Use of external data sources by the HCPC Education function

This document explains how we source external data used through our quality assurance work, and how data points and benchmarks are arrived at.

How we use data
Using data and intelligence as a key part of our quality assurance model allows us to be:

- **Proactive** – where data and intelligence identifies risks, we can trigger some form of engagement with providers
- **Risk-based** – have an evidence-based understand of risks for providers
- **Proportionate** – use risk profiling to undertake bespoke and right touch regulatory interventions

We do not make regulatory decisions using solely data we produce or receive. Data and intelligence is used to form part of a quality picture of education providers / programmes.

When supplying data to providers, we ask them to consider and reflect on the data. This might include noting how they have used a disappointing data point as catalyst for change, or challenging us if they are unclear how data points were arrived at, and / or if data points are out of date.

Values used
We started using external data in our processes from the 2021-22 academic year. When integrating data into our model, we accepted that some data is better than no data, and worked with the bodies which would give us most coverage across providers. We have therefore used some data delivered through a direct supply, and some which is publicly available.

Benchmarks
Benchmarking allows significant differences in performance to be highlighted, whilst considering that certain learner characteristics can impact on data points. We use benchmarking from relevant organisations as a comparison point when considering data.
## Data points explained

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| Percentage not continuing                | Higher Education Statistics Agency (HESA) data, via Jisc data consultancy | • Student level data aggregated at the provider level  
• Students included where the HESA ‘course title’ field contains or references HCPC professional titles / parts of the Register (eg ‘Hearing Aid Audiology’, ‘Paramedic’, ‘Podiatry’)  
• This data is suppressed (ie not provided) when a percentage cannot be derived due to HESA’s rounding and suppression strategy  
• Where course level data is suppressed, the provider level summary data is used | Unweighted mean of the education provider level data points provided through the supply | • The supply relies on programme title, which may include non-HCPC-approved provision / exclude HCPC-approved provision  
• Data is provided to 0dp due to HESA restrictions on supply  
• The benchmark used is sector-wide (based on HCPC professions), so does not take provider learner profile into account | • Establish direct data supply from Jisc as a ‘public purpose customer’  
• We will be able to inform the quality of the data, particularly to ensure programmes are correctly tagged with HCPC as a regulatory body |

| Percentage in employment / further study | Office for Students (OfS) – public data                                | • HCPC-related subjects (using the Common Aggregation Hierarchy (CAH) level 3) aggregated at the provider level  
• Subject areas used are:  
  o Biomedical sciences (non-specific) (CAH02-05-03)  
  o Counselling, psychotherapy and occupational therapy (CAH02-06-07) | Provider-level benchmark produced by the OfS, using HESA methodology | • NSS only applies to undergraduate provision at higher education institutions  
• Not all programmes within the subject areas will be HCPC-approved | • The question we use (Q27, overall satisfaction) is being discontinued in England  
• We will consider which NSS data can provide insight into student experience of programmes, and |

| National Student Survey (NSS) overall satisfaction score (Q27) | Office for Students (OfS) – public data                                | • HCPC-related subjects (using the Common Aggregation Hierarchy (CAH) level 3) aggregated at the provider level  
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| Teaching Excellence Framework (TEF) award | Office for Students (OfS) | The most recent provider-level TEF award | N/A | Only mandatory for English institutions where condition B6 of the regulatory framework applies¹

• Some non-English providers engaged with legacy TEF, but Northern Irish, Scottish and Welsh providers have not engaged with the most recent exercise (2023)  

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| o Healthcare science (non-specific) (CAH02-05-02)  
 o Medical sciences (non-specific) (CAH01-01-01)  
 o Nutrition and dietetics (CAH02-06-02)  
 o Physiotherapy (CAH02-06-05)  
 • Values from each subject weighted to the number of responses to give an overall value for subjects related to HCPC professions  
 • Where no subject level data is available, the provider level data for taught programmes is used | | |

¹ We are clear that we do not disadvantage providers who are not mandated to have a TEF award – see our position statement for further information.