
Performance review process report

University of Cumbria, 2021-25

Executive summary

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

We have:

- Reviewed the institution's portfolio submission against quality themes and found that we did not need to undertake further exploration of key themes through quality activities
- Recommended when the institution should next be reviewed
- Decided when the institution should next be reviewed

Through this assessment, we have noted:

- We considered we did not need to engage in any quality activity.
 - The education provider should next engage with monitoring in five years, the 2030-31 academic year, because:
 - The education provider engages with a range of stakeholders with quality assurance and enhancement in mind. Specific groups engaged by the education provider were service users, practice educators, learners, programme staff and institutional quality assurance teams.
 - The education provider engaged with all the relevant professional bodies. They considered professional body findings in improving their provision.
 - The education provider engaged with relevant professional and system regulator(s), including the Nursing & Midwifery Council, the Office for Students, the Office of the Independent Adjudicator for Higher Education and the Quality Assurance Agency. They considered the findings of other regulators in improving their provision.
 - The education provider considers sector and professional development in a structured way.
 - 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.
 - 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.
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- The education provider noted several ongoing enhancement projects which will impact on their provision during the coming academic years. We will need to review the impact of this when the provider can reflect on implementation, which will be in the 2030-31 academic year.
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Previous consideration N / A as this did not arise from a previous case.

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 2030-31 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:

John Donaghy	Lead visitor, Paramedic
Jane Day	Lead visitor, Therapeutic radiographer
Sarah McAnulty	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 twenty HCPC-approved programmes across four professions and including four Postgraduate Independent and Supplementary Prescribing programmes. It is a Higher Education Institution and has been running HCPC approved programmes since 1992.

The HCPC provision all sits within the Institute of Health (IoH).

There were no referrals from the previous performance review or other prior assessments.

The education provider had an occupational therapy apprenticeship approved in 2025. We are currently considering a physiotherapy apprenticeship, with a proposed start date of September 2027.

We undertook a focused review during the review period, to understand how the education provider has responded to issues with data.

We last undertook performance review with this education provider during 2021-22. We determined that a four year review period was most appropriate because there were certain developmental processes underway that we wished to review when the education provider had had an opportunity to embed them.

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 2](#) of this report.

	Practice area	Delivery level		Approved since
Pre-registration	Occupational therapy	☒ Undergraduate	☒ Postgraduate	2008

	Paramedic	☒ Undergraduate	☐ Postgraduate	2020
	Physiotherapist	☒ Undergraduate	☒ Postgraduate	2008
	Radiographer	☒ Undergraduate	☐ Postgraduate	1992
Post-registration	Independent Prescribing / Supplementary prescribing			2014

Institution performance data

Data is embedded into how we understand performance and risk. We capture data points in relation to provider performance, from a range of sources. We compare provider data points to benchmarks, and use this information to inform our risk based decisions about the approval and ongoing approval of institutions and programmes¹.

Data Point	Bench-mark	Value	Date of data point	Commentary
Learner number capacity	1941	2048	31/03/26	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 broadly at the benchmark. We considered that we did not need to explore this data as the education provider's information suggested that their programmes were all recruiting at their approved level or within a reasonable margin.

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

Learner non-continuation	7%	15%	2021-22	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 8%. We explored this through the assessment by considering how well the education provider was supporting the learners, and acting on learner feedback. We concluded that learners were being supported well, and that more recent data showed significant improvements.
Outcomes for those who complete programmes	92%	93%	2021-22	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 been maintained. We did not consider that we needed to explore this in

				detail, as the data does not indicate any significant risks around learner completion.
Teaching Excellence Framework (TEF) award	N/A	Silver	2023	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 did not explore this data point through this assessment because we did not consider there was any impact on the standards or performance.
Learner satisfaction	82.9%	84.2%	2025	This National Student Survey (NSS) positivity score data was sourced at the subject level. This means the data is for 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 3%. We did not consider that we needed to explore this in detail, as the data does not indicate any significant risks around learner satisfaction.
HCPC performance review cycle length		2025-26	Four years	The education provider went through performance review in 2021-22 and we determined that a four year period to the next review was appropriate.

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.

We did not have any specific quality activities. However, we did ask for clarification across a number of portfolio areas. The results of the clarification is set out in [Section 4 below](#).

Section 4: Findings

This section provides information summarising the visitors' findings for each portfolio area, focusing on the approach or approaches taken, developments, what this means for performance, and why. The section also includes a summary of risks, further areas to be followed up, and areas of good practice.

Overall findings on performance

Quality theme: Institution self-reflection

Findings of the assessment panel:

- **Admissions procedures –**
 - A key area of reflection offered by the education provider in this area was the review of their admissions and recruitment processes. They have, for example, strengthened the requirements around Disclosure & Barring Service checks and fitness to practice declarations. Specifically, they have clarified the requirements for applicant declarations and introduced a more uniform policy approach.
 - Additionally, they have created an Institute of Health Recruitment and Marketing Oversight Group (IHRMOG), which has streamlined the institutional approach to marketing of the HCPC provision.
 - The education provider reflected how IHRMOG has strengthened local oversight of recruitment and admissions activity, enabling effective monitoring of profession-specific challenges, professional body requirements, and workforce needs. They have strengthened their use of data to support a more evidence-based approach to their decision-making, i.e. they consider that they are better able to make decisions

about the best candidates, the best places to advertise and the appropriateness of their procedures. A particular focus for IHRMOG has been widening participation, especially using Recognition of Prior Learning (RPL) pathways to attract more “non-traditional” learners. This promotes workforce and learner body diversity goals.

- The visitors noted that IHRMOG has identified future goals in this portfolio area. These include:
 - gathering and reviewing feedback from applicants, staff, and placement partners;
 - undertaking annual reviews of processes in line with HCPC guidance
 - evaluating the effectiveness of training;
 - expanding the use of dashboards and analytics to improve forecasting and planning;
 - strengthening collaboration between programme and admissions teams; and
 - increasing opportunities for service users and carers to contribute to recruitment activities and process design.
- The visitors considered that this was strong reflection overall which demonstrated a reasonable approach to considering how to develop and improve admissions. We asked the education provider to clarify the dates from which these changes had been, or would be, implemented. They stated that the implementation cycle for the future goals had not yet been determined but would depend on what areas for development had been identified.
- The visitors considered that performance in this area was good, because the education provider had submitted clear evidence of continuous improvement and review of their approach to admissions.
- **Resourcing, including financial stability –**
 - The education provider’s reflection in this area focused on the strength of their planning and monitoring arrangements. They noted that the Vice Chancellor’s Executive (VCE) had overall strategic responsibility for identifying risks, challenges, areas requiring additional investment, and future strategy.
 - The portfolio noted the opening of a new campus at Barrow-in-Furness, which was intended to support the sustainability of the education provider by adding to the attractiveness of their offer to learners and applicants. No HCPC-approved programmes are delivered at Barrow.
 - Additionally, the education provider reflected upon falling recruitment in certain areas which has been addressed, by revising staffing arrangements and delivery models of affected programmes. Some voluntary redundancies were offered, and taken. However, this has not affected the HCPC-approved provision, which continues to recruit at sustainable levels, as evidenced in data provided in the portfolio.
 - Staff changes have been made in certain HCPC-regulated professions, such as physiotherapy. However, the education provider has reflected on these areas and noted that roles have been appropriately supported.
 - The portfolio uses the specific example of podiatry to illustrate how they have ensured stability in an HCPC approved programme. The difficulty

faced was that podiatry was a poorly understood and little-known profession among the general public. Their particular response was to hold more careers events in schools, with input from existing learners who could give a clear idea of the profession.

- The visitors asked the education provider to clarify whether they thought that there was a significant risk to their overall strategic position from the fall in recruitment on certain programmes outside the HCPC-approved provision, and the extensive investment in new facilities. They reflected upon their confidence in their financial risk assessments, which had been considered at senior level, and that the Office for Students was satisfied with their arrangements.
- The visitors considered therefore that the education provider was performing well in this area, because they had clear, defined mechanisms for monitoring their financial situation and taking steps to support that position as necessary.
- **Partnerships with other organisations –**
 - The education provider reflection was focused on how they had strengthened partnership working during the review period. This had been enabled by the bringing together of all HCPC provision within a single Allied Health Professions Directorate. They state that this has enabled more appropriate and effective oversight of partnership working.
 - Specifically, they noted that this directorate ensures that contracts, discussions about capacity, programme performance and emerging risks can be appropriately undertaken and monitored. As an example, they note the development of a collaborative AHP Board with a local NHS Trust, which is intended to strengthen joint working and expand the range of practice-based learning opportunities for learners.
 - The education provider also reflected on collaboration at the operational level. They noted that programme teams work closely with relevant partners through dedicated groups focused on particular areas. During the review period they have taken action to increase information-sharing at this operational level, by the use of sector-wide higher education forums. As an example, the portfolio notes that the Institute of Health (IoH) was able to respond effectively and quickly to Care Quality Commission (CQC) concerns about a provider of practice-based learning, by timely risk management procedures.
 - The education provider stated that they intend to continue with further developments of their collaboration. Their plans involve improvements to performance dashboards for individual placement settings, and annual evaluation of their collaborative approaches.
 - In response to our request for clarification of why they consider these future plans will be effective, they cited as an example a case study, in which poor learner satisfaction scores on one of their paramedic apprenticeship programmes were significantly improved by them proactively tackling issues in the practice-based learning setting. They also reflected that across their paramedic apprenticeship provision, they had achieved higher scores by working more closely with employers on support for learners.

- The visitors considered that performance in this area was good, because the education provider had demonstrated effective working with relevant partners, and the ability to respond appropriately to problems.
- **Staff development –**
 - The education provider stated that they have a comprehensive and strategic approach to continuing professional development (CPD) to deliver high quality teaching, digital skills, scholarship, compliance with relevant regulation and legislation, and quality assurance.
 - During the review period, the education provider reflected on the need to improve confidence in online delivery, especially on the paramedic apprenticeship programmes. For staff on all HCPC-approved programmes, they introduced online teaching boot camps, which resulted in improvements in staff confidence and learner experience. They noted also in the portfolio their new curriculum design framework, which they consider has enabled more consistent and more evidence-based approaches to assessment, programme development and an equitable learning experience across HCPC-approved programmes.
 - Additionally, the education provider introduced briefings for all staff at the start of the new year, and checkpoints at certain times of the year. This was to support the education provider's existing provision of 25 days per year devoted to research and academic work.
 - The portfolio also included reflection on how the education provider had developed practice educators specifically on their paramedic programmes. An important example of this development was the Paramedic Practice Educator Hub (PPEH). The PPEH is intended to offer flexible, on-demand access to guidance, assessment resources, and recorded CPD sessions covering relevant topics. The education provider stated that use of this resource has improved the practice educator's work and their confidence, and given a new pathway for managing underperformance. We asked them to clarify how they had measured these improvements. They described the various areas that are covered on the PPEH, as agreed with practice education partners. They stated that they monitor practice educator's engagement with training through the Hub, and their actual performance through learner feedback and appraisals in the practice educator setting, which would refer to the skills required as listed in the PPEH.
 - The visitors considered that performance was good in this area because the education provider had shown a clear willingness to develop tools for staff and practice educators, to improve their knowledge and skills.
- **Academic quality –**
 - The portfolio reflected on changes made to their provision as a result of their institutional review, assurance and enhancement processes. The education provider noted the different sources of information that feed in to these processes, including learner feedback, external examiner reports, annual monitoring documentation and audits of virtual learning environments (VLEs). Specific examples of improvements made include changes to assessment structure on the paramedic

apprenticeships, following learner concern about the pressures caused by the existing schedules.

- The education provider also stated that they have made changes to assessment and teaching practice based on feedback from external examiners. Specifically, marking criteria and moderation processes have been amended. The education provider have a Peer Review of Learning, Teaching and Assessment policy, which they noted has developed a culture of reflective practice, collegial feedback, and the dissemination of effective teaching approaches.
- The education provider also reflected on their higher-level structures for ensuring effective oversight across the IoH and the university. During the review period, the Academic Board, the Student Success and Quality Assurance Committee (SSQAC), and the IoH Quality Enhancement Committee (QEC) have undertaken scrutiny of risks, performance and data. Actions generated from these review processes are fed into programme annual reviews and implementation is monitored in the next monitoring cycle.
- The education provider state that quality enhancement is an ongoing process. They noted some of the current or future projects in this area, which are due to be completed in the next two to three years: developing integrated quality dashboards, expanding assessment approaches, and improving communication with students about actions taken in response to feedback. They are also seeking to use data better in their quality processes.
- The visitors considered that the education provider was performing well in this area because they had given clear evidence of initiatives to maintain and improve the quality of their HCPC-approved provision.
- **Quality of practice-based learning –**
 - The education provider noted in the portfolio the mechanisms they have used to reflect on practice quality during the review period. These include professional, statutory and regulatory body (PSRB) reports, placement audits, student and educator feedback, national surveys, partnership intelligence, and sector guidance.
 - They stated that work with practice-based learning partners has been enhanced through closer collaboration with those partners and the practice educator development described above. Additionally, they have worked more closely with organisations such as the CQC to assess and manage risk in clinical settings and to change placements where necessary. The education provider stated that they have improved mechanisms of accountability of practice-based learning providers.
 - The visitors noted the portfolio included specific examples of changes made in practice-based learning in response to quality monitoring, which the education provider reflected had been generally well-received. For example, it noted that the diagnostic radiography provision has reduced placement hours, in line with professional guidance, while increasing the use of high-quality simulation. The physiotherapy programme has expanded placement opportunities through regular placement audits, tutor visits, and the development of placements across the four pillars of practice. They have also improved

their use of simulation, and created an on-campus physiotherapy clinic as an NHS partnership.

- The portfolio stated that the use of specific feedback mechanisms – Practice Assessment Record and Evaluation (PARE), the National Education & Training Survey (NETS), and the National Student Survey, as well as direct engagement with practice educators – has given “valuable insight”. According to the portfolio, feedback from these mechanisms has fed into assessment consistency, communication and learner support, although they do not give specific examples.
- The visitors consider performance is good in this area, as the education provider has clearly taken seriously the need for continuous improvement using a wide range of mechanisms.
- **Learner support –**
 - The education provider reflected on several developments during the review period. They noted, for example, their work to strengthen their approach to the prevention of sexual harassment and misconduct, as a response to the Office for Students’ (OfS) requirements in this area. They had existing consent training in place but they have designed a new policy and improved their reporting and support mechanisms. There is mandatory training for staff on consent, harassment and intervention. They have also created a Healthy Relationships Hub. They noted also that their rating from the OfS compared favourably with most of the sector and that awareness among learners was good. They did note that misconduct from colleagues or practice educators was an area of risk that they were still working on. They were planning to enhance their reporting and monitoring mechanisms.
 - Another area of reflection was the education provider’s support for learners with disabilities and learning problems of various kinds. The portfolio stated that support plans are being produced more quickly than at the start of the review period, and are more accessible to staff through a new virtual system, although the transition to the new system is ongoing. New policies around Student Disability and Reasonable Adjustments have been drafted, and are due to be rolled out during the 2025-26 and 2026-27 academic years. Training on inclusive practice has also developed, with significant investment in supporting neurodiverse learners and implementing relevant adjustments. The education provider stated that they are continuing to work with the regional Safe Learning Environment Charter, which establishes benchmarks for appropriate adjustments.
 - The education provider noted also that learners had requested more visible wellbeing services, and that they had acted on this request by creating a Student Mental Health and Wellbeing Hub and more comprehensive staff guidance on referral and appropriate signposting.
 - The visitors considered that performance was good in this area, because the education provider had taken well-defined steps to develop and improved their support for learners, and had responded appropriately to requirements in the sector.
- **Interprofessional education –**
 - The reflection in this area focused on the education provider’s moves to provide a more “co-ordinated and strategic” approach to

interprofessional education (IPE). They noted that this was still an area of development, and that the necessary evolution was challenging because of their multi-campus structure and the previous localised approach to IPE. This was a difficulty because individual programmes had different approaches, creating inconsistencies in quality. The education provider reflected that centralisation and standardisation of IPE, and clearer guidance for programmes about what constitutes good IPE, has led to improved feedback on IPE quality from learners and programme staff.

- The visitors noted that IPE has been explicitly emphasised as a strategic priority by senior leadership. Particular standardised activities, suitable for different programmes, have been rolled out – these include manual handling training and preparation for practice. The education provider stated through the portfolio that these measures have improved consistency across programmes and more effective participation. We asked them to clarify how they have measured these improvements in learner experience. In response, the education provider submitted more detail about these activities, including large-scale multi-profession exercises, and also explained that learners are invited to give direct feedback on all IPE activities, as well as having other formal and informal opportunities to offer their thoughts.
- The education provider noted that there are other improvements to be made in the future, and that challenges remain around staff capacity, timetabling, and consistency of experience. To address these areas, the education provider stated that IPE will be mapped more clearly against programme outcomes, and that cross-programme planning will be strengthened.
- The visitors considered that performance in this area was good, because there was clear evidence of reflection on the best approaches to IPE and a commitment to continuous improvement.
- **Service users and carers –**
 - The key area of reflection in this area is the education provider's ongoing effort to strengthen the service user strategy, and increase the areas where service users contribute to the HCPC approved provision. They have improved the transparency and consistency of their payments for service users, and introduced additional training for service users involved in recruitment, in response to an identified need for more support and preparation for that role.
 - The education provider has also appointed an IoH-level strategic lead and also programme-level leads, to improve consistency of approach. They reflected that this has reinforced the expectation that all programmes have a good level of service user involvement, and these roles have also enabled more effective monitoring of service user involvement.
 - The education provider do note through the portfolio that the standardisation of service user involvement is a work in progress, due to multi-site delivery and the past tendency for programmes to make their own, different decisions about service user involvement. However, they also give several examples of where service user involvement has been of a high quality as a result of their reflection on how best to

enhance such involvement. The prescribing provision has involved service users in sharing their experiences and programme review. Physiotherapy and occupational therapy have increased learner involvement such that they are now part of teaching and reaccréditation. In occupational therapy service users have helped to design more effective simulation activities.

- The visitors considered that performance was good in this area, as there was a clear commitment to involvement of service users, and to genuine continuous improvement activities.

- **Equality, diversity and inclusion (EDI) –**

- The key reflections in this area are on the education provider's new Equality Impact Assessment (EIA) tool, now in use across all programmes, to ensure that decisions relating to curriculum design, assessment, and recruitment are reviewed through an inclusive lens. This work aligns closely with the University's Access and Participation Plan and its commitment to widening participation and supporting underrepresented groups.
- There are multiple initiatives through which the education provider can reflect on EDI. One of these is an annual Equality and Diversity Conference, which brings learners together for interprofessional learning and workshops on topics such as anti-racism, unconscious bias, equity, and inclusion. Undertaking regular reviews of student outcome data has also enabled the IoH to identify areas requiring targeted intervention. The IoH worked closely with Student Support Services to enhance support for Black and Minority Ethnic (BME) students as a result of this audit.
- The education provider noted that they have worked within the Council of Deans of Health's anti-racism guidance to address structural barriers to achievement. Future plans include further embedding and evaluation of existing initiatives, expansion of mechanisms for ensuring equitable outcomes, and additional training.
- The visitors considered that performance was good in this area, because the education provider had shown a clear commitment to continuous improvement in the EDI domain.

- **Horizon scanning –**

- The portfolio notes that the IoH uses horizon scanning as a core part of strategic planning, and this is the key element of their reflection. They engage with internal and external intelligence, sector developments, and emerging workforce concerns. They liaise with NHS England, employers, professional networks, and higher education partners.
- During the review period the education provider introduced its Professors of Practice Advisory Board, intended to bring experienced clinical and sector leaders into strategic discussions, in order to provide insight into upcoming challenges for long-term decision-making. The intention is to keep abreast of patient expectations, workforce changes, and national political and organisational developments.
- Separately from this Board, the organisation have regular contacts with the following:
 - Higher Education Policy Institute
 - Advance HE

- Office for Students
- Quality Assurance Agency
- Ofsted
- Department for Education
- WonkHE
- University Vocational Awards Council
- The education provider has ambitions to integrate horizon-scanning intelligence into more aspects of its provision, such as programme review, curriculum development and assessment design. Most important in their reflection is improving the operational decision-making and expanding stakeholder engagement.
- The visitors requested some additional clarification around future plans and the criteria by which the effectiveness of horizon-scanning will be assessed. The education provider responded with a detailed narrative explaining their horizon-scanning mechanisms, to illustrate how actions were taken forward. For example, they noted that within the paramedic provision, they stated that ongoing workforce intelligence has allowed the IoH to respond sustainably to fluctuations in employer demand by adapting staffing models, while maintaining programme quality and student experience.
- Another example was the role of horizon scanning in programme development and placement planning, where their understanding of the future diversification of paramedicine has led them to pilot a more diverse practice-based learning offer.
- Learner support services have also benefited from horizon-scanning; greater understanding of the needs of future learners, obtained from research, has led to a more flexible curriculum and a more tailored response to learner concerns around cost of living and reasonable adjustments.
- In light of all the above, the visitors considered that performance in this area was good, as horizon-scanning was clearly being used effectively.

Risks identified which may impact on performance: None.

Outstanding issues for follow up: None.

Quality theme: Thematic reflection

Findings of the assessment panel:

- **Embedding the revised Standards of Proficiency (SOPs) –**
 - The education provider's reflection in this area was focused on how the different aspects of their provision were reviewed in light of the revised SOPs. They approached the reflection from an institutional level while noting profession-specific points elsewhere in the portfolio. Their overall approach to the embedding had two stages and was designed to reflect the differing scale of change required across the programmes.
 - All HCPC-approved programmes were reviewed to ensure full alignment with the new standards, but the extent of curriculum redevelopment varied. For example, they used a version of the

programme revalidation process to ensure that the revised SOPs were appropriately integrated into their programmes. Learning outcomes and assessments were substantially revised to ensure comprehensive coverage of the new SOPs. Transitional modifications were also made to the previous curriculum to ensure students already enrolled received appropriate coverage of the revised standards.

- Mapping exercises undertaken as part of the initial review had demonstrated that many of the new SOPs requirements were already reflected within existing curricula. These programmes therefore implemented targeted enhancements and additions rather than wholesale redesign. A specially convened review panel, comprising quality assurance staff, IoH leaders, academic representatives, and external experts, scrutinised the proposed changes to ensure full compliance with the revised standards.
- They requested clarification around one particular area: Use of technology: Changing learning, teaching and assessment methods. They wished to understand in more detail how the learner experience of those areas had been developed in response to the review exercise. The education provider responded by giving several examples of enhancements that had been brought in after their reflection on the revised SOPs.
- Specifically, the education provider noted their introduction of the Vevox virtual learning environment (VLE) for their paramedic learners. Also, across the provision, learners now have access to a Discovery Tool which both allows them to self-reflect on their digital expertise and to improve their skills.
- The visitors considered that performance in this area was good, as the education provider had taken forward an appropriately thorough process to ensure that the revised SOPs could be met.
- **Embedding the revised HCPC standards of conduct, performance and ethics across professions** 
 - As with the SOPs, the education providers reflection in this area noted that a centralised process had been undertaken to ensure that all programmes. All programmes were required to map against the new standards of conduct, performance and ethics, and to submit to the IoH individual reflective reports explaining their decision-making.
 - These mapping exercises were considered by a special panel with representation from institutional quality teams, assessment specialists, academic staff, and PSRB leads. All proposed changes were scrutinised and areas for further action were identified. If changes were necessary, programme teams took these through the internal minor modifications process. Programmes were also required to undertake sessions for learners explaining the implementation process and timelines.
 - The education provider elaborated on this summary by giving examples of how each area of change to the standards had been integrated into programmes. They mentioned their occupational therapy provision being reaccredited by the Royal College of Occupational Therapists (RCOT) in 2024, and how they had taken this opportunity to strengthen equality, diversity and inclusion on the

provision. The paramedic programmes made changes to a range of modules to improve learners' communication with other professionals and with service users with complex needs. The radiography programmes strengthened their teaching to learners around the duty of candour for mistakes made in scanning.

- Overall, the visitors considered that performance in this area was good, because the education provider had set out a clear process by which the revised standards were integrated across their provision, and given clear relevant examples of what individual programmes had done.

- **Impact of workforce planning –**

- The cornerstone of the education provider's reflection was the NHS England Long Term Workforce Plan and related national strategies continue to drive growth in learner numbers across health professions, particularly in areas experiencing workforce shortages. As a response, the IoH undertook strategic and operational planning to ensure sufficient staffing, teaching space, specialist facilities, and practice-based learning capacity.
- Paramedic apprentice provision has been a particular area of concern relating to workforce planning. In response to the need to maintain appropriate capacity, the IoH has adopted a flexible workforce model to support programme growth and maintain teaching capacity. This has included the strategic use of secondments, the integration of NHS Trust staff into programme delivery, and the introduction of a comprehensive induction programme for new academic staff. Additional initiatives, such as supporting paramedics transitioning into higher education roles, providing access to the Postgraduate Certificate in Academic Practice (PGCAP), and recruiting specialist subject experts, have strengthened workforce resilience and ensured the IoH can respond effectively to increasing demand.
- The education provider also reflected on challenges posed by larger learner cohorts, and has diversified geographically in its teaching and learning activities, as well as co-operating with other educational institutions. This has helped the education provider maintain an appropriately skilled and experienced staff body, but has posed other challenges related to logistics and consistency of approach. These challenges are being managed through the existing quality assurance pathways.
- The key challenge in this area was practice-based learning, where challenges in capacity remain. The education provider have improved central oversight of practice-based learning through new monitoring mechanisms, and this has helped them to meet challenges around learner hours and supervisory capacity. The portfolio identifies this as a challenging area for the future, and has introduced measures to ensure they continue to provide sufficient workforce.
- The visitors considered performance in this area was good because the education provider had demonstrated that they could respond to challenges as they emerged, and had clearly reflected on the best steps to meet emerging issues.

- **Use of technology: Changing learning, teaching and assessment methods –**

- The portfolio noted significant active reflection on current technological challenges and opportunities. The key areas identified were digital learning, simulation, integrity of assessment and artificial intelligence (AI). Simulation is now a core part of clinical learning across the HCPC approved provision meaning more use of immersive technologies and realistic scenarios is now possible. The education provider consider that this has strengthened learners' understanding in safe and controlled settings.
- A key issue noted in this area was AI. All programmes have been reviewed to ensure that AI literacy is embedded for learners, and to provide opportunities for learners to understand the limitations and advantages of AI in contemporary healthcare. AI is also now used in assessment, for design, feedback, and learning activities. The education provider's reflection notes that feedback on these actions has been good.
- They also reflected that more sophisticated simulation has improved consistency in clinical assessment, as well as helping to give learners more practice time and space.
- The education provider recognises the inherent challenge of generative AI, and has amended assessments to "AI-proof" their assessment approaches by shifting the focus towards critical thinking, professional judgement, and testing learners' critical approaches to information provided or generated by large language models (LLMs).. The IoH has also updated its policies and guidance to ensure academic integrity is maintained alongside innovation.
- The visitors noted that some difficulties with adaptation are reflected upon in the portfolio: uneven digital confidence among staff, the fast pace of change, and uncertain ethical and professional norms around AI usage. In response the education provider has identified future priorities: more AI training, better modelling of what good AI use looks like, and stronger governance oversight of AI approaches.
- The visitors considered that performance in this area was good because the education provider had clearly taken seriously the need to reflect on, and adapt to, ongoing technological change.
- **Apprenticeships in England –**
 - The portfolio reflection starts from the observation that the scale and complexity of apprenticeship provision within the IoH has grown substantially over the review period. The education provider note that apprenticeships are increasingly integral to their offer.
 - The internal infrastructure for apprenticeships has been enhanced. The Apprenticeship and Employer Skills Team has grown to include dedicated functions for compliance, performance monitoring, coordination, and administrative support. Additional professional services staff have been embedded within academic teams. These developments have improved the management of apprenticeship-specific requirements, such as tripartite reviews and employer engagement, and have enabled academic staff to focus more effectively on teaching, learning, assessment, and research.
 - The portfolio provides evidence that external quality reviews of these developments have been positive. It noted a "Good" rating from Ofsted

during the 2023-24 academic year, with recommendations for improvement that are being implemented now. An example of these recommendations is a stronger focus on accessibility for learners with disabilities. The education provider has begun to implement this need for accessibility, and this will take place over the next few years.

- The education provider had a new apprenticeship approved by the HCPC in 2025 – occupational therapy, and another one is currently being considered.
- The visitors asked for clarification around how the education provider ensures parity of experience and supervision on the paramedic apprenticeships, given the complexity of their nationwide offer. We saw additional information expanding on the governance and management of these programmes which explained what data they use to understand learner feedback. They reflected on varying levels of satisfaction from NSS data on different programmes at different stages, and explained how such data was incorporated into internal quality processes and continuous improvement. Programmes' annual monitoring returns, and the actions plans incorporated into those returns, are required to take this data into account.
- The visitors considered performance in this area was good, because the education provider has a good apprenticeship offer and has well-established mechanisms for reflecting on their provision.

Risks identified which may impact on performance: None.

Outstanding issues for follow up: None.

Quality theme: Sector body assessment reflection

Findings of the assessment panel:

- **Assessments against the UK Quality Code for Higher Education –**
 - The education provider had relatively limited reflection in this area. The portfolio noted that they continue to benchmark all their provision against relevant quality codes, and that all programmes must seek PSRB accreditation where applicable.
 - They noted that they have not undergone formal Quality Assurance Agency for Higher Education (QAA) review since 2011, and that they have not been subject to any non-routine QAA reviews on behalf of the OfS. Compliance with OfS conditions is monitored through the University's Annual Report of Assurance.
 - The visitors considered that performance in this area was good as the education provider submitted an appropriate and clear update on relevant interactions.
- **Office for Students (OfS) –**
 - The portfolio noted that within the IoH, there are particular governance arrangements that deal with OfS interactions for HCPC approved programmes. The education provider noted that regular fortnightly meetings between the PSRB Lead in Quality & Standards and the Head of Teaching & Learning are intended to maintain proactive

monitoring of regulatory requirements, which they call “a culture of continuous oversight”, enabling a preventive approach to problems.

- OfS requirements are integrated into all programme validations and revalidations, through input from professional bodies, programme staff, external experts, learners and clinical specialists.
- The education provider’s reflection did not enable the visitors to fully understand how they worked with OfS requirements. We therefore requested additional clarification, in particular around how feedback from OfS-informed internal monitoring was actioned. The education provider submitted additional reflection demonstrating the detail of the governance framework into which OfS requirements were integrated. This clarification demonstrated that there is a well-developed and established framework consisting of the Student Success and Quality Assurance Committee (SSQAC) and the Academic Strategy and Planning Committee (ASPC). Each of these use OfS standards to inform their mechanisms for review of academic standards and teaching quality.
- The education provider submitted a mapping exercise which had been undertaken, and last updated in December 2025, which showed how the HCPC-approved provision was meeting OfS standards and what changes, if any, might need to be made.
- We considered that performance in this area was good because the education provider was clearly willing and able to use OfS standards to inform quality assurance and monitoring, and to reflect on relevant updates.
- **Other professional regulators / professional bodies –**
 - The reflection in this area focused on recent examples of how the IoH has made use of guidance and standards from PSRBs. For example, they noted a recent accreditation of their nursing provision by the NMC.
 - They stated also that programme annual reports were required to assess programmes against relevant standards and guidance from organisations such as the Chartered Society of Physiotherapy (CSP), the Society and College of Radiographers (SCOR), and the Royal College of Occupational Therapists (RCOT).
 - They noted the updating of the paramedic provision in line with new curriculum guidance and endorsement framework from the Royal College of Paramedics (RCOP). This involved changes to the programme, and enhancements, contributing to the progress towards formal endorsement from the RCOP.
 - As noted in the ‘Apprenticeships’ section above, the education provider also achieved a “Good” rating from Ofsted in 2024. This was an in-depth review of the whole HCPC-approved provision, with special scrutiny in paramedicine and diagnostic radiography. Some areas of improvement were identified– for example consistency of virtual learning and, for the paramedic apprenticeship, clearer mechanisms for understanding learners’ existing skills. In response, the education provider developed action plans accordingly. The IoH also invited input from the CSP and RCOT into the development of new apprenticeships in the review period.

- We considered that performance in this area was good, because the education provider was clearly committed to working closely with relevant organisations and using their input for continuous development and improvement.

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 education provider reflected on developments in various professional areas, with the main focus being on how those programmes had integrated the revised SOPs.
 - In occupational therapy, they noted that there had been a comprehensive review of both the BSc and MSc programmes. The review concluded that many aspects of the new SOPs were already embedded through learning, assessment, and practice-based education, but additional changes were introduced to ensure graduates fully understood and could operate within the expanded scope of practice. These proposals were reviewed and approved through the IoH's central SOP mapping and assurance process.
 - Mental health and wellbeing themes were explicitly embedded throughout theoretical and practice modules at every level, supporting students to develop resilience, self-awareness, and strategies for maintaining their own wellbeing. Minor amendments were also made across modules and placements to strengthen EDI, reinforce the central role of service users, enhance digital health and technology content, and ensure comprehensive coverage of leadership and public health responsibilities. The team also mapped the development of core occupational therapy concepts across programme levels to demonstrate progressive learning and application in practice. Additional teaching sessions and learning materials were provided to learners to ensure awareness of the revised professional expectations.
 - For paramedics, the revised SOPs were incorporated into a wider programme revision, aligned with updated HCPC requirements and new guidance from the Royal College of Paramedics (RCOP). A dedicated project team led the redesign process, supported by a Curriculum Board that provided strategic oversight of programme design, implementation, and evaluation. A strengthened leadership structure was introduced, including primary module leads working alongside programme leads and principal lecturers to oversee curriculum delivery, enhancement, and standards. Particular emphasis was placed on practitioner wellbeing, emotional resilience, and self-management, with content on mental health, stress, emotional labour, self-care, digital wellbeing, and recognising distress in colleagues progressively developed across Levels 4 and 5.
 - Following review of the curriculum maps, programme modifications, and supporting evidence, the approval panel confirmed that the

programme met the revised Standards of Proficiency and commended the team for the thoroughness and quality of its work.

- The physiotherapy approach was similar. A comprehensive review was undertaken, incorporating data from learner performance and learner experience feedback into decision-making about how best to implement the revisions. The portfolio notes that most changes involved updating module learning outcomes and indicative content to reflect the wording and intent of the revised SOPs more explicitly, ensuring students developed the knowledge, skills and behaviours required for contemporary physiotherapy practice. As with paramedicine, transitional learners were given additional support to adapt to the revised SOPs.
- Examples were also given from radiography. As with other professions a comprehensive review, with mapping exercise, was undertaken. The emphasis was on strengthening the learners' understanding of professional expectations and ensuring that learners who has started before the revised SOPs were introduced were appropriately prepared.
- The visitors considered that performance in this area was good, because the education provider had demonstrated an ability to develop all aspects of their provision in a structured and coherent way.

● **Capacity of practice-based learning (programme / profession level)**

- Capacity is managed at the strategic level, by the IoH rather than by individual programmes. The reflection focused on how the IoH had used various mechanisms to monitor, understand and expand capacity during the review period. This can vary between programmes. For example, the paramedic provision has made use of the Centre of Excellence in Paramedic Practice (CEPP) to drive improvements and developments. The CEPP models capacity in practice-based learning. During the review period the CEPP has taken forward innovation in the development and maintenance of capacity. This included virtual placements, internal rotations, educator development programmes, and diversified non-ambulance placements. The CEPP also has clear plans for the future, including the expansion of urgent care and virtual care placements, and further integration of capacity monitoring with wider workforce planning.
- For other programmes, capacity is supported through a two-tier partnership model which combines strategic engagement with healthcare organisations and operational management of placement allocation. An Allied Health Professions Directorate has been created, to strengthen co-ordination across physiotherapy, radiography, paramedicine and diagnostic radiography. They also collaborate with the North Cumbria Integrated Care Trust. This partnership aims to enhance placement capacity, reduce barriers between academia and practice, and develop sustainable educator and supervision models across the region.
- Another example is the establishment of an on-campus physiotherapy clinic, which provides additional capacity in a way that the education provider can better manage. For diagnostic radiography, learner opportunities have been diversified by partnerships with more providers of placements where experience of Magnetic Resonance Imaging

(MRI) and computed tomography (CT) scans are available. A key partnership for the education provider in this area has been with the North West Imaging Academy.

- The visitors requested additional clarification around how the consistency of placement experience is achieved across the paramedic provision. The education provider stated that they have a specialised forum of apprenticeship practice educators where relevant issues are discussed. Ensuring that all learners have appropriate opportunities is a standing agenda item at these meetings.
- The visitors considered that performance in this area was good, because the education provider had multiple mechanisms in place for ensuring and extending their capacity in practice-based learning.
- **Learner safety in paramedic practice-based learning** ■
 - The portfolio acknowledged the importance of this area, referring to cultural problems, bullying and other harmful behaviours. They had reflected on the most appropriate response, by incorporating into their paramedic provision teaching and learning sessions focused on learners being enabled to recognise when an environment is unsafe or unsupportive, and to speak out. Open discussion of the profession's challenges in this area is threaded through the whole provision, from application to completion.
 - The concrete actions being taken in response to the reflection included:
 - Clear escalation policies;
 - Anonymous reporting systems;
 - Reminders for learners that regular tripartite reviews are an opportunity to raise concerns, where appropriate and possibleThe education provider is also using placement surveys, debrief sessions, and research into ambulance culture and gender-based harms to understand what problems might exist, and how they could be addressed.
 - Practice educators specifically are supported through targeted development activities focused on unacceptable behaviours, professionalism and escalation processes. The education provider noted also that they are working with relevant organisations to push forward cultural change through sexual safety charters. The education provider reflected that learners and practice educators now have a clearer understanding of what constitutes acceptable and unacceptable behaviour. They did also acknowledge that their efforts in this area are a work in progress and that there is still much more to do. Future priorities include deeper engagement with Safe Learning Environment and Sexual Safety Charters, enhanced use of placement data to identify high-risk areas, expanded simulation activities focused on speaking up and responding to misconduct, and further development of practice educator training.
 - The visitors requested clarification around the specific external data that the education provider used to understand learner experience in this context. The education provider pointed to NSS and NETS data. While NSS and NETS did not specifically ask about sexual safety, the education provider reviewed the data related to learners' satisfaction and their comfort with raising concerns.

- The visitors considered that performance in this area was good, because the education provider had clear mechanisms to understand risks to learner safety and take appropriate action.

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:

- **Strategic approach to feedback –**
 - The education provider reflection in this area was focused on how they collated feedback from a wide range of mechanisms and ensured that action was taken in a coherent way. The mechanisms include the Student Success and Quality Assurance Committee, Quality Enhancement Committee, Programme Quality Oversight meetings, and programme team meetings. They also gather data from organisations such as HESA, and have a Data Insights Team (DIT). The DIT provides routine and bespoke analyses for programme staff. This includes maintenance of real-time performance dashboards through Tableau, which is accessible to relevant staff.
 - The education provider consider that this approach has strengthened their ability to identify risks and trends and target improvements at an appropriately detailed level. They state that “combining student feedback, stakeholder perspectives, performance metrics, and national benchmarking data provides a comprehensive understanding of both academic quality and practice-based learning experiences”. There is senior-level oversight of the work of the DIT.
 - In terms of ongoing actions, the portfolio notes that there is still work to be done in refining these processes – upskilling staff and balancing different stakeholder perspectives. They have plans to enhance staff training in interpretation of data and to refine the process by which feedback is implemented.
 - The visitors requested some clarification around what specific data was used in the DIT processes. The education provider noted that they use HESA data regarding continuation, attrition and learner destinations after graduation. They gave a specific example of the regular placement survey offered to paramedic learners, which asks about experience in placement and is fed back via DIT. They noted that they had reduced the number of learners not moving directly into employment after the programme from 20% to 10%.
 - The visitors considered performance in this area was good because the education provider had defined mechanisms for collating different feedback streams and taking actions across their provision.
- **Learners**
 - The portfolio reflected on the various feedback streams used to understand learner experience. They make use of the NSS, NETS, practice assessment evaluations, Module Evaluation Surveys (MES), Student Staff Forums (SSFs), Students’ Union (UCSU) reports, and

regular sessions with senior leaders such as the Dean and Head of Teaching, Learning and Student Experience. There are also established complaints and concerns processes, which are analysed to understand emerging issues and risks.

- They noted that in the review period, 12 complaints were escalated to the Office of the Independent Adjudicator for Higher Education (OIA). All of these cases have been reviewed by the education provider, with the findings used to drive continuous improvement where appropriate. Examples of areas where improvements have been made include communication, consistency of assessment, placement support, and the implementation of reasonable adjustments.
- Additionally, the portfolio highlighted changes made in response to issues raised via surveys, forums and other areas. Learners requested more exposure to diverse clinical skills opportunities and clearer assessment design. In response, programmes have expanded simulation provision, reviewed assessment approaches, and improved academic support for early-stage learners.
- The education provider has used different sources of information to understand concerns: NETS results, Student Staff Forums, and practice learning evaluations. The education provider reflected that collaboration with the Students' Union has been particularly valuable in providing deeper insight into student experiences of support, belonging, and workload.
- The education provider was transparent about challenges remaining in co-ordinating implementation of learner feedback, and state that they want to take actions such as embedding thematic review of complaints and more closely monitoring the impact of actions taken in response to feedback.
- The visitors requested additional clarification around learner satisfaction data used by the education provider. The education provider submitted examples of changes made in response to their reflection on learner satisfaction data. For example, learner feedback suggested a lack of diversity in assessment methods within the previous paramedic curriculum. In response, the BSc (Hons) Paramedic Science revalidation in 2023 introduced a broader range of authentic assessments, including vivas, presentations, teaching aid development, OSCEs, written assignments and dissertations.
- The visitors considered that performance in this area was good, because the education provider had demonstrated appropriate reflection on learner feedback.
- **Practice educators –**
 - The reflection in this area focused on how feedback from practice educators had been used in continuous improvement. There are multiple mechanisms by which this happens: partnership meetings, placement unit interactions, link tutor engagement, practice visits, apprenticeship tripartite reviews, programme advisory boards, and placement evaluations.
 - Practice educator feedback has shaped both curriculum development and practice-based learning experiences. Practice educators are also key contributors to programme revalidation, revisions, and new

programme development. An example was given of occupational therapy practice educators contributing to the design and delivery of simulation weeks across undergraduate and master's provision, ensuring that simulation activities were authentic, practice-focused, and appropriately aligned to learners' stages of development. Feedback from practice educators also highlighted a desire for greater interaction with academic staff in clinical environments; as a result, the education provider increased placement visits and engagement from programme placement leads and academics.

- In response to a request for clarification about how the education provider ensured uniformity across the paramedic apprenticeship provision – which is very geographically diverse – the education provider clarified that they have clear and consistent expectations that all programmes respond to feedback appropriately according to policy.
- As an example they noted that, due to concerns about navigability, accessibility and useability, the PebblePad portfolio (E-Practice Assessment Document) was being replaced by the 'Parafolio' system which is already integrated into ambulance services' digital learning.
- The visitors considered performance in this area was good, because the education provider had clear mechanisms for gathering and responding to feedback.
- **External examiners –**
 - The portfolio contained clear evidence of how the education provider has implemented feedback from external examiners. Reports from external examiners are reviewed at both programme and institutional level through governance structures including the Student Success and Quality Assurance Committee and Quality Enhancement Committee. Programme teams are required to respond to examiner feedback with clear action plans, which are scrutinised centrally to ensure that any identified issues are appropriately addressed.
 - At an institutional level, feedback from external examiners has also informed wider improvements, including the introduction of a more centrally managed IT system for the secure sharing of student work and programme documentation, which has improved accessibility and efficiency for both examiners and academic staff.
 - The education provider state that external examiner feedback across HCPC programmes has been highly positive, including support for the processes used to implement the revised SOPs and standards of conduct, performance and ethics. For example, the physiotherapy programme strengthened marking standardisation processes after feedback highlighted inconsistencies in the quality and usefulness of assessment feedback, while the paramedic programme revised assessment guidance and briefs following examiner concerns about student performance in a particular module. In both cases, the resulting changes were positively received by examiners and students. External examiner feedback has also shaped the IoH's movement towards a new assessment strategy.
 - The visitors considered that performance in this area was good because the education provider had clear mechanisms for implementing feedback from external examiners.

Risks identified which may impact on performance: None.

Outstanding issues for follow up: None.

Data and reflections

Findings of the assessment panel:

- **Learner non continuation:**
 - The education provider's non-continuation rate was 8% above the benchmark. This was a point of concern and through the assessment, we considered how the education provider was supporting learners. It was noteworthy that in more recent data the non-continuation rate had improved between 2021-22 and 2023-24, by 4%, so there was a clear trend of improvement. The education provider reflected that non-continuation rates during the review period were largely concentrated on their paramedic apprenticeships, and that specific actions had been taken to address this. The education provider highlighted changes to recruitment processes, including enhanced pre-course information, detailed applicant discussions and clearer communication of academic, assessment and programme expectations to ensure learners are fully informed before commencing their studies.
 - These changes were introduced in response to feedback from withdrawal interviews, which identified that some learners had underestimated the academic demands of the programme.
 - We considered that performance was good because the education provider had carefully considered data around non-continuation and acted to address issues.
- **Outcomes for those who complete programmes:**
 - The education provider were 1% above the benchmark of 92%, at 93%.
 - The education provider reflected on its use of institutional data to monitor continuation, progression and completion across HCPC programmes. They have a structured risk identification process to identify learners at, using indicators such as attendance, engagement, assessment performance and additional support needs.
 - We considered this was a good sign that the education provider was performing well at moving graduates into appropriate next steps, and the visitors considered there were no risks associated with this in the assessment.
- **Learner satisfaction:**
 - The education provider were above their benchmark of 82.9% in this area, at 84.2%.
 - The education provider reflected on the use of learner feedback which highlighted improvements in their NSS performance in recent years. We were satisfied that they had a structured approach through which programme teams identify priority areas for action, which are monitored through institutional governance arrangements.

- The education provider also reflected on the particular challenges associated with apprenticeship provision and described how feedback from paramedic apprentices had informed changes to assessment design and assessment timing to better accommodate workplace pressures. They considered that these changes had been positively received by learners.
- Coupled with our review of the portfolio, we considered that the education provider had good mechanisms for supporting learners and a responsive attitude to feedback. We considered that performance was good because the education provider had demonstrated consistent reflection on learner satisfaction data.
- **Programme level data:**
 - Our review of the data did not raise any concerns. The education provider had reflected on individual programmes in an appropriate level of detail, through the portfolio.
 - The education provider supplied appropriate data but there was limited reflection on how they had acted in relation to this data. They did note in the non-continuation section that data for most HCPC-approved programmes had indicated good performance and that difficulties were mostly concentrated in the paramedic apprenticeships.

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 2030-31 academic year.

Reason for next engagement recommendation

- The education provider should next engage with monitoring in five years, the 2030-31 academic year, because:
 - The education provider engages with a range of stakeholders with quality assurance and enhancement in mind. Specific groups engaged by the education provider were service users, practice educators, learners, programme staff and institutional quality assurance teams.

- The education provider engaged with all the relevant professional bodies. They considered professional body findings in improving their provision.
 - The education provider engaged with relevant professional and system regulator(s), including the Nursing & Midwifery Council, the Office for Students, the Office of the Independent Adjudicator for Higher Education and the Quality Assurance Agency. They considered the findings of other regulators in improving their provision.
 - The education provider considers sector and professional development in a structured way.
 - 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.
 - From data points considered and reflections through the process, the education provider considers data in their quality assurance and enhancement processes and acts on data to inform positive change.
- The education provider noted several ongoing enhancement projects which will impact on their provision during the coming academic years. We will need to review the impact of this when the provider can reflect on implementation, which will be in the 2030-31 academic year.

Education and Training Committee decision

Education and Training Committee considered the assessment panel's recommendations and the findings which support these. The education provider was also provided with the opportunity to submit any observation they had on the conclusions reached.

Based on all information presented to them, the Committee decided that the education provider's next engagement with the performance review process should be in the 2030-31 academic year

Reason for this decision: The Panel agreed with the visitors' recommended monitoring period, for the reasons noted through the report.

Appendix 1 – summary report

If the education provider does not provide observations, only this summary report (rather than the whole report) will be provided to the Education and Training Committee (Panel) to enable their decision on the next steps for the provider. The lead visitors confirm this is an accurate summary of their recommendation (including their reasons) and any referrals.

Education provider	University of Cumbria		
Case reference	CAS-01823-T9K9W4	Lead visitors	John Donaghy Jane Day
Review period recommended	Five years		
Reason for recommendation			
• The education provider should next engage with monitoring in five years, the 2030-31 academic year, because: ○ The education provider engages with a range of stakeholders with quality assurance and enhancement in mind. Specific groups engaged by the education provider were service users, practice educators, learners, programme staff and institutional quality assurance teams. ○ The education provider engaged with all the relevant professional bodies. They considered professional body findings in improving their provision. ○ The education provider engaged with relevant professional and system regulator(s), including the Nursing & Midwifery Council, the Office for Students, the Office of the Independent Adjudicator for Higher Education and the Quality Assurance Agency. They considered the findings of other regulators in improving their provision. ○ The education provider considers sector and professional development in a structured way. ○ 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. ○ From data points considered and reflections through the process, the education provider considers data in their quality assurance and enhancement processes and acts on data to inform positive change. • The education provider noted several ongoing enhancement projects which will impact on their provision during the coming academic years. We will need to review the impact of this when the provider can reflect on implementation, which will be in the 2030-31 academic year.			

Referrals
N / A

Appendix 2 – list of open programmes at this institution

Name	Mode of study	Profession	Modality	Annotation	First intake date
BSc (Hons) Diagnostic Radiography	FT (Full time)	Radiographer	Diagnostic Radiography		01/01/1992
BSc (Hons) Diagnostic Radiography (top up, degree apprenticeship)	WBL (Work based learning)	Radiographer	Diagnostic Radiography		01/02/2022
BSc (Hons) Diagnostic Radiography (top-up)	FT (Full time)	Radiographer	Diagnostic Radiography		01/02/2022
BSc (Hons) Occupational Therapy	FT (Full time)	Occupational Therapist			01/09/2008
BSc (Hons) Occupational Therapy (Apprenticeship)	FT (Full time)	Occupational Therapist			01/10/2025
BSc (Hons) Paramedic Science	FT (Full time)	Paramedic			01/09/2020
BSc (Hons) Paramedic Science - East of England Ambulance Service (EEAS)	WBL (Work based learning)	Paramedic			01/04/2021
BSc (Hons) Paramedic Science - Isle of Wight (IoW)	WBL (Work based learning)	Paramedic			01/10/2020
BSc (Hons) Paramedic Science - London Ambulance Service (LAS)	WBL (Work based learning)	Paramedic			01/10/2020
BSc (Hons) Paramedic Science - North West Ambulance Service (NWAS)	FLX (Flexible)	Paramedic			01/10/2020
BSc (Hons) Paramedic Science - South Central Ambulance Service (SCAS)	WBL (Work based learning)	Paramedic			01/10/2020

BSc (Hons) Paramedic Science - South East Coast Ambulance Service (SECAMB)	WBL (Work based learning)	Paramedic			01/02/2021
BSc (Hons) Paramedic Science - South Western Ambulance Service (SWAS)	WBL (Work based learning)	Paramedic			01/10/2020
BSc (Hons) Physiotherapy	FT (Full time)	Physiotherapist			01/09/2008
MSc Occupational Therapy (pre-registration)	FT (Full time)	Occupational Therapist			01/09/2013
MSc Physiotherapy (pre-registration)	FT (Full time)	Physiotherapist			01/09/2012
Non-Medical Prescribing for AHPs (level 6) (Conversion)	PT (Part time)			Independent Prescribing, Supplementary Prescribing	01/01/2014
Non-Medical Prescribing for AHPs (level 7) (Conversion)	PT (Part time)			Independent Prescribing, Supplementary Prescribing	01/01/2014
UAwd Independent / Supplementary Prescribing for Allied Health Professionals (Level 6)	PT (Part time)			Independent Prescribing, Supplementary Prescribing	01/09/2020
UAwd Independent / Supplementary Prescribing for Allied Health Professionals (Level 7)	PT (Part time)			Independent Prescribing, Supplementary Prescribing	01/09/2020