Performance review process report

University of Leicester, 2018-2022

Executive summary

This is a report of the process to review the performance of University of Leicester. 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 our institution level standards
- 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

Through this assessment, we have noted:
- The areas we explored focused on:
  - work to gather the views of stakeholders regarding both the direct entry and apprenticeship operating department practice programmes. Both programmes are viable.
  - improvements using their academic and practice quality mechanisms.
  - service users and carers were fully involved at the education provider.
  - steps to ensure applicants are made more aware of what the operating department practitioner role entails
- The provider should next engage with monitoring in five years, the 2027-28 academic year, because:
  - They engaged with a range of stakeholders with quality assurance and enhancement in mind.
  - They engaged with three professional bodies and considered professional body findings in improving their provision.
  - They considered sector and professional development in a structured way
  - Data for the education provider is available through key external sources.
  - 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

Previous consideration	Not applicable. This performance review was not referred from another process.
Decision	The Education and Training Committee (Panel) is asked to decide: • when the education provider's next engagement with the performance review process should be
Next steps	Outline next steps / future case work with the provider: • Subject to the Panel's decision, the provider's next performance review will be in the 2027-28 academic year

Included within this report

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:

Julie Weir	Lead visitor, Operating Department Practitioner
Jo Jackson	Lead visitor, Physiotherapist
Manoj Mistry	Service User Expert Advisor
John Archibald	Education Quality Officer

Section 2: About the education provider

The education provider context

The education provider currently delivers four HCPC-approved programmes across three professions. It is a higher education institution and has been running HCPC approved programmes since 1995.

For the review period the education provider had run physiotherapy, operating department practice and clinical psychology programmes. The physiotherapy and operating department practice programmes sit in the School of Healthcare, and the clinical psychology programme sits in the School of Psychology.

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	Operating Department Practitioner	☒Undergraduate	☐Postgraduate	2016
	Physiotherapist	☒Undergraduate	☐Postgraduate	2018
	Practitioner psychologist	☐Undergraduate	☒Postgraduate	1995

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	Commentary

Total intended learner numbers compared to total enrolment numbers	171	171	2022	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. The education provider is recruiting learners at the benchmark. We explored this by reviewing whether the programmes remained sustainable. We did not need to assess it further.
Learners – Aggregation of percentage not continuing	3%	6%	2019-2020	This Higher Education Statistics Agency (HESA) data was sourced from a data delivery. This means the data is a bespoke HESA data return, filtered bases on HCPC-related subjects. The data point is above the benchmark, which suggests the provider is performing below sector norms. When compared to the previous year's data point, the education provider's performance has improved by 2%. We explored this by reviewing the information

				provided by the education provider. As detailed in quality theme 4, the education provider had identified reasons for non-continuation, and had put interventions, such as highlighting the role of operating department practitioners, in place to improve. The visitors were satisfied with the education provider's response and had no further queries.
Graduates – Aggregation of percentage in employment / further study	94%	100%	2019-2020	This HESA data was sourced from a data delivery. This means the data is a bespoke HESA data return, filtered bases on HCPC-related subjects. The data point is above the benchmark, which suggests the provider is performing above sector norms. When compared to the previous year's data point, the education provider's performance has improved by 6%. We did not explore this as the education provider is performing above sector norms.
Teaching Excellence Framework (TEF) award	n/a	Silver	June 2017	The definition of a Silver TEF award is "Provision is of high quality, and significantly and consistently exceeds the baseline quality threshold expected of UK Higher Education." We explored this by reviewing whether teaching is

				of high quality. We did not need to assess it further.
National Student Survey (NSS) overall satisfaction score (Q27)	76.3%	75.3%	2022	This NSS data was sourced at the summary. This means the data is the provider-level public data. The data point is below the benchmark, which suggests the provider is performing below sector norms. When compared to the previous year's data point, the education provider's performance has dropped by 20%. The previous year's data point was sourced at subject level. We explored this by reviewing whether there were factors which would affect learners' satisfaction. We were able to see from recently received data from NSS the data point was above the benchmark. This suggests the provider is now performing above sector norms. We did not need to explore it further.

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.

Performance data

We also considered intelligence from others as follows:
- NHS England, formerly HEE (Health Education England) Midlands, informed us of pressures related to the availability of practice-based learning in the Midlands.

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 – viability of direct entry operating department practice programme

Area for further exploration: The visitors were informed through the data, the education provider has recruited to the benchmark across all their programmes. We were also informed recruitment targets have not been met for the direct entry BSc (Hons) Operating Department Practice programme. The education provider informed us they have developed an apprenticeship programme to address this. However, the visitors were unclear whether the direct entry programme will remain viable if learner numbers are not improved, or whether the education provider would concentrate solely on the apprenticeship route. They were also unclear about the work the education provider has done to maintain the direct entry operating department practice programme. They therefore sought more information about this.

Quality activities agreed to explore theme further: We decided to explore this by requesting an email response from the education provider. We thought this was the most effective way to explore the theme as we decided it was a query to which we needed to clarify our understanding.

Outcomes of exploration: The education provider informed us the recruitment challenge for the direct entry programme has been caused by attracting learners from across the East Midlands to be based in hospitals other than those in Leicester. They added, due to the number of weeks learners spend in practice education, and the daily arrival times of 7.30am, it is not feasible for all learners to live in the education provider's accommodation in Leicester and travel up to 50 miles daily.

The education provider informed us the operating department practice degree apprenticeship programme is delivered in tandem with the direct entry programme. They stated learners on both programmes belong to the same cohort, attend the same academic sessions, and are subject to the same assessment processes. This was approved by the education provider to ensure the quality of graduate output from both programmes is the same. We were informed this approach ensures the viability of both programmes if numbers fluctuate between the two. We understood

the education provider considers the apprenticeship programme attracts local people who already live close to clinical partner sites. The education provider informed us practice education partners had been consulted about this approach and supported it.

The visitors understood the education provider may not recruit to the approved direct entry learner numbers. However, they considered the education provider ensures both operating department practitioner programmes are effectively resourced, and processes are in place, so the quality of programmes are maintained.

The visitors considered the education provider reflections and considered they had undertaken work to gather the views of stakeholders regarding both the direct entry and apprenticeship operating department practice programmes. They also considered both programmes are viable. The visitors were therefore satisfied with the education provider's response and had no further queries.

Quality theme 2 – academic and practice education quality mechanisms to drive improvements

Area for further exploration: The visitors recognise feedback mechanisms exist to monitor the quality of academic modules and practice-based learning, such as via programme Student Staff Committee (SSC) meetings which deal with any local issues raised by the learner representatives. However, the visitors did not get a sense of the work the education provider had done to ensure information received through these mechanisms drive improvements. The visitors therefore sought more information about this.

Quality activities agreed to explore theme further: We decided to explore this by requesting an email response from the education provider. We thought this was the most effective way to explore the theme as we decided it was a query to which we needed to clarify our understanding.

Outcomes of exploration: The education provider informed us they had received positive feedback from learners which had been raised at the SSC. For instance, one member of staff was signposting the intended learning outcomes of the sessions at the top of their PowerPoint slides. Learners appreciated this, and this was fed back to all staff through regular staff meetings so all staff could incorporate this strategy within their teaching. It has now subsequently been incorporated by all teaching staff. This is fed back to learners via Blackboard under a 'You said, we did' section.

We were informed for practice-based learning, assessment of quality has led to many improvements. For example, practice educator training was previously all online. Following feedback from practice educators, this is now split into pre-learning materials and a face-to-face follow-up. The education provider informed is this has led to increased practice education offers, as educators have stated they are better prepared to support learners as a result.

The visitors considered the education provider reflections and the improvements which had been made following their academic and practice quality mechanisms. The visitors were therefore satisfied with the education provider's response and had no further queries.

Quality theme 3 – involvement of service users and carers

Area for further exploration: The visitors noted service users are involved through two bodies. For the physiotherapy and operating department practice programmes, there is a Patient and Carer Group (PCG). The education provider recruited individuals to this group to support them with all aspects of programmes, such as programme design and development.

The visitors also noted there is a Service User Group (SURG) within the clinical psychology programme which involves and consults those with lived experience.

The visitors understood service users are asked to undertake specific tasks, rather than contributing more widely. They also noted there had been no newsletter from the PCG which informs readers about the work of the group since 2021. The visitors were unclear how the education provider reflects to measure the benefit of direct service user interaction or how service user feedback is gained and acted on. They sought more information about this.

Quality activities agreed to explore theme further: We decided to explore this by requesting an email response from the education provider. We thought this was the most effective way to explore the theme as we decided it was a query to which we needed to clarify our understanding.

Outcomes of exploration: The education provider informed us service users are actively involved within all programmes. For instance, service users are used within the operating department practice programme in teaching. The education provider informed us service user and carer involvement has been evaluated well by learners. They said it 'prepares them well for the reality of patients they will meet in the real world of placement'.

Learners on the clinical psychology programme had also fed back to SURG they had 'really valued' a 'Lived Experience' session. They wanted it to be continued on the timetable, as well as role-plays involving SURG members.

The visitors considered the education provider reflections and how the role service users and carers have at the education provider. The visitors were therefore satisfied with the education provider's response and had no further queries.

<u>Quality theme 4 – improving the operating department practice learner non-continuation rate</u>

Area for further exploration: The visitors noted most learners who fail to complete the operating department practice programme do so following learner-initiated withdrawal. We understood this makes up around 70-75% of all non-completers. The education provider informed us the major reason for withdrawal is that the role is one the learners no longer aspire to because it is not what they expected. The visitors were unsure what steps had been put in place to ensure applicants are made more aware of what the operating department practitioner role entails. The visitors sought more information about this.

Quality activities agreed to explore theme further: We decided to explore this by requesting an email response from the education provider. We thought this was the most effective way to explore the theme as we decided it was a query to which we needed to clarify our understanding.

Outcomes of exploration: The education provider informed us they had recently undertaken work to highlight the role of operating department practitioners. For instance, they updated programme webpages with information on the role of operating department practitioners. As part of the education provider's open day, attendees undertook a question-and-answer session to discuss the role. We recognised the education provider had also been involved in a national discussion with NHS England and the College of Operating Department Practitioners to raise awareness of the role nationally.

The visitors considered the education provider reflections and considered they had undertaken steps to ensure applicants are made more aware of what the operating department practitioner role entails. The visitors were therefore satisfied with the education provider's response and had no further queries.

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** –
  - Physiotherapy and operating department practice programmes had a high Staff Student Ratio (SSR). They increased the number of academic posts, and both have SSRs of 1:15 or less. The clinical psychology programme has a SSR of 1:9. This is within British Psychological Society (BPS) guidelines.
  - Learner numbers on the clinical psychology programme have increased. Attrition rates are low. There is a 98% completion rates for NHS-funded learners. The majority of these go on to be employed as NHS psychologists. In the most recent qualifying cohort, 100% took up NHS- or public sector-funded clinical psychology posts. Retention rates are high, with the vast majority employed within the Midlands post-qualification.
  - As detailed in [quality theme 1](#), the operating department practice degree apprenticeship programme is delivered in tandem with the direct entry programme. The education provider anticipates the apprenticeship programme to expand and become the primary recruitment method in the future. The apprenticeship programme enables the education provider to have contractual arrangements with local employers for a set number of apprenticeship learners. This has the impact of some financial stability for the education provider with guaranteed numbers.
  - We are satisfied how the education provider is performing relating to this area.
- **Partnerships with other organisations** –
  - The education provider works with many different organisations. All programmes work with partnership trusts. Regular meetings occur with all provider trusts, private, independent, and voluntary providers, and the Integrated Care Board. There are regular meetings with NHS England, including with the Clinical Placement stakeholder group and the Midlands AHP practice education steering group.
  - They work with regional education providers and NHS England to develop and expand practice education opportunities. They share best practice with other education providers to support development of similar practice education for their learners. The education provider makes connections with organisations to work towards creating further practice education opportunities. For instance, with the Cleveland Clinic in London who will provide physiotherapy practice education soon. They are also in the process of creating international practice education with hospitals in Zanzibar and Norway for physiotherapy learners.

- o We are satisfied how the education provider is performing relating to this area.
- **Academic and placement quality** –
    - o The overall framework for the management of academic quality and regulation is set out in the University's Senate Regulations, Codes of Practice and Policies. This applies to all programmes. Programmes have numerous mechanisms by which they assess, monitor, and address academic and practice education quality.
    - o During Covid-19, learners fed back that they wanted to have face-to-face teaching and were negative towards online activity. A hybrid approach was adopted, with learners having face-to-face teaching for essential practical skills alongside online teaching for other non-practical content. From September 2021 a 'Living with Covid-19' approach was taken. This led to a full return to face-to-face teaching for all elements of programmes.
    - o During and following Covid-19 restrictions the education provider found ensuring the quality of academic experience for learners was challenging. Onsite practice education visits were not permitted so audits and evaluations were moved online. The education provider has streamlined some audit and quality processes, and this has allowed them to capture up to date, learner and practice provider feedback via My Knowledge Map, their online assessment platform.
    - o Practice education audit processes, evaluations and feedback have been reviewed and updated since Covid-19. A Placements Committee has been established to review all practice education processes and to look at potential developments.
    - o As detailed in quality theme 2, the education provider had received positive feedback from learners which had been raised at the SSC. This feedback had now been incorporated by all teaching staff.
    - o We are satisfied how the education provider is performing relating to this area.
- **Interprofessional education (IPE)** –
    - o The education provider found challenges with respect to IPE, such as the alignment of timetables, and ensuring adequate resources are allocated to the activity. There are opportunities throughout all programmes for IPE. For example, year one physiotherapy and operating department practice learners are involved in an IPE workshop. This considers the patient journey, and includes nursing, midwifery, medical and pharmacy learners. These events are delivered between the education provider and De Montfort University. The education provider informed us they are 'very well received' by learners.
    - o Clinical psychology learners work with, and are taught by, diverse professionals to learn and develop their practice. As part of research training, they are expected to participate in an annual multi-professional research seminar. Final year learners also organise and

host an annual research conference open to all local health care learners and staff. Learners organise and host a Psychology Cultures seminar. This is multi-professional in focus and open to all health care learners. The clinical psychology programme also hosts an annual multi-professional Global Mental Health seminar exploring how distress is constructed across cultures and disciplines.

- o A cross-programme and -school working party has been set up to increase IPE activity has been set up. The group is moving away from large IPE activities which are contrived to incorporate all professions, to more bespoke IPE. The education provider stated these involve professional groups working and learning together which better reflects reality. The schools have created an IPE Committee. This ensures IPE events can be regularly reviewed for currency and timetabled well in advance to ensure all appropriate learner groups can participate.
- o We are satisfied how the education provider is performing relating to this area.

- **Service users and carers** –
  - o As detailed in [quality theme 3](), service users are actively involved within all programmes. Their involvement has been evaluated as a positive input. For example, a service user event was held for year 1 physiotherapy learners within the Clinical Skills: Introducing Practice 1 module. Several service users with various past medical history were invited for learners to practice their verbal assessment skills on. The education provider stated this was well-received both from learners and service users.
  - o Schools are allocated a budget to enable active and meaningful engagement with service users in all processes.
  - o We are satisfied how the education provider is performing relating to this area.

- **Equality and diversity** –
  - o The education provider's equality, diversity, and inclusion (EDI) agenda is supported by an EDI committee within the School of Healthcare. They have responsibility to implement change. This committee has representatives from all programmes in the school. The committee Chair is working on a national midwifery toolkit to support curriculum decolonisation. Learning from this will be used to review all curricula. The EDI committee has introduced several initiatives, such as Active Bystander workshops to raise awareness of unconscious bias, and the creation of a virtual learning environment to share resources to promote a more inclusive curriculum.
  - o The clinical psychology programme has a Diversity, Race and Culture Group (DRCG). This group works to ensure learners are skilled to serve the diverse population clinical psychologists work with. They also work towards ensuring consideration of anti-discriminatory practice is embedded in all aspects of training. They have recently been successful in achieving funding to develop anti-racism initiatives within

training and our local NHS services, and to set up a mentoring scheme for aspiring clinical psychologists from racial minority groups within the UK.
- o An expert on anti-racism delivered a day's anti-racism training to programme staff. This was followed up by a 'train the trainers' day, and four consultations that considered whiteness and anti-racism in relation to specific aspects of course delivery. The training was well received. Programme staff will continue to attend anti-racism sessions and will be continuing to discuss learning points within team meetings. Action points will be carried forward by relevant committees.
- o We are satisfied how the education provider is performing relating to this area.
- **Horizon scanning** –
  - o The education provider sees the current challenge is provided by the NHS environment in terms of large-scale vacancies, a stressed workforce, and no foreseeable change with respect to this. They wanted to expand the number of undergraduate learners. This cannot be delivered due to the lack of practice education opportunities. Low morale within the NHS means learners experience negative attitudes, which impacts on their desire to remain in role. As NHS staff focus their efforts on providing patient care the quality of practice education may also diminish.
  - o The physiotherapy team have secured funding from NHS England to set up a learner-led clinic. Patients requiring physiotherapy services may self-refer to the clinics or be recommend to it by their GP. Many learners are available to provide care and advice under close supervision. This model will provide quicker access to physiotherapy services for patients in primary care in Leicester and enable the programme to expand its numbers by a third.
  - o The education provider is converting its research building, the Robert Kilpatrick Clinical Sciences Building, to a clinical teaching space. Consequently, increased capacity is planned for simulation training over the next two years. The education provider recognises the use of simulation is becoming increasingly popular.
  - o We are satisfied how the education provider is performing relating to this area.

Risks identified which may impact on performance: None

Outstanding issues for follow up: None

<u>Quality theme: Thematic reflection</u>

Findings of the assessment panel:
- **Embedding the revised Standards of Proficiency (SOPs) –**
    - The education provider is confident the programmes fully meet the new SOPs. They consider the design of the programmes includes much of the revised SOPs in the learning outcomes. The visitors were confident the education provider has considered and made changes linked to the key themes and will deliver revised SOPs to learners from September 2023.
    - The education provider has undertaken a variety of work to ensure the revised SOPs are embedded. For example, for equality, diversity and inclusion, the operating department practice provision has introduced a session on Gender Identity. This takes an impartial non-judgemental view of different identities related to healthcare.
    - We are satisfied how the education provider is performing relating to this area.
- **Impact of COVID-19 –**
    - During and following Covid-19, all programmes were affected, and the education provider stated ensuring the quality of academic experience for learners was challenging.
    - The operating department practice provision was suspended from March 2020 for six months to allow issues in practice education to be solved. Learners returned to practice education and academic teaching recommenced in September 2020.
    - Physiotherapy practice education was cancelled at the start of the first lockdown.
    - Teaching took place online. Programme teaching was partly online and partly face to face. This blended approach has continued. The education provider frontloads all face-to-face seminars, practicals and tutorials with interactive pre-recorded content. Learners can go through the material at their own pace, in their own time and can revisit elements as many times as they require, before coming into the face-to-face teaching. Assessments were adapted to account for working online, and to respond to potential constraints of practice education.
    - Support for learners also moved online. Practice education visits were moved to online.
    - All learners graduated as planned with no delays as result of Covid-19. The education provider's response to Covid-19 gained positive feedback from learners.
    - We are satisfied how the education provider is performing relating to this area.
- **Use of technology: Changing learning, teaching and assessment methods –**
    - Covid-19 impacted significantly on the delivery of the provision. The education provider had to adapt teaching styles and delivery of their

programmes. For example, they introduced the use of Apple pens with the iPad and Notability to be used during admissions interviews and OSCEs. This has also helped with feedback to learners being available in a timely and accessible format.

- o The education provider stated there have been successes demonstrating the uses of technology. For example, the need to learn about new and different technologies such as Blackboard Collaborate, Zoom and MS Teams has led to staff being more open to digital innovation. This culture change, alongside suggestions from our external examiner, has led to the physiotherapy programme being nearly 90% paperless.
- o The education provider is currently reviewing the use of virtual reality in learning. They hope they can use this to enable learners to experience the clinical environment from the classroom. This will be useful for early experiences in programmes and for scenarios that are rare and a key part of learning during practice education.
- o We are satisfied how the education provider was performing relating to this area.
- **Apprenticeships** –
  - o The operating department practice degree apprenticeship programme was approved internally by the education provider and externally by HCPC. The first intake of learners started in September 2022.
  - o The provision within the School of Healthcare is being explored for further expansion. A University Lead has been appointed and they facilitated the process and assisted the implementation and expansion.
  - o The education provider is anticipating employers will increasingly use apprenticeship route for training operating department practitioners.
  - o We are satisfied how the education provider is performing relating to 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** –
  - o All programmes have been developed to meet the requirements of relevant national qualification frameworks. All programme teams work closely with the central education quality assurance team to ensure learners are reliably assessed.
  - o The education provider's central quality framework is mapped against best practice in the UK Quality Code. The education provider was last reviewed by the Quality Assurance Agency (QAA) in 2016 and met all core judgments. There have been no external reviews by either the

QAA or Office for Students (OfS) since this time. The continuing high NSS scores demonstrate the high-quality academic experience which programmes continue to provide.

- o The education provider is in the process of setting up external advisory panels for different programmes within the School of Healthcare. This is to ensure they obtain advice from external experts in line with QAA guidance.
- o We are satisfied how the education provider is performing relating to this area.

- **Assessment of practice education providers by external bodies** –
  - o The education provider has the mechanisms to consider assessment of practice education providers by external bodies. They assessed the Care Quality Commission ratings of all practice education providers which were available. They found there to be no concerns which require action.
  - o We are satisfied how the education provider is performing relating to this area.

- **Office for Students monitoring** –
  - o The education provider is an approved provider with the OfS. They meet all statutory reporting requirements with the OfS. No ongoing concerns have been raised because of these submissions. The education provider has not been subject to any enhanced monitoring requirements in relation to the ongoing conditions of registration.
  - o The education provider has an approved Access and Participation Plan and Student Protection Plan as required by the OfS.
  - o Following the publication of the new B conditions, the education provider undertook a mapping process to establish where provision was in place to ensure compliance with the B conditions, and where action may be required. Several actions are in process in response to specific points raised through the mapping.
  - o Most institutional data at all levels of delivery is above the threshold set by the OfS. The data at institutional level and those relating to healthcare related programmes at undergraduate and integrated Masters level are above OfS thresholds.
  - o Several staff members are Assessors for the OfS regarding the B conditions. The education provider considers this insight will allow them to continue to enhance their practice to ensure ongoing compliance with the conditions of registration.
  - o We are satisfied how the education provider is performing relating to this area.

- **Other professional regulators / professional bodies** –
  - o Both operating department practice and physiotherapy provision meet standards set by their professional representative bodies. The former is validated by the College of Operating Department Practitioners (CODP). The national curriculum is used to inform the local delivery and assessment processes. There is no regular review by the CODP.

The physiotherapy programme engages regularly with the Chartered Society of Physiotherapy (CSP). It completes the annual quality review required by the CSP. In the last report there were no actions given.
- o The clinical psychology programme received ongoing British Psychological Society (BPS) accreditation in 2018. The BPS accreditation panel did not set any conditions and made six commendations. They also identified five recommendations for further development.
- o We are satisfied how the education provider is performing relating to 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** –
  - o The education provider has updated the curriculum across its HCPC-approved provision.
  - o For example,
    - ▪ Physiotherapy incorporated teaching on mental health topics such as resilience, post-traumatic stress disorder, self-harm and suicide, and mental health physiotherapy.
    - ▪ Operating department practice carried out a major programme review. Some of the challenges addressed by the review included preparation for practice education, and the use of simulation. Key developments which came out of the review included plans to consolidate input looking at preparing learners for practice education, a review of the use of simulation and virtual reality in learning, and retiming of some assessment activity in year three.
    - ▪ The Doctorate in Clinical Psychology Curriculum committee take feedback, review, and plan the curriculum and its component modules. Full curriculum reviews are held annually. Curriculum review has prompted developments, such as introducing teaching sessions on whiteness and clinical psychology. The programme team continue to review the curriculum to ensure that that it can adequately cover issues.
  - o We are satisfied how the education provider is performing relating to this area.
- • **Development to reflect changes in professional body guidance** –
  - o The education provider has the means to consider, respond and implement changes in professional body guidance. For instance, the physiotherapy programme has reviewed and began to implement some

of the recommendations from the CSP KNOWBEST report. This report is related to the '**KNOW**owledge, **BE**haviours and **S**kills required of the modern physio**T**herapy graduate including the future role of practice-based learning'. In line with the recommendation that education providers have a digital / simulation lead roles to lead on the integration of simulation within the curriculum, the education provider has a physiotherapy staff member leading on the School of Healthcare Digital Innovation Committee. A simulation lead has also been appointed within the programme.

- o During Covid-19 the clinical psychology programme introduced changes following BPS guidance. For example, research training was developed after guidance on 'Ethics Best Practice on Conducting Research With Human Participants during Covid'.
- o We are satisfied how the education provider is performing relating to this area.

- **Capacity of practice-based learning** –
  - o Practice education capacity for physiotherapy was challenging pre-Covid-19. This was further impacted by some cancellations during Covid-19.
  - o The School of Healthcare continue to develop new opportunities. There are new agreements in place with Kettering, Northampton, and Peterborough trusts. They have developed a new practice education opportunity with the Cleveland Clinic, a private, not-for-profit provider. This will increase practice education capacity. A new car-hire scheme has allowed the education provider to explore expansion opportunities without the previous issues of how learners would access practice education.
  - o The physiotherapy programme has introduced new models of supervision, including 2:1, 3:1, modified Collaborative Learning in Practice and whole cohort practice education. They have secured NHS England funding to set up a learner-led clinic which has increased capacity by 25. Practice education learner numbers are discussed with practice partners on a regular basis.
  - o The clinical psychology programme has partnership agreements with Leicestershire Partnership NHS Trust (LPT) and Northamptonshire Healthcare NHS Foundation Trust (NHFT) which provide the practice education required by the programme. There are a small number of practice educators offering practice education for more than one learner, and some offer joint supervision.
  - o There is a dedicated practice education team to support practice providers and develop new opportunities.
  - o We are satisfied how the education provider is performing relating to 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** –
  - All programmes seek feedback in a variety of ways. For example, there is Module Examination System feedback, and learner year representatives, and monthly liaison meetings.
  - For example, learners on the clinical psychology programme fed back there was variability in discussions occurring within liaison meetings. These are now minuted by learners and made available to staff and at the monthly staff meeting. Another example is of timely feedback from assessment. In response, all learners are now given provisional feedback before the official University Feedback Charter of 21 working days. This gives learners additional time to reflect on performance and seek support. It is made clear to learners these are provisional marks that require ratification at panel and board. They are also informed they have received these earlier than the education provider guidelines state. Staff numbers have increased to ensure they are able to provide this to learners.
  - Learners also feed into major reviews of programmes. Learners are invited to engage with the Student Staff Committee (SSC).
  - There is a complaint policy. The School of Healthcare has received one informal and one formal complaint in the past two years. For example, there was a perceived reduction in learning and practice education due to Covid-19 lockdowns and the operating department practice programme being placed 'on hold' for six months. Learners asked for monetary compensation for the loss in learning time. Learning and practice education was reorganised at the beginning of the initial lockdown, so learners received the same amount of both. However, it was given in a condensed period so they could graduate as per the original planned dates. Learners were informed of the rationale for this approach.
  - We are satisfied how the education provider is performing relating to this area.
- **Practice placement educators** –
  - Feedback from practice educators can be provided in several ways. Practice educators and programme staff hold virtual meetings for halfway and final visits and submit feedback via My Knowledge Map. There are regular debriefing sessions with practice education providers. Programme staff attend local faculty and council meetings with practice education providers. This enhanced relationships with practice education providers so any questions, suggestions or

concerns can be addressed. Practice educators contribute to major reviews of programmes. An action plan was drawn up and feedback to the practice educators provided.

- o Practice educators are well-supported by programme staff.
- o Practice educators give both formal and informal feedback. They are represented at Committee-level where they can propose, consider, respond to and review developments within programmes.
- o Practice educators on the clinical psychology programme have fed back that the expansion of their clinical services which has occurred during, and post-Covid-19 means they have less time to give to the programme. The education provider retained on-line meetings to improve efficiency.
- o We are satisfied how the education provider is performing relating to this area.

- **External examiners** –
  - o External examiners input into all programmes at the education provider. The reports provide a clear way of seeing the external examiner's comments, and the actions the education provider has undertaken in response.
  - o External examiners provide positive comments. For instance, on the operating department practice programme, the external examiner stated: 'there have been some excellent results by the University of Leicester ODP students which is testament to the teaching and assessment standards set by the module team'.
  - o External examiners also provide comments about areas to developed. For example, for the clinical psychology programme, the external examiner stated academic leadership is 'an important concern when new assignments are developed'. The programme responded that programme staff had been informed they need to evidence any changes to assignments. This is so they are amenable to audit as well as being compliant with BPS and / or HCPC guidance, and any consultation undertaken with learners through the Assessment Committee.
  - o We are satisfied how the education provider is performing relating to this area.

Risks identified which may impact on performance: None

Outstanding issues for follow up: None

<u>Data and reflections</u>

Findings of the assessment panel:
- **Learner non continuation:**
  - The education provider has reflected on the reasons why learners who did not continue their studies. There were different reasons for this, such as physical health, and non-engagement with the programme.
  - The education provider ensures the interview process ensures they have checked potential candidates' understanding of the programme and the profession.
  - A formal exit interview helps support learners with their next steps and to gain feedback on the reasons for wanting to leave the programme. The education provider can respond to this feedback and put action points in place.
  - Most physiotherapy learners who fail to complete the programme do so following learner-initiated withdrawal. The education provider stated continuation rates are strong. Most operating department practice learners who fail to complete the programme do so following learner-initiated withdrawal.
  - As detailed in [quality theme 4](#), the education provider had undertaken work to highlight the role of operating department practitioners.
  - The clinical psychology programme has completion rates of 100% in the review period.
  - We are satisfied how the education provider is performing relating to this area.
- **Outcomes for those who complete programmes:**
  - The education provider stated there are no employment challenges for those seeking work on graduation. This is due to a buoyant employment market for graduates. They considered their employment figures are 100%. The difference between the education provider's data and the data reported is due to the timing of data collection.
  - We are satisfied how the education provider is performing relating to this area.
- **Teaching quality:**
  - The education provider stated they received a Silver award in 2017, and is confident they will maintain this in 2023.
  - They stated the data for School of Healthcare programmes reflects a Gold award. This is because of high NSS scores and low levels of attrition.
  - We are satisfied how the education provider is performing relating to this area.
- **Learner satisfaction:**
  - Since the physiotherapy programme was approved, there have been two NSS datasets. In 2021 the overall satisfaction score was 95.4% and in 2022 it was 85.7%. The programme had undergone significant changes as a new Head of Programme started at the beginning of

September 2021 and a new Head of School started in October 2021. Other staff members left, and there were larger than expected cohorts. Much of the period was run with a staff shortage which affected the level of support for learners. The education provider started this is reflected in the drop in NSS scores. They had undertaken work to improve communication with learners. For example, through the Staff Student Committee, increased staff response times, and clearer and more timely feedback of assessments.
   o The operating department practice programme has also worked to improve communication. It underwent a programme review where it listens to both learners and employers.
   o We are satisfied how the education provider is performing relating to this area.
- **Programme level data:**
   o The education provider stated the physiotherapy staff student ratio (SSR) was due to several factors: an increase in learners during Covid-19, a high number of learners transitioning through from the Foundation Year programme, and the loss of staff. There had been a decrease from the high levels of applications.
   o The operating department practice programme had seen the recruitment of 7 new members of staff and an overall increase of 5.4full time equivalent staff. This has led to an SSR of approximately 17:1.
   o The clinical psychology staff team is very stable. There were increased learner numbers during Covid-19. They have been able to recruit additional staff with an explicit brief for EDI.
   o We are satisfied how the education provider is performing relating to this area.

Risks identified which may impact on performance: None

Outstanding issues for follow up: None

Section 5: Issues identified for further review

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

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

Section 6: Decision on performance review outcomes

Assessment panel recommendation

Based on the findings detailed in section 4, the visitors recommend to the Education and Training Committee that:
- The education provider's next engagement with the performance review process should be in the 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, external examiners, practice educators, service user and carers, professional bodies, NHS England, Integrated Care Board, local NHS Trusts.
- External input into quality assurance and enhancement
  - The education provider engaged with three professional bodies. They considered professional body findings in improving their provision
  - The education provider engaged with BPS, CSP and CODP. They considered the findings of BPS, CSP and CODP 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

Appendix 1 – list of open programmes at this institution

Name	Mode of study	Profession	Modality	Annotation	First intake date
BSc (Hons) Operating Department Practice	FT (Full time)	Operating department practitioner			01/09/2016
Operating Department Practitioner (Integrated Degree)	WBL (Work based learning)	Operating department practitioner			01/04/2020
BSc (Hons) Physiotherapy	FT (Full time)	Physiotherapist			01/10/2018
Doctorate in Clinical Psychology (DClinPsy)	FT (Full time)	Practitioner psychologist	Clinical psychologist		01/01/1995
BSc (Hons) Diagnostic Radiography	FT (Full time)	Radiographer	Diagnostic radiographer		18/09/2023

Appendix 2 – 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 Leicester	CAS-01264-W5B2J9	Jo Jackson and Julie Weir	Five years	They engaged with a range of stakeholders with quality assurance and enhancement in mind. They engaged with three professional bodies and considered professional body findings in improving their provision.	n/a

				They considered sector and professional development in a structured way Data for the education provider is available through key external sources. 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	