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## Performance review process report

University of Cumbria, 2018-21

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### Executive summary

Process stage – final visitor recommendation reached, covering:

- A 4-year monitoring period was advised by the visitors following their review. This provider shall next go through Performance Review in academic year 2025-26.
- Visitors identified both some areas of good practice and some areas that required further investigation via a quality activity.
- The areas requiring further investigation included: the use of feedback to drive continuous development, the expansion of virtual placements, amendments to programmes and capacity in paramedic placements.
- The visitors considered that the provider's response to the quality activities was good and that they did not have any further concerns or areas for further exploration.
- Areas of good practice identified by the visitors included the provider's very strong ongoing relationships with stakeholders, and their proactive approach to improving service user and carer involvement. Additionally, they were vigilant in monitoring placement capacity in areas of difficulty.

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Previous consideration	Not applicable
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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.
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Next steps	Subject to the Panel's decision, the provider's next performance review will be in the 2025-26 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:

Anthony Hoswell	Lead visitor, Paramedic
Colin Jennings	Lead visitor, Clinical Scientist
Hayley Hall	Service User Expert Advisor
Niall Gooch	Education Quality Officer

## Section 2: About the education provider

## The education provider context

The education provider currently delivers 19 HCPC-approved programmes across professions and including 5 Independent and Supplementary Prescribing programmes. It is a Higher Education Provider and has been running HCPC approved programmes since 2008.

## 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>	Occupational therapy	<input checked="" type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Postgraduate	2008
	Paramedic	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2015
	Physiotherapist	<input checked="" type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Postgraduate	2008
	Radiographer	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	1992
<b>Post-registration</b>	Independent Prescribing / Supplementary prescribing			2014

## 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	Benchmark	Value	Date	Commentary
Total intended learner numbers compared to total enrolment numbers	1325	1217	2022	The total recorded enrolment is below the expected figure held by the HCPC. However, this may not be a problem – it may reflect outdated figures or it may simply reflect a certain under-recruitment. We did not have any concerns related to sustainability of the programmes because of the strong measures in place at the provider to ensure programme sustainability

Learners – Aggregation of percentage not continuing	3%	3%	2019-2020	The number of learners who do not complete their programme is around what we would expect. We did not uncover any concerns relating to learner support.
Graduates – Aggregation of percentage in employment / further study	94%	97%	2019-2020	The provider are significantly above the benchmark here, suggesting a strong level of support for learners. Our analysis of the portfolio supported this.
Teaching Excellence Framework (TEF) award	Bronze		June 2017	A Bronze award suggests that there is room for improvement in teaching at the provider. However, given that this award is five years old and is based on a period well prior to this review, it may not be relevant. We did not pick up any concerns related to teaching quality.
National Student Survey (NSS) overall satisfaction score (Q27)	73.1%	45.8%	2022	A score this far below benchmark is obviously a concern. However the provider did discuss this area at length in the portfolio and the visitors were satisfied with their reflections.
HCPC performance review cycle length				This is the first time the provider has been through the performance review process.

### 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.

### Quality theme 1 – Use of feedback to drive continuous development

**Area for further exploration:** In the ‘Academic and placement quality’ section of the portfolio, the provider gave information about several ways in which different aspects of programme quality are monitored. The visitors considered that these methods of gathering feedback from different sources – for example learners and external examiners – enabled good oversight over the programme. They considered that the provider’s ability to gather useful and relevant information was excellent.

However, it was not entirely clear to the visitors what processes were in place to ensure that feedback gathered through these mechanisms contributed to programme improvements or developments. Without this information, they were not sure how the continuous quality improvement based on relevant feedback was taken forward. They therefore wished to explore how insights gained from various kinds of quality monitoring were implemented to improve the programme.

**Quality activities agreed to explore theme further:** We sought clarification on this point via additional information to allow the provider to elaborate on the previous information they had sent. We agreed this approach with the provider as they considered that the visitors’ exploration could easily be facilitated by submitting additional narrative and evidence.

**Outcomes of exploration:** In their response, the provider gave a detailed description of the pathway used to ensure that matters raised in quality monitoring were turned into specific actions. Apart from informal routes, such as conversations between learners and staff, the main formal mechanism is the programme-level Annual Monitoring Report (AMR). For each programme, these lay out opportunities for development and areas for improvement / enhancement, as well as expected timeframes, metrics for success and who is responsible for taking specific actions. AMRs are recorded centrally by the university-level Quality Assurance Team, and programme’s progress towards meeting them is monitored by the Student Success and Quality Assurance Committee.

This information demonstrated to the visitors that the provider was fully able to move from issues raised to effective action, and that the pathway used for that purpose was formalised and the actions recorded.

### Quality theme 2 – Impact of expansion of virtual placements on programme development

**Area for further exploration:** In the ‘Impact of COVID-19’ and ‘Use of technology’ sections of the portfolio, the provider discussed their increased use of virtual placements. A good level of detail was provided concerning the new immersive simulation suites and the use of software such as Pebblepad to improve virtual submission and marking. The visitors considered that the increased use of technology was good and that the provider were consistently looking for ways to

innovate. However, to increase their understanding of how the provider had developed virtual placements across the provision, they wished to explore programme-specific developments in more depth. This would enable them to gain a fuller picture of the provider's performance.

**Quality activities agreed to explore theme further:** We sought clarification on this point via additional information to allow the provider to elaborate on the previous information they had sent. We agreed this approach with the provider as they considered that the visitors' exploration could easily be facilitated by submitting additional narrative and evidence.

**Outcomes of exploration:** In their response, the provider described their plans to develop virtual practice-based learning in the paramedic, radiography and occupational therapy provision. For example, for radiography learners, new imaging equipment is being used to create online clinical scenarios, involving complex clinical decision-making processes which learners might not have the opportunity to undertake in real world practice-based learning.

For paramedics and occupational therapy learners, new virtual placements enable them to learn about the "patient journey" through different settings in a way that is sometimes hard to imitate in standard practice-based learning environments.

This information enabled the visitors to understand the specifics of how the provider was adapting to new technology, changed learner expectations, and the post-COVID-19 health landscape. They also noted that the providers' expanded use of virtual placements would open new opportunities regarding inter-professional education. This was because co-operation with other professionals and learners would be less limited by proximity and travelling times. They were satisfied that the provider performance in this area was satisfactory.

This will feed into interprofessional learning. The visitors considered that this was a good outworking of existing frameworks.

### Quality theme 3 – Additional amendments to programmes

**Area for further exploration:** In the 'Curriculum development' part of the portfolio the provider outlined changes to curriculum structure and content in within the physiotherapy, radiography and non-medical prescribing provision. The visitors understood from the evidence supplied that these changes had been the result of institution-level requirements that programmes regularly review their structure and content in response to input from professional bodies or other relevant stakeholders.

The visitors considered this demonstrated the institution took seriously the importance of continuous improvement and engagement with internal and external quality monitoring. However, to enhance their understanding of provider performance they also thought it would be useful to know if any other parts of the HCPC-approved provision at the provider had been updated or amended in response to feedback received from various sources. They therefore wished to explore what, if any, changes had been made to programmes other than physiotherapy, radiography or non-medical prescribing.



**Quality activities agreed to explore theme further:** We sought clarification on this point via additional information to allow the provider to elaborate on the previous information they had sent. We agreed this approach with the provider as they considered that the visitors' exploration could easily be facilitated by submitting additional narrative and evidence.

**Outcomes of exploration:** The provider stated that there were not significant changes to the other parts of their provision during the review period and that such changes are not currently planned. However, they did note in their response that a large-scale curriculum development project is underway.

They are currently engaged in responding to the new HCPC standards of proficiency (SOPs). Alongside this, the provider gave more detail about how individual programmes drive improvement internally, and how they intend to use these internal mechanisms to ensure that the SOPs changes are incorporated appropriately and in a timely way.

The visitors considered that this filled the gap in their understanding of Curriculum development at the provider and they had no further queries to explore.

#### Quality theme 4 – Capacity in practice-based learning for paramedics

**Area for further exploration:** In the 'Capacity of practice-based learning' section of the portfolio, the provider noted that over the last few years, "placement capacity has been a challenge for most professions". The provider reflected on some specific professions such as radiography, physiotherapy and occupational therapy – and described how they had been addressing capacity issues. The visitors considered that the steps being taken, which were also mentioned in other sections of the portfolio such as 'Horizon scanning', were appropriate. However, they noted that paramedic placement capacity was not mentioned and wished to explore the reasons for this. Understanding the situation with paramedic placements would enable them to have a full understanding of the situation with practice-based learning during the review period.

**Quality activities agreed to explore theme further:** We sought clarification on this point via additional information to allow the provider to elaborate on the previous information they had sent. We agreed this approach with the provider as they considered that the visitors' exploration could easily be facilitated by submitting additional narrative and evidence.

**Outcomes of exploration:** The provider stated they did not have any problems around placements for the paramedic provision during the review period. They noted that they have strong partnerships with local providers, including those who can provide specialist paramedic placements such as a Hazardous Area Response Team or Advanced Practitioner Units. The provider noted also that their Placement Unit, which monitors placement capacity across all health programmes, has not raised any concerns in this area. The visitors were satisfied with this response as it showed that the provider had been able to deliver ability to deliver practice-based learning for paramedics, and had a procedure for ensuring that this remained the case.

## Section 4: Summary of 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 provider has an institution-wide strategy known as Towards 2030, which has components dealing with human resources, financial sustainability and teaching excellence. There is an Institute of Health Senior Leadership Team which bears responsibility for driving improvement and maintaining sustainable programmes, while also having oversight of programme development. The visitors saw evidence relating to these approaches, including financial statements and descriptions of processes and procedures. They were therefore able to be confident that the HCPC-approved provision was strongly resourced over the review period and that there was ongoing senior-level oversight.
- **Partnerships with other organisations –**  
In the portfolio, the provider explained how they co-operate with stakeholder partners such as practice placement providers and Health Education England (HEE), and also with professional bodies. They have regular, formal and structured meetings with relevant HEE representatives, placement partners and employer partners for their apprenticeship programmes. Professional bodies have direct input into programme design and development. In the paramedic and radiography provision representatives from the provider are part of regional groups which aim to maintain and develop excellence in health education. The visitors agreed the provider have clearly described who is involved and how partnerships are fostered and maintained. They are satisfied that the provider's performance is satisfactory.
- **Academic and placement quality –**  
The provider gave numerous examples of the groups, policies and procedures which they have used to maintain academic and placement quality. These include individual programme validation processes and annual monitoring of programmes, alongside peer review of teaching and learning. At the university level modules of specific programmes must be approved by Module Confirmation Boards and programmes are subject to regular review by Quality Enhancement Boards (QEBs) and University Progression and Award Boards (UPAB). Learner feedback is also used, alongside external examiners. For placements, there are standing committees with defined remits at operational and strategic levels. The portfolio gave several examples of issues that had been identified through these measures. Although the visitors did seek elaboration regarding the action taken on feedback ([see quality theme 1 above](#)), they did consider that performance in this area was good.
- **Interprofessional education –**

This is managed at the faculty level, i.e. by the University of Cumbria Institute of Health. The provider has defined aims for interprofessional education (IPE). These include the requirement that all programmes have specific learning outcomes related to IPE, and a requirement that IPE has a workplace focus, i.e. that it will be relevant to learners' future professional practice. The portfolio includes examples of how IPE works on particular programmes, and notes that learners and professionals from other institutions are sometimes used. The visitors noted that a particularly strong example of interprofessional education was given relating to the paramedic programme, namely the simulated 'major incident' day. They considered that taken together all these arrangements were evidence of strong performance.

- **Service users and carers –**

The provider state that all their programmes are required to be involved from service users and carers. At an institution level they have recently started a new group to oversee such involvement more effectively: the Community and Public Involvement Strategic Group (CPISG). The intention is for the CPISG to ensure that all programmes report their service user and carer involvement so that the Institute of Health can ensure an appropriate and effective level of involvement. The visitors considered that performance in this area had been good across the review period.

- **Equality and diversity –**

The portfolio notes that there are university-level policies on equality and diversity, which set the frameworks in which all programmes must operate as regards equality, diversity and inclusion (EDI) in admissions, learner experience and assessment. There is an institution-level Equality, Diversity, Inclusion and Wellbeing (EDIW) Committee which monitors the implementation of these policies. A new Access and Participation Plan is in place to oversee programme's incorporation of the relevant policies. The provider also gave evidence of specific concrete steps taken in response to EDI monitoring, for example their ongoing attempts to make their paramedic cohorts more ethnically diverse and their Access Cumbria campaign which seeks to recruit learners from non-traditional backgrounds. They also note their work with Anti-Racist Cumbria and their attempts to de-colonise the curriculum.

- **Horizon scanning –**

The portfolio states that two key areas of future development at the provider are a joint Medical School with Imperial College London, and the expansion of numbers on their apprenticeship programmes. Such expansion is overseen by central authorities and is governed by requirements that employers demonstrate the ability to absorb further numbers. There are no current plans to add further HCPC-regulated provision or additional apprenticeships, although the provider note that they do have a process for continuous review of existing apprenticeships. They have also created, and recruited to, a new Head of Apprenticeships role

The visitors considered that performance in this area was good.

**Risks identified which may impact on performance:** None.

**Outstanding issues for follow up:** None.

## **Areas of good and best practice identified through this review:**

- Very strong ongoing relationships with stakeholders and a proactive approach to improving service user and carer involvement.

### Quality theme: Thematic reflection

#### **Findings of the assessment panel:**

- **Impact of COVID-19 –**  
The provider states in their portfolio that they adapted to the pandemic by moving much assessment and many teaching and learning sessions online. Some assessments were restructured and leeway was given to learners whose academic or practical learning had been disrupted. There appears to have been significant innovation at the provider following the pandemic, with many changes made permanent – for example, being more flexible around assessments and making space for virtual practice-based learning. The visitors considered that performance in this area was good.
- **Use of technology: Changing learning, teaching and assessment methods –**  
Innovation in technology at the provider is a stated priority of the Towards 2030 strategy. For the HCPC programmes in the Institute of Health, the key areas of technological development include the following: simulation for clinical learning; virtual continuing professional development (CPD) sessions for staff; greater use of virtual submission portals and training in their use; and more online assessments. The provider showed us evidence that adaptation to technological developments was a priority across the provision, and gave examples by subject area. The visitors had no additional concerns around this area, although they did seek more clarity around which programmes were making more use of virtual placements.
- **Apprenticeships –**  
The provider has a University Apprenticeship Team which has overall responsibility for overseeing apprenticeships at the provider. The portfolio states that the Quality Curriculum Review (QCR) is the key tool for this purpose. The provider have a clear focus on growing and improving their apprenticeship provision, and this has been an investment priority for them. An Apprenticeship Unit and an Apprenticeship Management System are in place to support individual programmes. The evidence points to this being a strength for the provider and there were no concerns around performance.

**Risks identified which may impact on performance:** None.

**Outstanding issues for follow up:** None.

**Areas of good and best practice identified through this review:** None.

### Quality theme: Sector body assessment reflection

#### **Findings of the assessment panel:**

- **Assessments against the UK Quality Code for Higher Education –**  
The provider states in the portfolio that they continue to use the UKQCHE and are not aware of any issues with how this is implemented at the university.

Internal processes at the provider are used to generate an Annual Report of Assurance to the Office for Students, which meets the relevant responsibilities.

- **Assessment of practice education providers by external bodies –**  
The provider reports that there are meetings between senior staff from Cumbria and senior staff from placement providers and health Trusts around every two months. These meetings are used to identify major issues such as adverse reports on Trusts or placement settings from outside organisation such as the Care Quality Commission. At the operational level, all programmes are required to have regular meetings with relevant contacts from practice-based learning to be kept abreast of any decisions made by external bodies. The provider also say that they follow the HEE Escalation of Quality Concerns Policy, to try to ensure that all issues are dealt with appropriately, especially in PIVO settings - private, independent and voluntary organisations. Performance in this area did not raise any concerns.
- **National Student Survey (NSS) outcomes –**  
NSS scores for the HCPC provision at the provider are broadly good. However, some areas saw very low scores, and the paramedic score was considerably below the benchmark. The provider have given some commentary on possible reasons for this – notably the poor experience of learners on the (now closed) paramedic DipHE, who complained of poor communication and a sense of dissociation from other learners at the provider. The provider have also given a detailed account of some of the measures taken to improve the learner experience, which the visitors considered were appropriate and an indication that the provider took the issue seriously.
- **Office for Students monitoring –**  
The provider described in their portfolio the measures being taken to address relevant Office For Students conditions, and detailed the individual bodies whose responsibility it is to collaborate to meet the conditions. These include the Student Success and Quality Assurance Committee (SSQAC) and the Academic Strategy and Planning Committee (ASPC). The visitors had no concerns about performance in this area.
- **Other professional regulators / professional bodies –**  
The provider notes that in the areas of radiography and non-medical prescribing (NMP) there have been changes made to programmes in line with the changed requirements of professional bodies. Specifically this has meant ensuring alignment with the College of Radiographers Curriculum Development Framework and preparing for revalidation of the NMP programme in summer 2022.

**Risks identified which may impact on performance:** None.

**Outstanding issues for follow up:** None.

**Areas of good and best practice identified through this review:**

- Clear recognition of the need to address low NSS scores and a clear understanding of possible gaps in quality monitoring of some placements.

Quality theme: Profession specific reflection

### **Findings of the assessment panel:**

- **Curriculum development –**

The provider stated that they have an annual portfolio review in the Institute of Health which is intended to ensure that all programmes are developing curriculums as necessary. All programmes are required to follow the Curriculum Design Framework (CDF) in initial programme creation and in any reviews or revalidations that take place. The portfolio gives examples of changes to curriculum made in the radiography, non-medical prescribing and physiotherapy areas. The visitors considered that this was evidence of good performance as it showed a clear commitment to ongoing development.

- **Development to reflect changes in professional body guidance –**

Three areas of provision are used as examples of the provider approach in this area: physiotherapy, diagnostic radiography and non-medical prescribing. In each of these the relevant programmes have shown their adherence to updated standards or guidelines in the professional area. The visitors considered that these were all strong examples of the provider performance.

- **Capacity of practice-based learning –**

The provider identifies well-established mechanisms for maintaining capacity in practice-based learning, at the institution level. However, they also flag specific difficulties in certain parts of the provision – physiotherapy, occupational therapy and radiography. A key issue across all three is national shortages of placement capacity, which affects individual providers. The provider notes the steps being taken to address the problems, for example making better use of what placements are available, or going further afield to find appropriate settings. The visitors considered that this was good evidence of strong performance, and that the provider seemed to have a clear idea of what was required.

**Risks identified which may impact on performance:** None.

**Outstanding issues for follow up:** None.

### **Areas of good and best practice identified through this review:**

- The provider is fully aware of challenges and difficulties that exist in relation to placement shortages, and have shown that they can work closely with professional bodies and others.

Quality theme: Stakeholder feedback and actions

### **Findings of the assessment panel:**

- **Learners –**

The provider noted that they have several ways for learners to feed back, including mid-module and at the end of modules. Learner course representatives are able to meet with principal lecturers twice a year at staff-student forum meetings and have an opportunity to feed into the agenda. The provider has a “you said, we did” system for maintaining confidence in feedback, and if changes are not possible the reasons for this are explained. In the portfolio, the provider reflected on issues relating to learner satisfaction on a programme-by-programme basis, as well as listing the formal learner complaints received during the review period. For each area of provision an example, or multiple examples, of learner feedback was given, and the

context for that feedback. The visitors considered that this showed learners were given opportunities to feed back and have input into programmes, and that these opportunities were taken. Apart from the query about feedback loops [explored through quality activity above](#), they did not have concerns about performance in this area and considered it was good.

- **Practice placement educators –**

According to the evidence submitted individual programmes have the main responsibility for liaising with practice educators and ensuring their suitability and preparedness. However, effective co-operation in this area is monitored by university authorities through regular internal processes. The portfolio gives examples of the steps taken by particular programmes to maintain appropriate numbers of qualified practice educators and to address any problems that arise. The visitors considered that the provider approach to this is good and that there were no concerns around performance.

- **External examiners –**

At the level of the Institute of Health, the Annual Summary of External Examiner Reports is used to drive improvements. Individual programmes are required to identify how they have responded to external examiners, and the portfolio gives examples from various parts of the provision. If external examiners identify institutional issues which affect more than one programme, there is a clear pathway for these being addressed and resolved. The visitors therefore did not have any concerns about performance in this area.

**Risks identified which may impact on performance:** None.

**Outstanding issues for follow up:** None.

**Areas of good and best practice identified through this review:**

Data and reflections

**Findings of the assessment panel:** The main data point that the visitors considered to require further exploration was the low overall NSS score. However, they considered that this was dealt with in a thorough and honest way through the portfolio and submission.

**Risks identified which may impact on performance:** None.

**Outstanding issues for follow up:** None.

**Areas of good and best practice identified through this review:** As noted above the provider appeared to be aware of relevant data points, for example trends in NSS scores, and had a constructive attitude to addressing areas where data appeared to suggest problems.

## 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 2025-26 academic year

**Reason for this recommendation:** The visitors considered that the provider was performing well and had robust mechanisms in place to ensure that problems were noticed and addressed promptly. There have been challenges in the review period – some of them serious challenges, related to practice-based learning capacity and learner experience – but the visitors were confident that the provider had taken an honest and transparent approach to describing them, and would be able to address them appropriately.

### **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 2025-26 academic year.

**Reason for this decision:** The committee agreed with the findings of the visitors during this review and were satisfied with the recommended review period.



## Appendix 1 – list of open programmes at this institution

BSc (Hons) Diagnostic Radiography	FT (Full time)	Radiographer	Diagnostic radiographer	01/01/1992
BSc (Hons) Diagnostic Radiography (top up, degree apprenticeship)	WBL (Work based learning)	Radiographer	Diagnostic radiographer	01/02/2022
BSc (Hons) Diagnostic Radiography (top-up)	FT (Full time)	Radiographer	Diagnostic radiographer	01/02/2022
BSc (Hons) Occupational Therapy	FT (Full time)	Occupational therapist		01/09/2008
BSc (Hons) Paramedic Science	FT (Full time)	Paramedic		01/09/2020
BSc (Hons) Paramedic Science - East of England Ambulance Service (EEAS)	WBL (Work based learning)	Paramedic		01/04/2021
BSc (Hons) Paramedic Science - Isle of Wight (IoW)	WBL (Work based learning)	Paramedic		01/10/2020
BSc (Hons) Paramedic Science - London Ambulance Service (LAS)	WBL (Work based learning)	Paramedic		01/10/2020
BSc (Hons) Paramedic Science - North West Ambulance Service (NWAS)	FLX (Flexible)	Paramedic		01/10/2020
BSc (Hons) Paramedic Science - South Central Ambulance Service (SCAS)	WBL (Work based learning)	Paramedic		01/10/2020
BSc (Hons) Paramedic Science - South East Coast Ambulance Service (SECAMB)	WBL (Work based learning)	Paramedic		01/02/2021
BSc (Hons) Paramedic Science - South Western Ambulance Service (SWAS)	WBL (Work based learning)	Paramedic		01/10/2020
BSc (Hons) Physiotherapy	FT (Full time)	Physiotherapist		01/09/2008
MSc Occupational Therapy (pre-registration)	FT (Full time)	Occupational therapist		01/09/2013
MSc Physiotherapy (pre-registration)	FT (Full time)	Physiotherapist		01/09/2012
Non-Medical Prescribing for AHPs (level 6) (Conversion)	PT (Part time)		Supplementary prescribing; Independent prescribing	01/01/2014
Non-Medical Prescribing for AHPs (level 7) (Conversion)	PT (Part time)		Supplementary prescribing; Independent prescribing	01/01/2014

UAwd Independent / Supplementary Prescribing for Allied Health Professionals (Level 6)	PT (Part time)		Supplementary prescribing; Independent prescribing	01/09/2020
UAwd Independent / Supplementary Prescribing for Allied Health Professionals (Level 7)	PT (Part time)		Supplementary prescribing; Independent prescribing	01/09/2020