

Focused review process report

The National School of Healthcare Science, Curricula review, 2021/22

Executive summary

This report covers our focused review of The National School of Healthcare Science curricula review. Through a documentary review, we were able to understand how the provider arrived at decisions in relation to the review of their curricula, and subsequently we were able to determine that the process engaged was reasonable and appropriate. This report will now be considered by our Education and Training Panel who will make a final decision on the outcome of the review.

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Section 1: About this assessment

About us

We are the Health and Care Professions Council (HCPC), a regulator set up to protect the public. We set standards for education and training, professional knowledge and skills, conduct, performance and ethics; keep a register of professionals who meet those standards; approve programmes which professionals must complete before they can register with us; and take action when professionals on our Register do not meet our standards.

This is a report on the focused review process undertaken by the HCPC to ensure that the institution and practice areas(s) detailed in this report continue to meet our education standards. The report details the process itself, evidence considered, outcomes and recommendations made regarding the institution and programme(s) ongoing approval.

Our standards

We approve education providers and programmes that meet our education standards. Individuals who complete approved programmes will meet proficiency standards, which set out what a registrant should know, understand and be able to do when they complete their education and training. The education standards are outcome focused, enabling education providers to deliver programmes in different ways, as long as individuals who complete the programme meet the relevant proficiency standards.

Our regulatory approach

We are flexible, intelligent and data-led in our quality assurance of institutions and programmes. Through our processes, we:

- enable bespoke, proportionate and effective regulatory engagement with education providers;
- use data and intelligence to enable effective risk-based decision making; and
- engage at the organisation, profession and programme levels to enhance our ability to assess the impact of risks and issues on HCPC standards.

Providers and programmes are [approved on an open-ended basis](#), subject to ongoing monitoring. Programmes we have approved are listed [on our website](#).

The focused review process

Once an institution or programme is approved, we will take assurance it continues to meet standards through:

- regular assessment of key data points, supplied by the education provider and external organisations; and
- assessment of a self-reflective portfolio and evidence, supplied on a cyclical basis

The focused review process enables us to work with providers to understand the ongoing quality of their provision. The process can be triggered by the receipt of intelligence or data which might impact on quality.

This report focuses on the assessment of a process 'trigger' along with any further assessment and conclusions.

How we make our decisions

We make independent evidence based decisions about institution and programme approval. In the focused review process, the executive makes a recommendation to the Education and Training Committee (ETC) about what action should be taken, if any. These recommendations are informed by profession specific input where it is required. In order to do this, we appoint [partner visitors](#) to provide advice relevant to the assessment. Education providers have the right of reply to the executive recommendation. If an education provider wishes to, they can supply 'observations' as part of the process.

The ETC make the decisions about the approval and ongoing approval of programmes. In order to do this, they consider recommendations detailed in process reports, and any observations from education providers (if submitted). The Committee takes decisions through different levels depending on the routines and impact of the decision, and where appropriate meets in public. Their decisions are available to view [on our website](#).

The assessment panel for this review

We appointed the following panel members to support a review of this education provider:

Temilolu Odunaike	Education Quality Officer
Colin Jennings	Lead visitor, Clinical scientist
Beverley Cherie Millar	Lead visitor, Clinical scientist

Section 2: About the education provider

The education provider context

The National School of Healthcare Science currently delivers one HCPC-approved programme which is the Certificate of Completion of Scientist Training Programme (STP). The STP is a unique programme and its structure is different from many other HCPC approved programmes. The STP is a three-year programme comprising a fixed term contract working within an accredited training department, a part-time MSc programme delivered by an accredited Higher Education Institution; completion of workplace-based assessments, and completion of a final assessment which is set and managed by the education provider.

In 2020, the STP programme went through our approval process which focused on a change in the way the institute oversees the STP – assuring the quality of the STP programmes themselves rather than this responsibility sitting with the Academy of Healthcare Science (AHCS), which was the previous arrangement. At the time of approval, there were no changes to the curriculum or assessment.

The STP was originally approved in 2018, before it went through re-approval when the National School took over as the education provider in 2020.

The education provider is currently undergoing their performance review process with us. Following the approval of the programme in 2020, there were certain areas the visitors referred to future monitoring. These were not considered in this focused review, due to the specific nature of the process, but they will be considered in the provider's ongoing performance review process.

Practice areas delivered by the education provider

The provider is approved to deliver training in the following professional areas. A detailed list of approved programme awards can be found in [Appendix 1](#) of this report.

	Practice area	Delivery level		Approved since
Pre-registration	Clinical Scientist	<input type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Postgraduate	2018

Section 3: Decision to formally assess information

Date of assessment decision	15 April 2021
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This section contains a decision about whether we will assess the information, and if so how we undertaken that assessment through the focused review process. It also summarises the steps taken to get to this point, including the trigger for review.

Trigger for review

The clinical scientist profession can be subdivided into four main areas of practice; physiological sciences, life sciences, physical sciences and bioinformatics. The education provider is reviewing and updating their curricula which underpins these areas, and the more detailed 'specialties' within each area.

Although clinical scientists are regulated as a single profession by the HCPC, we recognise discrete disciplines known as 'modalities', as follows:

- Applied Epidemiology
- Audiology
- Cellular Science
- Clinical Biochemistry
- Clinical Bioinformatics
- Clinical Immunology
- Clinical Microbiology
- Clinical Physiology
- Decontamination Science
- Embryology
- Genomic Sciences
- Haematology
- Histocompatibility & Immunogenetics
- Medical Physics & Clinical Engineering

Although modalities do not appear on registration records, some requirements in our standards of proficiency (SOPs) for clinical scientists are modality-specific. This means that changes to the broad and modality-level curricula may impact on those who complete programmes meeting the SOPs for the profession.

Decision on engagement

We needed to properly consider and mitigate the risk of individuals joining the Register who are not competent. Due to the potential impact of the education provider's review on the competence of learners, we needed to take assurances those who complete programmes will continue to meet the SOPs for clinical scientists. Therefore, we decided to review the institution's curricula review via the focused review process.

Assessment focus areas

Our SOP level requirements do not define expected elements of learning to a granular level. This is by design. Our SOPs are pitched at a level where lay people can understand them, and are flexible enough to allow for the ongoing development of the profession concerned. We expect that the way in which registrants meet our standards might change over time because of improvements in technology or changes in their practice. For example, SOP 13.7 requires that a registered clinical scientist "know(s) the basic science underpinning the modality in which they practise...", but does not go on to define that basic science any further. This allows for changes in scientific understanding, emerging scientific theory, and technological practices.

The above is notable as, unlike other professions, this education provider owns the curricula which underpins professional understanding and expectations. Therefore, they are not embedding and complying with curricula set by an external organisation, but are setting these requirements themselves. The education provider is the owner of professional knowledge and expectations within the profession.

When reaching a decision on the required focus areas for review, it was also important to understand how the education provider functions. The provider does not deliver the academic or practice elements of the programme themselves, but rather quality assures other organisations to do this for them, to their strict requirements.

Using their unique position within the profession, the education provider has to date undertaken a robust review of their curricula, with input from multiple stakeholder groups and professional experts (including from academic and practice). At each stage, the provider has intended to ensure alignment with the requirements of HCPC's SOPs.

In order to be 'right touch' in our regulatory approach, our intention was not to repeat the work the provider has undertaken. Rather, the focus of our assessment was on how the provider has arrived at decisions, and whether that process was reasonable and appropriate, rather than a granular review of changes to curricula. Particularly, we considered:

- The underpinning 'philosophy' or approach to the education provider's review – what the provider intended and why they considered this reasonable.
- How conclusions were reached – the process itself, groups engaged, a summary of feedback and input, and how this was used to inform curricula development.

- Summary of the conclusions – general, and for each modality, but not to the level of 'tracked change'-type documents.
- Key learning from the process which will be considered in the provider's next review.

Method of assessment

We asked the education provider to provide a documentary submission to address the areas listed in the section above. The HCPC executive provided advice on the composition of this submission, to help the provider ensure it covers the areas to be addressed.

Due to the profession-specific nature of the review, we then engaged partner visitors to assess the submission, and to undertake any follow up quality activity. The quality activity needed was an email response to clarify specific issues. We considered email response appropriate to clarify our understanding of the specific queries raised.

Section 4: Analysis, quality themes and outcomes

Documentary submission

The education provider was asked to provide a documentary submission covering the [assessment focus areas](#) referenced in section 3.

Quality themes identified

We defined and undertook the following quality assurance activities linked to the quality themes referenced below. This allowed us to consider whether there were any issues linked to performance against our standards.

Quality theme 1 – Bias in assessors' focus and direction of the new curriculum

Area for further exploration: From a review of the education provider's report on their curricular review, we noted that a wide range of stakeholders were involved in this three-stage curriculum review process. These included university representatives, senior healthcare scientists, current and former trainees, training officers, Health Education England Healthcare Science Leads, professional bodies and patient and public representatives. A total of 1,100 feedback responses were received from key stakeholders including the public and service users. However, there was no information about the type of questions asked in the questionnaires to ensure bias was not placed on the focus and direction the new curriculum should take. In addition, we noted a statement in the submission that "*the STP met the needs of most stakeholders*". It was unclear what needs were not fulfilled and how such directed the restructuring of the curriculum.

Quality activities agreed to explore theme further: We asked the provider for further clarification on the above through email response. We considered that this would provide a clearer understanding of how the provider was able to remove or minimise possible bias in the assessors' focus and direction of the new curriculum.

Outcomes of exploration: In their response, the education provider noted that there were two questionnaires used to gather data from stakeholders. The questions asked in the open access online questionnaire in phase 3 of the STP Improvement Review were defined by AlphaPlus (a separate organisation) based on the stakeholder responses received in first two phases of the review. They explained further that the questions asked considered the STP as a whole and did not focus solely on the curriculum or the development of a new curriculum and that the questions were not defined by the education provider.

Another questionnaire was also used to gather feedback from stakeholders as part of the Stakeholders Peer Review process. The questions asked in these previous stakeholder questionnaires were refined and adapted to feed forward into the Stakeholder Peer Review process carried out as part of the Curriculum Content Review project. The provider explained that the process asks stakeholders to review draft curriculum content and answer questions to establish if the draft curriculum content is fit for purpose. The questionnaire allows stakeholder respondents to agree or disagree that the curriculum content is fit for purpose and provide further free text comment to elaborate on their views. To ensure transparency, the education provider stated that the results of the questionnaires with a response to indicate how they have influenced the finalised curriculum content are published for each specialty. Based on this clarification, we were satisfied that the questionnaires were structured in such a way that avoids bias on the focus and direction of the new curriculum.

Risks identified which may impact on performance: None

Outstanding issues for follow up: None

Quality theme 2 – Process of selection of stakeholders

Area for further exploration: As noted above, although we saw that a wide range of appropriate stakeholders were involved in the curriculum review process, it was unclear what the process of selection of members of the curriculum review groups by the Lead Editor was. We noted a statement that “Speciality Lead Editor applicants were required to be an HCPC registered Clinical Scientist or have equivalent experience and/or registration”. It was unclear what is meant by “equivalent experience and/or registration”.

In addition, we noted that current trainees did not appear to have been involved in the curriculum review groups or development of curriculum content. We consider that such a key stakeholder could have added valuable feedback at the early stages of curriculum development. The education provider stated “Limited feedback on the current curriculum was available to inform review”. As such we considered further clarification was needed around the selection process.

Quality activities agreed to explore theme further: We requested email clarification to understand the process the Lead Editor engaged with in selecting members of the curriculum review groups. In addition, we requested clarification on why learners were not included in the curriculum review group process and how the education provider would ensure learners’ involvement in future reviews.

Outcomes of exploration: In the education provider’s response, we saw that the Stakeholder Peer Review of the draft curricula and the Curriculum Review Groups are

two separate and distinct steps in the process followed by the STP Curriculum Content Review project. Each step fulfils a different function in the process and involves a different group of stakeholders. There was an expression of interest for stakeholders who wished to be involved in the Curriculum Content Review Project. Lead Editors were asked to consider the list of stakeholders suitable for the role of Specialty Writer. In addition, Lead Editors were asked to draw on their professional networks to invite stakeholders to join the Curriculum Review Group to ensure the Group was representative of all stakeholders in the specialty area.

The education provider recognised that this method of identifying membership of the Curriculum Review Groups is open to bias and have reflected on it in their submission. In their attempt to mitigate the bias, the education provider introduced some steps which included open and competitive appointment of Lead Editors and the expression of interest. In addition, in the following stages of the project, the curriculum content drafted by the Curriculum Review Groups was made available to other stakeholders to gather independent views on the suitability of the curriculum content during the Stakeholder Peer Review process.

The provider added that Specialty Lead Editors and Specialty Writers were required to be registered clinical scientists or equivalent, with post registration experience. Stakeholders who held registration with other regulatory or professional bodies such as the Institute of Biomedical Science, Royal College of Pathologists or the Registration Council for Clinical Physiologists were also considered for these roles. Stakeholders with significant experience in roles of equivalent professional standing but who did not themselves hold registration with the HCPC or other bodies were also considered for these roles.

The provider noted that limiting the membership of curriculum review group to clinical scientists alone would exclude members of the multidisciplinary healthcare teams practising alongside clinical scientists in the specialty. They added that many of the healthcare professionals are involved in the delivery of the STP and made important and valuable contributions to the development of the STP curriculum content.

Regarding the involvement of learners, the education provided noted that learner views were sought by the STP Improvement Review and were involved in all phases of the review. Current learners were invited to provide feedback on the draft curriculum content developed by the Curriculum Review Groups during Stakeholder Peer Review. The provider also clarified their initial statement around "limited feedback". They explained that the STP Improvement Review identified that the specialist competencies were in need of update but did not specify which particular competencies to focus on. Feedback on competencies or areas of the curriculum content in need of update had not been systematically sought or recorded and information on the areas of the curriculum content to focus on for review was lacking. However, the education provider is now in the process of developing mechanisms to collate feedback on curriculum content to support its ongoing review.

Based on the responses, we were satisfied with the provider's process of selecting and involving stakeholders for this particular review and were reassured that the provider is putting mechanisms in place to ensure a more robust process is used for similar future reviews.

Risks identified which may impact on performance: None

Outstanding issues for follow up: None

Quality theme 3 – Collation of data and feedback from stakeholders

Area for further exploration: In their submission, the education provider stated that minutes were not taken. As a result, we could not determine how they ensured an appropriate feedback loop, and that essential and valid forward actions were taken.

Quality activities agreed to explore theme further: We requested further email clarification on this to understand the education provider's reasoning for choosing to not take minutes of meetings.

Outcomes of exploration: The education provider clarified that the Curriculum Review Group meetings were held to allow the stakeholder members of the Curriculum Review group to draft curriculum content and not for the purpose of collecting data or feedback from stakeholders. They described the process of developing curriculum content by the Curriculum Review Group members as iterative which meant Curriculum Review Groups met on multiple occasions with meetings facilitated by the School. During their meetings, the conclusions of discussion pertinent to the development of the curriculum content were noted by the School on behalf of members of the group. Notes were taken on-screen with agreement from the group and group members were provided with continuous access to those notes in an online workspace. Decisions, actions and drafted curriculum content were reviewed by the group at each meeting. Actions were also noted by the School and circulated to group members after each meeting. The provider explained the reason for not taking formal meeting minutes, attributing comments to contributors, was to allow stakeholders the freedom to discuss both positive and negative elements of their specialty practice and the STP without fear of consequence.

We were satisfied with this explanation and saw that stakeholders had the opportunity to feedback and there were avenues for those feedback to be recorded and actioned.

Risks identified which may impact on performance: None

Outstanding issues for follow up: None

Quality theme 4 – Mapping of the new curriculum and specialities curriculum review

Area for further exploration: Mapping of the new curriculum to the HCPC SOPs was central to the approach and process which the education provider undertook when developing the new curriculum. However, it was not evidenced who performed the mapping of the new curriculum to the SOPs and how they were considered to be appropriate.

Quality activities agreed to explore theme further: Through email response, we asked the education provider to explain who was responsible for the mapping of the new curriculum to HCPC SOPs and how they determined their appropriateness to undertake the role.

Outcomes of exploration: We saw that the mapping was completed by members of the curriculum team who had not been directly involved in the development of the

curriculum. The provider considered that this would reduce the issue of subjectivity. The mapping was then reviewed by a second member of the team as an additional quality check. For the core curriculum, mapping was completed by three School staff members with an additional consensus review to ensure rigour. To ensure mapping was completed against the evidence presented in the learning outcome, rather than an interpretation of the eleven learning outcomes based on existing knowledge of the practice described, the education provider noted that mapping was completed by a non-expert in the specialty. The provider emphasised that HCPC terminology “describes the standards of conduct, performance, and ethics in terms that everyone can understand” and they wished to continue in the same manner, using terms that were “understandable” in the learning outcomes. As such, they considered it appropriate for the mapping to be completed by a non-speciality expert.

Risks identified which may impact on performance: Whilst the visitors agreed that the mapping exercise could be done by a non-registered clinical scientist, they identified there is a risk the mapping could be done incorrectly due to misinterpretation. They considered the mapping would be best conducted and led by a HCPC registered clinical scientist who themselves fully understand the SOPs. Alternatively, the visitors considered a non-speciality expert could also, in conjunction with the lead clinical scientist map the SOPs together.

Outstanding issues for follow up: As noted above, we consider that to minimise the risk of misinterpretation of the SOPs by non-registered clinical scientists, the education provider should ensure future mapping of HCPC SOPs to learning outcomes is completed by registered clinical scientists.

Quality theme 5 – Preparation for delivery

Area for further exploration: In their report, the education provider stated the data collated showed the elective module was valued by trainees, but less so by training and workplace representatives who suggested the design needed improvement. We also saw in the report that drop-in sessions were being held for training centres expressing an interest in hosting training. However, there was lack of detail in how the training facilitators at those centres would be informed about the new curriculum. We considered the education provider needed a robust system of informing and discussing the delivery of work-based training for those centres who have historically provided and continue to undertake this role.

Quality activities agreed to explore theme further: We asked the education provider to explain through email response, the steps that are being taken to ensure current work-based training facilitators delivering training have been informed of the new curriculum specifically relating to work-based practice.

Outcomes of exploration: From the education provider’s response, we understood that information on the new curriculum is being shared with work-based training facilitators delivering training, as well as other stakeholders, through a number of methods. Some of these included:

- webinars – both generic ones to launch the new curriculum and subsequent subject specific ones;
- training centres were signposted to the new curricula in the Curriculum Library;
- the School website was updated with information on the new curriculum;

- drop-in-sessions were hosted on a monthly basis to provide stakeholders with an open forum to ask any questions related to implementation and delivery of the new curriculum; and
- queries from stakeholders were answered by email.

We were satisfied that stakeholders, particularly work-based training facilitators were properly informed about, and adequately prepared to deliver the new curriculum.

Risks identified which may impact on performance: None

Outstanding issues for follow up: None

Section 5: Issues identified for further review

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

There were no outstanding issues to be referred to another process

Section 6: Decision on focused review outcomes

Assessment panel recommendation

Based on the findings detailed in [section 4](#), the executive recommend to the Education and Training Committee that no further action is required.