

Performance review process report

Liverpool John Moores University, 2018-22

Executive summary

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

We have recommended when the institution should next be reviewed

Through this assessment, we have noted:

- The areas we explored focused on:
 - The approach adopted in the education provider's ongoing expansion and development of capacity in paramedic practice-based learning. We sought further information in this area around their modelling and their ability to ensure equity for all learners in placement. We were satisfied with the responses given through the quality activity.
 - The timeline and the detail of the education provider's enhancements to their interprofessional education (IPE). We asked the education provider to provide information about their plans to recruit of an IPE lead. We agreed that the response given through the quality activity was helpful and appropriate.
- The following are areas of best practice:
 - The education provider has a highly rigorous approach to horizon scanning and quality monitoring.
 - The virtual meet-up adopted by the ProfD Health Psychology to maintain cohort morale was a strong innovation.
 - The education provider works very well with local stakeholders to appropriately manage, maintain and develop capacity in practice-based learning.
- The provider should next engage with monitoring in five years, the 2027-28 academic year, because they are performing well across the board and there are no areas where the HCPC needs to undertake routine review or monitoring before that time.

Previous consideration	Not applicable because this is the first time the education provider have been through the performance review process. There are no other live HCPC cases involving this education provider at present.
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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.

Next steps Subject to the Panel's decision, the provider's next performance review will be in the 2027-28 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:

Wendy Smith	Lead visitor, Chiropodist/Podiatrist with annotation for POM - Administration
Matthew Catterall	Lead visitor, Paramedic
Hayley Hall	Service User Expert Advisor
Niall Gooch	Education Quality Officer

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

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

Section 2: About the education provider

The education provider context

The education provider currently delivers 7 HCPC-approved programmes across 2 professions and including 2 Prescribing programmes. It is a Higher Education provider and has been running HCPC approved programmes since 2007.

Practice areas delivered by the education provider

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

	Practice area	Delivery level		Approved since
Pre-registration	Biomedical scientist	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2007
	Paramedic	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2009
	Practitioner psychologist	<input type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Postgraduate	2017
Post-registration	Independent Prescribing / Supplementary prescribing			2011

Institution performance data

Data is embedded into how we understand performance and risk. We capture data points in relation to provider performance, from a range of sources. We compare

provider data points to benchmarks and use this information to inform our risk based decisions about the approval and ongoing approval of institutions and programmes.

Data Point	Bench- mark	Value	Date of data point	Commentary
Numbers of learners	282	267	2022	<p>The benchmark figure is data we have captured from previous interactions with the education provider, such as through initial programme approval, and / or through previous performance review assessments. Resources available for the benchmark number of learners was assessed and accepted through these processes. The value figure was presented by the education provider through this submission.</p> <p>The education provider is recruiting learners broadly at the benchmark.</p> <p>We explored this by considering whether there were any issues with staffing, resourcing or learner support on the programme and we considered that performance was good in these areas.</p>
Learner non continuation	3%	3%	2019-20	<p>This Higher Education Statistics Agency (HESA) data was sourced from a summary. This means the data is the provider-level public data</p> <p>The data point is 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</p>

				<p>performance has been maintained.</p> <p>We explored this by considering how the education provider supported learners, and how they reflected on this support. We considered that the education provider was performing well in this area.</p>
Outcomes for those who complete programmes	94%	97%	2019-20	<p>This HESA data was sourced from a summary. This means the data is the provider-level public data</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 been maintained.</p> <p>We explored this by considering how well the education provider supports learners to develop their professional practice and attitudes. We considered that the education provider was performing well in this area.</p>
Teaching Excellence Framework (TEF) award	N/A	Silver	2017	<p>The definition of a [Gold / Silver / Bronze] TEF award is "provision is of high quality, and significantly and consistently exceeds the baseline quality threshold expected of UK Higher Education."</p> <p>We explored this by considering how well the education provider developed and improved staff competencies and skills.</p>

Learner satisfaction	75.8%	78.6%	2022	<p>This NSS data was a summary. This means the data is the provider-level public data</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 been maintained.</p> <p>We explored this by reviewing the education provider's support for learners on the HCPC-approved programmes, and by considering their reflection on learner feedback.</p>
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Section 3: Performance analysis and quality themes

Portfolio submission

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

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

Quality themes identified for further exploration

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

Quality theme 1 – maintenance of placement capacity in paramedic provision

Area for further exploration: The education provider submitted reflections on how they ensured there were sufficient capacity in practice-based learning across their HCPC-approved programmes. We noted as part of this, they regarded placement

capacity for paramedic science as “an ongoing concern”. They did not identify any similar concerns for any of their other programmes. In the portfolio, they highlighted two key areas of development. These were the work of the Placement Learning Support Unit (PLSU) to develop new and innovative placements, and the programme team’s efforts to expand non-ambulance placements.

We noted that these efforts indicated serious engagement with the need to maintain appropriate capacity in practice-based learning. However, the education provider had not reflected in enough detail on two areas in relation to:

- what modelling was used to ensure ongoing capacity for paramedic placement; and
- how would they maintained consistency in learner access to non-ambulance placements

Without appropriate reflection, we were unable to determine whether the paramedic programme had mechanisms in place to maintain sufficient high-quality capacity of both ambulance and non-ambulance placements.

The visitors therefore sought more detailed reflection on what models were used by the PLSU to forecast future placement needs for the paramedic programme. We also requested information about how consistent access to non-ambulance placement would be provided for all learners. The education provider needs to reflect on these areas to ensure ongoing appropriate modelling of placement need.

Quality activities agreed to explore theme further: We determined that a virtual meeting between the HCPC team and the education provider would be the best approach. This was because we considered that a dialogue with space for follow-up questions and clarifications would be the most effective way to explore the relevant issues.

Outcomes of exploration: In the virtual meeting, the education provider stated the PLSU used the same model across all their HCPC-approved provision. The model considered individual programme requirements, numbers of learners, and the duration of placement required. In addition, there was consultation and co-operation with other education providers in the region, to make best use of available capacity. With regard to the paramedic programme, the model made use of regional data about vacancies, workforce numbers and learner numbers in other institutions. We considered that this approach should be effective in ensuring appropriate placement capacity for all paramedic learners at the education provider in the future.

Regarding equity and monitoring of the non-ambulance placements, we were given robust assurances by the education provider there was an ongoing process of reflection and review. This included reviewing the learner and practice educator feedback and the regular audits of practice-based learning. They education provider also noted that there had been internal discussions about alignment of clinical placement with the needs of the programme. We were satisfied by their approach because it showed that the education provider had reflected well on the best way to ensure continuing access to high quality non-ambulance placements for all learners.

Overall, we concluded that the education provider had provided thorough and appropriate responses. The additional information communicated through the quality activity demonstrated that they would be able to manage existing capacity and develop new capacity in an appropriate and effective way.

Quality theme 2 – detail of plans to develop interprofessional education

Area for further exploration: The education provider's portfolio set out their plans to enhance their interprofessional education (IPE). One of the key enhancements was the recruitment of a faculty-level IPE lead. However, we did not receive information setting out a clear timeline for the recruitment of the IPE lead, or any detail of how the quality and effectiveness of the planned enhancements would be assessed. We were therefore unable to determine whether the education provider's approach to IPE would continue to be effective in the medium-term.

The visitors therefore sought additional reflections from the education provider about their IPE recruitment and the monitoring of the enhancements. These include providing more sessions of IPE and providing a wider range of opportunities. It is important for the education provider to show how the changes to the IPE would be effectively led and managed. With clarity about these issues, they would be able to be satisfied that the education provider's continuing ability to plan and develop IPE.

Quality activities agreed to explore theme further: We determined that a virtual meeting between the HCPC team and the education provider would be the best approach. This was because we considered that a dialogue with space for follow-up questions and clarifications would be the most effective way to explore the relevant issues.

Outcomes of exploration: In the virtual meeting the education provider stated that the IPE lead role had been filled and would be in place for the start of the 2023-24 academic year. With regard to the enhancements, the education provider confirmed these would be put into place during 2023-24. The IPE lead would have responsibility for their implementation, and there would be a review after one year, overseen by the faculty. The criteria by which the implementation would be assessed had already been defined within the portfolio and reviewed by the visitors.

Based on this additional information, we agreed the education provider was performing well. They had clear mechanisms in place to continue developing and monitoring the quality of their IPE.

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 education provider's reflections suggested they were financially committed to continue resourcing their programmes, staff, learners, and facilities. Their reflections were focused on challenges in relation to staffing and simulation resources. They have had challenges recruiting and retaining quality HCPC registered staff. Staffing resources have also been further stretched by enrolled learners staying on the programme for longer than anticipated.. To address this issue, they aim to focus on recruitment of registrants and those with clinical experience rather than focusing on PhD holders.
 - They reflected on the increased demand on shared simulation-based learning resources amongst different programmes. They provided a detailed explanation about how they adapted to meet the needs of all programmes with discipline appropriate equipment. They implemented changes which resulted in flexibility of working practices which helped to address challenges created by the increased demand.
 - We considered that this was very strong reflection, with clear identification of a wide range of challenges across the HCPC-approved provision, and explanations of what mechanisms were used to address those challenges. The education provider had noted in the portfolio their future plans for ensuring sustainability of the provision. We agreed the education is performing well in the area.
- **Partnerships with other organisations –**
 - The education provider reflected on how the partnerships had been used to maintain the quality and effectiveness of their programmes. For example, they negotiated with the North West Ambulance Service to increase placement capacity and worked with the NWS Steering Group on diversity to achieve a more diverse learner body. Train The Trainer workshops were made available to practice educators involved in the biomedical science programmes. For the practitioner psychology programmes, meetings between learners, programme staff and practice educators took place three times per term. These meetings were used to identify and address issues that arose.
 - Their reflections showed they had different methods to engage with different partners depending on the subject area and requirements. For example, their engagement with the NWS was maintained at both strategic and operation levels for their paramedic programme. Their practitioner psychology programmes required engagement with placement providers at individual levels via defined agreements.
 - We considered this was appropriate and detailed reflection. Specific examples were given of the education provider working closely with relevant organisations and using partnerships to deliver defined

improvements and developments. We therefore concluded the education provider is performing well in this area.

- **Academic and placement quality –**
 - The education provider reflected on some specific examples of how quality monitoring worked, and how information gained through quality monitoring was acted upon. An important component of the education provider's internal monitoring is Periodic Programme Review (PPR). This occurs every five years. Several examples were given of how the PPRs were used to drive improvement. For instance, on the paramedic programme, learners had raised concerns about IT. On the sport and exercise psychology programme concerns were identified with workload and programme structure. In prescribing, measures were put in place to ensure an adequate number of professionally appropriate staff. All these concerns were addressed.
 - We agreed the education is performing well in the area. This was because “relevant appropriate national benchmarks and/or standards are used to assure the quality of programme provision” and improvement plans have been put in place where necessary.
- **Interprofessional education –**
 - The education provider reflected on what had been achieved through the different approaches to interprofessional education (IPE). They noted, for example, that paramedic learners had IPE events with police officers and social workers and others in hospital and non-hospital settings. These events were evaluated via learner feedback. In biomedical science IPE is delivered mostly through multi-disciplinary working in clinical placement, and the education provider referred to feedback on these activities which showed that they were seeking to understand its effectiveness.
 - We considered that performance in this area was mostly good. They noted there was a plan to check enhancements took place as planned, especially around staffing and increasing participation. The education provider was aiming to recruit an IPE lead. However, the timescale of these improvements was unclear.
 - We therefore wished to explore through quality activity the timescales for IPE. The visitors were satisfied with the timescales for recruitment and the enhancements described in the education provider's response to quality activity 2.
- **Service users and carers –**
 - The education provider's reflection on how they used service users and carers was detailed. For example, service users on the paramedic programme were able to help the learners understand the importance of good interpersonal skills. In health psychology and sport and exercise psychology, learners are required to show that they had sought input from service users on their attitude and interaction. The education provider demonstrated that they had clear and appropriate mechanisms for developing and improving these aspects.
 - We agreed the education provider is performing well in the area. We noted that the education provider understood the varying requirements of service user involvement across their provision. We also recognised the education provider's effective use of the Professional, Statutory and

Regulatory Bodies Oversight Panel, which ensures input from professional bodies into service user involvement. The service user expert advisor did flag they would like to clarify with the education provider how they would monitor individual programme's progress with incorporating the new service user-related HCPC standards of proficiency. The education provider stated that there would be an internal review of the relevant process as part of the overall quality monitoring of service user involvement and we considered this was an appropriate approach.

- **Equality and diversity –**
 - The education provider reflected in detail on its mechanisms for monitoring equality and diversity on the HCPC programme, and the issues identified. For example, they were aware of a lack of ethnic diversity on the paramedic programmes, and there was a plan in place to address this. Also noted were the education provider's flexible approach to programme structure on the practitioner psychologist programmes. The aim of this flexibility was to make the programmes as accessible as possible to a wide range of learners. For biomedical science, the portfolio reflected on how the education provider had used data to get a good sense of the demographic profile of learners.
 - We agreed the education is performing well in the area. The education provider was clearly engaged with the need to continuously monitor and improve its approach to equality and diversity issues and had specific plans in place to address problems.
- **Horizon scanning –**
 - The portfolio contained evidence of substantial reflection on how to ensure strong performance in the future. Horizon scanning is embedded in all programmes. For example, staff have regular time away from their routine work to discuss upcoming issues, and to review developments in the professional or regulatory environment. This was done recently for the changes in HCPC standards of proficiency (SOPs) and to College of Paramedics (COP) curriculum guidelines. For the practitioner psychology programmes, analysis of the job market has been undertaken.
 - We considered that performance in this area was good. This was because for every part of their HCPC provision, the education provider was considering relevant changes and developments and making specific plans to meet the challenges.

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 visitors considered that the education provider had strong procedures in place across the board, but particularly with regard to EDI monitoring, horizon scanning and quality monitoring.

Quality theme: Thematic reflection

Findings of the assessment panel:

- **Impact of COVID-19 –**
 - The education provider had undertaken detailed reflection on their response to the pandemic, including a consideration of which mitigations could continue to be adopted. For example, they noted that improvements in communication, and a much greater use of various virtual learning tools, would be part of their provision in the future. They also stated that assessment regulations and tools had been adapted to ensure that learners were not unfairly disadvantaged.
 - We considered that performance in this area was good, since impacts of COVID-19 had been appropriately handled. We considered that a range of appropriate strategies had been implemented. We noted too the education provider's ability to use learners in service delivery where appropriate and clinically necessary.
- **Use of technology: Changing learning, teaching and assessment methods –**
 - The key theme of reflection in this area was the education provider's use of technology to overcome the challenges of the COVID-19 pandemic. As well as the increased use of virtual learning noted above, the education provider also outlined their strategies for maintaining cohort identity and maintaining learner's morale, at a time when some learners were physically isolated. There was also some reflection on how confidence in using technology had been developed among both staff and learners. The portfolio noted also that the education provider was engaged in continuous review of technology use and was aware of the need to balance in-person and virtual learning.
 - We considered that performance in this area was good. The education provider had a proactive attitude to developments in this area and had reflected transparently.
- **Apprenticeships –**
 - The education provider delivers one apprenticeship in its HCPC provision, the Healthcare Science Practitioner (Biomedical Science) programme. However, due to various factors, notably low enrolment and relatively high costs, this programme is now closed to further learners and will be taught out. The education provider reflected on the reasons for this and supplied details of how the resources currently being used to deliver this programme will be redistributed to the rest of the biomedical science provision as possible and appropriate.
 - We considered that performance in this area was good. We noted the realistic attitude taken by the provider in closing the programme, and also the commitment to supporting existing learners.

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 visitors considered that the virtual meet-up adopted by the ProfD Health Psychology to maintain cohort morale was a strong innovation.

Quality theme: Sector body assessment reflection

Findings of the assessment panel:

- **Assessments against the UK Quality Code for Higher Education –**
 - The education provider noted that they had not been review according to the UK Quality Code for Higher Education (QCHE) during the review period. However, they stated that a QCHE review did take place in 2016 and that the recommendations had been incorporated into relevant action plans.
 - We considered that this was a reasonable response and did not consider there was any need for further exploration.
- **Assessment of practice education providers by external bodies –**
 - The education provider reflected on how external bodies were involved in their provision. For example, they identified the Care Inspectorate Wales, the Care Quality Commission (in England) and The Regulation and Quality Improvement Authority (in Northern Ireland). All these bodies have relationships with the education provider through their oversight of placement settings used by the education provider.
 - The portfolio included the example of a Care Quality Commission (CQC) inspection of NWS. The conclusions of the CQC report and the implications for paramedic learners are discussed in detail. In other areas such as practitioner psychology the portfolio outlines how the education provider uses input from the CQC to ensure appropriateness of placements.
 - We considered that performance in this area was good, as there was clear evidence of engagement with relevant and appropriate bodies, and of action taken in response to their findings.
- **Office for Students monitoring –**
 - The education provider's reflection noted that they had not had direct monitoring during the review period. However, they have considered the Office for Students' (OFS) revised quality and standards conditions of registration in their own internal quality standards. They noted the specific amendments in the portfolio, including updates to grade descriptors and re-organisation of committee structures.
 - We considered that performance in this area was good. We saw evidence of clear engagement with the OFS, and a constructive response to OFS updates.
- **Other professional regulators / professional bodies –**
 - The education provider reflected on how they had worked with professional bodies and other regulators to ensure ongoing programme suitability. For example, they noted how the College of Paramedics (COP) had fed into changes to their Practice Educator Handbook. The COP was also going to be invited to endorse the paramedic provision during the next two years. The Institute of Biomedical Science (IBMS) had suggested changes to some teaching activities, and their suggestions had been considered. Similarly, the portfolio noted that the

IBMS had commended the education provider for strong collaboration with practice partners.

- We considered that performance in this area was good. We were satisfied that the education provider was closely in touch with professional and regulatory requirements and had clear mechanisms for taking relevant action.

Risks identified which may impact on performance: None.

Outstanding issues for follow up: None.

Quality theme: Profession specific reflection

Findings of the assessment panel:

- **Curriculum development –**
 - The portfolio contained substantial reflection on the mechanisms for continuing curriculum development. One of these was feedback from learners. External examiners are also invited to give their views on what developments might be necessary / appropriate, and five yearly Periodic Programme Reviews (PPR) are used to thoroughly review programmes. The Professional Doctorate in Health Psychology has recently gone through a PPR. Detailed examples were given of how specific programmes have changed in response to various forms of development impetus. Most of these are related to changes to the HCPC standards of proficiency (SOPs).
 - We considered that performance in this area was good. All the relevant curriculums have been reviewed in detail to align them with the SOPs. Timelines for this have provided as necessary.
- **Development to reflect changes in professional body guidance –**
 - The education provider reflected on changes made during the review period. For example, the College of Paramedic's initiative to create an Urgent and Emergency Care Recovery Plan resulted in a new module. This was called Paramedic Approach within an Integrated Urgent Care Service. Similarly, the Royal Pharmaceutical Society's updated Competency Framework was incorporated into the prescribing programme. The Institute for Biomedical Science changed its guidelines on virtual assessment in response to COVID-19, and the education provider incorporated these new guidelines.
 - We agreed the education is performing well in the area.. We saw clear evidence of the education provider reflecting on relevant changes and implementing them in a timely fashion.
- **Capacity of practice-based learning –**
 - The portfolio contained substantial reflection on the challenges and opportunities in this area. The practitioner psychology and biomedical science programmes had minimal issues with placing learners, but the education provider identified challenges around capacity for the paramedic programme. There were measures in place to try and mitigate the difficulties here, focused on the Placement Learning Support Unit (PLSU). The PLSU is a faculty-level body with a remit to identify new placements and to maintain existing placements.

- The education provider also reflected on their ongoing attempts to expand non-ambulance placements for paramedic learners. They had taken a lot of steps in this area. They had reached out to local partners with appropriate settings and to contacts in primary health and similar areas.
- We considered that the education provider was mostly performing well in this area. It was clear that they were closely monitoring placement availability and had mechanisms available to develop more capacity where necessary. However, it was not clear how the education provider was modelling future need. Additionally, we decided to explore how they would ensure that all learners had good access to high quality non-ambulance placements. We therefore used quality activity to explore this area, in to ensure full understanding of how the education provider responded to capacity challenges.
- The outcome of this quality activity was that we agreed the education is performing well in the 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: The education provider engages strongly and consistently with local stakeholders in order to deliver appropriate capacity in practice-based learning.

Quality theme: Stakeholder feedback and actions

Findings of the assessment panel:

- **Learners –**
 - The education provider reflected on how they had responded to learner feedback. They gave examples, including the paramedic learners' request for more teaching on trauma and the prescribing learners' concerns about assessment load. Biomedical science learners had requested better preparation for some clinical placements. The education provider's staff were not always able to make the changes requested, but in such situations, they did explain their decisions.
 - The visitors considered that the portfolio had provided some good reflection. However, they did not see evidence regarding whether and how the education provider had reflected on learner complaints involving external bodies, such as the Office of the Independent Adjudicator (OIA). In discussion with the education provider, the visitors were informed that no such complaints had been received regarding their HCPC-approved provision during the review period.
 - Considering this clarification, we considered that performance was good. This was because there was strong and consistent reflection for the whole provision, with clear mechanisms to identify issues and potential issues.
- **Practice placement educators –**
 - The portfolio contained substantial reflection on how practice placement educators were enabled to feed back to the programme. For example, on the paramedic programme, feedback mechanisms had revealed some communication difficulties between learners, practice educators and the

education provider. These were being addressed. Input from practice educators had also been used to review arrangements for termly liaison between learners, practice educators and programme staff elsewhere in the provision. Potential improvements had been identified for communication with practice educators on the Professional Doctorate in Health Psychology. The proposed Professional Doctorate Stakeholder Representative Engagement Group would be used to enable this.

- We considered that performance in this area was good. This was because the education provider was proactively engaged with seeking the views of practice educators and had clear mechanisms for putting feedback into action where appropriate.
- **External examiners –**
 - The reflections in this area was relatively brief but the education provider gave a summary of feedback received from external examiners across the HCPC-approved provision. This was broadly positive. Assessment, programme structure, learner support and links with placement providers were praised by external examiners. More granular information was also provided about how individual programmes had changed in response to external examiner feedback.
 - We considered that this reflection was useful, but we also considered that it would be useful to get a clearer understanding of the general themes emerging in external examiner reports. In response to a request for clarification the education provider submitted external examiner reports. Although these are not strictly necessary in performance review, they did enable us to be satisfied that the portfolio gave an accurate and comprehensive view. We were therefore satisfied that performance was good.

Risks identified which may impact on performance: None.

Outstanding issues for follow up: None.

Data and reflections

Findings of the assessment panel: The visitors review the data provided as part of their consideration of the portfolio. Their review did not highlight any issues needing further exploration.

- **Learner non continuation:**
 - The learner non-continuation rate is at the benchmark level of 3% across the education provider's provision. Our review found that this learners on the HCPC provision were being well-supported to continue the programme.
- **Outcomes for those who complete programmes:**
 - The education provider was performing significantly above average in programme completion rates. Alongside this data point our review found that learners were being well-prepared for professional practice and that the education provider was willing and able to reflect closely on their approach.
- **Teaching quality:**

- The education provider's Silver award in the Teaching Excellence Framework indicates a good level of teaching across the board. We considered that they were performing well in terms of the staff expertise and knowledge available to the HCPC-approved provision.
- **Learner satisfaction:**
 - The education provider's National Student Survey (NSS) score in this area was significantly above benchmark. Coupled with their detailed reflection on learner feedback and learner involvement, we considered that they were performing well in this area.
- **Programme level data:**
 - We did not consider that there were any specific issues around this area. We did not see any programme-level data through the portfolio that raised concerns around any issues.

Risks identified which may impact on performance: None.

Outstanding issues for follow up: None.

Section 5: Issues identified for further review

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

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

Section 6: Decision on performance review outcomes

Assessment panel recommendation

Based on the findings detailed in section 4, the visitors recommend to the Education and Training Committee that the education provider's next engagement with the performance review process should be in the 2027-28 academic year

Reason for this recommendation: The education provider submitted a strong portfolio with sustained in-depth reflection across all areas. There were no issues with the sustainability of any of their HCPC-approved provision. There are no large-scale ongoing projects or changes to the provision of which we need to monitor the outcome. Across the board the education provider was performing well, and they have co-operated closely and appropriately with the performance review process.

Appendix 1 – list of open programmes at this institution

Name	Mode of study	Profession	Modality	Annotation	First intake date
BSc (Hons) Applied Biomedical Science	FT (Full time)	Biomedical scientist			01/09/2007
BSc (Hons) Healthcare Science Practitioner (Biomedical Science) Degree Apprenticeship	WBL (Work based learning)	Biomedical scientist			01/09/2017
BSc (Hons) Paramedic Science	FT (Full time)	Paramedic			01/09/2018
Diploma of Higher Education Paramedic Practice	FT (Full time)	Paramedic			01/09/2009
Professional Doctorate in Health Psychology	FT (Full time)	Practitioner psychologist	Health psychologist		01/04/2017
Professional Doctorate in Health Psychology	PT (Part time)	Practitioner psychologist	Health psychologist		01/04/2017
Professional Doctorate in Sport and Exercise Psychology	FT (Full time)	Practitioner psychologist	Sports and exercise psychologist		01/04/2017
Professional Doctorate in Sport and Exercise Psychology	PT (Part time)	Practitioner psychologist	Sports and exercise psychologist		01/04/2017
Independent & Supplementary Prescribing (NMP) (Level 7)	PT (Part time)			Supplementary prescribing; Independent prescribing	01/02/2014
Non-Medical Prescribing (Level 7)	PT (Part time)			Supplementary prescribing	01/05/2011