Performance review process report

The National School of Healthcare Science, Review Period 2023-2025

Executive summary

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

We have

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

Through this assessment, we have noted:

- The areas we explored focused on:
    - Quality theme 1 – comparability between the entry requirements for in-service and direct entry applicants and the information provided to applicants prior to application. The education provider explained the differences between the in-service and direct entry admissions and how this has helped them to ensure comparability and equity between both routes.
    - Quality theme 2 – membership of the service user and carer group and how they contributed to the programme. We explored further information from the education provider on how service users were recruited, their feedback and the actions taken in response.
    - Quality theme 3 – details of feedback from learners, through the Training Exit Surveys (TES), and actions taken. The education provider demonstrated how learners fed back on the programme through the TES, their feedback, the actions taken in response and how this has led to programme improvement.
    - Quality theme 4 - details of feedback from other healthcare workforce members, and the actions taken in response to the feedback. The education provider demonstrated how other healthcare workforce members contributed to the programme and how this has led to programme improvement.

- Quality theme 5 - actions taken in response to external examiners' feedback. Further details were provided on how external examiners contributed meaningfully to assessments and how this has continued to shape assessments on the programme.

- The following are areas of best practice:
  - The education provider's openness / transparency about their Trainee Exit Surveys and the corresponding actions. Availability of both resources online are excellent examples of the education provider's commitment to listen to learner feedback and further develop and enhance learner experiences.
  - Development of "Sharing Good Practice" webinars following a request to support the exchange of effective learning strategies between learners and practice educators.
- The following areas should be referred to another HCPC process for assessment:
  - Reflections on the new final year assessment**:** The education provider introduced a new final year assessment (FYA) in late 2025. We will review this at their next performance review to fully understand its impact.
- The education provider should next engage with monitoring in two years, the 2027-28 academic year, because:
  - As part of their portfolio, the education provider has submitted their internally generated data which has been subjected to external scrutiny. However, we are aware of ongoing structural changes within the organisation. Although these are not covered within this performance review, we are monitoring the changes and any impact through a separate focused review process. The education provider has informed us that this might affect their ability to regularly and proactively supply externally verified data to us. Therefore, to be able to continue to manage the risk attached to the ongoing performance of the education provider, it is important we review their performance again in two years' time.

Previous consideration	This performance review was undertaken this academic year based on the outcome from the previous performance review There were three areas referred to this performance review: • capacity for practice-based learning; • resourcing including financial stability; and • external examiners
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 • whether issues identified for referral through this review should be reviewed, and if so how
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 • Subject to the Panel's decision, we will undertake further investigations as per section 5

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:

Beverley Cherie Millar	Lead visitor, Clinical scientist
Emmanuel Babafemi	Lead visitor, Biomedical scientist
Ann Johnson	Service User Expert Advisor
Temilolu Odunaike	Education Quality Officer

Robert Keeble	Advisory visitor, Biomedical scientist

Section 2: About the education provider

The education provider context

The education provider currently delivers one HCPC-approved programme which has been running since 2018. Through their HCPC-approved model of education and training, the education provider is responsible for the accreditation and endorsement of work-based providers and the accreditation of the higher education institutions that deliver the academic element of programmes leading to registration as a clinical scientist.

The education provider's only HCPC approved programme - Certificate of Completion of Scientist Training Programme (STP) - is an integrated full-time three-year programme consisting of a part time Masters degree and work-based training. Learners are typically employees in relevant fields that would support their eligibility for admission for registration as a clinical scientist, upon successful completion of their programme.

The education provider engaged with the performance review process in 2023. At the meeting in September 2024 the Education and Training Committee agreed that there was sufficient evidence that the standards continued to be met, that the education provider was performing well across all areas, and that the programme remain approved. However, due to the absence of established data points, the education provider received a maximum of two years review period.

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	Clinical Scientist	☐ Undergraduate	☒ Postgraduate	2018

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[1].

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

Data Point	Bench-mark	Value	Date of data point	Commentary
Learner number capacity	391	540	01/12/2025	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 above the benchmark. We explored this through the assessment. The education provider recognised that their learner numbers have increased significantly over the past two years. They reassured us that they do not anticipate any further significant increase going forward. Based on our review of the resources, we have made a judgement that there continues to be adequate resources for the increased number of learners. We will continue to monitor this data through their regular performance review.
Learner non-continuation	5%	5.30%	2024	We previously asked the education provider to consider if they wanted to establish ongoing data reporting for this and other

				data points through this performance review assessment, and they have decided to establish this data point through their submission. The education provider submitted their internally generated data which they noted has been subject to external scrutiny through the Quality and Standards Committee (QSC) which is an external body. The is the first time the education provider is submitting this data. Given ongoing structural changes at the education provider, they have informed us that they are unable to establish ongoing data reporting through this performance review.
Outcomes for those who complete programmes	92%	92%	2024	We previously asked the education provider to consider if they wanted to establish ongoing data reporting for this and other data points through this performance review assessment, and they have decided to establish this data point through their submission. The education provider submitted their internally generated data which they noted has been subject to external scrutiny through their Quality and Standards Committee (QSC) which is an external body. This is the first time the education provider is submitting this data. Given ongoing structural changes at the education provider, they have informed us that they are unable to

				establish ongoing data reporting through this performance review. The 92% represents those in employment after the completion of the programme. However, those in employment as a Clinical Scientist within the NHS are 69%.
Learner satisfaction	90%	90%	2024	We previously asked the education provider to consider if they wanted to establish ongoing data reporting for this and other data points through this performance review assessment, and they have decided to establish this data point through their submission. The education provider submitted their internally generated data which they noted has been subject to external scrutiny through their Quality and Standards Committee (QSC) which is an external body. The is the first time the education provider is submitting this data. Given ongoing structural changes at the education provider, they have informed us that they are unable to establish ongoing data reporting through this performance review.
HCPC performance review cycle length	N/A	Two years	2023-24	At their last performance review in the 2023-24 academic year, the education provider received a two-year review period. This was due to the lack of established data points. Overall, we were satisfied that the education provider was performing well.

Section 3: Performance analysis and quality themes

Portfolio submission

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

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

Quality themes identified for further exploration

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

Quality theme 1 – comparability between entry requirements for in-service and direct entry applicants and information provided to applicants prior to application

Area for further exploration: We noted the education provider's reflection on the admissions process for in-service applicants and the various stages of direct entry applicants including entry requirements and eligibility. In-service applicants are applicants who already are substantive NHS employees and have already gone through recruitment and selection process for their posts so do not need to go through longlisting or shortlisting to join the programme. Direct entry applicants on the other hand would have to go through longlisting, situational judgement tests, shortlisting and interviews to be recruited to the programme.

Although the visitors were generally satisfied with the education provider's reflection, they needed to understand the difference between the entry requirements between direct and in-service pathways and how this ensured comparability and equity. In addition, there were areas in the reflection where further clarification or information was required. For example, we needed further clarification around the reasons for in-service applicants not being eligible to apply for equivalence via their partner employing organisations (as stated in the portfolio). We also needed information on the target level for those who progressed to the interview stage following the situational judgement test (SJT) and whether this information was made known to prospective learners prior to application.
We considered this information was required to understand how the education provider managed any potential risks.

Quality activities agreed to explore theme further: We decided to explore this through email clarification / additional information. We were confident that this approach would adequately address the issues raised by the visitors.

Outcomes of exploration: The education provider explained that in-service and direct entry applicants were normally expected to meet the same entry requirements. Where in-service applicants did not fully meet the academic criteria, relevant professional experience were considered, provided they met the published requirements. We understood the in-service route was introduced in response to feedback from healthcare science partners and aligned with widening participation principles, supporting diverse applicants to progress their careers. The education provider also confirmed that in-service candidates were able to apply for equivalence with other organisations, and that the education provider places no restrictions on this. They explained the in-service route was intended for individuals who could not gain equivalence and offers an alternative pathway into the profession.

The education provider noted the SJT is used as a longlisting tool due to the high demand for the Scientist Training Programme (STP). They noted there is no fixed target for interviews following the SJT, and that the process mirrors standard HEI shortlisting methods. Applicants were informed of the programme's competitiveness, and competition ratios were published to provide transparency, including breakdowns by protected characteristics.

The visitors were satisfied that the response addressed all their concerns and as such, they were satisfied with the education provider's performance in this area.

<u>Quality theme 2 – membership of the service user and carer group and how they contributed to the programme</u>

Area for further exploration: The visitors noted that this section of the portfolio was limited; however, the education provider's baseline document provided some additional insight.
The visitors noted that the education provider had ensured that there were many opportunities for service users (lay representatives) to be involved and feedback in different aspects of the programme. For example, the Trainee Management Panel, Themed Board membership, HEI accreditation, Workplace based accreditation, recruitment panels, assessment, learner support and governance and curriculum review.
However, it was unclear as to the background of such lay representatives (particularly in relation to EDI), the role that they played, the type of feedback that they provided and more importantly how the education provider acted on the feedback and recommendations provided.

Therefore, we requested further expansion about the membership of the group, including their recruitment, how they contributed - the feedback received and actions taken in response to such feedback.

Quality activities agreed to explore theme further: We decided to explore this through email clarification / additional information. We were confident that this approach would adequately address the issues raised by the visitors.

Outcomes of exploration: In their response, the education provider explained how lay representatives were recruited through HEE and NHS England within the West Midlands. They noted recruitment followed the relevant Patient and Public Involvement (PPI) policy in place at the time, and all representatives completed mandatory onboarding training, including equality, diversity, and inclusion (EDI).

We understood that during the review period, NHS England paused new recruitment while refreshing its policy and processes for managing lay representatives, but the existing pool continued to adequately support all required activities and no further recruitment was done due to ongoing organisational changes. The education provider noted that lay representatives continue to contribute meaningfully, for example through providing feedback in the curriculum review process, which was used to inform ongoing improvements. Lay representatives were given an open invitation to comment and feedback on the review. Their feedback was collated and fed back to the curriculum led editors and this has formed part of the education provider's ongoing annual and periodic review process.

The education provider also explained that they are aligning their approach with wider NHS England developments and will maintain engagement with their current representatives while considering future recruitment and process updates once organisational changes are complete.

The visitors were satisfied with the additional reflection which demonstrated that service users have been involved in curriculum review. Therefore, the visitors were satisfied that the quality activity had adequately addressed their concerns.

<u>Quality theme 3 – Details of feedback from learners through the Training Exit Surveys (TES), and actions taken</u>

Area for further exploration: In their reflection, the education provider noted how their TES provides a more specific dataset relating to learner's overall experience on the programme and enables feedback on all aspects of the programme delivery when compared to NHS England's National Education and Training Survey (NETS). However, there was no detail about what the TES surveys of 2023 or 2024 showed or any action taken as a result of the findings. Therefore, the visitors requested that the education provider submit further information detailing the outcome of the surveys and any actions taken.

Quality activities agreed to explore theme further: We decided to explore this through email clarification / additional information. We were confident that this approach would adequately address the issues raised by the visitors.

Outcomes of exploration: The education provider explained that a summary of the responses to the 2023 TES was published and they provided specific examples of key themes identified from the analysis and their own responses to the themes. Some of the key themes from the 2023 survey identified:

- An increase of almost 10% overall in the number of learners who disagreed that communication was effective at their HEIs, in comparison with the previous year's data.

- Concerns about training quality in some centres and a perception of variability of the quality of training between centres.
- Requests for additional guidance and support from the education provider.

The education provider also reflected on the actions taken in response to the findings. The visitors were satisfied with the detailed response provided but noted that was in 2023 and therefore sought further clarification around the survey dates to understand if responses to the 2024 survey had been received and analysed.
In response the education provider shared a link to the 2024 TES – Summary and School responses which was published in January 2025.
From this, it was evident the education provider had considered the feedback from learners who took part in both the 2023 and the 2024 surveys and have taken appropriate actions in response.

The visitors were satisfied with the education provider's response to the quality activity. They considered their openness / transparency in relation to the 2024 Trainee Exit Survey and the corresponding actions good practice. The visitors considered the availability of both resources online appropriate examples of the education provider's commitment to listen to the feedback provided by learners and further develop and enhance the learner's experiences while undertaking their training programme.

Quality theme 4 – Details of feedback from other healthcare workforce members, and actions taken

Area for further exploration: The education provider reflected on the mechanisms to elicit feedback from their practice educators, primarily through the Healthcare Science Collaborative. The education provider also noted that the Training Officers involved in the STP are appropriately qualified members of the healthcare science community. The visitors noted there were several opportunities and modalities to receive feedback from practice educators, primarily through the Healthcare Science Professional Collaborative. However, they considered the need for the education provider to also reflect on other healthcare workforce members with responsibilities to the practice element of the programme as well as data from the NETS and any actions taken in response to this feedback.

Quality activities agreed to explore theme further: We decided to explore this through email clarification / additional information. We were confident that this approach would adequately address the issues raised by the visitors.

Outcomes of exploration: From the education provider's response, we understood healthcare workforce members had previously provided feedback through the Healthcare Science Professional Collaborative which had enabled the education provider to take responsive action. One key example was the development of "Sharing Good Practice" webinars following a request to support the exchange of effective learning strategies between learners and practice educators. The education provider responded by creating and publishing initial webinars, demonstrating how useful such resources could be. The education provider stated that since then, both learners and practice educators have contributed their own materials, which are now

hosted on the education provider's website as accessible support resources. The visitors considered this good practice.

As noted earlier under quality theme 3 the education provider explained that the NETS survey did not provide the same level of detail or high response rate as their bespoke Trainee Exit Survey, and for the purposes of programme improvement, the TES data was preferred.

The visitors were satisfied with this response, noting that the education provider continues to collect feedback from practice educators as well as other staff supporting learners in practice-based learning and continue to use their feedback to improve learners' experience.

Quality theme 5 – actions taken in response to external examiners' feedback

Area for further exploration: The visitors noted that valuable feedback was provided in the two external examiner reports presented. However, there was no reflection provided on the responses taken by the education provider in relation to this feedback.

It was helpful to see that a new term of reference was drawn up in relation to the Examination Board and Ratification Board, however, it was noted that external examiners were either not informed of the dates of these boards or given short notice of attendance which made it difficult for them to contribute. The visitors therefore requested further information on the above points to understand further the feedback from, and actions taken in response to external examiners, and the impact these actions had.

Quality activities agreed to explore theme further: We decided to explore this through email clarification / additional information. We were confident that this approach would adequately address the issues raised by the visitors.

Outcomes of exploration: From the education provider's response, we understood external examiners provided independent quality assurance of the final year assessment process, with their reports reviewed by the Ratification Board. The education provider noted that although the external examiners could not always attend Examination Board meetings, they were consistently invited and kept informed. The education provider noted they responded formally to their feedback, outlining planned actions, with responses developed by the Assessment Team and relevant leads. Both the reports and responses were further reviewed by the Quality and Standards Committee, and feedback has informed improvements, such as the support for the introduction of statistical modelling in 2024 to better analyse assessment outcomes.

The visitors noted the further information provided. However, further clarity was needed in relation to the education provider's statement around how external examiners were not always able to attend the Examination Board and therefore sought further clarification about this statement. The visitors also requested that the education provider submit their response to the external examiner report to show an example of actions taken in response to their feedback.

In their response, the education provider clarified that the feedback from the external examiners was that while they were provided with the relevant dates in advance, they considered more notice would have been helpful. Additionally, for Independent Assessment of Clinical Competence (IACC), the education provider clarified that they had previously published these dates on their website and one of the external examiners felt it would have been helpful to continue in 2025. We understood this feedback had since been shared with the assessment team and should inform their preparation for the 2026 assessment cycle and their ongoing communications with the external examiners.

The visitors were satisfied with this clarification. They determined that the education provider continues to take appropriate actions in response to external examiner feedback, to improve their programme.

Following all the additional information provided, the visitor determined that the quality activity and further clarification had adequately addressed their concerns.

Section 4: Findings

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

Overall findings on performance

Quality theme: Institution self-reflection

Findings of the assessment panel:

- **Admissions procedures** –
    - The education provider reflected on their provision of comprehensive, regularly updated guidance on their website to help applicants and education providers make informed decisions aligned with the advertised year of entry. We understood the guidance supports continuous improvement and ensures information remains accurate and relevant. A dedicated applicants' section on their website outlines how to join the programme, including key documents, available specialisms by location, important dates such as employer open days, and a list of their partner higher education institutions (HEIs).
    - The education provider recognised the challenges around admissions processes for overseas applicants with the process of sponsoring work visas for employment at the partner employing organisation.
    - In managing potential issues, we understood the education provider negotiated directly with their partner HEIs to identify any affected applicants and ensure that they were able to register with the HEI, despite the delays in issuing Academic Technology Approval Scheme (ATAS) certification which had occurred.

- We also noted the education provider's reflection on the admissions process for in-service and the various stages of direct entry applicants including entry website also provides information on the SJT, countries where sanctions exist, computer requirements and further information.
- The education provider also reflected on potential issues arising from international applicants as well as in service applicants and how they have addressed these issues by providing information earlier e.g., to ensure VISA requirements are addressed and separate eligibility criteria have been established for in-service applicants.
- As noted through quality theme 1, further clarification was sought to understand the difference between direct and in-service pathways and the information provided to applicants prior to their application.
- Following their initial review and the quality activity, the visitors were satisfied that the education provider continues to have appropriate policies and procedures for admissions in place and that they are effectively monitored.
- Therefore, the visitors were satisfied with the education provider's performance in this area.

- **Resourcing, including financial stability** –
  - The STP is fully commissioned by NHS England, which ensures its financial sustainability. We noted the programme has a prominent role in the NHS 10 Year Health Plan (2025).
  - The education provider reflected on the direct funding model, which enables them to ensure that their learners are financially supported through direct salary costs and funding for the MSc in Clinical Science which forms the structure of the STP. There have been no changes to this since their last performance review.
  - The education provider also reflected on how they have successfully addressed any challenges associated with the merger of Health Education England and NHS England in April 2023. Additionally, we noted staffing levels have reverted to the pre-merger levels.
  - We also noted how procurement arrangements secured funding directly from Department of Health and Social Care (DHSC) for STP learners.
  - From their last performance review, we noted the education provider was in the process of reviewing the Independent Assessment of Clinical Competence (IACC) and planned to introduce a streamlined assessment for 2025. Although, some operational challenges were identified, the education provider reflected that they were able to successfully deliver the largest assessment event in their history and have taken key learning from the new assessments. They reflected that the new final year assessment (FYA) has now been successfully implemented and that it now enables them to be able to assess larger cohorts of learners and ensure assessments remain an objective, fair, and reliable measure of achievement.
  - The visitors were satisfied with the education provider's reflection in this area and determined they have continued to perform well.
- **Partnerships with other organisations –**

    - The education provider works with NHS England national and regional commissioners to ensure a supply of workplace-based training providers and HEI programmes.
    - We noted several valuable partnerships for example, partnership with the external body - Quality and Standards Committee (QSC) and other organisations such as NHS Trusts, HEIs, and other employing organisations.
    - The education provider maintained active cooperation with its partner NHS Trusts, HEIs, and other employing organisations through its ongoing accreditation processes and regular meetings. We noted these partnerships are appropriate to their unique training programme.
    - The visitors were satisfied with the education provider's performance in this area and determined they have continued to perform well.
- **Staff development** –
    - The education provider is different from traditional HEIs as they oversee rather than fully deliver their training programme. The education provider works with seven higher education institutions and NHS Trusts delivering the educational MSc degree programme and the work-based learning, respectively. The education provider supports work-based learning trainers through regular Train the Trainer events and webinars, with additional resources available on their website. Their accreditation process also supports continuous development of staff.
    - NHS England funded commissioned HEIs and workplace training providers to ensure academic and practical training was delivered by suitably qualified and experienced professionals.
    - The education provider set accreditation requirements which were monitored through accreditation processes. Core staff underwent internal appraisal and staff development to ensure programmes continued to be delivered effectively.
    - The visitors were satisfied with the education provider's performance in this area and determined they have continued to perform well.
- **Academic quality** –
    - The education provider holds series of weekly, monthly and annual operational and strategic meetings within external governance to discuss high risk matters, thereby ensuring the quality of their programme.
    - The education provider has seven partner HEIs involved with their STP who provide academic aspects of the programme and therefore each institution has their own quality assurance within the wider frameworks of higher education.
    - The education provider held their annual strategic review meetings with each HEI. This was led by HEE National Commissioners with key senior staff of the education provider actively involved. The final assessment outcomes were evaluated and approved through the Examination and Ratification Board. External examiners also provided feedback.
    - The education provider discussed their new final year assessment which was rolled out in the summer of 2025. We understood both the revised FYA and the existing IACC ran in parallel in 2025. The

education provider reflected on their key learning from the new assessment. Some of which include:
        - Improved ability to statistically analyse pass / fail decisions against objective data. They noted this was achieved as a result of their adoption of a numerically scored checklist.
        - With the new FYA, there was a lower proportion of fails at first attempt than the IACC.
        - Positive feedback from both learners and assessors about the fairness and reliability of the assessment.
    - The visitors were satisfied with the education provider's reflection. However, they considered the new FYA was still new to fully understand its impact. Therefore, the visitors have referred this to the education provider's next performance review in the 2027-28 academic year. By this time, the new FYA would have been used a few more times and it would be helpful to see the education provider's reflection on it then to assess whether they continue to be effective.
- **Quality of practice-based learning** –
    - The education provider noted they have a thorough accreditation and quality review process that ensures practice providers assess themselves against these three domains:
        - Education/training quality
        - Planning and resource management
        - Health and safety, equality and diversity, patient and public involvement.
    - Quality of practice-based learning is assured directly by their Accreditation and Admissions Team, whose role it is to assure the quality of delivery partners for the programme, both in the workplace and HEI setting, and to assure the standards of learners entering the programme. Virtual interviews were held between the applicant and proposed employing NHS Trust.
    - Clarification was sought to confirm if any external bodies such as the Healthcare Science Professional Collaborative have an input in the quality of practice-based learning. The education provider explained how their Accreditation and Admissions Team maintain regular meetings with external partners, through its monthly quality meetings with partner HEIs and through an annual monitoring process with its partner training site.
    - The education provider's external Quality and Standards Committee also reviewed matters related to practice -based learning and quality and provided oversight of the associated processes.
    - The visitors were satisfied that the education provider continues to ensure and monitor the quality of practice-based learning. Therefore, the visitors were satisfied with the education provider's performance in this area and determined they have continued to perform well.
- **Learner support** –
    - Learners are supported through three organisations involved in the programme. These are the education provider, the partner NHS Trust and the partner HEI. The education provider has overall responsibility for learner support. The education provider offers further personal

support in relation to physical and mental health of learners, exceptional extenuating circumstances and administrative issues.
    - The education provider's Exceptional Extenuating Circumstances (EEC) policy allowed learners to request an extension to their training contract, or similar support mechanisms, to address challenges. All requests were reviewed by the education provider's Training Management Panel (TMP). The TMP includes senior members of the Programme Support team, representatives from NHS England's commissioning and Postgraduate Medical and Dental Education teams, and service user representatives, particularly where additional support may have financial implications.
    - The visitors were satisfied that the education provider continues to use their resources, partnerships and other mechanisms to support learners.
    - Therefore, the visitors were satisfied with the education provider's performance in this area and determined they have continued to perform well.
- **Interprofessional education –**
    - Interprofessional education (IPE) is done as part of accreditation process. IPE is embedded within the MSc in Clinical Science which forms part of the STP. Learners can also engage with broader NHS England professional support activities.
    - During the review period, learners engaged with IPE which reflected the real-work workplace setting for which a clinical scientist would have a role. Examples of such include:
        - Multi-Disciplinary Meetings (MDTs)
        - Training other scientists and junior medical staff
        - Training other professionals in their own required competencies who visit department
        - Multi-professional webinars
    - The visitors were satisfied that through these activities; learners have continued to access interprofessional education which ultimately improved the quality of care for service users.
    - Therefore, the visitors were satisfied with the education provider's performance in this area and determined they have continued to perform well.
- **Service users and carers** –
    - Service users and carers are involved through the education provider's Patient and Public Involvement (PPI). The education provider noted service users and carers are involved in all aspects of the HEI programmes. They observe a 10% sample of the STP final assessments across all specialities, learner and assessor briefings as well as the interview components of the final assessment.
    - As noted through quality activity 2, service users and carers (lay representatives) were involved in the curriculum review process. The education provider also engaged with other colleagues across NHS England to increase their understanding of service user and carer involvement across the organisation and to establish new structures for their involvement.

    - The education provider continues to use their current pool of lay representatives while they consider a new recruitment campaign for new members.
    - From the initial portfolio and through quality activity, the visitors were reassured that the education provider continues to engage service users and carers in a way that allows them to contribute to the overall quality and effectiveness of the programme.
    - Therefore, the visitors were satisfied with the education provider's performance in this area and determined they have continued to perform well.
- **Equality, diversity and inclusion** –
    - The education provider is governed by NHS Equality and Diversity policy. Equality and diversity data is gathered and monitored at all stages of the admissions process. The education provider has an established an Equality and Diversity Committee that oversees issues affecting learners, policies and procedures.
    - We sought clarification to understand if there was any compulsory equality, diversity and inclusion (EDI) training available to staff, partners and learners. We understood all external partners involved in delivering training or assessment were required to meet the education provider's standards which included demonstrating appropriate qualifications, relevant experience, and ongoing professional development. The education provider noted no additional requirement for specific EDI training beyond what was already mandated by their employing organisation.
    - Learners were required to comply with their employing Trust's statutory and mandatory training requirements and the Final Year Assessment included dedicated components that assessed understanding of EDI concepts, particularly through core scenarios. These elements were mapped to curriculum modules, ensuring that EDI principles were both taught and evaluated throughout the programme.
    - From the information provided in the portfolio and the further clarification received, the visitors were satisfied that there continues to be appropriate EDI policies and processes in place and these continue to be implemented and monitored.
    - Therefore, the visitors were satisfied with the education provider's performance in this area and determined they have continued to perform well.
- **Horizon scanning** –
    - The education provider reflected on how they have continued to focus on their delivery function, and on working with senior stakeholders within DHSC and with the Chief Scientific Officer to support the realisation of the NHS 10 Year Health Plan for England. They noted this period of change will remain under active consideration.
    - The education provider also reflected on how they were able to secure funding that would enable them to recruit to the STP from 2026 -2029 so that they can continue to support their learners all through the programme.

- Therefore, the visitors were satisfied with the education provider's performance in this area and determined they have continued to perform well.

Risks identified which may impact on performance: None

Outstanding issues for follow up: As explained under Academic quality, we will review the education provider's new final year assessment at their next performance review. By this time, the new FYA would have been used a few more times and it would be helpful to see the education provider's reflection on it then to assess whether they continue to be effective.

Quality theme: Thematic reflection

Findings of the assessment panel:

- **Embedding the revised HCPC standards of conduct, performance and ethics across professions** –
  - **How the provider made changes** – the education provider took an active approach to consider the revised Standards of Conduct Performance ad Ethics across the individual modules of the programme, for which it is assumed will be both profession and modality specific. This included mapping the curriculum with a traffic light initiative to highlight modified standards, highlighting where modifications had resulted in areas which were or were not explicitly mapped to the current curriculum. During this review process curriculum descriptors and module content were reviewed to consider the revised standards and additionally the new final year assessment.
  - **Equality diversity and inclusion (EDI)** – the education provider reflected that no specific changes have been made to the curriculum. They noted their high-level review demonstrated that the curriculum fully met the revised standards and the new FYA was developed to explicitly map to the revised standards. The education provider described their approach to assess the standards in relation to the delivery of their current programme and that they had previously conducted a similar review against the revised standards of proficiency in the previous performance review. Further clarity was sought which helped us to understand how EDI was embedded in the curriculum and assessment. This area is explored within the Core module 'Professional Foundations of Healthcare and Clinical Science' which is central to the revised STP curriculum and which all learners must complete. There are specific learning outcomes which cover revised EDI standards. These include:
    - Practice inclusively in a non-discriminatory manner to provide patient centred care.
    - Summarise the role and responsibilities of healthcare scientists in providing and upholding high quality patient centred care.
    - Apply the principles and values of the NHS in their practice.
    - Critically evaluate the principles of patient centred care applied to healthcare in the NHS including approaches to managing

health which aim to promote wellbeing and reduce health inequalities.

- **Communication** – The education provider again reflected that no specific changes have been made to the curriculum, as the high-level review described previously demonstrated that the curriculum fully meets the revised standards. However, the new FYA was developed to explicitly map to the standards. Further clarification was sought around examples of best practice used to address communication within the curriculum and assessment. Curriculum details were provided in relation to the Core module 'Professional Foundations of Healthcare and Clinical Science' which detailed various aspects of communication skills which gave learners an opportunity to develop during the module and the work-place setting. Also, these communication competencies were assessed through workplace-based assessment and evidenced through the learner portfolio and the new FYA.
- **Duty of candour** – the education provider submitted the same reflection as above. The visitors sought further clarification through examples of best practice to address duty of candour within the curriculum and assessment. From the further clarification provided, the visitors noted the curriculum details provided in relation to the Core module 'Professional Foundations of Healthcare and Clinical Science' covered this aspect of duty of candour. They also noted the competency is assessed through workplace-based assessment and evidenced through the learner portfolio and the new FYA.
- **Upskilling and training responsibilities** - the education provider submitted their reflection for this area as above. The visitors sought further clarification by requesting examples of best practice to address upskilling and training responsibilities within the curriculum and assessment. From the information provided by the education provider, the visitors were satisfied that the curriculum details provided in relation to the Core module 'Professional Foundations of Healthcare and Clinical Science' highlights the importance of CPD, personal improvement and the importance of improvement as it relates to service delivery. These competencies are assessed through workplace-based assessment and evidenced through the learner portfolio and the new FYA.
- **Managing existing health conditions and disabilities in the workplace** – the education provider submitted the same reflection as above. The visitors sought further clarification by requesting examples of best practice to indicate how this standard has been embedded within the curriculum and assessment. The education provider explained this standard is addressed primarily through the Core module 'Professional Foundations of Healthcare and Clinical Science' which they noted is central to their revised STP curriculum and which all learners are required to complete. The professional standard is explored in detail with specific professional and academic learning outcomes aligned to these concepts. We understood the module is assessed through workplace-based assessments and evidenced in the learners' portfolio, supported by aligned academic content. The FYA is explicitly mapped to the revised standards, with each assessment

assessing learner attitudes and behaviours through targeted professional scenarios. This approach is applied across both core and specialist modules, with the core module focusing on developing transferable skills, behaviours, and attitudes for professional practice.

- **Sustainability** - the education provider submitted the same reflection as above. The visitors sought further clarification by requesting examples of best practice to indicate how relevant standards have been embedded within the curriculum and assessment. The education provider explained this is addressed primarily through the Core module 'Professional Foundations of Healthcare and Clinical Science' which they noted is central to their revised STP curriculum and which all learners are required to complete. We understood sustainability is explored through specific professional and academic learning outcomes aligned to the concept. There are two specific learning outcomes which are covered within the content areas – Introduction to population health; and Innovation. The two learning outcomes are
    - Discuss contemporary issues affecting health and healthcare in the context of their practice and the wider health environment.
    - Critically evaluate the impact of developments and innovation in healthcare on current and future practice and patient care.

  The education provider noted the module is assessed through workplace-based assessment and evidenced through the learner's portfolio as well as alignment with the academic content.

- **Guidance on social media -** The education provider submitted the same reflection as above for this area. The visitors sought further clarification by requesting examples of best practice to address guidance on social media within the curriculum and assessment. As with the other standards, the education provider reflected further that the standard is addressed primarily through the Core module 'Professional Foundations of Healthcare and Clinical Science. Specific examples of the professional and academic learning outcomes include:
    - Demonstrate effective interpersonal communication skills, identify the needs of the intended audience and employ appropriate methods to meet those needs.
    - Critically appraise the contribution of healthcare science and multi-professional working in the provision of patient care within the structure and function of health and social care including effective communication and leadership

- These cover areas such as effective communication, engaging constructive feedback, difficult conversations, social media, and adapting methods of communication appropriately for the audience.
- Overall view of the visitors - the visitors were satisfied that the education provider's initial reflection and the further clarification sought confirmed the revised standards have been appropriately embedded into the curriculum and the assessments.
- Therefore, the visitors were satisfied with the education provider's performance in this area and determined they have continued to perform well.

- **Impact of workforce planning** –
    - The education provider reflected on the NHS 10 Year Health Plan for England which described the need to expand the diagnostic workforce capacity, which includes the Clinical Scientist workforce.
    - We noted the education provider's Senior Management Team worked closely with colleagues in NHS England and the Chief Scientific Officer (CSO) for England in actively shaping their response to the emerging challenges. We understood the current model for STP funding is being secured through a new procurement process for new entrants onto the STP until 2029.
    - The education provider also reflected that they have been able to meet local and regional demand through their existing processes and that all learners recruited to the STP are appropriately funded and supported across the duration of their programme.
    - The visitors were satisfied with the education provider's reflection in this area and therefore, determined they have continued to perform well.
- **Use of technology: Changing learning, teaching and assessment methods** –
    - The education provider reflected on how they use technology in assessment and response to developments in artificial intelligence (AI) through the quality review processes.
    - Further clarification was sought to understand whether AI and academic integrity have been considered in assessing and validating completed online assessments, particularly the final assessment. We needed the clarification because it was unclear if the assessments are contracted out or how they were being done.
    - We understood online assessment was delivered via the Qpercom platform, which the education provider noted was chosen for its strong track record in securely hosting postgraduate medical assessments. Learners were required to identity checks and demonstrate they were in a secure environment, while the platform prevented access to other systems during the assessment.
    - A sample of recordings was retained for quality assurance, and assessors or learners were able to raise real-time incident reports if concerns arose, which would be investigated and reviewed by the examination board. The education provider noted they considered the potential use of AI during assessment; however, they do not currently see this as a significant risk but will continue to monitor it with support from Qpercom as a trusted provider.
    - The visitors were satisfied with the education provider's reflection as well as the further clarification and therefore, determined the education provider continues to perform well in this area.
- **Apprenticeships in England** –
    - The education provider does not currently deliver any HCPC approved apprenticeship programme. We are aware that due to a change in government the availability of apprenticeship levy funding for new level 7 programmes had ended. The education provider has therefore decided that the complexity inherent in the apprenticeship model might create additional workloads as opposed to concentrating on securing

continued funding to support the existing directly commissioned model. As such, the apprenticeship pathway for clinical scientists is not being progressed. They however noted that their apprenticeship function remains in place and that it continues to successfully support their other healthcare and healthcare science programmes.
    - The visitors were satisfied with the education provider's reflection and therefore, determined the education provider continues to perform well in this area.

Risks identified which may impact on performance: None

Outstanding issues for follow up: None

Quality theme: Sector body assessment reflection

Findings of the assessment panel:

- **Office for Students (OfS)** –
    - The education provider reflected that they are not directly registered with OfS however, they noted they have seven partner HEIs involved with the STP whose TEF awards are Gold or Silver for the OfS.
    - The visitors were satisfied with the education provider's reflection and therefore, determined the education provider continues to perform well in this area.
- **Other professional regulators / professional bodies** –
    - The education provider noted how they have continued to develop the Healthcare Science Professional Collaborative with further meetings and high engagement from the wider healthcare science community. The visitors noted this reflection. However, they needed the education provider to reflect on any actions taken from this Collaborative.
    - From the further information provided, we understood outputs from the Healthcare Science Professional Collaborative were reported to the education provider's Senior Management Team (SMT), with feedback highlighting its value as a forum for engaging professional stakeholders. SMT noted that Collaborative members had been actively involved in key activities, including contributing to the independent school review, developing and reviewing final assessment scenarios, and participating in Sharing Good Practice webinars.
    - These contributions demonstrated the Collaborative's role in enabling stakeholder input into key workstreams and strengthening communication across the profession.
    - The visitors were satisfied with the education provider's reflection and therefore, determined the education provider continues to perform well in this area.

Risks identified which may impact on performance: None

Outstanding issues for follow up: None

Quality theme: Profession specific reflection

Findings of the assessment panel:

- **Curriculum development** –
    - We noted from the education provider's reflection that the current curriculum was implemented for delivery in 2022 and was not expected to undergo any significant change until at least 2026. The education provider has introduced a process of continual curriculum review and development for their programmes, including the STP. This process was developed to enable stakeholders to propose developments or amendments to the existing published curricula at any time in response to potential developments in the delivery of healthcare science, rather than waiting for an official 'review' period. There were no changes formally implemented within the review period.
    - The visitors were satisfied with the education provider's reflection and therefore, determined the education provider continues to perform well in this area.
- **Capacity of practice-based learning (programme / profession level)** –
    - The partnership model described in the previous performance review remained in place. All learners are recruited directly to a funded fixed-term NHS Band 6 contract and follow a funded MSc programme during this time. Funding is provided directly by the DHSC and is negotiated periodically by commissioning teams within NHS England.
    - The education provider noted that the overall workforce training capacity is limited by the local and regional ability to support individual learners and while there has been some fluctuation over recent years, the STP intake currently remains stable.
    - Further clarification was sought to understand if the new form of practice-based assessment mentioned within the portfolio had an impact on capacity. We also needed to clarify if there were any steps being taken to increase practice-based learning opportunities.
    - From seeking further clarification, we understood that the education provider did not have a direct role in expanding overall learner numbers or facilitating increases in training capacity within partner NHS Trusts. The education provider's role was limited to recruiting and supporting the training of learners for whom funding had been agreed by the DHSC.
    - The visitors were satisfied with the education provider's reflection as well as the further clarification and therefore, determined the education provider continues to perform well in this area.

Risks identified which may impact on performance: None

Outstanding issues for follow up: None

<u>Quality theme: Stakeholder feedback and actions</u>

Findings of the assessment panel:

- **Strategic approach to feedback** –
    - The education provider reflected on how they manage learner data through a central database, referred to as the 'Trainee Management System' (TMS). This was introduced during their last performance

review and alongside other digital and technology developments. The education provider also collected specific feedback through their Trainee Exit Survey (TES). They noted these two mechanisms enabled them to present specific data returns.
    - Further clarification was sought to understand how the education provider acted on feedback from various stakeholders such as service users, the external examiner and the Healthcare Science Professional Collaborative.
    - Within the further clarification, various examples were supplied by the education provider highlighting how feedback had been used to actively enhance the quality of their provision. For example, how it enabled learners to raise queries around the information provided to them ahead of assessments regarding how to apply for Reasonable Adjustments and/or Mitigating Circumstances. We noted it also helped to enhance the continual development, review, and implementation of the FYA scenarios.
    - From the reflection and the further clarification, it was clear how feedback was used to enhance the quality of the provision.
    - Therefore, the visitors were satisfied with the education provider's reflection as well as the further clarification and therefore, determined the education provider continues to perform well in this area.
- **Learners** –
    - In their reflection, the education provider noted that learner opinion about their education and training experiences on their clinical practice placement in the workplace is captured by NHS England's National Education and Training Survey (NETS).
    - They also noted that their TES provides a more specific dataset relating to learner's overall experience on the programme and enables feedback on all aspects of the programme delivery.
    - As detailed in quality theme 3 further detail about the 2023 and the 2024 TES was received which showed the education provider continues to take feedback from learners, and these are followed by appropriate actions. Links to the survey and the education provider's response were also provided.
    - The visitors considered the education provider's openness / transparency about their Trainee Exit Surveys and the corresponding actions as good practice. Availability of both resources online are excellent examples of the education provider's commitment to listen to learner feedback and further develop and enhance learner experiences.
    - The visitors were satisfied with the education provider's reflection as well as their response to the quality activity and therefore, determined the education provider continues to perform well in this area.
- **Practice educators** –
    - The education provider reflected on mechanisms to elicit feedback from their practice educators, primarily through the Healthcare Science Collaborative. They also noted that the Training Officers involved in training STP learners are appropriately qualified members of the healthcare science community.

    - As discussed through quality theme 4, further information was received which provided specific feedback from practice educators and the corresponding actions.
    - As part of their response to the quality activity, the education provider described how they have developed "Sharing Good Practice" webinars following a request to support the exchange of effective learning strategies between learners and practice educators. The education provider responded by creating and publishing initial webinars, demonstrating how useful such resources could be. We understood that since then, both learners and practice educators have contributed their own materials, which are now hosted on the education provider's website as accessible support resources. The visitors considered this good practice.
    - The visitors were satisfied with the education provider's reflection as well as their response to the quality activity and therefore, determined the education provider continues to perform well in this area.
- **External examiners** –
    - This was an area referred from the education provider's last performance review. The education provider noted in their last performance review reflections that they were making changes to the role of the external examiner in early 2023. These changes highlighted the need to amend the Terms of Reference (ToR) for the Examination and Ratification Boards. Visitors recommended these amendments should be reviewed and reflected on in the next performance review.
    - In their response to this referral, the education provider noted that they have updated their current ToR for the STP Examination Board and Ratification Board and highlighted the role of the external examiners. Their response included reports from the 2025 iteration of both the IACC and the new Final Year Assessment.
    - The education provider reflected that the external examiners have continued to contribute helpful critique and feedback on the STP assessment processes and together with the external Quality and Standards Committee (to which they also present their reports) form a comprehensive system of external oversight to the programme.
    - As detailed in quality theme 5 further clarification was sought to understand the specific feedback provided by the external examiners and the education provider's responses to their reports.
    - The visitors were satisfied with the education provider's reflection as well as their response to the quality activity and therefore, determined the education provider continues to perform well in this area.

Risks identified which may impact on performance: None

Outstanding issues for follow up: None

Areas of good and best practice identified through this review: The education provider's openness / transparency about their Trainee Exit Surveys and the corresponding actions. Availability of both resources online are excellent examples of the education provider's commitment to listen to learner feedback and further develop and enhance learner experiences.

In addition, the visitors considered the development of “Sharing Good Practice” webinars following a request to support the exchange of effective learning strategies between learners and practice educators good practice.

Data and reflections

Findings of the assessment panel: For this section, the education provider submitted their internally generated data and reflected on this. We understood the data is subject to external scrutiny through the education provider’s Quality and Standards Committee (QSC).

- **Learner non continuation:**
    - In their reflection, the education provider noted their current five-year rolling average non-continuation rate was slightly above their internal target of 5% (measured up to the 2024 cohort) although reducing from previous years. We understood they have had a sustained increase in learner numbers, with a peak of 591 recruited (566 active) in 2024 and 584 commencing on programme. They do not currently expect significant increases in recruitment to the programme in the next review period.
    - The education provider indicated that they were conscious of the need to maintain a low non-continuation target. We expect that the education provider will continue to monitor their learner numbers.
    - The visitors were satisfied with the education provider’s reflection and therefore, determined they have continued to perform well in this area.
- **Outcomes for those who complete programmes:**
    - The education provider reflected on the employment figures from 2022 and 2023, there was a slight decrease in employment percentage and a corresponding increase in those recorded as not employed, but seeking employment as a Clinical Scientist. Furthermore, there was an increase in those recorded as not employed and not seeking employment. However, the data shows that the education provider maintains its target of 90% in employment, although only 69% in employment as a Clinical Scientist.
- **Learner satisfaction:**
    - The education provider noted that since the programme is not an undergraduate programme, the National Student Survey does not apply. Instead, the data presented was those form their Trainee Exit Survey (TES). We understood this was measured by the response ‘agree’ or ‘strongly agree’.
    - The visitors noted that the current learner satisfaction rate meets the education provider’s target of 90% although lower than the previous years.
- **Proposal for supplying data points to the HCPC:**
    - As noted above, the education provider supplied internally generated data which has been subject to external scrutiny through their QSC, for this performance review. We understood QSC are tasked with reviewing and confirming this data and reviewing Equality, Diversity, and Inclusion (EDI) data for recruitment and attainment on the STP.

    - However, due to the ongoing structural changes within the organisation, the education provider has informed us that that they are unable to establish regular supply of externally verified data to us at this time. The education provider hopes to be able to establish a regular supply of data at their next performance review in the 2027-28 academic year.
- **Programme level data:**
    - The education provider submitted a detailed table that aggregates the programme level data. The table captured the status of learners at a point in time and was collected in October 2025. The education provider noted staff / learner ratio as not applicable given the nature of the programme.
    - The visitors are satisfied that the programme is currently adequately resourced as noted within this report.

Risks identified which may impact on performance: None

Outstanding issues for follow up: None

Section 5: Issues identified for further review

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

Referrals to next scheduled performance review

Reflections on the new final year assessment

Summary of issue: The education provider introduced a new final year assessment (FYA) in late 2025. We will review this at their next performance review to fully understand its impact.

Section 6: Decision on performance review outcomes

Assessment panel recommendation

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

Reason for next engagement recommendation

- Internal stakeholder engagement
    - The education provider engages with a range of stakeholders with quality assurance and enhancement in mind. Specific groups engaged by the education provider were learners, service users, practice educators, partner organisations and external examiners.
- External input into quality assurance and enhancement
    - The education provider did not engage with other relevant professional or system regulators given their provider type and the nature of their

provision. However, the education provider engaged with the Quality and Standards Committee who review Equality, Diversity, and Inclusion (EDI) data for recruitment and attainment on the STP.
    - The education provider considers sector and professional development in a structured way.
- Data supply
    - Through this review, the education provider provided performance data points which are equivalent to those in external supplies available for other organisations. They did not establish a regular supply of this data through this assessment, which means we are not able to actively monitor changes to key performance areas within the next review period.
- What the data is telling us:
    - From the 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 data showed the education provider is performing within expected range across the three key areas measured – learner non-continuation, outcomes for those who complete, and learner satisfaction. Learner numbers appear to have peaked and the education provider has assured us they are monitoring this.
- In summary, the reason for the recommendation of a two-year monitoring period is:
    - Although the education provider has submitted their internally generated data which they noted has been subjected to external scrutiny, they have informed us that that they are unable to establish a regular (yearly) supply of externally verified data to us at this time due to ongoing organisational changes.
    - Therefore, we will assess the education provider's performance again in two years to manage any associated risks. The education provider hopes to be able to establish a regular supply of data at their next performance review in the 2027-28 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 academic year 2027-28.
- The issues identified for referral through this review should be carried out as detailed in Section 5.

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	National School of Healthcare Science		
Case reference	CAS-01819-C0T3M4	**Lead visitors**	Beverley Cherie Millar (Clinical scientist) Emmanuel Babafemi (Biomedical scientist)
Review period recommended	Two years		
Reason for recommendation			
The education provider should next engage with monitoring in two years, the 2027-28 academic year, because, although they have submitted their internally generated data which they noted has been subjected to external scrutiny, they have informed us that they are unable to establish a regular (yearly) supply of externally verified data to us at this time due to ongoing organisational changes. Therefore, we will assess the education provider's performance again in two years to manage any associated risks. The education provider hopes to be able to establish a regular supply of data at their next performance review in the 2027-28 academic year.			
Referrals			
<u>Reflections on the new final year assessment</u> **Summary of issue:** Reflections on the new final year assessment**:** The education provider recently introduced a new final year assessment (FYA) late 2025. We will review this at their next performance review to fully understand its impact.			

Appendix 2 – list of open programmes at this institution

Name	Mode of study	Profession	Modality	Annotation	First intake date
Certificate of Completion of Scientist Training Programme	FT (Full time)	Clinical scientist	N/A	N/A	01/09/2018