

### New Education QA model implementation decision

#### Executive Summary

The purpose of this paper is to:

- Present findings from the evaluation of the pilot of the new education quality assurance model. The pilot was to test whether model objectives and measures could be met, and that benefits could be delivered. An evaluation of the pilot, with results and outcomes against objectives is presented in appendix 1.
- Recommend that the new education QA model should be implemented as planned for scale up in September 2021, and full implementation in January 2022.
- Facilitate the Committee decision on whether to implement the new model.

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|-------------------------------------|---|
| Previous consideration              | <ul style="list-style-type: none"><li>• Evaluation from pilot cycle 2, and project status report – <a href="#">ETC paper</a> 10 June 2021</li><li>• A draft of the evaluation report was considered by the Project Board w/c 16 August and to the Executive Leadership Team (ELT) on 24 August 2021</li></ul> |
| Decision                            | The ETC is asked to consider the evaluation report, and the points set out through the discussion section of the paper, and make a decision about whether to implement the new model (as recommended).  |
| Next steps                          | Subject to ETC agreeing to implement the new model: <ul style="list-style-type: none"><li>• Executive action to implement the model</li><li>• Scale up actions as set out in appendix 2</li><li>• Review of model performance presented to the Committee in March 2022 and September 2022</li></ul>           |
| Strategic priority                  | <ul style="list-style-type: none"><li>• Continuously improve and innovate</li><li>• Promote high quality professional practice</li><li>• Develop insight and exert influence</li><li>•</li></ul>  |
| Financial and resource implications | Costs of development work included in 2020-21, and 2021-22 Education Department budgets   |
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# New Education QA model implementation decision

## Background

The HCPC has had the same model for the approval and monitoring of education programmes for over 10 years. The existing model is not risk based and adopts a one size fits all approach.

In June 2020, the Education and Training Committee (ETC) agreed to pilot a new approach for education quality assurance. For the pilot strategic objectives and measures, and the areas to focus on through the pilot period were agreed.

The pilot tested whether the expected benefits could be realised within the new model. This has formed the basis of the pilot and evaluation work which concluded in August 2021.

## Strategic aim and objectives

The aim of this work programme is to position the HCPC's Education function to be flexible, intelligent and data led in its risk based quality assurance of education providers.

To achieve this, the programme aimed to deliver improvements in the following areas:

1. Achieving risk based outcomes which are proportionate and consistent.
2. Operating efficient and flexible quality assurance processes.
3. Using a range of data and intelligence sources to inform decision making.

## Key changes and benefits of the new QA model

There are four key elements to the new QA model which distinguish it from existing processes. These reflect key priorities of stakeholders and support the strategic objectives:

1. Working with providers at institution and programme levels
2. Approval delivered in flexibly designed stages
3. Ongoing engagement with providers based on risk
4. Data and intelligence from a range of sources used to understand risk

### 1. Working with providers at institution and programme levels

Institution wide approaches to meeting standards which are common across programmes are embedded in the new model. Standards are structured to support this approach, alongside new quality assurance processes.

| <b>Expected benefits</b>   | <b>Relevant assessment measures used within pilot</b>   |
|--|---|
| Improved understanding of how standards are met at different levels.                         | <ul style="list-style-type: none"><li>• Education providers are satisfied in the consistency of outcomes reached through any QA process undertaken.</li><li>• Visitors focus more effectively on the appropriate areas of the standards at the appropriate time through each process, in comparison to the current model.</li></ul> |
| Consistent outcomes achieved across different assessment activities at the same institution. |   |

|  |   |
|--|---|
| Strategic relationships are created with senior stakeholders within institutions regarding relevant standards. | <ul style="list-style-type: none"> <li>• Visitors are satisfied they are positioned effectively to understand the wider organisation context in any decisions they reach.</li> <li>• Outcomes data shows that issues were picked and dealt with at the appropriate time and with appropriate contacts, leading to smoother progression through the QA processes.</li> </ul> |
|--|---|

## 2. Approval delivered in flexibly designed stages

Institutions are now assessed in addition to their programmes to ensure providers are properly organised to deliver education.

We consider all standards through a staged approach to assessment which allows for more targeted focus on specific areas of the standards. The activity within each stage can be designed more flexibly also, driven by issues, risks, and potential areas of best practice identified.

| <b>Expected benefits</b>   | <b>Relevant assessment measures used within pilot</b>  |
|--|--|
| Consistent outcomes achieved across different assessment activities at the same institution. | <ul style="list-style-type: none"> <li>• Outcomes data demonstrates standards being applied consistently across an institution.</li> <li>• Education providers are satisfied that the engagement undertaken is proportionate, meaningful and appropriate.</li> <li>• Education providers perceive a reduction in the administrative burden for them to engage with us.</li> <li>• Visitors able to perform their role effectively through the structure of engagement used in any QA process undertaken.</li> <li>• Qualitative data shows that assessment activities had a clear purpose and are applied in a proportionate way.</li> <li>• Median time to complete process is less compared to current model across range of approval assessments.</li> <li>• Cost to deliver assessment activities are comparable to existing model.</li> </ul> |
| Stakeholder are engaged flexibly and with clear rationale provided.                          |  |
| Site visits only conducted where needed to assess standards.                                 |  |
| Final outcomes achieved in less than 9 months (current SLA).                                 |  |

## 3. Ongoing engagement with providers based on risk

Engagement post-approval will be driven by risks and issues, and our interventions will be tailored to support engagement around these, and where needed, through formal assessment. This is most evident through our approach to continued engagement with approved providers, where action is based on the findings of assessments, rather than the being process driven.

Institutions will be risk profiled in accordance with an established risk framework to determine the frequency of engagement. The emphasis will be on understanding how quality is maintained and how programmes are performing.

| <b>Expected benefits</b>   | <b>Relevant assessment measures used within pilot</b>   |
|--|---|
| Monitoring is focused on institutions where there are higher risks.                  | <ul style="list-style-type: none"> <li>• Visitors are supported and positioned to make risk-based decisions appropriately within the QA model.</li> <li>• Risks are quantified effectively, with higher risk providers appropriately engaged in more intensive and timely regulatory interventions.</li> <li>• Education providers understand the risk model and assessment applied through the QA processes and are satisfied they are objective and consistently applied.</li> <li>• Providers can engage with and provide relevant information for the provider performance related data points required through QA processes.</li> <li>• Cost to deliver assessment activities are comparable to existing model.</li> </ul> |
| Monitoring is tailored to investigate risks which are identified.                    |   |
| Provider performance is documented and provides clear rationale for risk assessment. |   |
| Providers are incentivised to maintain and improve regulatory performance over time. |   |

#### 4. Data and intelligence from a range of sources used to understand risk

Data and intelligence is embedded into how we understand the risks and performance of education providers across all areas of the proposed QA model. The work programme confines deliver of this to three areas:

- Higher Education Statistic Agency (HESA) data
- Newly qualified graduate survey data
- Professional body intelligence

| <b>Expected benefits</b>  | <b>Relevant assessment measures used within pilot</b>   |
|---|---|
| More effective risk assessment and profiling of institutions and programmes | <ul style="list-style-type: none"> <li>• Sector based intelligence is used throughout each process where appropriate, which improves the quality of decision making.</li> <li>• All provider types are able to engage with and provide relevant information for the provider performance related data points required through QA processes.</li> <li>• Education providers understand the risk model and assessment applied through the QA processes and perceive them to be objective and consistently applied.</li> <li>• Visitors are supported and positioned to make risk-based decisions appropriately within the QA model.</li> <li>• A risk model is delivered, which allows risks to be quantified effectively, with higher risk providers appropriately engaged in more intensive and timely regulatory interventions.</li> </ul> |

## **Pilot process**

The pilot was designed to evaluate how the new model worked in practice, and deliver improvements to the model via a series of pilot cycles.

We applied the Plan Do Study Act methodology for the pilot and therefore we made improvements to the model during the pilot period. This means we were able to be responsive to areas identified for improvement, and test these areas quickly via a series of pilot cycles. Changes to the model are noted through the evaluation report (appendix 1).

The methodology also allowed us to formally measure progress to meeting objectives on a regular basis, leading to a clear understanding of progress made, and progress required. Our aim was to maximise the delivery of the benefits of the model through the evaluation of pilot activities.

Outcomes from end of cycle findings were reported through established governance mechanisms (to the project board, Executive Leadership Team (ELT), and ETC).

## **Summary of key findings from evaluation**

Key findings from the evaluation exercise are noted below. These areas are fully explored in the 'Meeting our objectives – whole pilot findings' section of the evaluation report:

- All measures are met – evidence considered through the evaluation shows that each measure is met, and is scalable for model implementation
- This means that no pilot actions are outstanding to be undertaken in the scale up period
- Benefits of the new model were seen across a diverse range of providers. We are therefore confident the model can be scaled up
- Pilot activities added value in developing the model
- Members of the Education team and partner population have been through a significant change curve in developing their understanding of the model, and confidence in applying it

## **Summary of changes to the model**

A summary of improvements made to the model based on learning from evaluation during the pilot is provided below. These areas are fully explored in the 'Changes to the model' section of the evaluation report:

- Moving away from assurance at a 'programme cluster' level, to taking assurance at the broader institution level
- Renaming of one of the model's processes to 'performance review' to better reflect the intentions of the process
- Refocusing a process stage within performance review to identify themes to be explored with providers
- Remove an additional level of granularity in the way standards are applied through the approval process
- Addition of a new 'lead visitor' partner role, to embed strategic expertise into the assessment of providers

## Decision

The Committee is asked to:

- Consider this paper, the evaluation report, and other appendices
- Consider and discuss any measure(s) where members have concerns with the evidence presented or the findings from the pilot
- Confirm whether the strategic objectives have been met
- Decide whether to implement the latest version of the model (including changes noted through the evaluation report) as planned for scale up in September 2021, and full implementation in January 2022
- Provide feedback on the new 'lead visitor' partner role to support the functioning of the model (competency framework provided as appendix 4)

The Executive considers the Committee has the following four options:

|   | <b>Option</b>   | <b>When that option might be appropriate</b>  |
|---|---|---|
| 1 | Do not implement the model  | Evidence shows that strategic objectives cannot be met by the proposed model  |
| 2 | Delay implementation  | Evidence shows that the strategic objectives are: <ul style="list-style-type: none"> <li>• Not met at this time</li> <li>• They are achievable within additional time</li> <li>• There are risks in carrying forward measures into the scale up period to be met at a later date</li> </ul>     |
| 3 | Implement element(s) of the model now, and delay others   | Evidence shows that strategic objectives are: <ul style="list-style-type: none"> <li>• met for some parts of the model; but</li> <li>• not for others</li> </ul> and <ul style="list-style-type: none"> <li>• that more work is required to refine these areas prior to implementing</li> </ul> |
| 4 | Implement as planned: <ul style="list-style-type: none"> <li>• Approval and focused review process from September 2021</li> <li>• Performance review process from January 2022</li> </ul> | Evidence shows that strategic objectives are: <ul style="list-style-type: none"> <li>• met; or</li> <li>• not met at this time, but there is limited risk in carrying forward measures into the scale up period to be met at a later date</li> </ul>  |

The executive recommends that option 4 is the most appropriate option, based on the conclusions from pilot evaluation.

## Appendix 1 – New Education QA model pilot – final evaluation report

This report evaluates progress against the strategic objectives for the new education quality assurance model, following completion of the pilot. A summary of progress against the measures for meeting strategic objectives is provided in the last section of this report.

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## Background

### **Strategic aim and objectives of the model**

Our aim is to position the HCPC's Education function to be flexible, intelligent and data led in its risk based quality assurance of education providers.

To achieve this, the current programme of work will deliver improvements in the following areas:

- Achieving risk based outcomes which are proportionate and consistent
- Operating efficient and flexible quality assurance processes
- Using a range of data and intelligence sources to inform decision making

### **Purpose of evaluation and recommendation**

The intended benefits<sup>1</sup> of the model have been defined and agreed upon by the Education and Training Committee in June 2020. We have piloted whether the benefits can be delivered on in practice, and have used evidence gathered to evaluate whether this is the case.

Through this evaluation exercise, we have presented results from the pilot activity which show that benefits are scalable for implementation, and that progress against pre-defined measures to meet strategic objectives<sup>2</sup> means we should proceed to implementing the new model.

### **Evaluation activities**

The evaluation activities in this report were focused on activities undertaken in the third pilot cycle (June-August 2021). We also took a broader view across results for all three pilot cycles.

For pilot cycle 3 we undertook the following evaluation activities in August:

- Desk based review of cases being progressed through the pilot (46 cases):
  - Comparative data points
  - Qualitative and quantitative review of process point progression
- Stakeholder 'pulse' surveys focusing on the relevant measures of success, for providers, partners and the executive. We had a good level of responses for these surveys, which is noted and explored through [appendix B](#)
- Well attended provider, partner and executive workshops – measures explored, with a focus on:
  - Support via guidance and information
  - New graduate survey
  - Model readiness
  - Key model developments

We undertook similar activities at the end of each previous pilot cycle, which has enabled us to analyse trends in results as we have progressed through the pilot.

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<sup>1</sup> Benefits are defined within the cover paper

<sup>2</sup> Strategic objectives and measures are defined through the cover paper, and through [appendix A](#)

## Meeting our objectives – whole pilot findings

We have completed pilot activities, with 32 education providers interacting with the pilot in some way. This is almost a quarter of education providers we work with. We have fully concluded the process for five assessment cases and are in the final stages for several others. We have used data and information from these groups to give an evidence-based picture of whether measures are met, and benefits can be realised on implementation.

### Key points:

- All measures are met – evidence considered through the evaluation shows that each measure is met, and is scalable for model implementation. This is based on evidence and information gathered, analysed and explored with stakeholder groups through evaluation activities. This is progress from the cycle 2 evaluation report, where six out of nineteen measures required further focused activity to deliver
- This means that no pilot actions are outstanding to be undertaken in the scale up period – findings from the pilot have informed the detail of scale up activities. We also found that actions and results critical to implementation have been completed and achieved. This means that we have not needed to carry over any actions intended for completion in the pilot period, and planning to scale the model up for the remainder of 2021 remains as planned.
- Benefits of the new model were seen across a diverse range of providers. We are therefore confident the model can be scaled up – in previous evaluation reports, we identified a key area of focus to ensure benefits are scalable. On analysing results from this pilot cycle against these key focus areas, we can see that benefits have been realised across the range of providers identified through pilot planning activities (namely all four home countries, HEIs and non-HEIs, across different professional groupings regulated by the HCPC, and large and small providers)
- Pilot activities added value in developing the model – our intention of running a pilot of the model was to test key concepts and the application of processes. We have learned from the feedback received, and from analysis of data and information through the pilot period. This learning has led to us developing the model in significant ways<sup>3</sup>, and has confirmed planned, and identified further, areas of focus through model scale up<sup>4</sup>
- Members of the Education team and partner population have been through a significant change curve in developing their understanding of the model, and confidence in applying it – we recognise that this change curve is ongoing, but also note the excellent progress made through the pilot period. Supporting the team and partners through scale up activities remains important – we have considered feedback and preferences when delivering guidance and supporting information. We also consider that progress through a change curve will continue through the phased model rollout from September to January, which allows for the team and partners gain more confidence with applying the model and its principles before full implementation

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<sup>3</sup> Covered in the [changes to the model](#) section

<sup>4</sup> Covered in the Key development points for model scale up parts of [appendix A](#)

These findings are explored in detail in [appendix A](#). Within this appendix, we have detailed measures for strategic objectives, along with findings about whether those measures are met through this evaluation exercise.

## Changes to the model

Analysis of, and feedback received through, the pilot had led to us developing the model several ways. In this section, we have provided detailed information about major model and process changes, along with the reasons they were made, and how the model continues to align with the strategic objectives and benefits.

### Institution level assessment

#### Intended position

One of the pillars of the new quality assurance model is to put the institution at the centre of the model. At the start of the pilot we intended to do this by giving education providers the option to establish one or more 'programme clusters' within their institution, which was a way of grouping together programmes which share approaches linked to our institution level standards. This adds an additional level between the provider and the programme to undertake 'institution level' quality assurance.

This approach was intended to deliver the following benefits:

- Explicit assurance that institutions are properly organised to deliver education and training for HCPC-approved programmes
- Recognition of institution-wide approaches which are common across programmes to form a baseline understanding of how institution-level standards are met
- Have a starting position when considering new provision within an existing institution, and when undertaking the performance review process
- Providing consistency when undertaking our quality assurance activities
- Holding a key 'accountable' contact for the programme cluster, who is our primary contact for regulatory matters

#### Findings from pilot activity

- There is benefit in applying standards at the institution level, primarily to reduce burden for providers and the HCPC through the approval process, and to establish a baseline from which to undertake the performance review process
- Education providers established programme clusters in a variety of ways, with some providers preferring to include all programmes within one programme cluster, and others splitting programmes across several
- These differences stemmed from some providers attempting to establish the best possible fit at their institution to achieve a shared goal of reducing burden, with others establishing clusters based on what already existed internally. Several large providers with more granular established internal structures were able to define one programme cluster, and others were not

- This means there is a lack of consistency in providers' approaches, with similar internal structures being grouped together or split depending on the preference of the provider. This led to us taking assurances at different organisational levels (for example, at HEI school level or across a whole HEI) depending on provider preferences
- Establishing programme clusters was burdensome for education providers and the executive, often with multiple rounds of definition and challenge required to arrive at a final position. Creating additional burden is contrary to the strategic aims of the new model.
- As each cluster needs to provide one return, some providers have needed to provide multiple returns and others have not, meaning more burden overall for some providers
- Through assessment in the performance review process, we have found that providers submitting multiple portfolios have significant areas of crossover in their returns
- The 'accountable person' role was too broadly drawn, with education providers often not able to provide an individual with both the seniority to make things happen at the institution, and with a good grasp of quality assurance at an operational level
- Where providers additionally included a quality assurance contact in their interactions through pilot activities, this added value through more granular QA focused interactions
- HESA and other data is provided at the institution level rather than broken down further. This means that the same 'performance scoring' information was applicable to multiple programme clusters within the same institution, which undermines our ability to monitor separately using data

These findings have led to the following conclusions

- The benefits we intend to deliver do not hinge on establishing an additional programme cluster level between programmes and the provider, rather these can be realised through assurance at the institution level alone
- Establishing the additional level required a level of burden that does not pay off with reduced burden in the long run – in fact it forced a decision point on providers, and would increase burden for providers and the HCPC should a provider establish more than one programme cluster
- The 'accountable person' role often did not work as desired within model intentions, with examples of the defined person not having the sufficient seniority to truly become 'accountable' for the cluster

## Change

Within pilot cycle 3, we decided to remove the additional 'programme cluster' level, and replace it with taking assurance at the institution level. The benefits of working within programme clusters are also achievable through taking assurance at the institution level. There is good evidence that this change will deliver desired benefits, as around half of providers did define one programme cluster – meaning effectively we were already taking assurance at the institution level for these providers.

In practice, this means:

- Each provider will be treated as a standalone ‘institution’ in their interactions with the HCPC
- Institutions will establish the baseline of how they meet institution-level standards at the institution level
- Where there are differences with how standards are met through stratified internal structures, we can note and recognise these differences in our baselining exercise which maps alignment to institution level standards.
- We recognise that the point of ‘accountability’ may not work at this level, as accountability will often sit with one or more senior people. It is also not practical to expect these individuals to undertake granular process-level interactions with us, such as submitting documentation and data. Therefore, we will establish three levels of contacts at each institution who are able to work with the HCPC in the following areas:
  - Quality assurance – individual(s) who have oversight of HCPC-approved provision from a quality and enhancement perspective. Providers already have roles with this focus, who we interact with through the existing model. These contacts will be the person we interact with on matters of quality on a granular, regular and ongoing basis
  - Strategic – senior individual(s) who have strategic oversight of HCPC-approved provision. We would work with these contacts in relation to strategic matters, and keep them informed of significant matters of quality at the institution
  - Programme level – individual(s) who have professional responsibility at a programme level. We would work with these contacts in relation to professional matters, and keep them informed of matters of quality related to the programme or professional level
- Defining the functions of these contacts means we can interact with individuals in the right way in the right situations. This moves us on from the provider defining an ‘accountable person’ who may not have the influence and expertise to lead an institution through HCPC interactions

## Impact

This development has been reviewed internally by the Project Board, and feedback has been provided by partners, education providers, and the executive. There was broad support across these stakeholder groups for this change.

To embed this change we have undertaken the following actions:

- Review and update SETs split – will likely be changes to where a small number of standards sit based on taking assurance at the institution wide level
- Removal of requirement for providers to define programme clusters through the scale up period, reducing the burden for providers at this stage
- Instead, at the point of first provider engagement with a process in the new model, we will establish institution wide alignment to standards and key contacts as part of process interactions
- Updates to existing comms materials

## Renaming of approved education provider monitoring

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| <b>Intended position</b>  |
| We had named the process used to periodically engage with providers to understand their performance 'approved education provider monitoring' (AEPM). Through this process, we are seeking to gain assurance regarding the institution's continued alignment to our education standards.   |
| <b>Findings from pilot activity</b>   |
| <p>As this process applies to existing approved provision, stakeholders viewed it as akin to the BAU annual monitoring process. The annual monitoring process is change and compliance focused, where the new process is focused on truly understanding and reviewing provider performance.</p> <p>Stakeholders developed their understanding of the focus on the new process, and what is meant to achieve, but the word monitoring hampered this developed understanding. Sometimes the new process was seen as the BAU annual monitoring process-plus.</p> |
| <b>Change</b>   |
| We decided that we needed a clear break and distinction with the annual monitoring process from the current model, which more clearly communicates the performance focus of the process. Therefore, we decided to rename the process 'performance review'.  |
| <b>Impact</b>   |
| This development has been reviewed internally by the Project Board, and feedback has been provided by partners, education providers, and the executive. There was broad support across these stakeholder groups for this change.  |

## Gap analysis to performance analysis

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| <b>Intended position</b>   |
| Through the performance review process, following portfolio submission, the visitor panel would review the submission and provide a view on the continued alignment to education standards, identifying potential gaps, issues and risks for the institution to address further, along with areas that were working well. This also included seeking further information from the provider where the visitors were unclear of the provider's intention through portfolio areas.  |
| <b>Findings from pilot activity</b>  |
| <ul style="list-style-type: none"><li>• This process stage began to function as the start of the quality assurance activity, with visitors identifying the issues and themes to explore, and beginning to explore them with the provider</li><li>• It became difficult to distinguish where the line was between clarifying questions to aid visitor understanding and undertaking more formal quality assurance activities with providers</li><li>• The term 'gap' also led visitors to focus on issues, where the intention of this process is to explore potential quality issues, but also areas that are working well</li></ul> |

## Change

- Redefined this stage of the process as ‘performance analysis’, which ensures we do not focus solely on potential issues or risks
- Refocused this stage on visitors defining the ‘themes’ to explore through quality assurance activities

## Impact

- The purpose of this process stage is better understood by partners and the executive, and has been applied more consistently through pilot cases
- This has led to minor updates to guidance materials and documents

## Standards repackage – modular focus through programme level review

### Intended position

In the draft education standards repackage, we split standards into two levels – the institution level and programme level. As we intend to undertake assessment and quality assurance in an iterative way through processes, we broke down the programme level standards further into three areas:

- Partnerships;
- Resources; and
- Programme design

This was intended to allow us to focus on more fundamental standards areas first (partnerships and resources), before moving onto the detail of programme design, so we could address any fundamental issues linked to the programme-level standards prior to undertaking the effort of a more granular review of the programme design. This further split would particularly apply in stage 2 of the approval process (programme level assessment).

### Findings from pilot activity

- Applying a cascading approach to assessment (where we focused on one area before others) risked:
  - Slower progress to outcomes through the stage 2 review part of the process, if more fundamental issues could not be explored and moved past quickly
  - Duplication of effort – in potentially re-reviewing areas across the three levels
- Major issues have not been identified through stage 2 of the approval process, due to:
  - Providers meeting institution level standards through stage 1 of the process – this means we have made the judgement that institutions are properly organised to deliver HCPC-approved education and training by the time we reach stage 2 assessment. This provides a good baseline for providers developing their proposals, and our assessment through stage 2
  - Our work with providers on their proposals and their alignment to the standards – this has helped providers to understand how to meet our requirements prior to their documentary submission

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| <ul style="list-style-type: none"> <li>• In practice, all standards split into the three areas were evidenced and assessed alongside each other</li> </ul>   |
| <b>Change</b>  |
| We have decided to remove the sub-split of programme level standards. The unintended consequence of focusing on 'bigger issues' first was to slow the process down and potentially duplicate effort, and findings from the pilot showed that this level of split was unnecessary for effective assessment. |
| <b>Impact</b>  |
| Limited, beyond updates to a small number of documents   |

## Introduction of 'lead visitor' role

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|---|
| <b>Intended position</b>  |
| <ul style="list-style-type: none"> <li>• Performance review assessments focus at the institution level, which has raised the level of assessment compared to existing post-approval processes</li> <li>• By 'raising the level of assessment' we mean: <ul style="list-style-type: none"> <li>○ The focus of reviews across the whole institution, including strategic matters</li> <li>○ All professions are considered in the institution umbrella, but there may not be specific areas to explore within each profession</li> </ul> </li> <li>• Two visitors oversee assessments through performance review, with others being drawn in to focus on certain areas where additional professional expertise is required</li> <li>• As existing processes are focused at the programme level, there is no requirement that visitors have knowledge, expertise or experience at a strategic level</li> </ul> |
| <b>Findings from pilot activity</b>   |
| <ul style="list-style-type: none"> <li>• Visitors with more strategic and oversight experience were able to add more value more quickly when undertaking assessments</li> <li>• They were less likely to focus on the granular, and more likely to focus on the bigger picture</li> <li>• The approach to having two visitors 'leading' an assessment worked, with these visitors being a decision maker considering advice from others and the information / data provided through the process</li> </ul>  |
| <b>Development</b>  |
| <p>It is our intention to consolidate learning from the pilot by introducing a new 'lead visitor' partner role, with specific competencies to:</p> <ul style="list-style-type: none"> <li>• Understand strategic priorities in education or service</li> <li>• Be able to identify best practice</li> <li>• Draw together views of others</li> <li>• Understand the limits of their expertise</li> </ul>  |
| <b>Impact</b>   |
| <ul style="list-style-type: none"> <li>• Visitors leading assessments have the knowledge, expertise and experience at a strategic level required to lead institution level assessments</li> </ul>   |

- Potential development for partners, in that they will be able to progress from being a visitor to a lead visitor
- We will need to undertake a focused recruitment exercise with our existing partner pool to identify individuals who have the required skills, knowledge and experience to meet additional competencies

## Responsive model improvements

In addition to the larger model developments noted in the previous section, we have made small responsive improvements to processes and supporting information on an ongoing basis, which include:

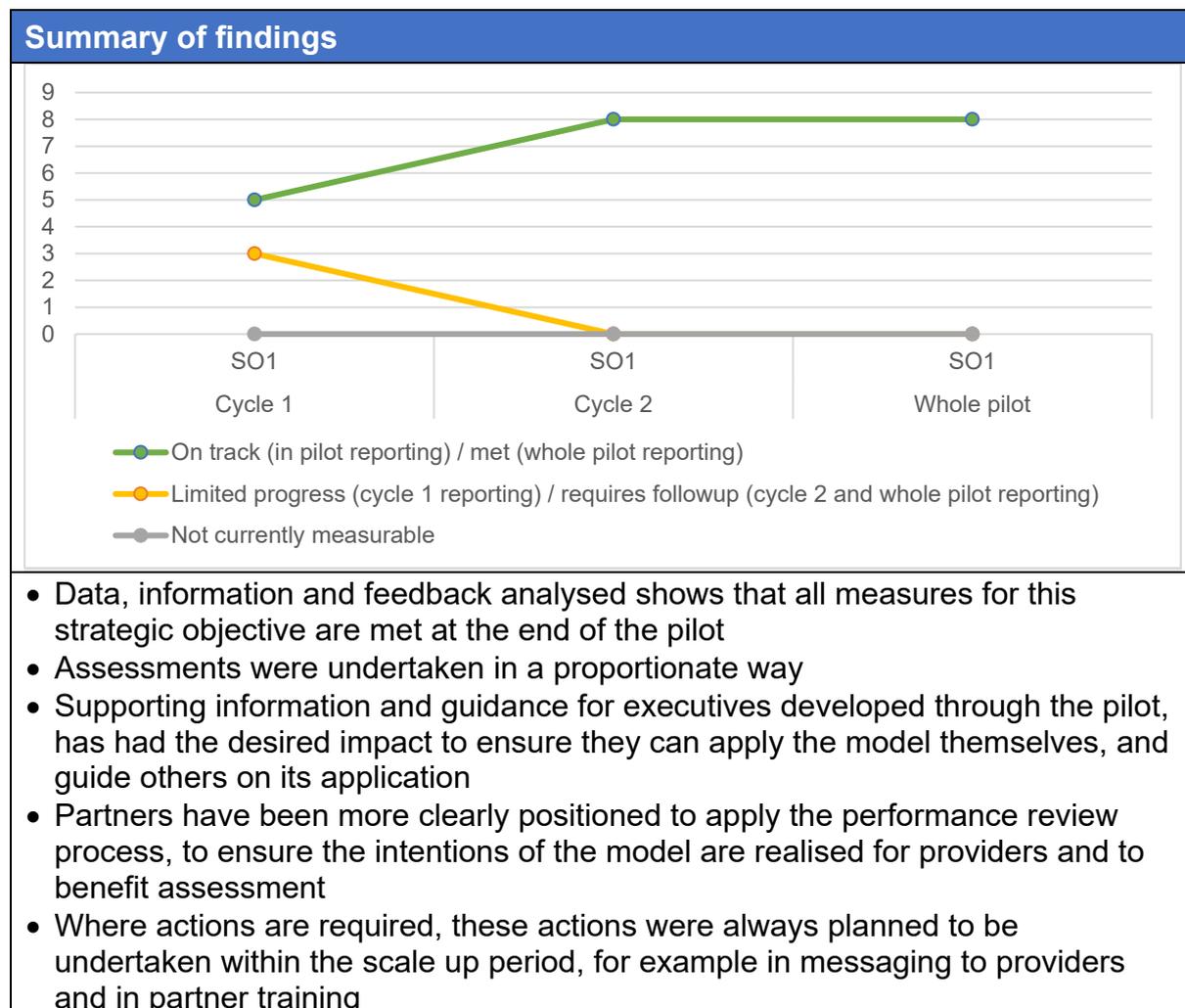
- Updates to terminology for clarity
- Consistent structuring of process flows
- Updates to process flows (for example, the ordering of tasks required for efficiency)
- Establishing normative timeframes to progress through process stages
- Stakeholder focused guidance and pro-forma updates
- Updating some specific data points used, based on developed understanding of how this data is collected / presented

## Appendix A – Detailed view on delivering the strategic objectives

We have produced this report for several key audiences. Therefore, the executive considered it appropriate to provide evidence and analysis broken down for each measure.

Each strategic objective has a number of measures agreed upon at the Education and Training Committee meeting in June 2020. These measures were designed to show that each strategic objective was met.

### Strategic objective 1 – Achieving risk based outcomes which are proportionate and consistent



**Update on key development points delivered in pilot cycle 3 (taken from cycle 2 evaluation report)**

|  |                       |  |
|--|-----------------------|--|
| Current executive and partner understanding of the performance review process is not sufficient to deliver full benefits of the model  | <b>Study</b>          | Executives and partners often defaulted to a compliance-based approach to monitoring (similar to the current model), rather than grasping the fundamental differences of applying a self-reflective and quality-focused approach, which assesses provider and programme performance. This did not impact on the quality of assessments as close guidance and support was provided by the project team. |
|  | <b>Action</b>         | <ul style="list-style-type: none"> <li>• Held workshop with executives focused on the principles which underpin, and the application of, the process</li> <li>• Worked underpinning concepts into training and supporting information for visitors</li> </ul>  |
|  | <b>Result</b>         | Executive members feel more confident in applying this process, and are able to more independently guide partners to model compliant outcomes. Partners are able to access the underpinning concepts and process detail in relevant guidance documentation, which will also be embedded into the training being run for the broader partner population.  |
| Current guidance is not sufficient for executives to deliver full benefits of the model, including those delivered when guiding others | <b>Study</b>          | Executives often struggle to find the information they are looking for with existing guidance. This did not impact on the quality of assessments as close guidance and support was provided by the project team.   |
|  | <b>Action</b>         | Developed guidance based on feedback, to ensure it is clear, consistent, and in a central source.  |
|  | <b>Result</b>         | Although internal guidance development is ongoing, the executives now feel more confident that guidance supports their interactions, including how to support other stakeholders. The executive survey showed an increased satisfaction rating from 3.4 to 3.8 out of 5, with nobody disagreeing with the statement.   |
| <b>Key development points for model scale up</b>   |                       |  |
| Stakeholders have been through a change curve to understand how some of the benefits are delivered through the model                   | <b>Study</b>          | Initial stakeholder view that the performance review process is more burdensome, with later realisation that value is added by this process, and that overall burden is reduced by good engagement   |
|  | <b>Planned action</b> | Focus comms messages on: <ul style="list-style-type: none"> <li>• the benefits of the model</li> </ul>   |

|   |                       |   |
|---|-----------------------|---|
|   |                       | <ul style="list-style-type: none"> <li>• how these have been tested and realised through pilot activities</li> <li>• that improvements were made through pilot activities</li> <li>• how the model will look and feel for stakeholders, including timescales; and</li> <li>• the model incentivises good engagement, to reduced burden longer term</li> </ul>   |
| Stakeholder learning and development and guidance is key to the model's success | <b>Study</b>          | <ul style="list-style-type: none"> <li>• Guidance developed is highly valued, but not all is in place at this time, as it does not need to be for the initial scale up period.</li> <li>• All key guidance to support stakeholders from September-December 2021 is planned to be in place by September 2021</li> </ul>  |
|   | <b>Planned action</b> | <ul style="list-style-type: none"> <li>• Deliver on programme of guidance development planned in the scale up period, to deliver the whole suite of guidance by January 2022</li> <li>• Continue to run executive peer support workshops, focusing on real life case studies and actions undertaken to reach good conclusions</li> <li>• Integrate key learning from pilot partners' change curve (such as the application of the performance review process) into learning and development activities for the whole partner population, and plan for these partners going through change curve themselves when interacting with the processes</li> </ul> |

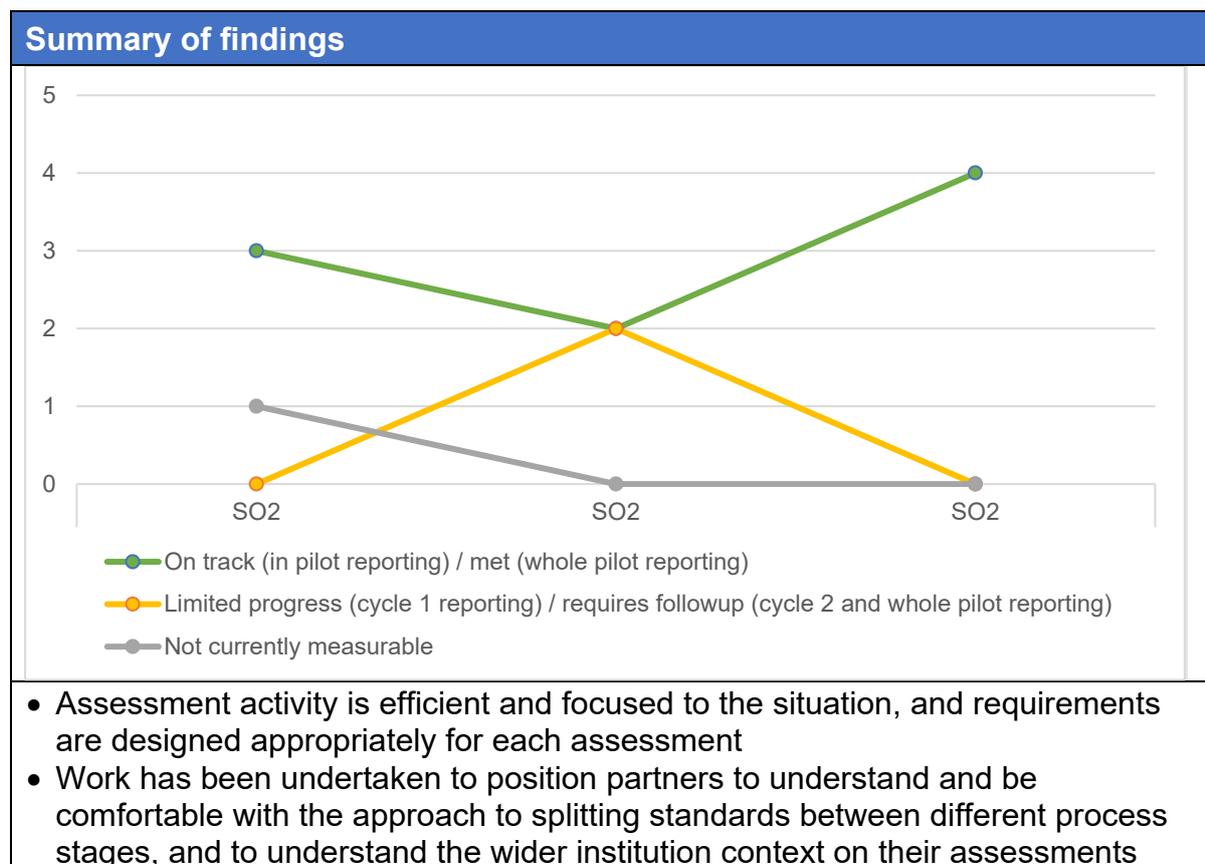
| Analysis of measures for strategic objective 1  |   |  |
|---|---|--|
| Progress  | Findings  | Planned scale up development / actions |
| <b>Measure:</b> Outcomes data shows that different types of regulatory engagement have been appropriately designed and successfully implemented through each QA process |   |  |
| Met   | <ul style="list-style-type: none"> <li>• The principles of the model have been applied as intended at each stage</li> <li>• Stakeholders satisfied with approaches applied</li> <li>• Design of QA activity based on the 'problem' realises the aim to deliver right touch regulation</li> <li>• Pilot cases led to 'light touch' interventions, but these interventions were always arrived at based on the needs of the assessment</li> </ul> | None                                   |

|   |  |   |
|---|--|---|
|   | <ul style="list-style-type: none"> <li>• The executive is confident that we will apply heavier touch interventions where the assessment requires them, and that the framework to support decision making is robust and includes assurance of decision making</li> <li>• Benefit realised for assessments undertaken, including those which have reached final outcomes</li> </ul>  |   |
| <b>Measure:</b> Education providers are satisfied that the engagement undertaken was proportionate, meaningful and appropriate to achieve the regulatory outcome                  |  |   |
| Met   | <ul style="list-style-type: none"> <li>• Across all provider survey results, one respondent out of ten disagreed with this statement, and this response was from the first pilot cycle</li> <li>• Benefit realised for assessments undertaken, including those which have reached final outcomes</li> </ul>  | None  |
| <b>Measure:</b> Education providers perceive there to be a reduction in the administrative burden for them to engage with us through all processes, compared to the current model |  |   |
| Met   | <ul style="list-style-type: none"> <li>• Across the whole pilot cycle seven out of ten respondents to the provider survey agreed with statement, with two disagreeing and one not sure</li> <li>• Benefits realised through the approval process – 12 cases assessed through the pilot were at existing providers, who have already demonstrated how they meet institution level standards. Therefore, for the new programmes proposed, these providers needed to actively demonstrate how they met 21 out of the 52 of the standards through the process</li> <li>• Recognition that being an early adopter comes with its own set of burdens, as processes are still under development</li> <li>• There is a demonstrable reduction in burden for the approval process, and for performance review, provider recognition that regulatory burden is front-loaded, but that good engagement leads to reduced burden overall</li> </ul> | <ul style="list-style-type: none"> <li>• Key message for scale-up comms that the model incentivises good engagement, to reduced burden longer term</li> <li>• Indicative timescales will be included to allow for medium to long term planning</li> </ul> |
| <b>Measure:</b> The visitors are able to perform their role effectively through the structure of engagement used in any QA process undertaken                                     |  |   |
| Met   | <ul style="list-style-type: none"> <li>• Renamed the AEPM process ‘performance review’, to distinguish it from BAU ‘annual monitoring’</li> <li>• Visitors agreed that this measure was met</li> </ul>   | <ul style="list-style-type: none"> <li>• Focus on the application of the performance review process</li> </ul>  |

|  |  |  |
|--|--|--|
|  | <ul style="list-style-type: none"> <li>• Positive feedback received on the guidance supplied to visitors to address this area</li> <li>• Executives have been able to progress case activities as required, with visitors supported to develop their understanding of stage level input as processes progress</li> <li>• This includes designing QA activity based on the ‘problem’, and focusing on standards at the right time, both realising the aim to deliver ‘right touch regulation’</li> <li>• Executives generally agreed that they were able to position the visitors to effectively undertake their role</li> <li>• The team’s understanding of the performance review process has also developed, and they are now correctly positioning visitors on the focus of the performance review process</li> </ul> | <p>through partner training</p> <ul style="list-style-type: none"> <li>• Continued peer support for education executives, focusing on real life case studies and actions undertaken to reach good conclusions</li> </ul>                           |
| <p><b>Measure:</b> All parties were clear about our process requirements and the reasons for taking a particular engagement approach through any QA process undertaken</p>         |  |  |
| Met  | <ul style="list-style-type: none"> <li>• Stakeholders were given reasons why particular engagement was required</li> <li>• Results from the visitor survey have improved, with visitors generally agreeing with this statement</li> <li>• For providers, updates to guidance and further support have worked, with information generally provided at a good level (not too much, not too little) to engage with processes</li> <li>• The benefit of engaging stakeholders flexibly and with clear rationale provided is delivered</li> </ul>   | None   |
| <p><b>Measure:</b> Internal and external stakeholders are satisfied that supporting information and guidance positions them to deliver and engage QA processes and activities.</p> |  |  |
| Met  | <ul style="list-style-type: none"> <li>• Due to the long nature of the processes, much process guidance was not in place for specific process interactions for providers. However, we received positive feedback from providers when they were provided with a sample of process guidance</li> <li>• Since the delivery of written process guidance, visitors all agree that this measure is met</li> <li>• The overall satisfaction rating from the executive survey has further raised based on developments to executive guidance</li> <li>• Work stream in progress to deliver suite of guidance for scale up and go live activities</li> </ul>  | <ul style="list-style-type: none"> <li>• Work planned with internal QA function to ensure guidance delivered addresses stakeholder and process needs</li> <li>• Further delivery of process guidance on a phased basis in line with the</li> </ul> |

|  |   |  |
|--|---|--|
|  | <ul style="list-style-type: none"> <li>• Many stakeholders feel well supported, and we have a clear plan for delivery or developed guidance, including external scrutiny. Therefore, accepting that further work is needed in the scale up period, this measure is met within the pilot.</li> </ul>   | commencement of various processes through scale up activity  |
| <b>Measure:</b> Qualitative data shows that through each QA review, regulatory activity had a clear purpose and was applied in a proportionate way |   |  |
| Met  | <ul style="list-style-type: none"> <li>• With further cases reaching this stage, it is clear that guidance on the application of various QA activities has been used through processes</li> <li>• Decision about quality activity were reasonably made and reported through process reports</li> <li>• A larger number and broader range of cases have reached this stage, and guidance has been applied in each case</li> </ul>  | <ul style="list-style-type: none"> <li>• Continued peer support for education executives, focusing on real life case studies and actions undertaken to reach good conclusions</li> </ul> |
| <b>Measure:</b> The model improves the institution / programme(s) assessed   |   |  |
| Met  | <ul style="list-style-type: none"> <li>• Across the whole pilot, providers agreed with this statement, and feedback from visitors and executives was generally positive</li> <li>• Feedback from providers shows that engaging with HCPC processes in a more incremental way has improved planning and delivery of provision. This includes any formal 'requirements' setting through processes, but also the self-reflection required for providers to deliver evidence and information to the HCPC</li> <li>• Internal assessment of process progress and outcomes has also shown that the process allows us to more easily focus on the right areas at the right time, and to help providers fix issues as processes progress (rather than towards the end)</li> </ul> | None   |

## Strategic objective 2 – Operating efficient and flexible quality assurance processes



**Update on key development points for pilot cycle 3 (taken from cycle 2 evaluation report)**

|  |               |   |
|--|---------------|---|
| Applying standards at different stages, and understanding the institution context is work in progress for visitors | <b>Study</b>  | <ul style="list-style-type: none"> <li>• Partners engaging for the first time are uncomfortable with the standards split and understanding the wider institution context</li> <li>• These partners became more comfortable as their interactions continued, with value being seen in how the standards split helps the focus of process stages</li> </ul> |
|  | <b>Action</b> | Develop visitor training and guidance materials with a focus on ensuring the broader visitor population start their engagement understanding and being comfortable with the approach  |
|  | <b>Result</b> | <ul style="list-style-type: none"> <li>• Guidance delivered with this in mind</li> <li>• Learning from pilot partners' embedded into learning and development activities for the whole partner population</li> <li>• Plan for these partners going through change curve themselves when interacting with the processes</li> </ul>                         |

| Key development points for model scale up   |                       |  |
|---|-----------------------|--|
| Careful consideration of pilot partner views are needed, to focus the learning and development for the broader partner population | <b>Study</b>          | <ul style="list-style-type: none"> <li>Partners have needed to go through a change curve to understand our approach to splitting standards through process stages, and understanding the institution context through assessments</li> <li>We have developed guidance and information in this area to help partners understand this approach and how it applies to the assessment they are undertaking</li> </ul>             |
|   | <b>Planned action</b> | <ul style="list-style-type: none"> <li>Focus training to ensure broader partner population start their engagement understanding and being comfortable with the approach</li> <li>Plan for these partners going through change curve themselves when interacting with the processes</li> <li>Recruitment of lead visitors with the underpinning skills, knowledge and experience to focus on the institution level</li> </ul> |

| Analysis of measures   |   |   |
|--|---|---|
| Progress   | Findings  | Planned scale up development / actions  |
| <b>Measure:</b> Education providers are satisfied in the consistency of outcomes reached through any QA process undertaken   |   |   |
| Met  | <ul style="list-style-type: none"> <li>There is consistency inherent in the model, with the approach to not re-assessing institution level standards through the approval process, and taking an institution-wide view through performance review</li> <li>Across the whole pilot, three quarters of providers agreed that consistent outcomes were reached</li> <li>For those who did not agree, the issues raised linked to model application through pilot activities</li> <li>We have subsequently improved the model based on the feedback provided by these stakeholders</li> </ul> | None  |
| <b>Measure:</b> Visitors are able to focus more effectively on the appropriate areas of the standards at the appropriate time through each process, in comparison to the current model |   |   |
| Met  | <ul style="list-style-type: none"> <li>Feedback received across the whole pilot process is inconsistent, with seven visitors agreeing with this statement, six being 'neutral', and one disagreeing</li> </ul>  | <ul style="list-style-type: none"> <li>Focus training to ensure broader partner population start</li> </ul> |

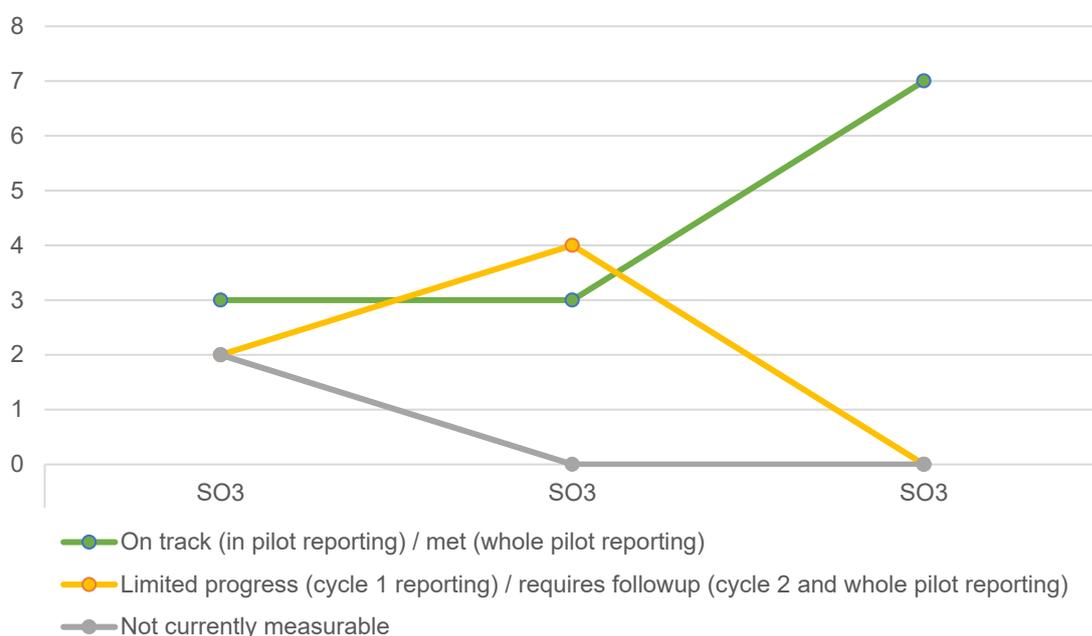
|  |  |  |
|--|--|--|
|  | <ul style="list-style-type: none"> <li>• From workshop activity, there is recognition that splitting standards assessment through different stages of the process is the right approach</li> <li>• Outcomes reached by visitors show that they are able to draw out themes to explore through appropriate process stages</li> <li>• Out of feedback we received in the last pilot cycle, we have developed executive drafted context documents and partner guidance provided at specific process stages to position the visitors with the right context for each process stage</li> <li>• This has helped the visitors to understand where their focus should be, as shown through the fairly small number of cases progressed since the introduction of guidance</li> <li>• Accepting that focus is required to ensure establishing this key concept with the broader partner population is crucial to delivering benefits of the model when live, we have moved the measure from 'requires follow up' to 'met'</li> <li>• This is due to the supporting guidance produced having the desired impact in the third pilot cycle, and due to this area being embedded into learning and development activities for the broader partner population</li> </ul> | <p>their engagement understanding and being comfortable with the approach</p>  |
| <p><b>Measure:</b> Visitors are satisfied they are positioned effectively to understand the wider organisation context in any decisions they reach</p> |  |  |
| Met  | <ul style="list-style-type: none"> <li>• Through the whole pilot, the feedback from visitors was mixed in this area, with three visitors agreeing, three disagreeing, and seven being 'neutral'</li> <li>• Linked to the notes for the above measure, we have developed the context information and guidance provided at each process stage to address this measure</li> <li>• Again, linked to the above, through workshops visitors agreed that reviewing standards in an iterative way is the right approach, and there was an understanding that part of the issue here is getting comfortable with the new way of working</li> <li>• Accepting that focus is required to ensure establishing this key concept with the broader partner population is crucial to delivering benefits of the model when live,</li> </ul>  | <ul style="list-style-type: none"> <li>• Focus training to ensure broader partner population start their engagement understanding and being comfortable with the approach</li> </ul> |

|  |   |   |
|--|---|---|
|  | <p>we have moved the measure from 'requires follow up' to 'met'</p> <ul style="list-style-type: none"> <li>• This is due to the supporting guidance produced having the desired impact in the third pilot cycle, and due to this area being embedded into learning and development activities for the broader partner population</li> </ul>   |   |
| <p><b>Measure:</b> Outcomes data shows that issues were picked and dealt with at the appropriate time, leading to smoother progression through the QA processes.</p> |   |   |
| Met  | <ul style="list-style-type: none"> <li>• No conditions set for three approval cases which have concluded the process, as issues were worked through with providers in an iterative way</li> <li>• No site visits (virtual or physical) were required in any quality activity in the pilot process</li> <li>• <b>Focused review</b> cases were enacted when required to give consideration to developments which might have impacted on provider performance. Through these cases, good decisions regarding any next steps were made based on information received or gathered, and then clearly reasoned through reporting</li> <li>• Benefits of engaging providers flexibly and conducting site visits only when needed to assess standards are realised</li> </ul> | Continued peer support for education executives, focusing on real life case studies and actions undertaken to reach good conclusions <sup>5</sup> |

<sup>5</sup> This point is covered in the key development points for [strategic objective 1](#)

## Strategic objective 3 – Using a range of data and intelligence sources to inform decision making

### Summary of findings



- Workstreams to embed data and intelligence in the model have delivered strong results, with the delivery of HESA data, a new graduate survey, and good foundation work with professional bodies
- Insight to inform decision making has been gained from data and intelligence sources, and this is shown in through pilot assessments

### Update on key development points for pilot cycle 3 (taken from cycle 2 evaluation report)

|   |               |   |
|---|---------------|---|
| Risk model is working for the small number of low friction cases assessed to date   | <b>Study</b>  | The risk model was applied well for the assessments made, but that these were 'low friction' assessments  |
|   | <b>Action</b> | Close analysis of scale up of risk model in cycle 3 undertaken, and risk model application explored in detail with education executives   |
|   | <b>Result</b> | Analysis shows that risk model is scalable, and that the tools which underpin its application (including those which link through data) are now sufficiently understood by the executive team |
| Executives and visitors not always positioned to make effective use of the risk model, including data points, in their assessment | <b>Study</b>  | Linked to several of the measures below, the risk and data model has not been properly understood by executives through case assessment   |
|   | <b>Action</b> | <ul style="list-style-type: none"> <li>• Developed guidance and information to position executives to understand the</li> </ul>   |

|  |                       |  |
|--|-----------------------|--|
|  |                       | <p>model, and to support others in its application</p> <ul style="list-style-type: none"> <li>• Developed guidance and information for partners in applying the model through specific assessments</li> <li>• Delivered learning and development including peer support workshop for education executives</li> </ul>   |
|  | <b>Result</b>         | Executives feel better positioned in this area, and this is borne out in analysis of case actions and outcomes   |
| <b>Key development points for model scale up</b>   |                       |  |
| Visual representation of HESA and other data required for model scale up   | <b>Study</b>          | Data has been secured, but to make this usable following model scale up, automated collated and visualised data is needed  |
|  | <b>Planned action</b> | Internal system solution in development to embed data into processes by January 2022   |
| Consider learning from semi-structured information sharing with professional bodies, arrived at through individual interactions, to establish formal data / information sharing arrangements | <b>Study</b>          | The work undertaken by HCPC and professional bodies to commit to information sharing for the improvement of education and training provision has translated to data and insight being shared on occasion, but this is not done in a consistent way, or with consistent results   |
|  | <b>Planned action</b> | Undertake structured work to analyse information shared through pilot activities, and use this to develop data / information sharing agreements with professional bodies   |
| Ensure all provider types are able to easily engage with required data points  | <b>Study</b>          | <ul style="list-style-type: none"> <li>• Findings from the pilot are that HEI providers appear in external data sources and are able to supply additional data points as needed</li> <li>• Non-HEI providers were not always able to supply relevant data points</li> </ul>  |
|  | <b>Planned action</b> | <p>Development of normative process / alternative arrangements for providers who do not appear in external data sources:</p> <ul style="list-style-type: none"> <li>• Consideration of what equivalent might look like, based on results from relevant pilot cases</li> <li>• Identify affected providers and work with them to ensure they supply required data on a regular basis</li> <li>• Arrangements in place prior to provider-specific performance review requirements setting in November</li> </ul> |

|  |                       |   |
|--|-----------------------|---|
| Further data may show the fee model needs to be reviewed further | <b>Study</b>          | Partner input into pilot work analysed, and found to align to current fee structure   |
|  | <b>Planned action</b> | Further consideration of resourcing and financial model to ensure effort is aligned with fees, and that we operate within existing budgetary considerations |

| Analysis of measures   |   |  |
|--|---|--|
| Progress   | Findings  | Planned scale up development / actions   |
| <b>Measure:</b> Scoped the establishment of data sharing agreement with HESA which is suitable to support QA model                         |   |  |
| Met  | <ul style="list-style-type: none"> <li>• Agreement reached with external agency to deliver data for the 2021-22 academic year</li> <li>• Option to extend this arrangement, or to work directly with HESA on future data supplies</li> <li>• Although this agreement does not provide the full suite of data that may have been available from HESA direct, the low cost of this data means this is a good investment for the Education function and elsewhere in the HCPC</li> <li>• Linked to the above point, data secured is what is required to support the running of the model, specifically:</li> <li>• Scale up planning activities for the performance review process planned for October / November 2021</li> <li>• Running of the performance review process from January 2022</li> <li>• The measure focused on the establishment of a data sharing agreement which is suitable to support the model, which has been achieved at this point</li> </ul> | <ul style="list-style-type: none"> <li>• Internal system solution in development to embed data into processes by January 2022 (which is when the number of cases where data is required significantly scales up)</li> <li>• Prior to January 2022, interim solution in place to use data through the small number of case activities where data is required</li> </ul> |
| <b>Measure:</b> Sector based intelligence is used throughout each process where appropriate, which improves the quality of decision making |   |  |
| Met  | <ul style="list-style-type: none"> <li>• Professional bodies remain committed to directly working with us to support and assure high quality education and training</li> <li>• Providers welcomed HCPC and professional bodies engaging directly, on a case-by-case basis and more strategically</li> <li>• Embedded process points to engage with professional bodies on a case level, and have received information and intelligence which has been used through assessment processes in the pilot</li> </ul>   | <ul style="list-style-type: none"> <li>• Work with professional bodies to secure formal data and information sharing agreements</li> </ul>   |

|   |   |   |
|---|---|---|
|   | <ul style="list-style-type: none"> <li>• Out of pilot results, we plan to formalise how we will work with each professional body to share information</li> <li>• Piloted delivering a bespoke approach to assessment working with an outside sector body – delivered with Health Education Improvement Wales (HEIW) to undertake proportionate quality assurance for newly commissioned AHP provision in Wales</li> <li>• Newly qualified graduate survey developed for rollout in September 2021</li> <li>• Previously ‘required follow up’ as executives and visitors were not clear how to trigger interactions with professional bodies or use information / insight through processes.</li> <li>• Executives have now undertaken case activities where they have used information / insight through case assessments</li> <li>• Moved to ‘met’ considering the range of delivered workstreams, and development in executive understanding</li> </ul>   |   |
| <p><b>Measure:</b> All provider types are able to engage with and provide relevant information for the provider performance related data points required through QA processes</p> |   |   |
| Met   | <ul style="list-style-type: none"> <li>• The vast majority of providers are included in HESA and other external data sources</li> <li>• We accept that not all providers will be able to supply all data points, and should be careful to not design the model for the exceptions</li> <li>• Some provider types are not included in external data sources, and these providers have not always been able to supply all data points</li> <li>• The model relies on continual data and insight being provided to support longer periods between monitoring submissions</li> <li>• Where there are gaps in data, these gaps may be reasonable (eg due to the design of the provision), or may show that the provider is more inherently risky, and should be monitored as such</li> <li>• In the cases referenced, gaps in data has led to risks being identified with our assurance of the provision, but in each case we were able to mitigate risks with bespoke arrangements with providers. This is a reasonable case outcome</li> </ul> | <p>Development of normative process / alternative arrangements for providers who do not appear in external data sources</p> |

|  |   |   |
|--|---|---|
|  | <ul style="list-style-type: none"> <li>• Therefore, undertaking more effective risk assessment and profiling of institutions and programmes has been delivered through the pilot</li> </ul>   |   |
| <b>Measure:</b> Education providers understand the risk model and assessment applied through the QA processes and perceive them to be objective and consistently applied                           |   |   |
| Met  | <ul style="list-style-type: none"> <li>• The majority of providers are satisfied that this measure is met. This includes providers who have concluded the process</li> </ul>  | None  |
| <b>Measure:</b> Visitors are supported and positioned to make risk-based decisions appropriately within the QA model   |   |   |
| Met  | <ul style="list-style-type: none"> <li>• In this pilot cycle, and across the whole pilot, most visitors are satisfied that this measure is met</li> <li>• Developed executive understanding of the risk model means it has been more consistently applied in cycle 3 pilot activities</li> <li>• This also includes situations where there were differences of opinion, and in these situations the risk model added value in quantifying risk</li> </ul>   | Focus partner learning and development to ensure partner population are positioned so they are able to apply this part of the model |
| <b>Measure:</b> A risk model is delivered, which allows risks to be quantified effectively, with higher risk providers appropriately engaged in more intensive and timely regulatory interventions |   |   |
| Met  | <ul style="list-style-type: none"> <li>• Institution performance model developed, and applied in specific cases</li> <li>• The risk model has been considered and invoked where required by executives in cases that have been through the whole process</li> <li>• These models have been applied through the approval and performance review process, and have added value to assessments</li> <li>• Consideration of outstanding risks is embedded into decision making through performance review process outcomes. This leads to next steps designed for each situation</li> </ul> | None  |
| <b>Measure:</b> New QA model provides value for money in reaching more effective QA outcomes   |   |   |
| Met  | <ul style="list-style-type: none"> <li>• Through the approval assessments where an outcome was reached, the process provided better value for money as:             <ul style="list-style-type: none"> <li>○ 60 per cent of the standards were not directly assessed, as they had been assessed at the institution previously</li> </ul> </li> </ul>  | Further consideration of resourcing and financial model to ensure effort is aligned with fees, and that we                          |

|  |  |  |
|--|--|--|
|  | <ul style="list-style-type: none"> <li>○ We did not undertake an approval visit, but focused quality activity where it added most value</li> <li>○ The process took on average 6.3 months to complete, compared to 10.8 months for the BAU process<sup>6</sup></li> <li>● For the first time, we reported on how standards were met, alongside the areas that needed further work</li> <li>● Visitor fee model approach agreed, with alignment to the existing Department budget for this financial year (2021-22)</li> <li>● This means we will do more with existing resources, and therefore the measure is met for the purposes of scale up</li> </ul> | operate within existing budgetary considerations |
|--|--|--|

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<sup>6</sup> July 2021 12 month rolling average

## Appendix B – data from surveys

In the below charts, we have calculated average satisfaction scores for each measure based on survey responses, and compared how feedback received compares across the pilot cycles.

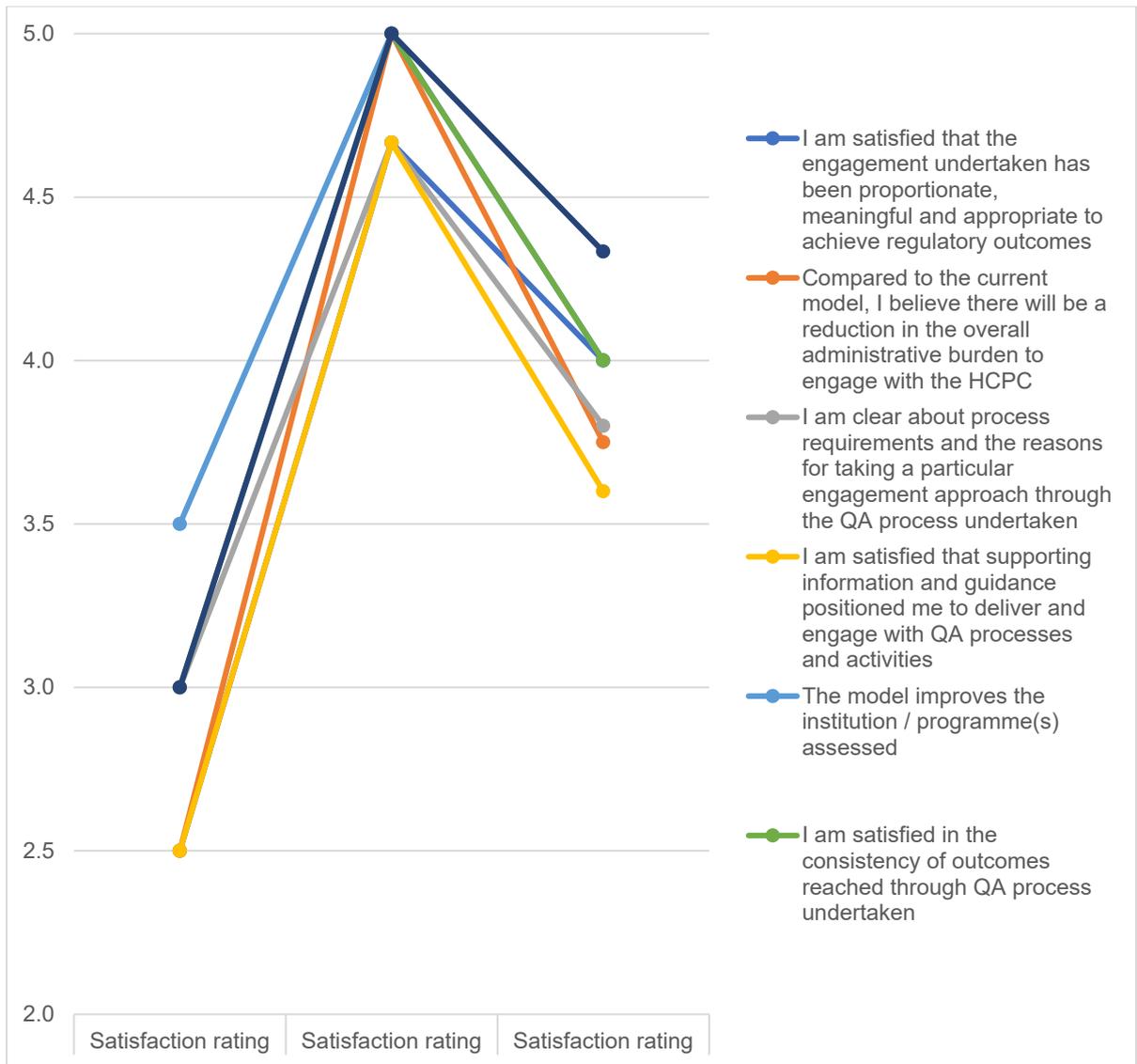
Satisfaction scores translate to the options given: 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree.

### **Education provider survey**

Indicators have rose across the board for cycle 2, but have now dropped for end of cycle 3 review for this stakeholder group. We received two responses in cycle 1, three in cycle 2, and five in cycle 3.

The drop in overall satisfaction in cycle 3 stems from the distribution of neutral / agree / strongly agree responses. In cycle 2, two of the three respondents responded with 'strongly agree' to all questions, but this was not repeated for the respondents for pilot cycle 3. Across all questions and responses, there was only one 'disagree' response in cycle 3.

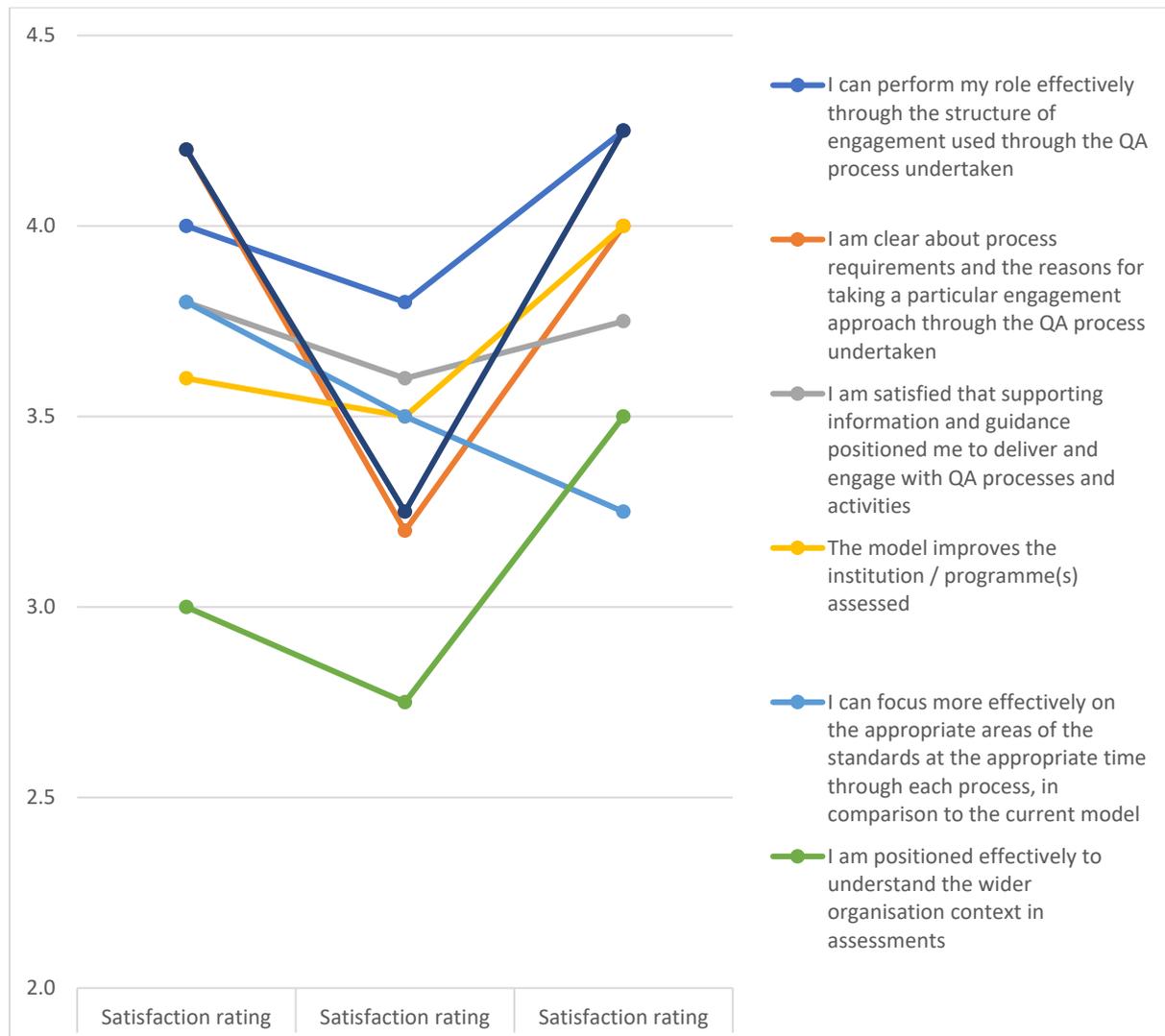
Each data point trends upwards from the data point in cycle 1, and it would not have been realistic to maintain exceptionally high scores with a higher number of respondents.



## Visitor survey

With the exception of one indicator, indicators have risen across the board from cycle 2 and are now mostly at or above the level from cycle 1. We had five respondents in cycle 1 and 2 and four in cycle 3.

The area that has dropped is the 'ability to focus more effectively on the appropriate areas of the standards at the appropriate time'. This is reflected upon within the second measure for strategic objective 2.



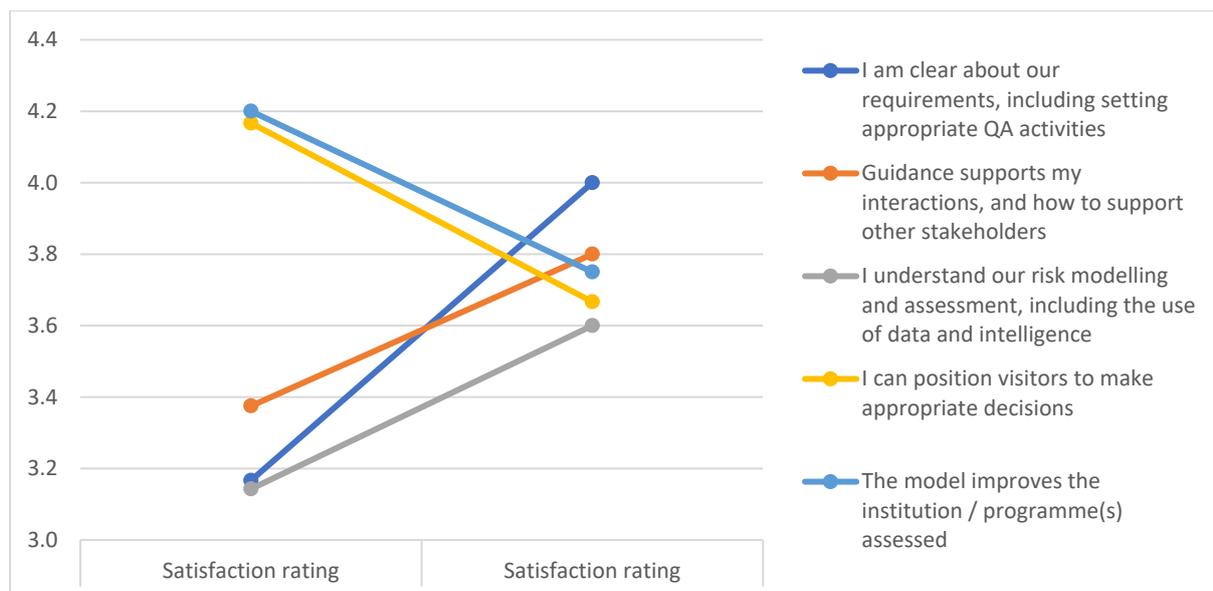
## Executive survey

All Department executives became involved in the pilot at the start of cycle 2, meaning we do not have comparative data for pilot cycle 1 for this stakeholder group. In each survey, all executives responded.

As indicated in the body of the report, 'disagree' scores did not lead to poor application of the model or negative impact on the quality of assessment, as the project team closely supported executives in their application of the process.

Three of the indicators have risen, and two have dropped. The drop in overall satisfaction for these indicators stems from the distribution of neutral / agree / strongly agree responses. In cycle 2, there were more strongly agree responses. Across all questions and responses, there were no 'disagree' response in cycle 3.

This might show that as executives have learned more about the model, they feel less confident in applying it, as they have discovered the nuances of its application, and the go-live date is approaching. There is a continuing package of guidance and support in place for executives, and the specific measures are explored in the relevant measure in the main body of the report.



|                                  | w/c                | September  |  |            |                  |  | October                                       |            |            |   |  | November                                   |            |            |                  | December                               |            |   | January |
|----------------------------------|--------------------|--|--|------------|------------------|--|---|------------|------------|---|--|--|------------|------------|------------------|--|------------|---|---------|
|                                  | 30/08/2021         | 06/09/2021   | 13/09/2021                                     | 20/09/2021 | 27/09/2021       | 04/10/2021   | 11/10/2021                                    | 18/10/2021 | 25/10/2021 | 01/11/2021  | 08/11/2021                             | 15/11/2021                                 | 22/11/2021 | 29/11/2021 | 06/12/2021       | 13/12/2021                             | 20/12/2021 | 03/01/2022 continued                    |         |
| ETC                              |                    | Implementation decision  |  |            |                  |  |   |            |            |   | Education quarterly performance report |  |            |            |                  |  |            |   |         |
| New model processes              |                    |  | Model applies to all existing provision        |            |                  | Performance review planning (engagement for 2021-22 academic year) |   |            |            |   |  |  |            |            |                  |  |            | Full implementation                     |         |
|                                  |                    |  | Approval process BAU                           |            |                  |  |   |            |            |   |  |  |            |            |                  |  |            |   |         |
|                                  |                    |  | Focused review process BAU                     |            |                  |  |   |            |            |   |  |  |            |            |                  |  |            |   |         |
| Provider scaleup activity        |                    |  | Programme data cleanse and contacts definition |            |                  |  |   |            |            |   |  |  |            |            |                  |  |            |   |         |
| BAU processes                    |                    |  | Wind up of existing process cases              |            |                  |  |   |            |            |   |  |  |            |            |                  |  |            |   |         |
| Communications                   |                    |  | Launch of new model                            |            | Education Update | Provider webinars (principles)                                     | Data cleanse and contacts definition reminder |            |            | Inform providers of performance review requirements |  |  |            |            | Education Update | Provider webinars (performance review) |            | Overview of performance review process  |         |
| Guidance                         |                    | Delivery of written guidance for processes / principles live at launch | Development of e-learning modules              |            |                  |  |   |            |            |   | Delivery of e-learning modules         | Development of performance review guidance |            |            |                  |  |            | Delivery of performance review guidance |         |
| Resourcing                       |                    |  | Lead visitor recruitment                       |            |                  |  |   |            |            |   |  |  |            |            |                  |  |            |   |         |
| Partner learning and development |                    |  | Service user expert advisor training           |            |                  |  |   |            |            |   |  |  |            |            |                  |  |            |   |         |
|                                  |                    |  | Visitor training                               |            |                  |  |   |            |            |   |  |  |            |            |                  |  |            |   |         |
| Data / intelligence              | HESA data delivery | Run new graduate survey  |  |            |                  | Deliver results from new graduate survey                           |   |            |            | Professional body information sharing agreements    |  |  |            |            |                  |  |            | Delivery of data visualisation system   |         |

### Appendix 3 - New Education QA model scale up: Strategic risks

| Risk description   | Probable consequences  | Mitigations  | Mitigation progress |
|--|--|--|---------------------|
| Key external stakeholders perceive the model to be lighter touch   | Reputational damage, including potential impact on PSA standards retention   | Messages embedded into communication activities and supporting information: <ul style="list-style-type: none"> <li>Model is 'right touch' – linking to PSA intentions</li> <li>Continued focus on standards being met, in a smarter way</li> <li>The model enables better understanding of provider intentions, and the ability to fix issues earlier in the process – will lead to a reduction in conditions / requirements but not a reduction in quality</li> </ul> | Complete            |
|  |  | Narrative around changes to KPIs is focused to embed the above messages  | Not started         |
| Planned scale up learning and development activities do not address learning requirements of partners who will apply the model | Intentions of the current model are transferred across to the application of the new model, meaning new model benefits are not scaled  | 1. Intentions of new model embedded into planning so they are fundamental to support package for partners  | Complete            |
|  |  | 2. Executives upskilled to apply the model, and guide other in doing so  | Complete            |
|  |  | 3. Departmental assurance structures embedded which ensure model applied as intended   | In progress         |
| Scale up activities with providers, including establishing key contacts, are not concluded prior to full implementation        | Messages through the scale up and implementation period will not reach the right people at the right times, leading to reduced benefit realisation for affected providers and the HCPC | Embed importance of responding in a timely manner into comms   | Complete            |
|  |  | Chaser follow up communications sent at appropriate points   | Not started         |
|  |  | Empower executives to ensure they deliver engagement with scale up activities on a regional basis  | In progress         |

| Risk description   | Probable consequences   | Mitigations  | Mitigation progress |
|--|---|--|---------------------|
| Key contacts do not understand their roles and how to work with the HCPC | Lack of engagement with the model from key stakeholder groups, leading to reduced benefit realisation for affected providers and the HCPC | Clear definition of roles through key contact establishment work | In progress         |
|  |   | Bespoke introductory information for each role                   | Not started         |

# Health and Care Professions Council

## Competence Framework for Visitors and Lead Visitors

| Competency heading   | Visitor  | Lead Visitor   |
|----------------------|--|--|
| Analytical ability   | <ul style="list-style-type: none"> <li>• <del>Understands the principles of quality assurance in Higher Education or Further Education or in a practice environment</del></li> <li>• Assimilates, recalls and analyses information to identify essential issues</li> <li>• Understands teaching, learning and assessment strategies, developed in either an education or practice environment.</li> </ul>  | <ul style="list-style-type: none"> <li>• Understands the strategic priorities of a modern education or practice environment</li> </ul> |
| Interpersonal skills | <ul style="list-style-type: none"> <li>• Treats people with respect, sensitivity and in a fair manner without discrimination</li> <li>• Values and promotes equality and diversity, ensures that the requirements of those with differing needs are properly met and challenges inappropriate comments and/or actions</li> <li>• Works constructively with others and encourages co-operation and collaboration</li> <li>• Recognises and deals appropriately with actual or potential conflicts of interest</li> <li>• Explains and justifies decisions and promotes HCPC interests to all stakeholders concerned.</li> </ul> | <ul style="list-style-type: none"> <li>• Leads stakeholder interactions by personal example</li> </ul>                                 |

|                                     |  |  |
|-------------------------------------|--|--|
| Decision making and sound judgement | <ul style="list-style-type: none"> <li>• Exercises sound judgement and common sense</li> <li>• Acts fairly and non-biased</li> <li>• Demonstrates integrity and independence of mind</li> <li>• Considers a wide range of issues in order to make informed and sound decisions</li> </ul>  | <ul style="list-style-type: none"> <li>• Able to draw together views of others to come to well-reasoned decisions at an appropriate level to the assessment</li> <li>• Understands the limits of own skills and professional expertise, and is able to seek advice where required</li> </ul>   |
| Communication skills                | <ul style="list-style-type: none"> <li>• Adopts a clear and succinct oral and written communication style and adjusts according to the audience</li> <li>• Actively listens and seeks clarification where necessary</li> <li>• Demonstrates courtesy through effective communication</li> <li>• Asks clear, concise, relevant and understandable questions without unnecessary technical jargon</li> <li>• Remains calm and inspires respect and confidence</li> <li>• Communicates professionally with a range of stakeholders</li> </ul> | <ul style="list-style-type: none"> <li>• Ensures that all parties are given the opportunity to participate</li> </ul>  |
| Specific Knowledge and Skills       | <ul style="list-style-type: none"> <li>• <u>Understands the principles of quality assurance in Higher Education or Further Education or in a practice environment</u></li> <li>• Shows an ability and willingness to learn and develop <u>independently</u></li> <li>• Demonstrates openness to feedback</li> <li>• Demonstrates a clear understanding of public interest and public protection</li> <li>• Commits to the Seven Principles of Public Life</li> </ul>   | <ul style="list-style-type: none"> <li>• Has acted in a leadership capacity in Higher Education, Further Education or in a practice environment</li> <li>• Able to take a well-informed approach to identifying best practice and innovation in professional education and training</li> </ul> |

# Project Equality & Diversity Impact Assessment Form

**Project name: New Education QA model pilot and implementation**

## Purpose

The HCPC is committed to preventing discrimination, valuing diversity and achieving equality of opportunity in all that we do.

To this end, the project board is responsible for:

- conducting a systematic assessment of the impact of the outcomes of a project on different groups with 'protected characteristics'.
- developing and documenting an action plan to address or influence the development of a project with regard to the affected groups.

## Consideration

When completing this form, the question that the project board should consider is: What positive and negative impacts do you think there may be on different groups with protected characteristics?

## Legislation

The Equality Act 2010 has consolidated previous anti-discrimination legislation. The Act replaces the previous equality groups of headings with a wider range of what are called 'protected characteristics' (see people to consider below).

The legislation imposes a public sector equality duty (PSED) which requires public authorities in undertaking their functions to:

- eliminate prohibited conduct, such as discrimination, harassment and victimization;
- advance equality and opportunity of people who share a relevant protected characteristics and people who do not; and
- foster good relations between people who share a relevant protected characteristic and people who do not.

In undertaking its work, the HCPC is required to have 'due regard' to the duties outlined above.

## People to consider

When completing this form it is important to consider the diverse range of people we interact with, including:

- the public, especially complainants or witnesses in fitness to practise proceedings;
- registrants and potential registrants;
- users of registrants;
- education and training providers;
- health care providers, professional bodies, consumer groups and other partner organisations; and
- our employees and the "partners" who carry out tasks on our behalf.

It is also important to ensure we do not discriminate against people on the basis of:

- Disability. E.g. people with disabilities, mental health issues or vulnerable people
- Age. E.g. children and young people, older people
- Gender Reassignment. E.g. transsexual people
- Marriage & Civil Partnership
- Pregnancy, Maternity and Paternity
- Race. E.g. minority ethnic people including gypsy/travellers, refugees & asylum seekers

- Religion or belief. E.g. people in religious/faith groups
- Sex. E.g. women & men
- Sexual Orientation. E.g. lesbian, gay and bisexual people

Which groups does the project board think will be affected by this project? (Tick those relevant)

| Group affected  |                          | Description of impact – What impact do you think there may be?   |
|---|--------------------------|--|
| <b>Disability</b>   |                          |  |
| Disabled people   | X                        | <ul style="list-style-type: none"> <li>For the approval process, site visits will no longer be standard but might be required in specific circumstances. Travel might be required to HCPC offices in certain circumstances – currently visitors travel to HCPC offices and to site visits as standard, so the impact on this group will be reduced</li> <li>Reviewing documentation remotely will continue to be required, but virtual events (via video conference) will become more frequent. Could impact visitors with issues with their sight. Moved to electronic only submissions in the last year, and no reasonable adjustments from the current pool of visitors have been requested in relation to this. No impact</li> </ul> |
| People with mental health problems  | <input type="checkbox"/> | None   |
| Vulnerable people   | <input type="checkbox"/> | None   |
| <b>Age</b>  |                          | None   |
| Children and young people   | <input type="checkbox"/> |  |
| Older people  | <input type="checkbox"/> |  |
| <b>Gender Reassignment</b>  |                          | None   |
| Trans-sexual people   | <input type="checkbox"/> |  |
| <b>Marriage &amp; Civil Partnership</b>                                   |                          | None   |
| Married people  | <input type="checkbox"/> |  |
| People in Civil Partnerships  | <input type="checkbox"/> |  |
| <b>Pregnancy, Maternity and Paternity</b>                                 |                          | None   |
| People who are pregnant   | <input type="checkbox"/> |  |
| People who are on maternity or paternity leave                            | <input type="checkbox"/> |  |
| <b>Race (includes colour, nationality and ethnic or national origins)</b> |                          | None   |
| Minority ethnic people  | <input type="checkbox"/> |  |
| Refugees & asylum seekers   | <input type="checkbox"/> |  |
| <b>Religion or belief</b>   |                          | None   |

|                                    |                          |  |
|------------------------------------|--------------------------|--|
| People in religious / faith groups | <input type="checkbox"/> |  |
| People of no faith                 | <input type="checkbox"/> |  |
| <b>Sex</b>                         |                          | None   |
| Men                                | <input type="checkbox"/> |  |
| Women                              | <input type="checkbox"/> |  |
| <b>Sexual orientation</b>          |                          | None   |
| Lesbian                            | <input type="checkbox"/> |  |
| Gay                                | <input type="checkbox"/> |  |
| Bisexual                           | <input type="checkbox"/> |  |
| <b>Other identified groups</b>     |                          | None   |
| Welsh language speakers            | X                        | Stakeholders in Wales might request correspondence and information in Welsh. This is the case currently and is covered by the Welsh Language Scheme were required. |
| Other (please specify)             | <input type="checkbox"/> |  |

If the project affects Welsh language speakers, has the project board considered our commitments under the Welsh Language Scheme?

X Yes  No

**Equality and Diversity Action Plan for New Education QA model pilot and implementation**  
**DATE: 14/07/2020 (reviewed 24/08/2021)**

| Equality group effected | Area of project/description of impact | Action proposed  | Person responsible | In Risk Log? | In Issues Log? |
|-------------------------|---------------------------------------|--|--------------------|--------------|----------------|
| All                     | Unknown                               | Specific feedback sought through pilot evaluation to identify challenges faced with new model due to any protected characteristic – no feedback provided | Jamie Hunt         | No           | No             |
| Disabled people         | See group affected section            | Feedback sought in line with the above   | Jamie Hunt         | No           | No             |
| Welsh language speakers | See group affected section            | Feedback sought in line with the above   | Jamie Hunt         | No           | No             |