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## Performance review process report

University of Winchester, Review Period 2018-2023

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### **Executive summary**

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

We have

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

Through this assessment, we have noted:

- The areas we explored focused on:
    - How the education provider addressed the low engagement in the National Student Survey (NSS) for their physiotherapy programme. We are satisfied the education provider has put measures in place which have resulted in increased engagement.
  - The following areas should be referred to another HCPC process for assessment:
    - Interprofessional education limited to practice-based learning - the visitors noted the education provider referred to interprofessional education (IPE) more as transdisciplinary. For example, when occupational therapists and physiotherapists work on the same patient in practice, side by side. The visitors considered the education provider still relies on IPE being taught more in practice-based learning. Therefore, the visitors considered IPE as an ongoing work and requested that the education provider reflect further on the growth of this area within their modules and establishing learning outcomes to effect this, at their next performance review.
  - The education provider should next engage with monitoring in four years, the 2027-28 academic year, because:
    - The visitors identified concerns around the sustainability of the dietetics programme. They were concerned that the programme may cease to be viable if the cohort falls below 12. Although, they noted the programme was
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seeking guidance from professional bodies they considered the education provider needs to put plans in place to deal with issues on practice-based learning limitations.

- In addition, the visitors noted the education provider referred to IPE as transdisciplinary and are still relying on this being taught more in practice-based learning. They have offered no further evidence of their planning in this area in terms of growth in IPE within their modules and establishing learning outcomes to effect this. The education provider referred to "blended learning" but it was not obvious how they are developing this.
- Although the visitors did not identify these as risks they have recommended that because the above are being addressed, a four-year review period is most appropriate. The visitors considered four years will provide the education provider with sufficient time to address the two areas identified above.

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Previous consideration	Not applicable. The performance review process was not referred from another process.
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Decision	The Education and Training Committee (Panel) is asked to decide: <ul style="list-style-type: none"><li>• when the education provider's next engagement with the performance review process should be</li><li>• whether issues identified for referral through this review should be reviewed, and if so how</li></ul>
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Next steps	Outline next steps / future case work with the provider: <ul style="list-style-type: none"><li>• Subject to the Panel's decision, the provider's next performance review will be in the 2027-28 academic year</li><li>• Subject to the Panel's decision, we will undertake further investigations as per section 5</li></ul>
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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:

Duane Mellor	Lead visitor, dietitian
Kathryn Campbell	Lead visitor, physiotherapist
Prisha Shah	Service User Expert Advisor
Temilolu Odunaike	Education Quality Officer
Julie Blake	Advisory visitor, occupational therapist

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

In this assessment, we considered we required professional expertise across some of the professional areas delivered by the education provider. We considered this because there were areas within the portfolio which the lead visitors could not make judgements on with their professional knowledge or expertise. These areas were reflections in the occupational therapy profession.

## Section 2: About the education provider

### **The education provider context**

The education provider currently delivers seven HCPC-approved programmes across three professions. It is a higher education institution and has been running HCPC approved programmes since 2018. They also run one post registration programme for independent prescribing and supplementary prescribing annotations.

In June 2021, the education provider engaged with the approval process in the current model of quality assurance to introduce their independent & supplementary prescribing, part time programme. We were satisfied there was sufficient evidence to demonstrate all standards were met and the programme was approved, without conditions.

Also, in April 2021 the education provider engaged with the approval process in our legacy model of quality assurance where they introduced all four programmes of their occupational therapy provision. The review involved consideration of documentary evidence and a virtual approval visit, to consider whether the programmes met our standards for the first time. The education provider proposed to deliver a full and part time MSc in Occupational Therapy programme, with up to a total of combined 25 learners per cohort. The full time and part time PGDip in Occupational Therapy are exit awards that confer eligibility for learners to apply to the HCPC Register. We were satisfied there was sufficient evidence to demonstrate our standards were met, and all four programmes were approved by the Education and Training Committee.

In the same year, the education provider again engaged with the approval process in the legacy model of quality assurance to introduce their BSc (Hons) Nutrition and Dietetics, full time programme. This also involved consideration of documentary evidence and a virtual approval visit, to consider whether the programme met our standards for the first time. Following careful consideration of the education provider's response to the conditions set, we were satisfied the conditions were met, and the programme was also approved in 2021.

The education provider also engaged with the annual monitoring assessment process in the legacy model of quality assurance in 2019.

### 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 type="checkbox"/> Postgraduate	2021
	Occupational therapist	<input checked="" type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Postgraduate	2021
	Physiotherapist	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2018
Post-registration	Independent Prescribing / Supplementary prescribing		2022	

### Institution performance data

Data is embedded into how we understand performance and risk. We capture data points in relation to provider performance, from a range of sources. We compare provider data points to benchmarks, and use this information to inform our risk based decisions about the approval and ongoing approval of institutions and programmes<sup>1</sup>.

Data Point	Benchmark	Value	Date of data point	Commentary
Numbers of learners	242	151	2023/24	<p>The benchmark figure is data we have captured from previous interactions with the education provider, such as through initial programme approval, and / or through previous performance review assessments. Resources available for the benchmark number of learners was assessed and accepted through these processes. The value figure was presented by the education provider through this submission.</p> <p>The education provider is recruiting learners below the benchmark.</p>

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

				<p>We explored this through the assessment via quality activity. We were satisfied the education provider is managing their applicants' recruitment effectively to ensure sustainability.</p>
Learner non continuation	3%	5%	2020-21	<p>This data was sourced from a data delivery. This means the data is a bespoke Higher Education Statistics Agency (HESA) data return, filtered based on HCPC-related subjects.</p> <p>The data point is above the benchmark, which suggests the provider is performing below sector norms.</p> <p>When compared to the previous year's data point, the education provider's performance has been maintained.</p> <p>We explored this by through the assessment. We were satisfied the education provider had identified the issue and put measures in place to address it.</p>
Outcomes for those who complete programmes	94%	95%	2020-21	<p>This data was sourced from a data delivery. This means the data is a bespoke HESA data return, filtered bases on HCPC-related subjects.</p> <p>The data point is above the benchmark, which suggests the provider is performing above sector norms.</p> <p>When compared to the previous year's data point, the education provider's performance has improved by 1%.</p>



				We explored this through the assessment and were satisfied that the education provider is performing well in this area.
Learner satisfaction	76.6%	75.8%	2022	<p>This National Student Survey (NSS) learner satisfaction score data was sourced at the subject level. This means the data is for HCPC-related subjects.</p> <p>The data point is broadly equal to the benchmark, which suggests the provider's performance in this area is in line with sector norms.</p> <p>When compared to the previous year's data point, the education provider's performance has dropped significantly by 9%.</p> <p>We explored this through quality activity. We were satisfied that the education provider has identified the issue and have taken active steps to address the issue.</p>

### Section 3: Performance analysis and quality themes

#### Portfolio submission

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

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

#### Data / intelligence considered

#### 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 – how the education provider improved their low NSS for physiotherapy

**Area for further exploration:** The visitors noted the National Student Survey (NSS) scores for physiotherapy. The survey response rate was 37 out of 68 eligible (54%). The visitors considered this a low response rate. The education provider noted the reason for learners' dissatisfaction was their distant location to the main campus and access to the library and cafeteria. The education provider acknowledged they have had a steep learning curve as a new programme. The visitors requested to know what the education provider was doing to improve learner engagement with the survey.

**Quality activities agreed to explore theme further:** We decided to explore this by requesting an email response from the education provider. We considered this was the most effective way to explore the theme to understand how the education provider addressed the issue.

**Outcomes of exploration:** The education provider reflected in their response that there has now been an increase in learner engagement this year. We understood the education provider had monitored responses on a fortnight basis until the end of April 2024. They then sent gentle reminders in their weekly physiotherapy programme newsletter rather than reminders through individual emails. By the end of March 2024, we understood response rates were 83% for physiotherapy and 71% for dietetics. The education provider noted they expected this to increase further in April. The visitors were satisfied with this clarification and determined the quality activity had adequately addressed their concerns.

## 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 noted their investment in physical resources and specialist teaching facilities, including dedicated labs and kitchens for physiotherapy and dietetics. They also noted they have expanded teaching spaces for better learner access.

- The portfolio shows alignment with the NHS long-term plan and regional workforce plans, and collaboration with partners to meet emerging needs.
- The education provider reflected on the staff recruitment challenges they faced due to incentives for clinical staff to remain in practice. Limited numbers of Allied Health Professionals (AHPs) with academic experience, who could potentially be involved in delivery of the programmes, also contributed to the challenges faced. However, we understood this was mitigated by offering postgraduate qualifications for staff transitioning into academia.
- We understood learner numbers, and projected numbers, were considered at both programme and institution level, with consideration of the education provider's resourcing and practice-based learning capacity. The education provider reflected that entry to the dietetics programme was closed for September 2023 after they had reached their practice-based learning capacity. They now intended to keep to below 25 learners per year. They also noted they have increased their UCAS entry points to reduce applications and increase academic potential for applicants. These factors have contributed to the significant reduction in learner numbers, particularly on the dietetics programme.
- From seeking further clarification, we understood how the education provider funded programmes to encourage innovation. We also understood the impact location changes and issues with practice-based learning capacity had on programme sustainability. For example, we noted the education provider established a health clinic within the Winchester Sport and Leisure Centre which provided additional practice-based learning opportunities for physiotherapy learners.
- The visitors were satisfied that the education provider's reflection as well as the further clarification sought assured them that the education provider is performing well in this area.
- **Partnerships with other organisations –**
  - The education provider has several partnerships which are managed at the institution level. We noted the University of Winchester and Hampshire Hospitals NHS Foundation Trust (HHFT) Collaboration Education Group met to discuss and collaborate over workforce planning. They also discussed training and employment opportunities in physiotherapy, dietetics, occupational therapy and prescribing.
  - The education provider noted they are part of a Southern Health Partnership which is a collaboration that grows a sustainable pipeline for the local health and social care workforce. They also noted the formation of the Southern HEI dietetic placements partnership to discuss practice-based learning capacity and its expansion.
  - We understood practice partnerships for the provision of practice-based learning was formalised through Standard Placement Agreements (SPA) and was subject to comprehensive review and renewal every two years. In addition, the education provider held Quarterly Practice Partner Committee meetings to:
    - quality assure the delivery of practice-based learning;

- discuss the development of teaching, learning and assessment in practice; and
    - promote and develop new ideas and opportunities amongst other things.
  - The education provider reflected that their partnerships have enhanced practice-based learning and inspired innovative initiatives. For example, they noted The Mealtime Assistant placement in dietetics led to a similar volunteering placement in physiotherapy and was implemented more broadly. They noted the initiative addressed practice-based learning capacity needs and improved learner readiness based on feedback from practice educators.
  - The visitors were satisfied that the education provider has a network of formal partnership structures in place to manage different aspects of their programmes both at operational and strategic levels.
  - Therefore, they determined the education provider is performing well in this area.
- **Academic quality –**
  - To ensure academic quality, the education provider noted all programmes were required to undertake a formal annual review. This included review of a range of data/metrics such as NSS, B conditions, external examiner reports, and learner feedback. The B conditions are conditions of registration for quality and standards set by the Office for Students (OfS) which all higher education providers must meet in order to remain registered.
  - We understood the review involved a rolling live performance improvement plan (PIP) to address ongoing enhancement activities throughout the year.
  - To ensure compliance with the OfS requirement, programme leaders used Common Agreement Hierarchy2 (CAH2) data to assess their performance on the B conditions of registration. Issues were Red-Amber-Green (RAG) rated to highlight areas of good practice and those needing improvement. Programmes produced PIPs in response to this data. These were scrutinised by the Faculty Quality Committee (FQC) and updated throughout the year to monitor progress and facilitate continuous improvement.
  - At programme level feedback mechanisms included informal ongoing module feedback processes, formal programme evaluation, questionnaires, Student-Staff Liaison Committees, and learner representation on university committees.
  - These feedback mechanisms helped to ensure a consistent evaluation of the quality of teaching by learners. In addition, programmes worked with external examiners to review any areas of concerns to ensure the academic quality of programmes.
  - The visitors were satisfied that the education provider's reflection in this area is clear and were assured that academic quality is being used to drive improvements. The visitors determined education provider is performing well in this area.
- **Placement quality –**
  - The education provider reflected on some of the different approaches they have used to improve the quality of practice-based learning. For

example, they noted using the NHS England Wessex Placement Assurance Toolkit has improved the auditing of practice-based learning areas and provided a consistent approach to quality monitoring, bringing regional consistency.

- From seeking further clarification, we understood the education provider also used their Inplace Placement Management System to share materials for placement quality across professions and to collect profession-specific data. Their Health and Wellbeing (HWB) Placement team, which is a cross-professional group, shared processes and materials related to learner well-being, and held regular meetings to exchange best practices and ideas.
- They also noted the management of learner evaluation in their HCPC registered programmes has been commended by their practice partners for its consistency and timeliness in providing feedback to practice areas. We understood this feedback process has allowed them to identify issues, leading to one-on-one meetings and action plans to address concerns.
- As part of improving practice education quality, the education provider has also focused on improving the knowledge and skills of their practice educators. They noted they have developed a PgCert in Practice Education with a substantial financial incentive for practice educators to enrol. We understood the programme has enabled practice educators to earn a Level 7 qualification, fostering their progression in the education pillar of practice and facilitating regional connections for knowledge exchange and evaluation of various practice education models.
- From the information provided in the portfolio and through the further clarification received, the visitors were assured that the education provider's processes and systems for ensuring placement quality have led to significant improvements. Therefore, the visitors were satisfied that the education provider has performed well in this area.
- **Interprofessional education –**
  - In their reflection, the education provider noted that interprofessional education (IPE) across multiple professions has only recently emerged due to the infancy of some of their programmes. They noted their physiotherapy programme was in its sixth year. At its commencement, IPE opportunities were limited to the existing programmes which were sport and exercise oriented. However, since the introduction of newer healthcare programmes, they have expanded IPE opportunities and incorporated personal and professional development aspects. Some of which include key skills like communication, teamwork, leadership, and safeguarding.
  - In addition, the education provider noted they have incorporated IPE into academic modules, allowing learners to explore IPE topics in a supportive environment before applying their learning in practice-based learning. However, they noted the logistical challenges have limited further integration of IPE within programmes. For example, the blended nature of some programmes and the need for physical space.
  - To improve interprofessional work, the education provider noted that service users were invited to modules to share experiences and

answer questions, and case studies were used to illustrate the relevance of learning about interprofessional contexts. Practice-based learning has continued to offer multi-professional learning opportunities across primary and secondary care, with an expansion of opportunities within the third sector, adding a different dimension to IPE.

- Through clarification we understood the education provider is looking to explore skills, care planning, and leadership from various perspectives. They noted they will be using Multi-Disciplinary Team (MDT) opportunities to foster a shared understanding of each other's roles, training, competencies, and overlapping boundaries.
- Furthermore, the education provider noted they will be looking to promote problem-solving and critical thinking across various programmes, with a focus on leadership, teamwork, communication, digital healthcare, and simulation. However, they noted the possible challenges coordinating interprofessional engagement across programmes and managing the realities of programme alignment, timings, overall numbers, and format of delivery could pose.
- The visitors considered the education provider referred to IPE more as transdisciplinary and are relying on this being taught more in practice-based learning. They considered IPE as an ongoing piece of work and requested that the education provider reflect further on the growth of this area within their programmes at their next performance review. The visitors were however satisfied with the level of performance in this area for the purpose of this review.
- **Service users and carers –**
  - Service users were initially involved in informing the development of content and learning activities and what they considered the important skills for the learners to develop on the physiotherapy programme. They were also involved in learner recruitment and selection interview process. On the occupational therapy and the dietetics programmes, service users were involved in teaching.
  - The education provider reflected on the challenges they were facing around the involvement of service users and carers. For example, challenges in outcomes monitoring and diversity within the service user group. There was also the need for more resources to support service user engagement and address sustainability issues due to the aging group and long-term conditions of members.
  - As part of their developments, the education provider noted their dietetics programme identified a Service User lead tutor to develop a business case for further integration of service users and carers. They noted the academic year 2022/23 was the first year of full service user involvement on the occupational therapy programme. Learner feedback on teaching and learning was sought through Staff-Student Liaison Committee (SSLC) meetings.
  - Further clarification was sought to understand the types of learning activities that were delivered in collaboration with service users. For example, we understood service users were involved in revalidation / reaccreditation events with event feedback commending the inclusive nature of the programme and event.

- Further clarification was also sought around the involvement of service users at cross-programme level and programme specific and we were clear there were opportunities for both to take place.
- The visitors determined they were satisfied with the education provider's performance in this area.
- **Equality and diversity –**
  - The education provider noted they have an Access and Participation Plan that sets out how they adopt a holistic learner-centred whole-lifecycle strategic approach to improving access, success and progression. We understood metrics around their demographics are continuously monitored by a specialist department within the institution.
  - The education provider noted that their programmes comply with equality, diversity, and inclusion policies, from application to completion, and are designed in line with the Accessible & Inclusive Learning Policy.
  - Discussions were held on the challenges faced by learners with protected characteristics in healthcare programmes, leading to a system that identifies learners at higher risk of academic failure due to a protected characteristic.
  - The education provider reflected that their local and learner population appeared to be less diverse than some parts of the country. Despite that they are engaging in a number of efforts to address this. For example, they observed that a higher proportion of white applicants, particularly in physiotherapy, were receiving offers compared to the Black, Asian and Minority Ethnic (BAME) applicants. The selection criteria were reviewed, and it was found that fewer BAME learners could meet the criterion of having work shadowing experience. This led to its removal for all applicants to invite more BAME applicants for interviews.
  - The visitors determined that the education provider's reflection showed that they are performing well in this area.
- **Horizon scanning –**
  - The education provider highlighted some of the long-term challenges they are currently facing. For example, they reflected on the financial situation of all UK universities and the need to ensure sustainable learner numbers and training in the light of the NHS long-term workforce plan.
  - A breakdown of some of the challenges was noted. For example, for physiotherapy programmes, in 2018, we understood there were 45 education providers in the UK, now there are over 60. For dietetics, prior to launching, the education provider noted there were two degree programmes south of London, but by January 2025 there will be six. For occupational therapy, they noted they are securing applications to increase recruitment figures to meet 25 learners per year. However, this target has not yet been met as national declines continue. We understood the above this has put additional pressure on practice-based learning provision and staff recruitment. The education provider noted they have worked closely with NHS England and third sector providers to address this. Additionally, they noted they have engaged with their

local Integrated Care Board (ICB) to promote alternative supervision models.

- The education provider noted they are now focusing on making the best use of new technology and the opportunities. This has a crossover with their plans to make further use of simulation and exploring opportunities for making Interprofessional learning more embedded in programmes.
- The visitors were satisfied that the education provider's reflection showed that changes are being made to address long term challenges. They therefore determined the education provider has performed well in this area.

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

**Outstanding issues for follow up:** Interprofessional education limited to practice-based learning - the visitors noted the education provider referred to interprofessional education (IPE) more as transdisciplinary. The visitors considered the education provider still relies on IPE being taught more in practice-based learning. Therefore, the visitors considered IPE as an ongoing work and requested that the education provider reflect further on the growth of this area within their modules and establishing learning outcomes to effect this, at their next performance review.

Quality theme: Thematic reflection

**Findings of the assessment panel:**

- **Embedding the revised Standards of Proficiency (SOPs) –**
  - How changes were made - for their occupational therapy programme, the education provider noted the revised SOPs were integrated throughout the two-year programme. There was an initial introduction in one of the modules and recurring discussions at each practice-based learning briefing and debrief. Standards were reinforced during the final on-campus week.
  - Active implementation of the standards - teaching sessions were adapted to include the revised standards. In lectures and workshops, lecturers worked with learners to ensure the learners were aware of the revised standards and the implications on their practice. Emphasis was on the relevance of the changes to not only professional practice but also their day-to-day practice. From the further clarification sought, we understood best practices were disseminated through various methods, including peer observation of teaching and a Simulated Learning Board.
  - Promoting public health and preventing ill-health – for the occupational therapy programme for example, public health was embedded within the module OT7007 People and Society. Further information received showed that promoting public health and preventing ill-health is a theme that already runs through the prescribing programme.
  - Equality, diversity and inclusion – we noted this was incorporated during the development of the dietetics programme, with relevant themes introduced throughout its three-year duration.



- Further centralising the service user – the education provider noted that the centrality of the service user is enshrined within NHS England’s guidance. As such, their programme curricula all look to develop the commensurate behaviours, skills and competencies that support this approach.
- Registrants’ mental health – the education provider noted the Faculty Student Support and Success Team created a placement toolkit, including a wellbeing session and a personal action plan for learners to complete before each practice-based learning. We understood that since September 2023, the dietetics programme has incorporated this wellbeing action plan into every practice preparation module, aligning with changes in the standards.
- Digital skills and new technology - the education provider reflected that all AHP programmes have integrated digital skills into their practice pillars (clinical, research, education, leadership). This has led to innovative teaching methods that embrace digital technologies.
- Leadership – we understood leadership activities were scaffolded into programmes in different ways. For example, for the dietetics programme, leadership was introduced as a key component in the year 1 professionalism module and was further explored in the second year practice-based learning.
- The education provider’s reflection as well as the further clarification received provided sufficient assurance that the revised SOPs have been integrated into the programmes. Therefore, the visitors were satisfied the education provider has performed well in this area.
- **Learning and developments from the COVID-19 pandemic –**
  - The education provider reflected that selection interviews transitioned online, and service users were temporarily excluded from the process. However, the education provider noted that they have plans to reintroduce service users into learner recruitment for physiotherapy. Practical teaching was adapted to be conducted in personal protective equipment (PPE) with small groups, maintaining strict learning bubbles and plinth partnerships.
  - The visitors were satisfied that the education provider had taken some learning forward from the pandemic and determined they have performed well in this area.
- **Use of technology: Changing learning, teaching and assessment methods –**
  - The education provider reflected on the significant impact Covid-19 pandemic had on practice-based learning and how it has led to a reduction in healthcare services and a swift shift to digital delivery.
  - We understood the use of mannequins has become a standard part of learning, teaching, and assessment, with continuous evolution, especially with the support of a Faculty Simulation Lead and a physiotherapy technician.
  - The education provider noted the revalidation of the physiotherapy programme has strengthened the consistent and progressive adoption of digital technology over three years. We understood the Faculty Placements Team is leading regional practice-based learning innovations. Efforts are underway to incorporate Artificial Intelligence

and large language models into learning, teaching, and assessment, particularly in research skill modules.

- The visitors were satisfied that the education provider's reflection showed they are performing well in this area.
- **Apprenticeships in England –**
  - The education provider noted they currently, have no HCPC approved degree apprenticeships. We understood any future plans would need to align with local employers to ensure capacity, capability, and consistency. Awareness of the NHS Long-Term Workforce Plan indicates a shift towards greater reliance on apprenticeships. We understood discussions are underway with Hampshire and Isle of Wight Integrated Care Board (ICB) to operationalise this within the region.
  - The visitors were satisfied with this reflection and determined the education provider is 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 –**
  - The education provider explained that despite the Quality Assurance Agency's (QAA) redesignation, they have continued to align their policies with the code's Advice and Guidance sections. They continued to employ external experts for quality assurance and involve learners in quality processes. The education provider noted they maintained their QAA membership, contributing to its work through workshops and consultations, with the Head of Quality participating in the QAA code's national redevelopment.
  - The education provider reflected on the feedback from their last review by the QAA in 2016. They noted the findings showed the setting and maintenance of the academic standards of awards met UK expectations and the quality of learning opportunities for learners also met UK expectations.
  - The visitors were satisfied that the education provider is performing well in this area.
- **Office for Students (OfS) –**
  - The education provider noted that they comply with the regulatory requirements of the Office for students. They also mentioned that they have an Education Committee that is responsible for noting performance metrics and approving action plans for ensuring the education provider is compliant with the B Conditions of Registration.
  - As outlined in [quality theme 1](#), we noted what the education provider was doing to improve the engagement rate on the physiotherapy programme. This was achieved through monitoring learner responses fortnightly and sending reminders via the weekly physiotherapy

programme newsletter. As a result, engagement rate has increased from 54% to 83%.

- The visitors were satisfied the education provider is performing well in this area.
- **Other professional regulators / professional bodies –**
  - We noted that for occupational therapy, physiotherapy and dietetics, new programmes implemented guidance from their relevant professional bodies. For example, the physiotherapy programme was guided by the documents - the Chartered Society of Physiotherapy (CSP) Learning and Development and Framework and Principles, the CSP Quality Assurance Processes and the Code of Members Professional Values and Behaviours. For Dietetics, they were guided by the British Dietetic Association Curriculum Framework and guidance on Equality, Diversity & Inclusion, Practice-based Learning (placements) and Wellbeing & Resilience. We noted that where appropriate, regulatory guidance from other bodies was followed to ensure compliance such as the Independent Prescribing.
  - The visitors were satisfied that the education provider is performing 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 –**
  - Detailed reflection was submitted for the physiotherapy programme. We understood that since the initial validation of the programme, amendments have been made relating to Covid-19. These covered practice-based learning, university-based learning, and programme-wide learning amendments. For example, the change to the Anatomy, Physiology and Clinical Sciences module in Level 4 (PY1000) which became two 15 credit modules, one in each semester.
  - From seeking further information, we understood the curriculum development was strategically aligned with the education provider's plan, mission, values, and various sustainability goals. They noted that professional drivers for change were the HCPC's 2023 revised SOPs and recommendations from the World Physiotherapy Education Framework (2021) and the NHS Long-term plan (2018).
  - The revised curriculum embeds public health and leadership modules at each level, with core Physiotherapy disciplines taught in named modules from Level 4, and simulated learning incorporated across all levels.
  - The education provider added that the curriculum also emphasized employability, using the Embedding Employability Framework by Advance HE (2020), and programme-level learning outcomes mapped to the four pillars of practice.

- For the other professions, we understood no amendments were made to programme delivery since their revalidation.
- The education provider noted that the Independent & Supplementary Prescribing programme was originally approved by the HCPC in December 2021 using the Royal Pharmaceutical Society (RPS) (2021) Competency framework for all prescribers. We understood the curriculum and content delivered focused on the principles required to enable learners to demonstrate achievement of all RPS competencies in practice and is fully mapped.
- The visitors were satisfied from the information received that the education provider has continued to perform well in this area.
- **Development to reflect changes in professional body guidance –**
  - For their physiotherapy programme, the education provider noted that the programme team has reviewed and delivered a curriculum that aligns with the Office for Students regulatory framework for Higher Education (OfS, 2018). They noted this has ensured high-quality educational experiences for learners.
  - The education provider further reflected that the programme team has also designed a curriculum focused on employability. It aimed to produce work-ready graduates who can effectively advance the physiotherapy profession for the benefit of service users, healthcare colleagues, and the general population. The Embedding Employability Framework by Advance HE (2020), which shares similarities with leadership skills, has been used to demonstrate the integration of employability throughout the programme.
  - For the Occupational Therapy programme, we understood the programme was accredited in June 2021 using the new RCOT Learning and Development standards 2019 (revised edition). And the dietetics programme was validated against the BDA Curriculum 2020.
  - For their Independent & Supplementary Prescribing programme the education provider reflected on the recent change to the Misuse of Drugs Regulations (2001) in Dec 2023. The education provider noted the guidance which allows paramedic independent prescribers to prescribe, administer, and direct others to administer a limited number of controlled drugs. We understood this guidance is included in the specific taught content on the ethical, legal, and professional basis for prescribing.
  - The visitors were satisfied that the education provider's reflection showed they are performing well in this area.
- **Capacity of practice-based learning (programme / profession level) –**
  - The education provider reflected on how they have managed challenges relating to practice-based learning capacity. For example, for the Physiotherapy programme, the education provider explained that since the start of the programme, the placement team had established a robust practice partner group which has contributed to practice-based learning planning. This also included learner representation.
  - The opening of three additional physiotherapy programmes in the region, has increased capacity challenges, but also fostered collaboration with HEIs to discuss common issues and plan capacity

usage. The team has successfully explored different practice-based learning models, including innovative simulated placements and previously unexplored areas like leadership and research practice-based learning, alongside traditional opportunities.

- For dietetics, we understood the growth in the number of HEIs providing dietetics programmes has made practice-based learning capacity challenging at both regional and national levels. To address the challenges, considerations were made during the design and early stages of delivery of the programme. For example, the formation of the Southern HEI dietetic placements partnership to discuss practice-based learning capacity and its expansion. Through these activities, the education provider has noted several improvements including the mapping of practice-based learning dates, locations and numbers. This has allowed for ongoing discussions on practice-based learning allocations and the ability to help each other if there was spare capacity at any time.
- Through further clarification, we were informed that the HWB Placements team collaboratively managed the sourcing, quality assurance, and allocation of all practice-based learning with programme teams, learners, and practice partners. Where capacity fell short, an action plan was implemented to address it. Further clarification was also received on how simulated practice-based learning worked alongside traditional practice-based learning.
- Through the original submission and the further clarification received, the visitors were satisfied that the education provider is performing 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 –**
  - Learner feedback was collected and reviewed by the education provider placement team, with concerning items prompting a face-to-face visit from academic tutors to address issues. Positive feedback was continuously shared with learning environment teams. Learners elected to the Staff Student Liaison committee met three times a year, with minutes circulated to the Senior Management Team and the Students Union.
  - The education provider noted challenges experienced with practice-based learning and timing of assessments on the Occupational Therapy programme, both of which were being addressed. We understood the timing of assessments has been adjusted through the University Faculty Quality Committee and have already been implemented for Academic Year 2023/2024
  - For all their AHP programmes, the education provider noted there were no complaints made to the Office of the Independent Adjudicator (OIA)

and no results received from The National Education and Training Survey (NETS).

- The visitors were satisfied that the education provider's reflection provided clear descriptor of how staff worked with learners to gain feedback and then acted upon them.
- Therefore, the visitors determined the education provider has performed well in this area.
- **Practice placement educators –**
  - For the occupational therapy programme, the education provider reflected on challenges they had in relation to a request for learners' personal information by practice educators prior to the programme to determine learners' suitability. We understood such requests were refused on the basis of The General Data Protection Regulation (GDPR) and equality. The education provider now plans to meet with practice educators to identify a process of managing their expectations regarding learner supervision.
  - We also noted practice educators have been actively engaged in providing feedback into the physiotherapy programme for its revalidation / accreditation. The dietetics programme also noted positive feedback and alignment regionally.
  - The visitors were satisfied with the education provider's reflection and determined they have performed well in this area.
- **External examiners –**
  - Issues raised by the external examiner for the occupational therapy programme was around staffing levels. We understand there is now a new full-time staff member who started in January 2024.
  - The education provider also noted they have good relationship with the external examiner on the dietetics programme who they met with once or twice a year. We understood the external examiner commended the education provider's programme design and their incorporation of learner feedback. They noted the only recommendation was the development of assessment-specific marking rubrics in the first year, which we understood was well-received by learners. The education provider noted there were no further recommendations in the second-year report.
  - For physiotherapy, the external examiner commented that assessments were conducted in a fair manner and processes and marking consistently applied. The education provider added that the external examiner report was highly complementary about the programme and were consulted as part of their process of programme revalidation and accreditation by the CSP.
  - For the prescribing programme, the education provider noted the programme has only run for a year and no concerns have been raised.
  - The visitors were satisfied that the education provider has 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:**

- **Learner non continuation:**
  - The education provider noted they had only their first cohort of learners who had completed their physiotherapy programme. Their other undergraduate programme (dietetics) is still relatively new. Based on this cohort, we noted learner continuation rate of 5% against a benchmark of 3%. The education provider noted they have responded to this by increasing the number of University and Colleges Admission Service (UCAS) points required for an applicant to receive an offer of a place. We understood this has increased the quality of learners being admitted onto the programme with the hope to improve learner continuation.
  - The visitors considered the programmes are relatively new and as such difficult to assess. However, they are satisfied with the education provider's performance in this area.
- **Outcomes for those who complete programmes:**
  - The education provider noted success in this area where they had achieved a score of 95% against a benchmark of 94%. They attributed this to learners undertaking practice-based learning locally and therefore, they were able to apply for vacancies as they appeared.
  - We are satisfied the education provider has performed well in this area.
- **Learner satisfaction:**
  - We noted learner satisfaction was lower than benchmarking levels. In their reflection, the education provider considered that as the physiotherapy programme is still relatively new (only programme with NSS data), they had a steep learning curve with many staff newly joining Higher Education.
  - The education provider noted learners' dissatisfaction with being located away from the main campus. Learners also fed back about access to the library and the cafeteria. In their response to this, the education provider noted they have now relocated physiotherapy to a different campus, so that these facilities are next to the teaching facilities.
  - The visitors were satisfied that the education provider has continued to perform well in this area.
- **Programme level data:**
  - The programme level data provided showed that staffing levels were adequate on all the programmes although slightly higher on the dietetics programme. Apart from the physiotherapy programme, all other programmes are new and the first cohort of learners have not graduated from them.
  - All programmes appeared to be well resourced.
  - The visitors were satisfied that there continues to be adequate number of staff and other resources for all learners. Therefore, they determined the education provider has performed well in this area.

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

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

## Section 5: Issues identified for further review

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

### **Referrals to next scheduled performance review**

#### Interprofessional education limited to practice-based learning

**Summary of issue:** The visitors considered the education provider referred to interprofessional education (IPE) more as transdisciplinary. For example, when occupational therapists and physiotherapists work on the same patient in practice, side by side. The visitors considered the education provider still relies on IPE being taught more in practice-based learning. Therefore, the visitors considered IPE as an ongoing work and requested that the education provider reflect further on the growth of this area within their modules and establishing learning outcomes to effect this, at their next performance review.

## 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 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 learners, service users, practice educators, partner organisations, and external examiners. This ensured the education provider's performance had not identified any risks for delivering provision of good quality.
- External input into quality assurance and enhancement
  - The education provider engaged with a number of professional bodies. They considered professional body findings in improving their provision.
  - The education provider engaged with the Chartered Society of Physiotherapy (CSP), British Dietetic Association, Royal College of Occupational Therapists and the Office for Students. They considered the findings of other regulators in improving their provision.
  - The education provider considers sector and professional development in a structured way.
- Data supply



- Data for the education provider is available through key external sources. Regular supply of this data will enable us to actively monitor changes to key performance areas within the review period.
- What the data is telling us:
  - From data points considered and reflections through the process, the education provider considers data in their quality assurance and enhancement processes and acts on data to inform positive change.
- In summary, the reason for the recommendation of a four-year monitoring period is:
  - The visitors identified concerns around the sustainability of the dietetics programme. They were concerned that the programme may cease to be viable if the cohort falls below 12. Although, they noted the programme was seeking guidance from professional bodies they considered the education provider needs to put plans in place to deal with issues on practice-based learning limitations.
  - In addition, the visitors noted the education provider referred to Interprofessional Education (IPE) as transdisciplinary and are still relying on this being taught more in practice-based learning. They have offered no further evidence of their planning in this area in terms of growth in IPE within their modules and establishing learning outcomes to effect this. The education provider referred to "blended learning" but it is not obvious how they are developing this.
  - Although the visitors did not identify these as risks nor did they consider them areas to be referred to another review, the visitors recommended that because the above are being addressed, a four-year review period is most appropriate.

### **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 as outlined in Section 5 above.

**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 Winchester	CAS-01400-F4F9S0	Duane Mellor  Kathryn Campbell	Four years	<ul style="list-style-type: none"> <li>The visitors identified concerns around the sustainability of the dietetics programme. They were concerned that the programme may cease to be viable if the cohort falls below 12. Although, they noted the programme was seeking guidance from professional bodies they considered the education provider needs to put plans in place to deal with issues on practice-based learning limitations.</li> <li>In addition, the visitors have made a referral to the education provider's next performance review.</li> </ul>	<p><u>Interprofessional education limited to practice-based learning</u></p> <p><b>Summary of issue:</b> The visitors considered the education provider referred to interprofessional education (IPE) more as transdisciplinary. For example, when occupational therapists and physiotherapists work on the same patient in practice, side by side. The visitors considered the education provider still relies on IPE being taught more in practice-based learning. Therefore, the visitors considered IPE as an ongoing work and requested that the education provider reflect further on the growth of this area within their</p>

				<p>This is in relation to interprofessional education as noted in the next column.</p> <p>Although the visitors did not identify these as risks nor did they consider them areas to be referred to another review, the visitors recommended that because the above are being addressed, a four-year review period is most appropriate. The visitors considered four years will provide the education provider with sufficient time to address the two areas identified above.</p>	<p>modules and establishing learning outcomes to effect this, at their next performance review.</p>
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Appendix 2 – list of open programmes at this institution

<b>Name</b>	<b>Mode of study</b>	<b>Profession</b>	<b>Modality</b>	<b>Annotation</b>	<b>First intake date</b>
BSc (Hons) Nutrition and Dietetics	FT (Full time)	Dietitian			01/08/2021
MSc in Occupational Therapy	FT (Full time)	Occupational therapist			01/09/2021
PGDip in Occupational Therapy	FT (Full time)	Occupational therapist			01/09/2021
MSc in Occupational Therapy	PT (Part time)	Occupational therapist			01/09/2021
PGDip in Occupational Therapy	PT (Part time)	Occupational therapist			01/09/2021
BSc (Hons) Physiotherapy	FT (Full time)	Physiotherapist			01/09/2018
Independent & Supplementary Prescribing	PT (Part time)			Supplementary prescribing; Independent prescribing	14/02/2022