
Performance review process report

University of Hull, 2018 - 2022

Executive summary

This is a report of the process to review the performance of the University of Hull. 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 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:
 - Aggregation of percentage of learners not continuing. We noted attrition rate on the Paramedic Science programme was high and that this was due to learners making wrong career choices. Through quality activity, we were satisfied that measures have been put in place to address the issue.
 - Staff: student ratio (SSR) on the Paramedic Science programme. We noted a high SSR of 1:25. Through the quality activity, we were reassured that the current staffing levels are adequate, and the programme had performed well.
 - The following areas should be referred to another HCPC process for assessment:
 - The education provider noted the introduction of new metrics for admissions which will impact on their provision from the 2023-24 academic year. We will need to review the impact of this when the education provider can reflect on implementation at their next performance review in the 2027-28 academic year.
 - The provider should next engage with monitoring in five years, the 2027-28 academic year, because:
 - Throughout the review, we have not identified any risks that would require us to review the education provider's performance sooner. Overall, the visitors were satisfied with the education provider's performance across all themes.
 - We noted the education provider has one programme which has yet to see its first cohort graduate and a new apprenticeship route in another
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programme. We also noted new initiative around admission metrics that is being introduced in the 2023/24 academic year which will require us to consider their effectiveness in a few years' time. However, we are satisfied that reviewing these at the education provider's next performance review in 2027-28 does not pose any significant risk.

Previous consideration Not applicable. This is the education provider's first interaction with the performance review 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.
- whether issues identified for referral through this review should be reviewed, and if so how.

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 2027-28 academic year
- Subject to the Panel's decision, we will undertake further investigations as per section 5.

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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:

Carol Rowe	Lead visitor, Physiotherapist
Julie Weir	Lead visitor, Operating Department Practitioner
Sheba Joseph	Service User Expert Advisor
Temilolu Odunaike	Education Quality Officer
Tracey Samuel-Smith	Education Manager

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 did not require professional expertise across all professional areas delivered by the education provider. We considered this because the lead visitors were satisfied they could assess performance and risk without needing to consider professional areas outside of their own.

Section 2: About the education provider

The education provider context

The education provider currently delivers eight HCPC-approved programmes across five professions and including two prescribing programmes. It is a Higher Education Institution provider and has been running HCPC approved programmes since 1992.

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	Dietitian	<input checked="" type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Postgraduate	2021
	Operating Department Practitioner	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2004
	Paramedic	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2018
	Physiotherapist	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2020
	Practitioner psychologist	<input type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Postgraduate	1992
Post-registration	Independent Prescribing / Supplementary prescribing		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 programmes.

Data Point	Bench- mark	Value	Date of data point	Commentary
Numbers of learners	181	364	August 2022	<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 above the benchmark.</p> <p>We explored this through a quality activity, particularly for the Paramedic Science programme where we noted a high staff: student ratio (SSR). We were satisfied that the education provider is effectively managing their learner numbers to ensure both staffing and physical resources continue to be adequate for all learners.</p>
Learner non continuation	3%	4%	2019-20	<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</p>

				<p>the provider is performing below sector norms.</p> <p>When compared to the previous year's data point, the education provider's performance has improved by 5%.</p> <p>We explored this through a quality activity. Following the quality activity, the visitors were satisfied that the education provider had effectively addressed the issue around attrition rate on the affected programme.</p>
Outcomes for those who complete programmes	93%	92%	2018-2019	<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 dropped by 1%.</p> <p>We did not explore this as the difference was marginal.</p>
Teaching Excellence Framework (TEF) award	N/A	Silver	June 2018	<p>The definition of a Silver: "Provision is of high quality, and significantly and consistently exceeds the baseline quality threshold expected of UK Higher Education."</p>
Learner satisfaction	75.4%	74.6%	2022	<p>This NSS 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 been broadly maintained.</p> <p>We did not explore this as the difference was marginal.</p>
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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.

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.

visitors were satisfied the quality activity had adequately addressed their concerns.

Quality theme 1 – Aggregation of percentage of learners not continuing

Area for further exploration: The percentage of learners not continuing was marginally higher than the benchmark (4% vs 3%) which suggested slightly higher attrition figures. The narrative showed how learners were supported with guidance and documentation through "Preparing to Arrive", transition to HEI education and survive and thrive learning programmes. Learner support and academic development support was also identified. Reasons for learners leaving the programmes were identified. The visitors noted the issues in Paramedic Science about learners making wrong career choice. However, it was not clear what was done or being done to address this. We requested further clarification on actions

taken to reduce attrition for the Paramedic Science programme given learners were leaving due to wrong career choice.

Quality activities agreed to explore theme further: We sought further information through an email response. We considered this the most effective way to seek answers to the questions highlighted above.

Outcomes of exploration: From the education provider's response, we understood the possible reasons behind the attrition rate on the Paramedic Science programme. The education provider noted that feedback from learners showed the learners may have had over-inflated view of the role of paramedics and that this was mainly caused by media and TV. With the reality of the changing and evolving role of the profession, some learners later realised the career was not for them. To address this, the education provider noted personal supervisors now offer options about programme transfers and signposting to appropriate career advice. Admission interview questions have been reviewed and new metrics have been agreed on. These will be used from the 2023/24 academic year. In addition, narratives used at open days have been aligned to ensure potential applicants are more aware of the full role of a paramedic and what the educational and academic challenges would be. For learners who still wish to transfer to other programmes, there are established processes in place for programme transfer discussions to be held with such learners.

The visitors were satisfied that the issue had been adequately addressed. Following the quality activity, the visitors had no further concerns.

Quality theme 2 – Comparatively high staff: student ratio on the Paramedic Science programme

Area for further exploration: Whilst the HCPC does not stipulate staff: student ratios (SSR), we noted the SSR for the Paramedic Science programme was 1:25 which seemed to be at odds with the other programmes. It was therefore unclear how the education provider ensured adequate staffing for all learners. We requested further reflection on this to understand how the education provider managed staffing levels on the Paramedic Science programme.

Quality activities agreed to explore theme further: We sought further clarification through an email response. We considered this the most effective way to seek answers to the questions highlighted above.

Outcomes of exploration: The education provider gave an outline of staffing on the Paramedic Science programme which showed they had six Full Time Equivalent (FTE) staff. They noted that through workload planning by the Head of School, adequate staffing is ensured on the programme. In addition, they noted that elements of the programmes were also taught by other staff members who were not included in the SSR. They also outlined there were regular monthly reviews of establishment entitlement by the Head of School and Human Resources and Business partners were they reflected upon and discussed staffing levels to ensure adequate staffing.

The visitors were satisfied with the reflection provided and they had no further concerns following the quality activity.

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 has robust processes to ensure the provision of programmes is sustainable. The Education Planning Committee (EPC), which has strategic oversight, has a comprehensive approach that focuses on various factors such as market demand, academic quality, strategic alignment, and financial viability.
 - The education provider considered high employability of their learners evidence of sustainability. The education provider noted their responsiveness to workforce needs to meet critical shortage in physiotherapists and dietitians at local and national levels. There are plans in place to add new programmes in Diagnostic Radiography and Occupational Therapy to their portfolio.
 - We noted the number of enrolled learners is 364 whilst the benchmark value is 181 which is more than double. However, the staff: student ratio (SSR) for programmes are acceptable. A comparatively high SSR noted on the paramedic programme was addressed via [quality theme 2](#).
 - The visitors were able to determine that the education provider clearly demonstrates that they run well-established programmes that respond to the needs of local clinical stakeholders. They also noted the education provider demonstrated growth, where needed and consistent recruitment.
 - Therefore, the visitors were satisfied the education provider is performing well in this area.
- **Partnerships with other organisations –**
 - There is evidence of well-established partnerships at strategic and operational levels. Examples include the Strategic Partnership Group (SPG), Integrated Care System (ICS) workforce transformation group and the Integrated Care Board (ICB) Workforce Board, contract meetings with NHS England (formerly Health Education England) and operational placement meetings across trusts, private, independent and voluntary organisations.
 - The education provider employed a faculty director of professional external engagement, to lead on the strategic development of

placements and to foster partner relationships. There are also well-established partnerships with stakeholders at programme level.

- We noted a newly developed apprenticeship route and requested further clarification around this. From the additional information provided around partnership working with apprenticeship employers, we noted examples of ongoing employer engagement. This included regular meetings and work placement support, and this assisted with collaborative development of the apprenticeship programme.
- The visitors were satisfied the education provider's reflection was sufficient to help them determine that they have performed well in this area.
- **Academic and placement quality –**
 - All programme teams engage in an ongoing process of Continual Monitoring, Evaluation and Enhancement (CMEE). The CMEE process enables the education provider to assure the maintenance of academic standards and enhance the quality of learning opportunities for learners. CMEE facilitated responsive evaluation, feedback, and action planning to support 'real time' enhancement and reports to the Education Committee. There were opportunities for all stakeholders to provide informal and formal feedback on academic and placement quality through for example evaluations, staff learner forums and membership of committees. Learning environments were also subject to audits.
 - We noted examples of feedback from stakeholders across all programmes which resulted in improvements in academic and placement quality. There are clear lines of reporting and action from the teaching committees, Faculty of Education and Student Experience Committee (FESEC), the Education Committee and the University Student Experience, Engagement, and Employability Committee (USEEEC).
 - Therefore, the visitors were satisfied the education provider's reflection showed they are performing well in this area.
- **Interprofessional education –**
 - There are processes in place to ensure interprofessional education (IPE) is effective. For example, the University Education Strategy aims to build strong educational communities of learning. We noted examples of IPE such as Basic Life Support (BLS), which is part of the mandatory training for placements and is co-taught with learners across different allied health professionals AHPs.
 - The education provider reflected on the Interprofessional learning (IPL) events led by clinical psychology in the 2021-22 academic year. We understood the event focused on safeguarding and included learners from mental health nursing, learning disability nursing, social work and Clinical Psychology. The education provider noted feedback from both learners and staff following the event was positive and as such, they will be delivering a similar event again in the future. There was also discussion of how Schwartz rounds have provided a space for IPL.
 - Further information was provided around IPL opportunities in practice placements. Learners worked collaboratively with other health professionals in their clinical supervision on placement, and in various

forums within the education provider, for example in reflective practice groups and placement debriefs.

- The visitors were satisfied that the education provider's reflection showed they are performing well in this area.
- **Service users and carers –**
 - The education provider has a proactive commitment and broad inclusion of service users and carers (SU&Cs) in their programmes. SU&Cs are involved in learner recruitment, curriculum development co-design and co-production, learner assessments and are members of the programme management team. In addition to programme director comments, learners and external examiners feedback on the SU&C involvement in their programme. Action plans for SU&C involvement are formulated in response to feedback.
 - There is a full-time Service User Coordinator whose role is in leading and advancing SU&C involvement across all health and social work programmes. SU&C were supported through induction, training and development, supervision and support. Regular monitoring and evaluation of SU&C involvement and response to feedback ensured high standards and meaningful involvement is in place. The education provider noted that feedback from learners on teaching delivered by SU&C was always positive and that learners reported that "they very much appreciate learning from people who are experts on a particular topic through their own lived experience." Specific examples were given.
 - Additional information provided showed details of how feedback was provided to support SU&C development. This included feedback from academics and learners and one-to-one reviews. Details of SU&C support system with group meetings and individualised supervision and workshops to enhance skills was also provided.
 - There was sufficient reflection to enable the visitors to make a judgement that the education provider is performing well in this area.
- **Equality and diversity –**
 - The education provider is committed to equal opportunity for all and have diversity and inclusion policies and a social justice and inclusion strategy. Equality, diversity and inclusion (EDI) training is mandatory for all staff and is monitored.
 - EDI was embedded in the programmes and examples of EDI teaching and assessment in theory and practice were given across the programmes.
 - We understood EDI data had been used to address awarding gaps. Through their Access and Participation Plan (APP), the education provider has pledged to half awarding gaps for a group of learners. These include those from areas of low participation in Higher Education, mature learners, Black, Asian and ethnic minority learners and disabled learners.
 - We also noted the appointment of a 0.5 Full time equivalent (FTE) Senior Fellow of the Teaching Excellence Academy to develop resources and strategies for closing awarding gaps. This included identifying effective practice from within the institution.

- The visitors considered EDI was well covered in the reflection and examples of monitoring given such as key performance indicators (KPIs). The reflection also showed how the education provider is breaking down barriers and how inclusive learning and teaching has been used. Specific examples of where equality and diversity was taught was also provided for each programme.
- Therefore, the visitors were satisfied that the education provider has performed well in this area.
- **Horizon scanning –**
 - We noted the development of new programmes and apprenticeship routes to meet workforce requirements driven by stakeholder requests, and additional post registration programmes for professional development. Further clarity on the management of challenges around practice-based learning was sought. In particular, we were reassured by the information given on expanding placement capacity on the Paramedic Science programme. We noted the education provider's plans to achieve this through role emerging placements. In addition, we noted ongoing work to scope placement opportunities across wider areas and plans to introduce a Collaborative Learning in Practice (CLiP) model. We understand the CLiP model offered scope for development as a multi professional experience and the education provider noted their plans to introduce paramedicine across the next academic year.
 - The visitors were satisfied that the education provider's reflection together with the further information received showed that they have performed well 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) –**
 - The education provider's reflection explains how the revised standards of proficiency (SOPs) will be taught in current modules across all programmes. It was also clear that this will be incorporated into programmes as part of their Transforming programme curriculum review process.
 - Clear reflection was provided on how each of the SOP areas have been embedded into the programmes.
 - Promoting public health and preventing ill-health is taught in modules across all programmes. The education provider noted there is training for all their 'health champions' across their programmes.
 - Similarly, the SOP around EDI - this was identified in modules across programmes and clearly embedded.
 - Further centralising the service user – we received further clarification that showed that the education provider had identified where the SOP

is covered in module teaching and embedded in core competencies across theory and practice.

- Registrants' mental health – we noted this is also embedded across the programmes. From further information received for the Paramedic Science programme, we understood that the importance of personal resilience, signposting, personal health and wellbeing and its relationship to this SOP is taught within specific modules.
 - Digital skills and new technologies – we noted these are embedded in all programmes across theory and practice and evidenced in use of virtual learning environment (VLE), online resources, digital record keeping and assessments, Teams meetings and Pebblepad.
 - Leadership – there are opportunities to lead on service improvement projects and to undertake the LAUNCH programme (a free online e-learning platform designed to support and develop the leadership skills of healthcare professionals) from the NHS Leadership Academy.
 - The visitors considered the education provider's reflection clearly outlined how they have integrated or plan to integrate the revised SOPs for all learners starting programmes from September 2023.
 - Therefore, the visitors were satisfied the education provider has performed well in this area.
- **Impact of COVID-19 –**
 - The impact of Covid-19 was well reflected on across all programmes and examples were given of how the education provider adapted during lockdown, such as online provision / webinars. The education provider also described how staff were trained to use digital resources and techniques to deliver effective online teaching.
 - Learners reported several benefits of online learning which have been carried forward resulting in continued enhancement of online and blended learning post lockdown.
 - We noted that challenges to placement and approaches including additional clinical skills, development of simulation, and close partnership working between the education provider and their partners enabled most learners to graduate on time.
 - The visitors considered the reflection was detailed enough to provide them with the assurance that the education provider has performed well in this area.
- **Use of technology: Changing learning, teaching and assessment methods –**
 - The education provider reflected on their use of technology to adapt quickly during Covid-19 to ensure continuity of learning. For example, we noted on their BSc Physiotherapy programme, a flipped classroom approach was implemented for many modules. This allowed learners to use their in-person sessions for consolidating and enhancing their learning.
 - From further clarification, we noted how the education provider used simulation across the different programmes to enhance learning, teaching and assessment. For example, on the Nutrition and Dietetics programme, simulation was introduced to learners during their second semester as part of The Professional Dietitian module when they undertook communication and counselling training. We understood this

enabled the learners to develop, practice and reflect on their skills of conducting dietetic consultations in a safe and supported environment prior to undertaking their first placement.

- The visitors were satisfied that the education provider's reflection as well as the additional information provided had reassured them that the education provider is performing well in this area.
- **Apprenticeships –**
 - There is apprenticeship provision already in the Operating Department Practitioner programme with three employer partners and a fourth starting in September 2023. There are plans for apprenticeships in the proposed Diagnostic Radiography and Occupational Therapy programmes. We understood this was in response to practice partners' request.
 - Clear explanation was provided on how the education provider managed the impact of apprenticeships on the provision of their Clinical Psychology provision. We understood that through collaboration between the programme and the NHS organisations concerned, potential long-term impact on placement provision on the programme as a result of the apprenticeship, had been managed.
 - As an example, the education provider reflected on the minor amendments they made to the Operating Department Practitioner programme in response to changes to End Point Assessment (EPA). They noted they have now fully integrated EPA. They noted this has had a positive impact of reducing the burden and stress on learners without reducing the robustness of the assessment or the quality of the new graduates.
 - The visitors were satisfied that the education provider's reflection showed they are performing well 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 –**
 - Each of the programmes has been reported against the UK Quality Code for Higher Education. Specific examples were given of how benchmarking was used across all programmes.
 - For example, we noted the BSc Nutrition and Dietetics programme has been successfully mapped against the 2019 QAA Benchmark Statement for the BSc and PgDip/MSc programmes. Changes to programmes where necessary have been identified and discussion of staff development around this area was provided. The education provider reflected on the practices they engaged to ensure they successfully mapped their programmes to the UK quality Code for Higher Education. For example, we understood they consulted both internal and external stakeholders and feedback was gathered to inform programme content.

- The visitors were satisfied that there was sufficient reflection to reassure us that the education provider is performing satisfactorily in this area.
- **Assessment of practice education providers by external bodies –**
 - Care Quality Commission (CQC) ratings of practice placements used by the education provider indicated approximately two thirds are rated as 'Outstanding or Good' and one third as 'requires improvement'. As a result, the education provider noted they worked with those requiring improvement for them to gain a 'good' outcome and to progress to 'outstanding'. For example, the education provider worked with their partners in the development of the Post Graduate Certificate in Clinical Practice. This is a group of ten modules as Continuing Professional Development (CPD) for current workforce. The module - The Care of Deteriorating Child was an area where the Emergency Departments have highlighted as requiring improvements. And the education provider has been working to develop this.
 - CQC reports were discussed bimonthly at the Strategic Partnership Group and on a regular basis with directors of nursing of the major practice providers where CQC visits and reports and any adjustments to placements were agreed. We noted examples such as evaluations, regular meetings and link roles.
 - The visitors were satisfied the education provider's reflection showed they are performing well in this area.
- **National Student Survey (NSS) outcomes –**
 - We noted a slight drop in 2022 scores and potential reasons for this drop was acknowledged. Detailed discussion of areas identified for development to improve NSS, such as review of professional services and improving signposting for learner support was given.
 - From providing further clarification around scores at profession level, we noted the NSS score for the Paramedic Science programme was low. However, the education provider has now made efforts to address this issue. They have noted improvements in communication with learners regarding programme-related matters and any changes that may occur.
 - The education provider also reflected on several other areas which the NSS data had identified as key areas of strength on the Paramedic programme. These include applicability of programme content, engaging and stimulating programme, IT facilities, learner feedback opportunities and several others.
 - The visitors were satisfied with the education provider's reflection. They noted the Operating Department Practitioner (ODP) programme had satisfaction scores comparable to the benchmark. There had been no results yet for the Physiotherapy programme as the first cohort are yet to graduate. Although the education provider acknowledged a disappointing overall satisfaction score of 30% in the paramedic programme, the visitors were content that actions to address issues are in place.
 - The visitors were therefore satisfied that the education provider is performing well in this area.
- **Office for Students monitoring –**

- A revised mapping exercise of the Office for Students (OfS) Conditions of Registration has been undertaken following the introduction of its revised conditions for registration. This confirms that the education provider remains compliant with the OfS Conditions of Registration pertaining to Quality and Standards in all cases.
- There was an issue of concerns raised around technical proficiency in written English, however, we noted this had been addressed.
- The visitors were satisfied that the education provider has continued to perform well in this area.
- **Other professional regulators / professional bodies –**
 - We noted recent engagements with relevant professional bodies for the accreditation of Physiotherapy and Nutrition and Dietetics programmes. We also noted the Clinical Psychology programme was due for reaccreditation in 2023/24 and engagement with the British Psychological Society (BPS) was referred to.
 - Further clarification was provided around engagement with other professional or regulatory bodies for the other programmes. We understood for example, that minor adjustments were made to the Operating Department Practitioner degree apprenticeship route in accordance with changes in the End-Point Assessment in 2022.
 - The education provider also reflected on how they engaged with the General Pharmaceutical Council (GPhC) and the Nursing and Midwifery Council (NMC) for their Nonmedical describing programmes. For example, the education provider noted that the programme is also accredited to the NMC. We understood the NMC made changes to their standards for prescribing in 2018. This involved moving away from the requirement of a specific three-year period for a registrant to be in an advanced role, to more of a recognised capability of one-year post registration. We noted the education provider has also made necessary changes to their Prescribing programmes to align with these changes.
 - The visitors were satisfied that there was sufficient reflection across all programmes to determine that the education provider has performed well 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 –**
 - Curriculum development is evidenced in response to internal and external drivers across the programmes. Consideration of the revised SOPs have been referenced earlier under Embedding revised the SOPs.
 - Other examples of curriculum development include the Internal Transforming Programmes curriculum review which the education provider noted will move their Paramedic and Operating Department Practitioner programmes to disciplinary competencies and replace

learning outcomes. These were included as part of their reflection relating to horizon scanning. For example, for their Operating Department Practitioner programme, the education provider noted the introduction of Perioperative Virtual Simulation would provide additional practice-based learning opportunities where there are current challenges. Curriculum review of the Non-Medical Prescribing programme will align with the competency framework for all prescribers.

- Developments in the Clinical Psychology programme include perusing secondary accreditation for its Cognitive Behavioural Therapy content through the British Association of Behavioural and Cognitive Psychotherapies (BABCP). There was also secondary accreditation for its systemic family therapy content through the Association for Family and Systemic Practice (AFT).
- The visitors were satisfied that the education provider's reflection was sufficient to reassure them that they are performing well in this area.
- **Development to reflect changes in professional body guidance –**
 - The education provider reflected on how they have maintained professional competence. For example, we noted staff in practice-based learning who are responsible for supervising learners demonstrate their professional competence through their employers' appraisal systems and their ongoing HCPC registration. They also use the PARE audit system.
 - From providing further clarification around developments that have resulted from professional body guidance during the review period, we noted examples of developments across all professions. As an example, for their Clinical Psychology programme, the education provider reflected on how they have adapted to some changes. These included changes made by the Division of Clinical Psychology (DCP), and the Group of Trainers in Clinical Psychology (GTiCP). Both bodies are divisions/groups of the British Psychological Society (BPS). We understood the education provider adhered to guidance specific to inform teaching and clinical practice placement expectations for working with particular service user groups. For example, guidance around competencies required for working with people with learning disabilities.
 - In addition, the education provider gave further examples of how they ensured direct referencing was made to HCPC and Chartered Society of Physiotherapy (CSP) standards within their assessment marking criteria.
 - The visitors were satisfied that aspects covered in modular teaching related to HCPC SCPEs and revised SOPs. They also noted some inclusion of guidance from professional bodies over the monitoring period.
 - The visitors considered the education provider had performed satisfactorily in this area.
- **Capacity of practice-based learning –**
 - The education provider noted challenges around practice-based learning capacity on programmes. Several examples of how capacity had been increased were also given. Through the learning environment

and placements (LEAP) project, we noted there had been a focus to explore opportunities, develop and create new placement models to increase capacity. Examples include variations in a 2:1 model and reciprocal placement model for midwifery and paramedic learners.

- Developments on the Physiotherapy programme included a range of role emerging placements with charities and private health providers as well as leadership and research placements with partner trusts. New placements in service areas such as Alcohol Care Teams, University student mental health and wellbeing services have been introduced for clinical psychology learners. Placement Allocation System ARC provided multi-professional oversight of placement capacity which maximised the use of placements in areas where programmes use the same placements for example paramedic and nursing learners.
- Further clarity was provided around expanding the capacity of practice-based learning on the Paramedic programme following highlighted challenges. We were reassured that ongoing capacity challenges were being addressed at both strategic and operational levels through healthcare organisation partnership working. For example, a project for nursing learners which was funded through the learning environments and placement projects (LEAP). We understood the project would also offer the Paramedic Science learners valuable experience around patient and public engagement, clinical reasoning and decision making, pharmacology amongst others.
- The visitors considered practice-based learning capacity had been well explained across all programmes with ideas proposed to address placement capacity such as new models of placement and reciprocal placement arrangements.
- The visitors were satisfied there was sufficient reflection to determine that the education provider had performed well 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 –**

- There is a strong learner voice as seen in the TEF metrics which indicate above benchmark. Learners have many opportunities to provide feedback on their experience. The process of Continual Monitoring, Evaluation and Enhancement (CMEE) means that the programme team are responsive in real time action. Examples of actions taken in response to module evaluations and low NSS scores were provided. For example, on the BSc Physiotherapy programme, feedback from learners showed they considered staff were effective in explaining concepts. The learners also noted that marking criteria were communicated clearly in advance, and support from staff was readily available. The education provider has had to adjust the timing of taught sessions for the Clinical and Professional Development modules

following feedback from learners. Learners' feedback showed they considered the sessions were spaced too far apart and that it had hindered their ability to consolidate their learning. Following the adjustment to the timing, we understood learners have reported that the new timing had provided a more favourable learning experience for them. The visitors considered this was well explained across all programmes and examples of actions taken where negative comments from MEQs were received or areas where the NSS scores were low. For example, in the timing and management of sessions, and feeling part of a community.

- The visitors were satisfied that there was sufficient reflection, showing the education provider had performed well in this area.
- **Practice placement educators –**
 - There are regular opportunities for feedback at bi-monthly practice forums and there is an open-door policy for communication and feedback.
 - Examples of feedback and the action taken include frequency of practice educator training, adjustment of placement start dates, provision of appropriate information regarding learners' mental health and wellbeing to enable appropriate support.
 - The visitors noted discussion of meeting processes with practice partners. They also noted access to centralised learner support and policy resources for practice educators. Specific examples were given for roles of practice leads.
 - The visitors determined the level of reflection showed the education provider is performing well in this area.
- **External examiners –**
 - External examiner (EE) involvement was well explained across all programmes with examples given of how external examiner feedback was managed and acted upon.
 - For example, the education provider reflected on the feedback provided by the external examiners for the Dietetics programme. Part of their feedback included commendations for the 'variety of activities and the authentic assessments that incorporate technology and real-life practice aspects'. However, the EEs also suggested that the education provider provides more concise feedback as learner numbers increased. We noted the education provider acted upon this feedback by implementing the use of Speedgrader voice notes in their virtual learning environment (Canvas) for feedback. The education provider noted that learners considered the implementation of the tool a constructive and compassionate approach, and as such, the education provider intends to continue its use in the future.
 - The visitors were able to determine from the education provider's reflection that EE feedback is balanced, providing positive feedback and highlighting areas for development.
 - Therefore, the visitors were satisfied the education provider had performed well 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:

- **Non-continuation rates:**
 - The percentage of learners not continuing is marginally higher than the benchmark (4% v 3%) which indicate low attrition rate. As outlined in [quality theme 1](#), issues around wrong career choice on the Paramedic programme had been addressed. Changes were made to interview questions and narrative in response to questions at open days aim to improve understanding of the full role of paramedics when making career choices.
 - There was sufficient reflection to determine that the education provider is performing well in this area.
- **Graduate outcomes:**
 - The 2018-19 data which was considered in the review was marginally lower than the benchmark by 1% as noted in the data table above. We noted discussions of how the education provider supported the learner journey. More recent data (2019-20) shows a 5% improvement where the data point was 97% when compared with the benchmark of 94%. The visitors considered this indicates graduates are making good progress with securing employment opportunities and progressing to further study.
 - The visitors were satisfied the education provider is performing well in this area.
- **Teaching quality:**
 - We noted the education provider had a TEF silver award but has set targets to exceed their league standing table by the year 2025 and has identified areas of action, such as research-informed teaching. They intend to achieve this through implementation of their 2020-2025 Education Strategy.
 - There was sufficient reflection to determine that the education provider is performing well in this area.
- **Learner satisfaction:**
 - As outlined under the NSS section above, we noted a slight drop in 2022 scores and potential reasons for this drop was acknowledged in the education provider's reflection. There was detailed discussion of areas identified for development to improve NSS, such as review of professional services and improving signposting for learner support. From providing further information, actions that are being taken to ensure improvement on the NSS score for the Paramedic programme were outlined.
 - The visitors considered that the education provider's reflection has shown they are making continuous effort to improve learner satisfaction. As such, the visitors determined the education provider is performing satisfactorily in this area.
- **Programme level data:**
 - As detailed in [quality theme 2](#), we noted the SSR on the Paramedic Science programme was high. Through the quality activity, we were

satisfied with the education provider's explanation on how they ensure staffing is adequate on the programme.

Risks identified which may impact on performance: None

Outstanding issues for follow up: The education provider noted the introduction of new metrics for admission which will impact on their provision from the 2023-24 academic year. We will need to review the impact of this when the provider can reflect on implementation, which will be in the 2027-28 academic year.

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).

Referrals to next scheduled performance review

Introduction of new metrics for admission

Summary of issue: The education provider noted the introduction of new metrics for admission which will impact on their provision from the 2023-24 academic year. We will need to review the impact of this when the provider can reflect on implementation, which will be in the 2027-28 academic year.

Section 6: Decision on performance review outcomes

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 2027-28 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 NHS England, Trusts, private, independent and voluntary organisations. The education provider did also engaged learners, service users, practice educators, partner organisations and external examiners.
- External input into quality assurance and enhancement
 - The education provider engaged with a number of professional bodies including Chartered Society of Physiotherapy (CSP) and the British Psychological Society (BPS). They considered professional body findings in improving their provision.
 - The education provider engaged with other relevant professional or system regulator(s) such as Nursing and Midwifery Council (NMC) and the Office for Students (OfS). They considered the findings of General Pharmaceutical Council (GPhC), British Association of Behavioural and

Cognitive Psychotherapies (BABCP) and several other bodies 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.
- The education provider noted new admission metrics which will impact on their provision from the 2023-24 academic year. We will need to review the impact of this when the provider can reflect on implementation, which will be in the 2027-28 academic year.

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 2027-28 academic year
- The issues identified for referral through this review should be carried out when the education provider next engage with the performance review process in 2027-28 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
University of Hull	CAS-01256-Q9Z6Y2	Carole Rowe Julie Weir	Five years	<ul style="list-style-type: none"> ○ Throughout the review, we have not identified any risks that would require us to review the education provider's performance sooner. Overall, the visitors were satisfied that the education provider had performed well across all themes. ○ We noted the education provider has one programme which has yet to see its first cohort graduate and a new apprenticeship route in another programme. We also noted new initiative around admission metrics that is being introduced in the 2023/24 academic 	The education provider noted the introduction of new metrics for admission which will impact on their provision from the 2023-24 academic year. We will need to review the impact of this when the provider can reflect on implementation, which will be in the 2027-28 academic year.

				<p>year which will require us to consider their effectiveness in a few years' time. However, we are satisfied that reviewing these at the education provider's next performance review in 2027-28 does not pose any significant risk.</p>	
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Appendix 2 – list of open programmes at this institution

Name	Mode of study	Profession	Modality	Annotation	First intake date
Allied Health Professional Independent and Supplementary Prescribing	PT (Part time)			Supplementary prescribing; Independent prescribing	01/01/2014
Allied Health Professional Independent and Supplementary Prescribing Level 7	PT (Part time)			Supplementary prescribing; Independent prescribing	01/08/2018
BSc (Hons) Operating Department Practice	FT (Full time)	Operating department practitioner			01/09/2014
BSc (Hons) Operating Department Practice	WBL (Work based learning)	Operating department practitioner			01/09/2019
BSc (Hons) Paramedic Science	FT (Full time)	Paramedic			01/01/2018
BSc (Hons) Physiotherapy	FT (Full time)	Physiotherapist			01/09/2020
Doctorate in Clinical Psychology (ClinPsyD)	FT (Full time)	Practitioner psychologist	Clinical psychologist		01/01/1992
MSc Nutrition and Dietetics	FT (Full time)	Dietitian			01/09/2021