. The visitors were satisfied with how the education provider performed in this area.	
--	--	--	--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

Appendix 2 – list of open programmes at this institution

Name	Mode of study	Profession	Modality	Annotation	First intake date
BSc (Hons) Applied Biomedical Science	FT (Full time)	Biomedical scientist			01/10/2010
BSc (Hons) Healthcare Science (Audiology)	FT (Full time)	Hearing aid dispenser			01/09/2012
BSc (Hons) Healthcare Science (Audiology)	PT (Part time)	Hearing aid dispenser			01/09/2018
BSc (Hons) Healthcare Science (Audiology)	WBL (Work based learning)	Hearing aid dispenser			01/09/2018
Foundation Degree in Hearing Aid Audiology	FT (Full time)	Hearing aid dispenser			01/09/2007