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## Performance review process report

### The University of Northampton, 2018-2023

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#### **Executive summary**

This is a report of the process to review the performance of The University of Northampton. 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
- Reviewed the institution's portfolio submission to consider which themes needed to be explored 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 activity 1: The visitors noted service users and carers are involved in a variety of ways. For example, the service user and carer group inputs to validation and approval events. The visitors noted service user feedback has resulted in the number of service user and carer group meetings being increased from three to four per year. Through a quality activity we were satisfied with how service user participation in these activities had a positive impact to programmes.
    - Quality activity 2: The visitors noted the education provider reflected on topics which are specific to the region, such as requirements of the local integrated care board (ICB) to increase the local allied health profession workforce. Through a quality activity, we were satisfied the education provider had undertaken work on broader areas which would also potentially impact on them.
  - The provider should next engage with monitoring in five years, the 2028-29 academic year, because:
    - The education provider engages with a range of stakeholders with quality assurance and enhancement in mind. Specific groups engaged by the education provider were learners, service users and carers, practice educators, partner organisations and external examiners.
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- The education provider engaged with a number of professional bodies. They considered professional body findings in improving their provision.
  - The education provider engaged with Nursing and Midwifery Council (NMC), Office for Students (OfS), and Royal Pharmaceutical Society (RPS). They considered the findings of these regulators in improving their provision.
  - The education provider considers sector and professional development in a structured way.
  - Data for the education provider is available through key external sources. Regular supply of this data will enable us to actively monitor changes to key performance areas within the review period.
  - From data points considered and reflections through the process, the education provider considers data in their quality assurance and enhancement processes and acts on data to inform positive change.
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**Previous consideration** Not applicable. The performance review process was not referred from another process.

**Decision** The Education and Training Committee (Panel) is asked to decide:

- 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

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## 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:

Fleur Kitsell	Lead visitor, physiotherapist
Wendy Smith	Lead visitor, chiropodist / podiatrist
Ian Hughes	Service User Expert Advisor
John Archibald	Education Quality Officer
Gordon Pollard	Advisory visitor, paramedic

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 the majority of 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 related to the paramedic provision and curriculum development, and how the education provider has embedded the revised Standards of proficiency (SOPs) in relation to this profession.

## Section 2: About the education provider

### **The education provider context**

The education provider currently delivers seven HCPC-approved programmes across four professions, including a post registration programme for the supplementary and independent prescribing annotation. It is a higher education institution and has been running HCPC-approved programmes since 2002.

From 2002, the education provider delivered chiropodist / podiatrist and occupational therapist provision. In 2006 they introduced paramedic provision at diploma and foundation degree level. These programmes are now closed. In 2015 they introduced a BSc (Hons) Paramedic Science programme. They also delivered a supplementary and independent prescribing programme from 2016.

The education provider has not engaged with the performance review process in the current model of quality assurance. The last annual monitoring in the legacy model of quality assurance was in 2019. All programmes subject to this annual monitoring had their approval reconfirmed.

All HCPC-approved programmes sit within the Faculty of Health, Education and Society (FHES).

## 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
<b>Pre-registration</b>	Chiropracist / podiatrist	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2002
	Occupational therapist	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2002
	Paramedic	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2015
	Physiotherapist	<input type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Postgraduate	2021
<b>Post-registration</b>	Independent Prescribing / Supplementary prescribing			2016
	Prescription Only Medicine – Administration			2002
	Prescription Only Medicine – Sale / Supply			2002

## 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 programmes<sup>1</sup>.

Data Point	Benchmark	Value	Date of data point	Commentary
Numbers of learners	230	347	2024	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.

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

				<p>The education provider is recruiting learners above the benchmark.</p> <p>The education provider further clarified they had not recruited 347 learners. The education provider confirmed they had recruited 215 learners.</p> <p>The visitors considered the education provider's performance here and were satisfied with the education provider's reflection.</p>
Learner non continuation	3%	5%	2020-21	<p>This Higher Education Statistics Agency (HESA) 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 above 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 1%.</p> <p>The visitors considered the education provider's performance here and were satisfied with the education provider's reflection.</p>
Outcomes for those who complete programmes	93%	92%	2020-21	<p>This HESA 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 been maintained.</p> <p>The visitors considered the education provider's performance here and were satisfied with the education provider's reflection.</p>
Learner satisfaction	78.7%	69.8%	2023	<p>This National Student Survey (NSS) positivity score data was sourced at the subject level. This means the data is for 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 2.9%.</p> <p>The visitors considered the education provider's performance here and were satisfied with the education provider's reflection.</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.

### 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 – service users and carer participation

**Area for further exploration:** The visitors noted service users and carers are involved in a variety of ways. For example, the service user and carer group inputs to validation and approval events. The visitors noted service user feedback has resulted in the number of service user and carer group meetings being increased from three to four per year. However, the visitors had not received instances where service user participation in these activities had a positive impact to programmes. The visitors were therefore unsure how service user involvement had impacted on programmes. They therefore sought more information about this area.

**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 explained service users were involved in the development of simulation-based learning within the MSc Physiotherapy (pre-registration) programme. They reflected how service user

evaluation had been central to this development. Service users were involved in the role of a patient. The visitors were informed evaluations from learners demonstrated they found the learning experience to be more effective in this circumstance because they were able to present real-life experiences as a patient far more effectively than a learner taking the same role. The education provider added learners highlighted a heightened awareness of their own professionalism and communication.

The visitors were satisfied the evidence assured them service users contributed positively to the programme. We had no further areas to explore in this theme.

### Quality theme 2 – horizon scanning across the wider landscape

**Area for further exploration:** The visitors noted the education provider reflected on topics which are specific to the region, such as requirements of the local ICB to increase the local allied health profession workforce. The visitors were unsure of the work the education provider had undertaken on broader areas which would also potentially impact on them. For example, issues relating to the environmental sustainability. The visitors were therefore unsure the education provider was able to consider all types of issues. They therefore sought more information about this area.

**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 informed us they have undertaken work to address issues which are part of a wider landscape. For example, in relation to artificial intelligence (AI), they explained they recognised AI tools are embedded within commonly used applications, such as Microsoft Office. They reflected upon how they are committed to supporting staff and learners to become AI-literate. Teaching and assessment may reference or use AI tools. For example, the education provider informed us they had explored the appropriate use of AI in programmes, and how AI can be safely incorporated within the allied health professions as part of the wider digital agenda. They explained allied health profession (AHP) programmes will, from 2024 / 25, use interprofessional education for learners to explore the use of AI.

AHP learners are also now signposted to guidance '10 things for students to know about AI'. This provided a short introduction to AI and its implications. Guidance is also available on how to use AI chatbots and other AI tools in academic work. The education provider reflected that programme tutors regularly provide guidance on the use of AI and are the first point of reference for any questions about this. They added staff are involved in projects such as the use of AI to support personal timetables, development of personal academic tutor plans using AI, and the ethical use of AI in healthcare settings. Their findings have been presented at conferences and in the process of being published.

The visitors were satisfied the evidence assured them the education provider considered issues which are not specific to the region. 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 approved-HCPC programmes have grown with the addition of MSc Physiotherapy (pre-registration) and the BSc (Hons) Occupational Therapy - Apprenticeship Route. These have recruited to projected numbers. Learner recruitment has covered the costs of operations. Staff teaching on these programmes remained stable.
  - There was a slight decrease in the recruitment period for 2023-24 in UCAS applications for occupational therapy, physiotherapy and podiatry. The education provider reflected this mirrored national trends. To mitigate for the reduced number of applications the education provider brought forward the selection process for these professions and sped up the process of offering a place to successful applicants.
  - The education provider prepared for potential fluctuations in learner numbers by changing the structure of the financial groupings of the programmes. They have moved from HCPC-approved programmes being structured as individual profession subject groupings, to two subject areas - Health Professions, and Social Therapies and Communities. This improved the financial stability of the education provider due to the sharing of human resource and staff expertise without risking our high-quality standards of education.
  - We were satisfied with how the education provider is performing in this area.
- **Partnerships with other organisations –**
  - The education provider recruited a clinician from a local Trust to lead the local AHP Faculty and a lecturer was the Senior Responsible Officer (SRO). The main aim of the AHP Faculty was to create networks to fully represent AHPs in all areas of the county. Hosting the AHP Faculty as part of the education provider meant they were able to build a network of partners across the county in acute, community and

social care settings. This work led to an increase of practice-based learning in social care and the private, independent and voluntary sector (PIVO).

- The education provider is represented at local, regional, and national level in working groups to address practice-based learning capacity and quality of provision. Partners are invited to meetings to discuss important issues. During the pandemic, localised groups emerged to deal with and respond to the pandemic. Post-pandemic most of these groups have continued to work as part of the Integrated Care System (ICS) structure.
- We were satisfied with how the education provider is performing in this area.
- **Academic quality –**
  - The Northampton Quality Assurance Framework (NQAF) governs the education provider's approach to academic quality. Data is used to inform decisions, including from stakeholders such as learner voice and external examiner feedback. The education provider's approach to academic quality is based on continuous improvement built on monitoring and action planning.
  - The education provider used the NQAF to ensure programmes provided learners with the opportunity to demonstrate achievement of the HCPC SOPs during the pandemic. They were therefore able to respond to support the adjustments needed. These were maintained until September 2023 to support learners and facilitate progression whilst ensuring academic quality.
  - The education provider's Change of Approval (CoA) process was used to inform enhancements to programmes following feedback from learners, programme teams and external examiners. The CoA process was used to enhance provision when the education provider moved to an academic structure of semesters in the 2022-23 academic year.
  - We were satisfied with how the education provider is performing in this area.
- **Placement quality –**
  - The education provider reviewed their audit process to assure the quality of practice-based learning environments. This review led to improvements through the implementation of a central management system to monitor and store documents which evidence the quality of the learning environment. These used to be in separate systems. The education provider explained that, by doing this, they have reduced the risk of evidence being lost through system failure. By having all evidence in one place enables more effective monitoring.
  - Programmes work with the Faculty and Placement and Work-based Learning (PWBL) team to enhance practice-based learning quality and the associated processes and systems. The education provider informed us an example of an enhancement was the introduction of a new data system for recording and monitoring learner's training. The

system also identifies practice-based learning capacity for each programme. Tutors are able to monitor the range of practice-based learning available to learners. The education provider stated the enhancement has led to reduced learner attrition rates.

- We were satisfied with how the education provider is performing in this area.
- **Interprofessional education –**
  - The education provider outlined they have made their approach to IPE more explicit. They said this was to enable learners to ‘work and communicate appropriately with others’ as outlined in the Standards of Proficiency.
  - They identified that strategic leadership for Interprofessional Education and Collaborative Practice (IPECP) was required in the faculty. This was to coordinate IPE and formalise its delivery and assessment. The education provider appointed a Faculty Lead for IPECP and developed a Faculty Strategy. All AHP programmes embedded a shared IPE learning outcome at each level. The education provider considered this meant IPE is a fundamental element of their programmes.
  - Following the CoA process, IPE was delivered within modules and through teaching events. For example, learners were allocated to interprofessional groups and undertook an ‘Escape Room’ style activity which provided the opportunity to learn with, from and about, learners on other professional programmes. Learners fed back that they found it relevant to their programme, future practice and for the benefit of service users.
  - We were satisfied with how the education provider is performing in this area.
- **Service users and carers (SU&C) –**
  - In 2021 the education provider introduced a new SU&C lead and developed a new SU&C strategy. They had identified areas to improve the monitoring of effectiveness and evaluation of service user engagement. Service user and carer sessions relating to teaching and learning have a service user session evaluation completed. These are assessed by the faculty SU&C Lead and discussed within faculty SU&C group meetings to share good practice and consider further developments with academics and service users. Learners and service users’ evaluation of the teaching and learning are positive.
  - As part of the SU&C strategy development programmes undertook an internal mapping exercise to ensure service users and carers were involved in all areas of a programme. This exercise is currently under review by the Faculty SU&C Lead. An action plan will be developed for areas within programmes where there could be additional SU&C involvement.
  - As discussed in [quality theme 1](#), service users were involved in the development of simulation-based learning within the MSc

Physiotherapy (pre-registration) programme. Service user evaluation has been central to this development.

- We were satisfied with how the education provider is performing in this area.
- **Equality and diversity –**
  - Equality and Diversity and Inclusion (ED&I) has developed over the last two years with the appointment of a new Vice Chancellor. They have prioritised and strengthened ED&I by establishing three clear commitments for the education provider:
    - becoming a Disability Confident employer;
    - committed to expanding the provision, building on what works and what learners need; and
    - committed to the International Holocaust Remembrance Alliance (IHRA) working definition of anti-semitism.
  - The education provider had highlighted anti-racism in practice as an area to target. They propose to develop an anti-racism pledge in collaboration with practice-based learning partners.
  - The education provider has undertaken wider initiatives over the review period. For example, the Access and Participation Plan (APP) awarding gap initiatives. The education provider has seen a positive impact from the initiative and are continuing to support learners to close the award gap. For the 2022-23 academic year the award gap for Global Ethnic Majority (GEM) - Black, African, Asian, Brown, and dual-heritage - learners has reduced from -23% to -2%.
  - We were satisfied with how the education provider is performing in this area.
- **Horizon scanning –**
  - Practice-based learning capacity provided challenges for the education provider post-pandemic. Programme teams work with practice-based learning partners to ensure all learners have opportunity to achieve the SOPs. To mitigate the challenges, the teams have worked to source additional practice-based learning in care homes, private healthcare providers, professional sport teams and virtual practice-based learning.
  - The education provider has invested in simulation equipment. A Simulation Lead has been appointed to enhance the quality of simulation to gain practice-based learning experience. The education provider's Podiatry Clinic gives the opportunity to create alternative practice-based learning opportunities.
  - As discussed in [quality theme 2](#), the education provider has undertaken work to address issues which are part of a wider landscape. For example, artificial intelligence.
  - We were satisfied with how the education provider is performing in 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) –**
  - To facilitate the embedding of the new SOPs for delivery of programmes in September 2023, the education provider created a group with programme leaders from each AHP programme. This group discussed strategies to address the embedding of the new SOPs. They mapped the current programme to the new SOPs. Through this quality mechanisms and use of the GAP analysis tool, the education provider was assured existing arrangements meant most revisions were already integrated in programmes and therefore no significant changes were required. Team meetings ensured programmes were peer reviewed and the education provider consulted with learners. Where gaps were identified, programmes teams enhanced programmes to ensure learners were able to meet the requirements of the new SOPs from September 2023
  - The education provider appointed two Student Experience Leads and Deputy Heads of Subject who ensured the themes were explicitly embedded within the curricula. To further embed the SOPs, the Student Experience Leads have a focus on reducing the award gap, ensuring an inclusive curriculum and improving the sense of belonging for GEM learners.
  - Where changes were needed, programme teams enhanced and supplemented sessions to ensure learners were able to meet the requirements of the new SOPs from September 2023. Programme teams updated the new requirements in programme documentation, module guides and to learners, so they were clear about how the proficiencies were to be met.
  - We were satisfied with how the education provider is performing in this area.
- **Learning and developments from the COVID-19 pandemic –**
  - There was minimal impact on the education provider's provision due to the pandemic. The education provider found completion levels were broadly comparable to previous cohorts. NSS scores demonstrated overall satisfaction levels were also similar. The education provider considered this success was due to innovative and individual approaches for each programme. For example, virtual practice-based learning, and simulation was introduced where hospital practice-based learning was cancelled.
  - The education provider had reviewed in 2018 the method of teaching and learning and had embedded Active Blended Learning (ABL) as a principal learning approach. ABL combines face-to-face teaching with digital experiences. This allows learners to study at their own pace and



in their own time at a place of their choosing. The development of ABL included training for both staff and learners on different ways of learning. The education provider explained 'an unintended benefit' of this development was they were well-placed to deal with the pandemic.

- The transition to online learning during the pandemic was also helped because all undergraduate learners had the option to receive a laptop on enrolment. They also receive a benefits package so they can access the benefits of ABL.
- We were satisfied with how the education provider is performing in this area.
- **Use of technology: Changing learning, teaching and assessment methods –**
  - When the pandemic started, the education provider moved to online delivery with little difficulty. This was because they already had the infrastructure to deliver technology-enhanced ABL. The education provider will continue to use the ABL approach.
  - The education provider also worked with practice-based learning providers to include the use of online rehabilitation, and the use of technology in rehabilitation in the curriculum. This is because there have been changes in the way rehabilitation is delivered in practice following the pandemic.
  - The number of face-to-face sessions has not been reduced. However, the education provider is using them in different ways by introducing online tools to enhance these teaching sessions. For example, the paramedic programme has included resources such as new response bags to ensure a learning environment that reflects clinical practice as much as possible.
  - The education provider has also enhanced their use of technology to reduce their carbon footprint and conduct some practice-based learning visits online.
  - We were satisfied with how the education provider is performing in this area.
- **Apprenticeships in England –**
  - The education provider has one apprenticeship programme, BSc (Hons) Occupational Therapy - Apprenticeship Route. The programme has seen an increase in learner numbers.
  - Local employers have seen the success of the apprenticeship programme. They consider it is producing graduates, which employers will benefit from. The programme has also widened the accessibility of learning to a wider and more diverse learner body, which has allowed a greater variety of employment and progression pathways.
  - We were satisfied with how the education provider is performing in 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 Northampton Quality Assurance Framework (NQAF) is the process the education provider used to monitor, review and enhance academic standards, the quality of its learning, teaching and assessment, and the academic support to learners. Data is presented in a Quality Improvement Plan (QUIP) if programmes perform below the education provider or faculty threshold for Student Retention, Achievement, Feedback and External Examiner Reports. Programme teams engaged with targeted data that reflects the education provider's ambitions, to develop action plans. No quality improvement plans were required following NSS data publication for the HCPC-approved programmes, to ensure academic standards are secure and assure and enhance quality.
  - However, one QUIP was required following feedback from an external examiner. The paramedic science team reviewed their assessment and feedback process. The external examiner suggested the use of rubrics to ensure marking and moderation processes were consistent. In response, the team created rubrics. This practice has led to training of staff across the faculty to use rubrics as a tool to standardise feedback for all learners.
  - We were satisfied with how the education provider is performing in this area.
- **Office for Students (OfS)**
  - There has not been any OfS monitoring undertaken for HCPC programmes during the review period.
  - The education provider has ensured compliance against the revised conditions of registration through their governance processes. They ensured data in relation to these is used to improve and enhance programmes to meet the conditions of registration. For example, a review of all HCPC-approved programmes was undertaken and as a result all programme teams worked together to review their curriculum. This has ensured programmes are up to date and remain academically challenging for learners. The review also considered the teaching approaches used to make sure programmes are current, effective and informed by research.
  - We were satisfied with how the education provider is performing in this area.
- **Other professional regulators / professional bodies –**
  - The education provider has processes in place to reflect on assessments by other regulators or professional bodies, and any actions taken because of feedback from these bodies. For example,

the Nursing and Midwifery Council (NMC) reviewed the Supplementary and Independent Prescribing for Allied Health Professionals programme in March 2020. The education provider incorporated the Royal Pharmaceutical Society (RPS) standards as part of the revalidation process. Feedback during the process highlighted service user involvement needed to be further improved. To address this the programme lead has been involved in the development of the faculty service user strategy to ensure the portfolio assessment evidenced service user involvement.

- We were satisfied with how the education provider is performing in 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 –**

- There has been no significant change to the curriculum of both the paramedic and independent and supplementary prescribing provision.
- The paramedic provision has completed a Programme Subject Review and there were no conditions or recommendations related to the curriculum. All key themes are embedded in the academic teaching with assessment of the SOPs facilitated in practice using the practice portfolio.
- The independent and supplementary prescribing provision was mapped to the updated RPS framework for prescribers. All key themes are embedded within the academic teaching and practice-based learning.
- The podiatry, physiotherapy and occupational therapy provision undertook a mapping exercise. The outcomes were:
  - Podiatry: no changes were deemed necessary in view of the new SOPs. The education provider undertook some initiatives to strengthen key areas. For example, they expanded interprofessional practice-based learning and teaching opportunities through the development of the Podiatry Clinic. This will extend learner experience of referral pathways and greater exposure to other health professionals and learners.
  - Physiotherapy: no significant changes were needed to be made. However, in response to learner feedback and as part of the annual quality review cycle, the programme did make changes to assessments on the programme. One assessment changed the type of assessment.
  - Occupational therapy: updates were made. For example, modules which developed cultural competence were introduced.

- We were satisfied with how the education provider is performing in this area.
- **Development to reflect changes in professional body guidance –**
  - The education provider considered guidance from relevant professional bodies and updated their provision if appropriate. For example, the College of Paramedics curriculum guidance was available in draft form. On review, the programme did not require any major changes.
  - As part of engaging with professional bodies, members of the academic team engage in regular external meetings of professional bodies. This is to discuss profession specific developments including changes in guidance.
  - We were satisfied with how the education provider is performing in this area.
- **Capacity of practice-based learning (programme / profession level) –**
  - Practice-based learning demand and capacity has continued to be a challenge for growth and sustainability. This was impacted by the pandemic. Despite the recovery from this, capacity continues to be a challenge across all programmes. In response, the education provider has developed and implemented a simulation strategy. This strategy uses evidence-based pedagogies so knowledge, skills and behaviours are embedded throughout programmes. The education provider considers this future-proofs the portfolio.
  - Following the challenge of practice-based learning pressures, programme teams looked at innovative ways to continue to provide the opportunity for learners to meet practice-based learning outcomes. For example, the introduction of virtual practice-based learning. These have been a success and have continued and expanded into areas such as virtual practice-based learning which support children with long covid.
  - We were satisfied with how the education provider is performing in 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 –**
  - Learner feedback is obtained through many mechanisms. For example, mid-module surveys, and Student Voice meetings where year representatives collate cohort feedback). For example, learners fed back they found pharmacology lectures to be challenging. They preferred these lectures to be face-to-face. In response, the education provider has increased the number of pharmacology lectures. They

have increased pharmacology resources on Northampton Integrated Learning Environment (NILE), and all pharmacology lectures are now delivered face-to-face.

- The education provider works with local and regional AHP councils to advertise the National Education and Training Survey (NETS) data. Following the latest NETS results, the education provider made clear the pathway for learners' 'Freedom to Speak Up' in their and their partners' documentation, to ensure everyone working within the NHS feels safe and confident to speak up.
- Learner feedback mechanisms needed to be more responsive as response rates were less than expected. In response the education provider piloted the Northampton Student Review (NSR), an end of level programme survey, with the Podiatry programme to address these rates. Following the pilot, it was rolled out in 2023-24 to all programmes.
- We were satisfied with how the education provider is performing in this area.
- **Practice placement educators –**
  - Programmes engage with and respond to practice educator feedback in a variety of ways. For instance, practice educators fed back through mid-practice-based learning visits, and individual meetings.
  - An example of this is in the occupational therapy provision. They fed back the assessment documentation was complex and caused confusion, and so took more time to complete. In response, the education provider collaborated with other education providers to review and update the practice-based learning assessment paperwork. They have enhanced clarity, simplified the process and wording, and ensured greater relevance by embedding the pillars of practice.
  - The education provider holds Practice Educator days to address issues and respond to feedback. The education provider noted this was happening at programme level. They have now centralised this within the faculty through Placement Learning Forum (PLF) meetings. Minutes from these are fed into Faculty Executive meetings for further discussion if required.
  - We were satisfied with how the education provider is performing in this area.
- **External examiners –**
  - External Examiner reports indicate programmes have well-designed curricula that meet the HCPC SOPs, professional bodies and the UK Quality Code. They are assured programmes measure learner achievement rigorously and fairly and are conducted in line with the education provider's policies and regulations.
  - An example of where external examiner feedback has led to change is the 2022-23 external examiner report for the independent and supplementary prescribing programme. This indicated that whilst there was improvement in regard to the consistency of marking and

feedback, work was needed to ensure newer members of the team are supported and trained. The education provider has in response ensured any new members of staff are given increased training and support. A larger sample of submissions per cohort are now moderated by the Programme Leader.

- We were satisfied with how the education provider is performing in 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:**

- The education provider's non-continuation rates have been in line with sector benchmarks. However, during the pandemic non-continuation rates on the occupational therapy and podiatry programmes increased slightly due to individual learner circumstances. The education provider implemented emergency regulations throughout this period. They implemented a no-detriment approach to progression and continuation. These emergency regulations were revoked post-pandemic.
- The education provider considered learner non-continuation rates demonstrated their teaching and learning practices, and personal academic support processes are effective.
- We were satisfied with how the education provider is performing in this area.

- **Outcomes for those who complete programmes:**

- The data indicated the education provider is in line with sector benchmarks. They considered there to be minimal fluctuations between professions. These were attributable to low enrolments in particular programmes, and small numbers had a large impact on the value. They also saw a lack of postgraduate provision in paramedic science in the sector at the time meant there were less opportunities for further study.
- We were satisfied with how the education provider is performing in this area.

- **Learner satisfaction:**

- The education provider outlined for academic year 2022-23 HCPC-approved programmes scored higher than the benchmark for overall positivity score. They added the programmes consistently achieve above national and education provider benchmark for this category. They saw learners were well-supported on programmes. Initiatives and innovation delivered by programme teams have been

- shared across faculties, through dissemination at conferences, profession specific forums and committees.
- We were satisfied with how the education provider is performing in this area.
- **Programme level data:**
  - Marketing and recruitment had been effective in recruiting larger intakes.
  - The education provider informed us they had expanded their portfolio of approved programmes. Learner achievement was as expected and all learners had been recruited into their first physiotherapy post after completion, within a variety of organisations and settings.
  - We were satisfied with how the education provider is performing in 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 engages with a range of stakeholders with quality assurance and enhancement in mind. Specific groups engaged by the education provider were learners, service users and carers, practice educators, partner organisations and external examiners.
- External input into quality assurance and enhancement

- The education provider engaged with a number of professional bodies. They considered professional body findings in improving their provision.
- The education provider engaged with NMC, OfS, and RPS. They considered the findings of these regulators in improving their provision.
- The education provider considers sector and professional development in a structured way.
- Data supply
  - Data for the education provider is available through key external sources. Regular supply of this data will enable 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 considers data in their quality assurance and enhancement processes and acts 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
The University of Northampton	CAS-01362-M5V3J9	Wendy Smith and Fleur Kitsell	Five years	<p>The education provider engages with a range of stakeholders with quality assurance and enhancement in mind. Specific groups engaged by the education provider were learners, service users and carers, practice educators, partner organisations and external examiners.</p> <p>The education provider engaged with a number of professional bodies. They considered professional body findings in improving their provision.</p> <p>The education provider engaged with NMC, OfS, and RPS. They considered the findings of these regulators in improving their provision.</p>	There were no outstanding issues to be referred to another process.

				<p>The education provider considers sector and professional development in a structured way.</p> <p>Data for the education provider is available through key external sources. Regular supply of this data will enable us to actively monitor changes to key performance areas within the review period.</p> <p>From data points considered and reflections through the process, the education provider considers data in their quality assurance and enhancement processes and acts on data to inform positive change.</p>	
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Appendix 2 – list of open programmes at this institution

<b>Name</b>	<b>Mode of study</b>	<b>Profession</b>	<b>Modality</b>	<b>Annotation</b>	<b>First intake date</b>
BSc (Hons) Podiatry	FT (Full time)	Chiropodist / podiatrist		POM - Administration; POM - sale / supply (CH)	01/01/2002
BSc (Hons) Occupational Therapy	FT (Full time)	Occupational therapist			01/09/2002
BSc (Hons) Occupational Therapy	PT (Part time)	Occupational therapist			01/09/2002
BSc (Hons) Occupational Therapy - Apprenticeship Route	FT (Full time)	Occupational therapist			01/09/2019
BSc (Hons) Paramedic Science	FT (Full time)	Paramedic			01/09/2015
MSc Physiotherapy (pre-registration)	FT (Full time)	Physiotherapist			01/01/2021
Supplementary and Independent Prescribing for Allied Health Professionals	PT (Part time)			Supplementary prescribing; Independent prescribing	01/08/2016