

## Performance review process report

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City, University of London, 2018 - 2021

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### Executive summary

Process stage – final visitor recommendation reached, covering:

The visitors reviewed the submission and explored five themes further via quality activity. They completed their assessment and have not found a reason to refer themes or risk to another process but have made recommendations for the next Performance Review.

The visitors are recommending an ongoing monitoring period of three years.

We found the Provider to have completed this review and to have engaged fully with this process. They have been open with their reflections on the challenges they have faced in the review period and cooperative when responding to our queries. We expanded on the initial submission through the quality activities and no risks to quality were identified.

The visitors have found that a review period of three years will allow the Provider to continue to develop and improve their processes ahead of their next review whilst remembering they have completed the review with no risks to their provision.

We have identified one area that we are recommending for further development and are referring this to be highlighted within their next Performance review:

- The involvement of Service Users, Carers and Learners in the Providers processes. We have identified this as an area that could be improved ahead of their next review. We note the work the Provider has completed and the processes they have in place currently. But note that these areas appear under-developed and can be enhanced ahead of their next review.

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|------------------------|--|
| Previous consideration | N/A – This is the Provider’s first engagement with the Performance Review process since the launch of the HCPC Education department’s Quality Assurance Model  |
| Decision               | The Education and Training Committee (Panel) is asked to decide: <ul style="list-style-type: none"> <li>• when the education Provider’s next engagement with the performance review process should be</li> <li>• whether issues identified for referral through this review should be reviewed, and if so how</li> </ul> |
| Next steps             | Outline next steps / future case work with the Provider: <ul style="list-style-type: none"> <li>• Subject to the Panel’s decision, the Provider’s next performance review will be in the 2024-25 academic year</li> </ul>  |

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## Section 1: About this assessment

### About us

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

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

### Our standards

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

### Our regulatory approach

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

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

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

### The performance review process

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

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

Through monitoring, we take assurance in a bespoke and flexible way, meaning that we will assess how an education Provider is performing based on what we see, rather than by a one size fits all approach. We take this assurance at the Provider level wherever possible, and will delve into programme / profession level detail where we need to.

This report focuses on the assessment of the self-reflective portfolio and evidence.

### **Thematic areas reviewed**

We normally focus on the following areas:

- Institution self-reflection, including resourcing, partnerships, quality, the input of others, and equality and diversity
- Thematic reflection, focusing on timely developments within the education sector
- Provider reflection on the assessment of other sector bodies, including professional bodies and systems regulators
- Provider reflection on developments linked to specific professions
- Stakeholder feedback and actions

### **How we make our decisions**

We make independent evidence based decisions about programme approval. For all assessments, we ensure that we have profession specific input in our decision making. In order to do this, we appoint [partner visitors](#) to design quality assurance assessments, and assess evidence and information relevant to the assessment. Visitors make recommendations to the Education and Training Committee (ETC). Education Providers have the right of reply to the recommendation. If an education Provider wishes to, they can supply 'observations' as part of the process.

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

### **The assessment panel for this review**

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

|                              |   |
|------------------------------|---|
| Calum Delaney                | Lead visitor, Speech and Language Therapist         |
| Helen Best                   | Lead visitor, Radiographer, Diagnostic Radiographer |
| Sarah Hamilton               | Service User Expert Advisor                         |
| Alistair Ward-Boughton-Leigh | Education Quality Officer                           |

## Section 2: About the education Provider

### The education Provider context

The education Provider currently delivers 9 HCPC-approved programmes across 3 professions including one Prescribing programme. It is a Higher Education Provider and has been running HCPC approved programmes since 1991.

We have received intelligence from Health Education England (HEE) on the ongoing challenges to placement capacity across London.

### 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  | Practitioner psychologist                           | <input checked="" type="checkbox"/> Undergraduate | <input checked="" type="checkbox"/> Postgraduate | 2005           |
|                   | Radiographer  | <input checked="" type="checkbox"/> Undergraduate | <input type="checkbox"/> Postgraduate            | 2005           |
|                   | Speech and language therapist                       | <input checked="" type="checkbox"/> Undergraduate | <input checked="" type="checkbox"/> Postgraduate | 2002           |
| Post-registration | Independent Prescribing / Supplementary prescribing |   |  | 2014           |

### Institution performance data

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

| Data Point   | Benchmark | Value | Date | Commentary  |
|--|-----------|-------|------|---|
| Total intended learner numbers compared to total enrolment numbers | 542       | 542   | 2022 | The data here suggest that the Provider has the same learner numbers as the programmes were approved for, indicating that the programmes have sufficient resources available for the learner numbers, and also are meeting their expected |

|   |        |     |           |  |
|---|--------|-----|-----------|--|
|   |        |     |           | recruitment levels showing that the provision is well supported. These figures do differ from last year where we found the numbers to be far above the benchmark. We did highlight this to the visitors ahead of their review and asked them to pay attention to the Providers reflections in relation to this.  |
| Learners – Aggregation of percentage not continuing                 | 3%     | 2%  | 2019-2020 | The benchmark number is higher than the actual value which suggests the Provider is performing better than expected at this area with only 2% of learners not continuing with their programme to completion.   |
| Graduates – Aggregation of percentage in employment / further study | 94%    | 91% | 2019-2020 | The value for this data point is lower than the benchmark and indicates that the Provider is performing lower than expected. But this is higher than their last score from 2016/17 which was 88%. We made the visitors aware of this score ahead of their review and directed them to the reflections the Provider gives on this section and if they give any indication on this change / what they are doing to improve this. |
| Teaching Excellence Framework (TEF) award                           | Silver |     | June 2017 | TEF awards range from Gold to Bronze, a score of Silver therefore is not the top score and does indicate that a higher score can be achieved. TEF state that score of silver indicates that the Provider “consistently exceeds rigorous national quality requirements for UK higher education.” It is also worth noting that this was awarded in 2017 and there will have been changes since this was awarded that will        |

|  |       |       |      |   |
|--|-------|-------|------|---|
|  |       |       |      | have had an impact on the Provider.   |
| National Student Survey (NSS) overall satisfaction score (Q27) | 75.1% | 66.8% | 2022 | The value here is lower than the benchmark score and therefore would indicate that the Provider is performing below what is expected. We made the visitors aware of this ahead of their review and recommend they look at this section closely and examine the reflections Provider have given to explain this lower score. |

### Section 3: Performance analysis and quality themes

#### Portfolio submission

The education Provider was asked to provide a self-reflective portfolio submission covering the broad topics referenced in the [thematic areas reviewed](#) section of this report.

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

#### Quality themes identified for further exploration

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

##### Quality theme 1 – Impact of Covid on Placements

**Area for further exploration:** The information reviewed in the Provider's submission indicated that there is a high demand for their programmes based on increasing learner numbers and that they have a forward-looking approach to planning future provision requirements and responding to changes. Temporary measures were put in place regarding running their provision during Covid such as online learning and simulated practise which will have impacted traditional placements. We did not gain a sense of the size of the effect on placements that occurred. Additionally, we saw that financial support was put in place but were unable to determine whether this support was sufficient. We therefore explored this further via a quality activity to determine if placements were able to continue. Additionally, to understand how learners / placement Providers were supported to ensure learners achieve all

learning outcomes. The Panel wanted to be certain that placements had been maintained during the pandemic, and that all learners had had access to them

**Quality activities agreed to explore theme further:** We sought clarification on these points through additional reflections and explanations via email to allow the Provider to elaborate on the existing information available

**Outcomes of exploration:** The Provider responded with clarifications and a narrative response that provided us with further information on this theme. They provided us with a timeline on the impact of the pandemic, detailing first that the lockdown of spring 2020 led to the suspension of face-to-face clinical activity two weeks before the end of their spring term. Graduating cohorts for their provision were able to complete their required placements, however some of these had to be completed online. They also stated that there were examples of learners returning to the clinical environment through the extended clinical placement model that was made available during this time. Non-graduating cohorts also moved to an on-line delivery of placements. The activities they completed included: completing E-Learning for Health Modules and other online e-learning available, attending webinars and completing desk-based research.

In the following academic year (2020-21), learners completed placements either face-to-face or via the tele-health system of online appointments. The Provider discussed how some learners had a delayed start to their placements due to constraints in the placement services being offered or uncertainties. The Provider then worked to provide additional university-based placements to bridge this gap by increasing the number of learners on research-based placements which involved delivering services to clients. Additional places were sought and acquired in the voluntary sector with their charity partner which increased its number of online placements.

Detailed professional body guidance was published regarding the nature of placement learning experiences and use of non-patient care activities on placement. This helped to encourage additional placement offers in the summer term and reassured services that they could provide suitable placement experiences.

Considering this additional information, we were able to see that the Provider worked with their partners and using online solutions to ensure that their learners had access to the required placements. This demonstrated how placements were able to continue whilst also acknowledging there were consequences such as the discussed delayed start and that support had to be put in place such as organising additional online and voluntary sector placements. The visitors judged this response to be satisfactory and to have answered the queries raised. We had no further question going forward

### Quality theme 2 – Challenges with implementing and developing Interprofessional Education (IPE)

**Area for further exploration:** We note from the submission that the Provider has discussed some of the challenges they faced in relation to providing Interprofessional Education (IPE), such as timetabling conflicts and changes in staff

leading to cancellations. They explain some of the developments implemented in relation to IPE such as the introduction of a reflective journal for learners to complete on the activities they engaged with. The Panel do not gain a sense of how the Provider analysed and responded to the challenges they raised such as the timetabling conflicts and lack of variety in IPE. Visitors asked the following specific questions:

- what has already been done to address the challenges relating to implementing and running IPE?
- Why this was, or was not successful?
- How do they propose to address this?
- Are there investments available to enable them to do so?

We asked this to better understand how the Provider was able to assess and respond to challenges presented to them as well as better understand how they intend IPE to run going forward. This additional information will also help us to determine if learners have a consistent IPE experience across their provision and how learning is assured / managed outside of the Provider environment.

**Quality activities agreed to explore theme further:** We sought clarification on these points through additional reflections / explanations via email and where necessary additional documents to allow the Provider to elaborate on the existing information available.

**Outcomes of exploration:** The Provider responded with further information and clarifications addressing the queries we raised. They discussed how Interprofessional learning occurs on placements and the experience learners gain in this setting is used to form the basis of discussions within clinical tutorials. This allows learners to reflect on what they have learnt and share this knowledge with their peers. They also state that written clinical tasks and placement assessments all have assessment criteria which relate to working with the multi-disciplinary team (MDT).

They discuss how in their radiography provision learners are required to complete interprofessional learning (IPL) activities, including reflections which are assessed as part of their clinical modules / portfolios. Furthermore, they state that opportunities for developing knowledge and skills in MDT working and assessment of this are present across modules, clinical placement, and clinical assessments.

Going forward they have discussed how investments are being made to develop IPE including the development of a cross-School IPE week with input from all departments. This will include scenario-based activities for learners from all professions to work together using patient-based scenarios. The funding is being used to invest in electronic patient records and electronic medicines management systems that can be used across all professions. In addition, filming equipment and two-way mirrors will be purchased to provide students with further opportunities for formative assessment and feedback. The school has also appointed an Associate Dean, Interdisciplinary Portfolio Development to lead on co-ordination of its interdisciplinary growth agenda.

We found the response has significantly built on the existing available information and demonstrated the Providers plans to expand and develop IPE in the future. We have gained a sense of a greater and more comprehensive approach to IPE. We also note that the appointment of new associate Dean shows the Providers commitment to this area. We found their response to have addresses all our concerns and have no further questions going forward.

### Quality theme 3 – Involvement of Service Users and Carers (SU&C's) in the provision

**Area for further exploration:** We note from the Providers submission that Service Users and Carers (SU&C's) are involved in several areas of their provision including teaching across several modules. We also can see that the Provider has plans to increase the scope of services involved in their processes and that a period of development for SU&C involvement is planned. We note that SU&C's have been consulted on this development, but the outcome of the consultation was unclear and the level of engagement / response they saw with this consultation.

We decided to explore this further to ensure that the SU&C voice as present in this consultation and the development of the plans going forward. It is important that any changes or enhancement of SU&C involved comes with support and engagement from SU&Cs themselves. We also asked if they plan to run this consultation or similar consultations in this future as this could be a good mechanism for involving SU&Cs in forward planning.

**Quality activities agreed to explore theme further:** We sought clarification on these points through additional reflections / explanations via email and where necessary additional documents to allow the Provider to elaborate on the existing information available

**Outcomes of exploration:** The Provider responded to our queries with a narrative response containing clarifications on the points we raised. They stated that application interviews will remain online for the 2022/23 academic year as this allows maximum flexibility for applicants and does not preclude service users' and carers' input to the selection process. Furthermore, they will ensure that service users are supported and able to fully contribute to the selection process, with training to feel confident in using video conferencing technology and with this process being reviewed at the end of the academic year.

The Provider has also stated that since their Portfolio was submitted, they have acted on appointing an academic coordinator for service user and carer involvement, and an experienced individual is now in the role. This is something that was identified by their consultation process with SU&Cs. They have also informed us that eleven people responded to the request for input into the review of service user and carer input last year. They explained that these individuals were consulted individually and that the Provider is planning to run the consultation process again. Additionally, expanding it to include an online survey for those who would prefer not to meet or provide feedback anonymously.

Further developments include the ongoing revision of their terms of reference for the Practice Advisory Boards for programmes in the school that are currently being revised to ensure that a service user or carer representative is a member. This individual will be invited to each meeting to feed back their experience and contribute to both academic and practice elements of the programmes.

We found the expansion offered by the quality activity to be helpful and to detail the mechanisms and initiatives in place or being developed. We note that many of these appear to have been initiatives in place for some time. However, despite these and in the context of the reconfiguration of committees, it appears that the involvement of service users is in some way still unsatisfactory (from the perspective of SU and staff).

It will be helpful if in future portfolio evaluations some consideration is given to analysis of the difficulties and actions to address them as opposed to documenting aspirations. We have not found this to constitute a risk to the ongoing approval of the Provider programmes, but instead to be an area still developing. We are therefore referring this matter to the Providers next performance review. We recommend the Provider to continue to develop this area, implement the plans they have discussed and to review and reflect upon this at their next performance review that we are recommending be in three years' time.

#### Quality theme 4 – Addressing the backlog caused by the pandemic

**Area for further exploration:** We note that the Provider has ambitious plans to grow their provision further and this will have to include additional placement capacity being sought or made available. We have also noted previously that placements were disrupted due to the pandemic and that this has in many cases caused a backlog in learners awaiting placements. We therefore sought to understand how the Provider plans to address this backlog, and how the backlog may impede expansion to the Providers provision.

We also asked how increased clinical simulation facilities and other modifications by the university address both growth and the backlog. Furthermore, we asked how successful the actions already put in place had been or whether the Provider had noticed an effect yet. We explored this further to better understand the processes the Provider has in place, and also to give them an opportunity to expand on the existing information available provided by their submission.

**Quality activities agreed to explore theme further:** We sought clarification on these points through additional reflections / explanations via email to allow the Provider to elaborate on the existing information available

**Outcomes of exploration:** The Provider responded to our queries and discussed the reports of increased waiting lists in Speech and Language Therapy. This has led the professional body to call for a workforce increase of between 5% and 15% to meet demand. The Provider reflects that they don't see a tension between addressing the NHS backlog and increasing student numbers they see them as working together. This being that the increased demand in speech and language therapy professionals is leading to the increased demand for their learners. They

discuss that their placement offers in the academic year 2021-22 indicate that efforts from the Provider, professional body and HEE (Health Education England) to increase placement opportunities are paying off with more capacity being made available.

The Provider discusses plans to work with practice and HEI (Higher Education Institution) Providers to continue to facilitate placement capacity. They explained that their Director of Professional Education attends weekly allied health professions (AHP) HEE meetings and continues to work with other HEIs and their own London regional managers. Furthermore, their new clinical academic posts are seeking opportunities to develop placement partnerships with NHS services to provide sustainable increases in placement capacity.

They note they have seen an increase in attendance at their Annual Practice Educator Workshops. Previously, attendance was lower due to the time constraints of attendees having to travel to them but having moved the sessions online has made attending much easier. They discuss how this is an event where practice teams share their placement innovations to an audience of practice educators.

We note the Provider's expansion in the information available and a much more comprehensive approach to their plans for expansion and increasing the practised placement opportunities for learners. The Provider, in response to our queries, demonstrated the approach they are taking to clear any backlog in placements. The visitors note the response and the plans in place, but also that these plans are optimistic and need to be monitored. Increasing the learner numbers as stated (even if to follow demand for graduates) will also put pressure on the placement capacity.

We do not find this to constitute a risk to the provision as the Provider has capacity for current learner number and plans in place to monitor this. We have found that sufficient monitoring is in place to recommend a three-year monitoring period. We shall also expect the Provider to reflect upon this area and how the expansion has progressed as part of their next review.

#### Quality theme 5 – Receiving, reviewing and responding to Learner feedback

**Area for further exploration:** We note from the submission that various mechanisms are in place for the Provider to receive and review learner feedback. This includes the annual programme evaluations and module committees. However, we were uncertain as to whether there were recurring difficulties identified by learner feedback that had not been successfully addressed. Visitors determined that seeing the programme committee meeting notes, annual programme evaluations (APEs), and periodic review reports, where actions and follow-ups have been documented would provide additional clarity for our review. This would help us to understand, when learners feed back or raise concerns, how these are received and addressed. It is important that learners have an opportunity to raise concerns, submit feedback and that the learner voice has a presence / representation in the Provider processes.

**Quality activities agreed to explore theme further:** We sought clarification on these points through additional reflections / explanations via email and where

necessary additional documents to allow the Provider to elaborate on the existing information available

**Outcomes of exploration:** The Provider responded to our queries with a narrative response and the submission of several supporting documents including example APEs. The Provider has detailed how their periodic reviews have taken place academic years 2016/17, 2015/16 and the next is planned for the 2022/23 academic year for their radiography and speech and language provisions. It is planned for the 2023/24 academic year for their psychology provision and 2025/26 for their Non-Medical Prescribing.

Their annual programme evaluations for all programmes took place in 2019/20 and the Provider has discussed how these incorporate reflections on module evaluations, learner surveys (NSS and internal surveys), external examiner and learner feedback, programme amendments, periodic review and PSRB activities. They state that successes, challenges and areas of developments are incorporated into these reviews and action plans are formed. The progress on this will be monitored through future APEs, as well as other mechanisms such as SSLC's (student staff liaison committees) and the Board of Studies.

These meetings occur on a termly basis and the minutes from these meetings or verbal reports are shared with various other governance groups. Action trackers are used to log, track and resolve issues raised by learners, and the Provider also requires all programmes to go through their quality assurance measures, such as APEs, and Periodic Reviews on an annual and cyclical basis.

We found the additional information made available by the Provider in this quality activity to be informative and helpful in our overall assessment. We can now see how the Provider's processes work in relation to this section, and the ways in which the activities of the programme affect and are affected by the learners. This is captured in the SSLC and APE reports, where feedback, discussion and decisions made as a consequence of matters that arise, actions contemplated, results of those actions, and a systematic analysis of all of these are documented.

Visitors suggest that the APEs might be enhanced by making more explicit the evaluations and actions driven by reflections on provision by the staff team. This would be in addition to the to external requirements of the University (e.g. NSS, Inclusive Learning and Teaching, Your Voice, progression statistics, etc.). It may also be helpful to record any actions that have been decided upon and document the results of those actions in the APE of the following year. In this way the tracking of responses and adaptations can be made more transparent. With respect to the SSLC minutes, these showed clear evidence of student involvement and engagement, and of joint ownership of the programmes by learners and staff. Therefore, we have found the Provider has responded to our queries and that no risks have been identified to their provision from this area. We have found that sufficient processes are in place to recommend a three-year monitoring period. We shall also expect the Provider to reflect upon this area and how the expansion progressed as part of their next review.

## Section 4: Summary of findings

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

### Overall findings on performance

#### Quality theme: Institution self-reflection

#### Findings of the assessment panel:

- **Resourcing, including financial stability –**
  - Provider has discussed challenges and financial constraints including or resulting from; the freeze in UK learner fees which is leading to a squeeze in finances. This has been frozen for three further years and there is a limit on learner number growth due to placement capacity and increased HEI competition. This means that year-on-year Provider receives a fixed income from learners in conjunction with rising costs in staff and operating can make programmes less viable. They have put several mitigating factors in place and work between the marketing, recruitment and admissions teams ensure learner recruitment targets are met. The Associate Dean for Partnerships and Placements and School's Placements Team ensure there are enough high-quality placements available. The schools wider financial plan also allows for some learner number fluctuation. Developments include their five-year financial plan with commitments for further investment in staff and facilities connected with clinical skills and simulated practise with the aim of developing a new clinical skills hub. Pandemic saw the school pivot to online learning and investment was made across the institution to provide high quality digital delivery.
  - The Provider is seeing high levels of learner demand for their programmes which is enabling further investment. They are in the process of developing their next 5-year strategic plan which includes an ongoing commitment to growth through expansion of the existing programmes and development of new programmes.
  - Visitors noted the Provider's reflections to this area and their openness to discuss the challenges. We note that their radiography and speech and language therapy programmes remain in high demand, have grown on target and are buoyant. Furthermore, that projected growth over next 3 years demonstrates financial sustainability of the school. We did explore this area further via quality theme [one](#), looking at how Covid has affected placements availability. We also clarified a point around learner numbers as some of their reflections seemed to describe both fluctuations and stable numbers. Following the quality activity, we had no further concerns, finding that the Provider has demonstrated a forward plan for provision sustainability and resourcing.

- **Partnerships with other organisations –**
  - Provider notes significant impact of the pandemic on practice partner activity affecting placement capacity and service delivery. The Provider is working with partners to ensure placement capacity and to capitalise on what they have learnt from the pandemic. Financial support from the school was made available to support opportunities for simulated practise guest lecturers utilised as a short-term measure with plans to build on this and to further invest in staff and facilities. Purchasing simulation packages in Autumn 2020 allowed learners whose placements were delayed completing clinical decision-making activities. Provider is expanding the number of research placements available too.
  - Provider discusses funding being made available from CPEP (Clinical Placement Expansion Programme) from HEE and the building of a relationship with PEFs (Practise Education Facilitators). Placements now receive learner details a month in advance so that learners can be enrolled prior to beginning placements and induction processes can be arranged centrally. PEFs invited to attend Placement Coordinator network and AHP (Allied Health Professions) PEF masterclass providing opportunities for sharing information on different placement models. This they reflect, has led to enhanced placement capacity across all of their partner organisations and enhanced the learner experienced. Provider will seek feedback from partner organisations and learner representatives via Practise advisory boards and Student-Staff Liaison Committee meetings. Learner placement evaluation will be completed annually to identify areas for improvement and good practise.
  - This area was explored further via quality theme [one](#), looking at the impact of Covid on placements looking specifically at the size of the impact and whether the financial support put in place was sufficient. Following the additional information made available as part of the quality activity we had no concern going forward.
- **Academic and placement quality –**
  - Provider holds termly learner experience committees where concerns can be raised, responded to and documented with an action tracker to be followed up by staff and fed back to the learner. Learners are also represented on Board of Studies and can feedback via surveys and annual programme and module evaluations. Practise education committees provide strategic oversight to ensure quality, education and regulator standards are met and ensuring that learners across the school have a positive learning experience.
  - Challenges include Leaners reporting learning needs not being met, practice educators reporting learners not meeting learning outcomes and requiring additional support. Placements are meeting audit requirements but not always providing good learner experiences and link lecturers are being required to have greater input. To mitigate these challenges the Provider has taken steps to provide support by publishing a reasonable adjustments policy detailing what adjustments can be made to enable learners to achieve learning outcomes. Other mechanisms include adapting placements, providing Covid

assessments and linking lecture models. Training given to educators on how to support learners with additional needs including neurodiversity, chronic health and mental health conditions. Practise advisory boards offer a forum for open discussion. Student-staff liaison committees and Student experience committees offer learners a forum to raise concerns. Link lecturers are also encouraging learners to complete evaluations during face-to-face sessions. Link lecturers will also share reports of actions arising from placements evaluations and report on areas of good practise. Learners are more open about their experiences on placement following the inclusion of taught content highlighting equality, diversity and inclusion within allied health professions. Programmes are developing how they can support learners from diverse backgrounds and an Associate Dean has been introduced to help develop policy for this area.

- The visitors noted good compliance with in-house procedures for ensuring that standards are maintained and a forward-looking approach regarding changing clinical practice, educational approaches, and wider factors affecting practice and education. Provider shows they are responsive to feedback from practise educators and assessment feedback appears to be a strength across their provision.
- We did raise a point of clarification following our review, this was regarding Covid assessment regulations. We asked whether there were any implications of learners progressing through or completing the programme(s) and not meeting standards of education, training or proficiency. The Provider submitted further information clarifying this and detailing the Covid Assessment regulations that were put in place and had mechanisms to provide flexibility by considering extenuating circumstances and online assessment. The aim was to ensure learners were not disadvantaged as a result of Covid, without compromising on the quality of education. These measures still required all learners to meet learning outcomes and therefore meet the standards and only learners meeting all standards could progress. Following this expansion, we had no further queries.
- **Interprofessional education –**
  - Provider has reflected on challenges relating to interprofessional education (IPE), including learners having few opportunities to engage on IPE due to the conflicting placement timetables between programmes. Additionally, the suspension of activities due to staff changes and Covid measures. They discussed developments such as securing HEE funding for simulated practice including equipment being set up and training conducted for staff on how to use it, viewing rooms being added for observation and the introduction of online interprofessional case-based learning in collaboration with other HEI'S.
  - The Provider has discussed successes they have enjoyed, including speech and language therapy learners working with a wide range of professionals and the Provider is building upon this by introducing an interprofessional learning workbook that second year learners will complete during their placements. Learners can add reflections on the activities they have been involved in and discussing this later at campus-based sessions. The Provider plans to continually review and

develop this workbook going forward and reflects on written clinical assignments and placements assessments; all include assessment criteria focussing on working in partnership with other professional groups to the benefits. Provider also has a 'meet the expert' session where learners can learn about communication disorders and meet a service user with lived experiences.

- We sought expansion on this area, and this was explored further via quality theme [two](#). Following the additional information made available via the quality activity we had no further questions or concerns. We found the Provider to have demonstrated plans to expand IPE and to develop this in the future. We also gained a sense of a greater and more comprehensive approach to IPE going forward and the appointment of new associate Dean shows their commitment to this area.
- **Service users and carers –**
  - The Provider refers to problems in continuing service user engagement and contribution in the height of the pandemic, meaning that the service user voice was not present at this time. They were able to adapt service user involvement through online means, such as in prospective learner application interviews and pre-placement workshops. This also presented a challenge as it is harder to judge an applicant's communication skills via an online call, harder to judge eye contact and body language. Going forward, they plan to retain some of the innovative approaches introduced in the pandemic.
  - Provider reflects that service users and carers (SU&C's) are involved with teaching across several modules and programmes and offer a vital perspective and learners value their input with SU&C sessions earning positive feedback. Provider has identified growing discourse around ableism and identified this as an area it would be appropriate to hear directly from individuals with autism and other neurodevelopmental conditions. Currently they have no such SU&C, but speech and language therapy programme leads are working to identify and support service users to contribute to the teaching in autism.
  - We explored this section further via quality theme [three](#), looking at some specific questions relating to the consultation process SU&C's were involved in and how their involvement in the Providers processes will be going forward.
  - Following the additional information and clarification provided by the quality activity we note progress has been made here. We note processes are in place and there are some limited plans to develop this going forward. But the visitors and the SU&C advisor on this case are noting this as an area for development. We are referring the development of the Providers approach to involving SU&Cs to their next performance review.
- **Equality and diversity –**
  - The Provider refers to Equality Diversity and Inclusion (EDI) as a clear priority for all their programmes, with a focus on admission, progression, attainment, employability processes, learner experience and welfare. Their radiography provision has reported high levels of BAME applications, whereas the speech and language therapy (SLT)

provision has reported much lower numbers. They have also identified a gender imbalance with the majority of SLT applicants being female. All admission's Leads are focussing on increasing the diversity of their cohorts. BAME learners on the SLT programme have identified the need for additional support to explore their student experiences further and the school have been able to secure additional HEE funding to support them by developing an online group for students to have a safe space and explore experiences of discrimination in collaboration with another London based HEI.

- Provider has also identified challenges around the degree awarding and attainment gap and discusses that several mechanisms are in place to identify differential attainment across their programmes. Their 'Student attainment working group' reports on the attainment gap across all their programmes and oversees their access and participation plan, this works in conjunction with their Race Equality Charter. They reflect there are clear targets in place to reduce the attainment gap between and analyses are being undertaken to identify root causes. All staff have been asked to consider strategies to make their modules and programmes more inclusive and to utilise the Providers development framework. Attainment data will continue to be reported through the executive committee as a standing item on the board of studies and the Schools EDI committee.
- Provider reflects on their successes discussing how there has been reduction in attainment gaps and their extenuating circumstances regulations were adapted to include more supportive measures and flexibility for all learners. They reflect that their employability data remains good and they as a School have historically performed well in terms of employability with 92% of learners in graduate level jobs 15 months after graduation. Learners with requirements associated with their religion have had allowances made, such as being offered flexibility when lectures overlap with prayer time or Ramadan and seats being made available for learners arriving late.
- Learner experience and welfare is a key area for them, and they reflect on their commitment to inclusivity for all learners. The School has a designated associate deans in place for this and has appointed a 'student experience and welfare officer' who is a resource for learners to raise issues with, learners are supported by their personal and senior personal tutors for each programme. Learners who have raised welfare concerns are regularly followed up with.
- We found the Provider to have demonstrated concerted endeavours to widen access and to accommodate diversity. Taught content now includes EDI which has resulted in learners raising concerns about placement. Actions are put in place to support placement and learners. We had no concerns regarding this area and found the Provider to be performing well here.
- **Horizon scanning –**
  - The Provider has discussed how their Schools work closely with HEE to address workforce and development strategy across London and has been awarded funds to further develop their interprofessional education. They have regular interaction with HEE via their monthly

meeting with the Deans and also engage local and national healthcare education groups regarding upcoming changes to their field / horizon. Additionally, the Provider is part of strategic groups across London such as the London Health alliance group, the pan-London practice learning group and they collaborate with other HEI's. Opportunities around from the pandemic include the introduction of over 150 community diagnostic centres provides additional opportunities for training and employment for learners.

- Their Radiography programmes are undergoing re-approval internally during academic year 2022/23 and consultation is underway with staff, service users, practice partners and learners on this. The School is also using this as an opportunity to develop their curriculum.
- They have reflected on challenges that they have faced including increased competition from other SLT Providers across the region including being aware of a further four Providers also looking to introducing conventional and apprenticeship programmes. They have discussed their concern that this may put pressure on placement capacity and on the recruitment of learners. They are continuing to build partnerships with their placement Providers and strengthen their marketing and recruitment.
- We found the Providers approach to this area as well as their ongoing plans to be appropriate and clear systems in place. We note that there are clear plans in place for reapprovals, periodic review and space where innovations can be built into the programmes. We had no concerns going forward finding the Provider to be performing well in this area.

**Risks identified which may impact on performance:** We did identify an area for development but determined this did not pose a risk to the quality or ongoing continuity of the Providers provision.

**Outstanding issues for follow up:** We are referring the Providers processes and policies regarding service user and carer involvement to their next Performance review.

Quality theme: Thematic reflection

**Findings of the assessment panel:**

- **Impact of COVID-19 –**
  - Provider states they responded in an agile and prompt manner to the challenges presented by the pandemic. This includes forming working groups that include members of senior management and division leads to meet on a weekly basis, recognising that digital poverty was a particular challenge for some learners and responding with a digital inclusion fund to supply devices and data for those in need.
  - Further challenges include the move to online teaching during the pandemic and also around degree progression and the awarding marks / awards. To ensure that learners were not disadvantaged policies were put in place to allow them to have appropriate resit

attempts. Now the opportunities for face-to-face learning are being maximised and learner feedback indicates this is being valued.

- Developments from the review period include their 'Supporting your Academic Success' policy, regarding the progression of learners. The exemptions and extenuating circumstances policy were suspended as Covid regulations were applied to ensure learners were not disadvantaged by pandemic restrictions. Following the removal of the Covid restrictions this policy has been reviewed to ensure that learning from the Covid regulations can be taken forward.
- We found this area to lack a depth of reflection and therefore chose to investigate this further via a quality activity. This was explored further via quality theme [one](#) looking at the impact of the pandemic on placements. Following the additional information gained in the quality activity we had no further concerns or questions going forward.
- **Use of technology: Changing learning, teaching and assessment methods –**
  - Provider reflects that their radiography programmes incorporate simulated practise sessions to consolidate the acquisition of practical skills and provide opportunities for practice development. Technology is used to facilitate learning via simulation models, video feedback and analysis. Learners create solutions to complex problems enabling them to advocate for alternative approaches to care in practice. Investment has been made to provide the most up to date simulation equipment by the School and is underpinned by investment from HEE.
  - Their speech and language therapy provision reflect on the various new pieces of equipment secured by additional investment. This includes filming equipment that allows for remote viewing and streaming through a virtual learning programme. Medchart or Medical Record Retrieval Platform for electronic prescribing is being utilised and this will prepare students to work with electronic prescribing systems in clinical practice and is more authentic than using paper-based systems.
  - Provider identified challenges such as the move to on-line teaching in the pandemic which required staff development with support from LEaD (Learning enhancement and development) and digital education colleagues. Training has since largely return to in person training on campus but the option of keeping the online teaching elements that worked well and the development of online resources.
  - They reflect on their successes including being able to utilise in-person teaching but also retaining several online mechanisms. They discuss that they are now able to offer a more blended approach to learning
  - In developments they refer to the rapidly changing technology available in relation to radiography, digital imaging, treatment techniques and artificial intelligence. They discuss recent purchases including upgraded digital radiography systems and image matching capabilities within the Varian Eclipse dosimetry planning system and upgrades to the Virtual Environment for Radiotherapy system (VERT).
  - We found the Provider to have reflected well on this area and providing us with several different challenges, developments and successes they have encountered. We understand the processes they have in place

and their plans going forward. We found the Provider to have moved swiftly to address difficulties posed by the pandemic. This has built on a firm foundation of technology enhanced learning they have in place. We note it would be helpful in future performance reviews to read of the results of changes in relation to online vs face to face, but this can be something they consider before their next Performance Review.

- **Apprenticeships –**
  - The School currently delivers two apprenticeship programmes but neither of these are HCPC programmes. Staff from our approved programmes have contributed to these other apprenticeships. The Provider is not currently planning to increase their apprenticeship provision to HCPC approved programmes and have not had substantial requests or interest from their partners for such provision. They have observed other Providers leading such programmes so will continue to review this area going forward.
  - We note the Providers explanations on this area and that they have no plans to introduce this going forward. We found they explained their reasoning for this and had no concerns on this area

**Risks identified which may impact on performance:** None

**Outstanding issues for follow up:** None

Quality theme: Sector body assessment reflection

**Findings of the assessment panel:**

- **Assessments against the UK Quality Code for Higher Education –**
  - The Provider reflects that all their programmes are subject to their internal quality assurance and enhancement mechanisms, which have been developed to align to the UK Quality Code published by the Quality Assurance Agency. This includes annual programme evaluation, medium term periodic review with external input, learner representation and feedback and the use of external examiners.
  - We found the Provider reflections and approach to this section to be as expected and meeting expectation and had no concern going forward.
- **Assessment of practice education Providers by external bodies –**
  - Provider has discussed the monitoring of CQC (Care Quality Commission) reports and receiving insight and concerns from HEE and also surveys that are available for learners such as the non-medical students survey and NETS (National Education Training Survey). These factors accumulated and led to the Provider engaging in a multi-disciplinary review of practice and forms the basis of their approach to this section. They discuss that they report on practise issues on a monthly basis to HEE including CQC reports, learner feedback, link lecture feedback and a self-report from NHS and other healthcare Providers.
  - They discussed the short notice prior to CQC inspections and have put in place the following mitigating factors to improve their system of notifications; Asking practise Providers to declare CQC inspections, set alerts of CQC website so that EP is notified automatically. Include this

as an item on their internal practise education committee agenda so that link lecturers can share knowledge of recent inspections and outcomes.

- We found the Provider to have clear processes and procedures in place for interactions and assessments by external bodies. We found their reflections and approach to this section to be as expected and meeting expectation and had no concern.
- **National Student Survey (NSS) outcomes –**
  - Provider discussed how their Schools review responses to the NSS every year and determine consistent themes. Programme teams are also asked to review their scores and action plans are created at School, division or programme level where necessary. This is also reported to the School's board of studies. They reflected on the challenges and developments they have faced in relation to this. The effective and timely communication of the timetable was an area of challenge learners identified in the NSS. They reflect that the timetable was prepared with hybrid learning in mind and face-to-face elements also running, but repeated lockdowns caused disruption to this. They have learned that learners appreciated allocated days for teaching and placement as this helps them manage their workloads effectively. For new learners they also have dedicated sessions in the induction week timetable.
  - Provider remarks that it is imperative that learners feel empowered to achieve their best, and they engage in meetings with learners and staff to help determine how best to improve this area. Going forward, Tutors are encouraging learners to engage with the academic skills available to review their academic profiles and identify whether support is necessary and available.
  - Provider list successes regarding practise placements, with learners finding it useful to apply theory to practise. Feedback shows that learners reported the radiography programmes to be intellectually stimulating and the staff supportive. The academic team are buoyed by this feedback and will continue to apply the approach learned and a hybrid approach to learning will continue to be deployed. Work is being undertaken to expand clinical learning opportunities through additional placements and a more flexible placement allocation approach.
  - We found the Provider to have clear processes in place to receive and review the responses from the NSS and a forward plan on how to process this feedback. We found their reflections and approach to this section to be as expected and had no concern going forward.
- **Office for Students (OFS) monitoring –**
  - Provider has discussed that they are registered with the OFS and that their most recent quality review with OFS was in 2017 and also the TEF score review in 2017 from which they were awarded a Silver award. The feedback from these reviews included that their qualification standards are reliable, learner academic experience is of high quality and learner outcomes are generally good or excellent with continuous development being made.

- We found the Provider reflections and approach to this section to be as expected and meeting expectations, and we had no concern going forward.
- **Other professional regulators / professional bodies –**
  - Referring to challenges the Provider has discussed meeting the Eating, Drinking and Swallowing clinical competencies and discuss that these clinical competencies are required to be met by all graduates by 2026. The Provider discusses how they are participating in all required activities to ensure they meet this requirement and have completed mapping in relation to this. The accreditation process for this was suspended due to Covid and a new process is being implemented, they are now waiting to hear how this new process will be deployed having completed feedback on the previous process and attended the relevant meetings required. Additionally, the 5-year re-approval required by the College of Radiographers was delayed due to the pandemic. Now once again underway and consultation process with learners, partners and SU&C's has occurred. Feedback being combined with PSRB (prof records standards body) stakeholder requirements to ensure programmes are fit for purpose.
  - We found the Provider reflections and approach to this section to be as expected with a clear forward plan and meeting expectations. We have no concerns going forward but will expect to see reflections on how the re-approval process went during their next Performance review.

**Risks identified which may impact on performance:** None

**Outstanding issues for follow up:** None

Quality theme: Profession specific reflection

**Findings of the assessment panel:**

- **Curriculum development –**
  - The Provider has reflected upon the challenges including the creation of treatment delivery plans concerning the use of high-dose ionising radiation training given to their radiography learners and also the use of AI in medical imaging practises. The pandemic triggered change in the use of imaging modalities and also the introduction of new pathways for patient centred care. Speech and language therapy are responding to changes as set out by their professional body too regarding the eating, drinking and swallowing initiative and increased clinical hours in dysphagia. Learners from 2023 will follow curriculum aligned to new 2021 professional body guidelines.
  - Provider has discussed developments around practise experience records where learners are required to meet key competencies and log the number of these anatomical examinations. This was difficult to achieve and was reviewed to reflect current practise whilst still assessing the learner's clinical competence and experience. Minor changes were made to the clinical portfolio to enhance learner experience with further work with SU&Cs, clinical partners and learners

planned to decide the clinical portfolio content. Discussions also taking place regarding a new online platform for recording learner development such as an e-portfolio.

- Provider discussed the developments that occurred as a result of their extensive revision in 2016/17 with their undergraduate speech and language therapy programme being reduced from four to three years. The post-grad programme was changed from a PGDiP to an MSc programme and a four-year integrated masters was introduced with the new curriculum written with the professional body's guidance. The programme is now due for its periodic review in 2022 which provides the opportunity to conduct a detailed review and consultation with all stakeholders and will be seeking feedback from recent alumni. This also gives them the opportunity to implement the new SOPS and new Eating, drinking and swallowing guidance. Provider also discussed that successful consultations have taken place with learners, education leads and the academic team
- We found the Providers reflections and approach to this section to be clear and to have demonstrates that a plan is in place. The Provider has responded well to this section and is meeting expectations. We have no concerns going forward and shall look for the Provider reflection on how this progresses in their next Performance Review.
- **Development to reflect changes in professional body guidance –**
  - The Provider discussed the challenge connected with creating safe spaces, where learners can be honest about their experiences on the programme and in placement. Going forward avenues are in place for learners to report concerns, either via tutors or anonymous reporting forms. Overseas learners are supported with flexibility being provided to allow them to complete simulated placements online, and reasonable adjustments have been made for neurodiverse learners. Measures have also been put in place to train practise educators and de-colonise the curriculum.
  - Several key professional bodies published a report and guidance that the Provider has sought to implement. They discuss the importance on keeping their provision up to date in order to ensure their graduates have all the necessary skills they require for practise and are also highlighting the requirements and importance of professional body memberships to learners. This is being included during admissions talks for prospective learners and at employment days for third years.
  - Successes include new practise-based learning guidance relating to placement capacity regarding the number of days practise educators should work or the amount of direct contact required. This has helped the Provider meet and expand capacity. They discuss the use of simulations, the information made available to learners and permanent roles for senior members of staff with the aim of supporting placement capacity. For radiotherapy increased knowledge of progressing and evolving techniques is being incorporated into the curriculum, this is part of their process of reflecting and working with clinical partners to keep their curriculum clinically relevant during ongoing reapproval events. They are also integrating the new guidelines from the college

and society of radiographers and continuing to explore ways to promote EDI at practise settings for learners enabling them to deliver high quality care.

- We found the Providers reflections and approach to this section to be clear and to have demonstrated that an ongoing plan is in place. The Provider has responded well to this section and is meeting expectations. We have no concerns going forward and shall look for the Providers reflection on their progression here in their next Performance Review.
- **Capacity of practice-based learning –**
  - Provider has discussed the shortfall of placement capacity at regional and national levels with HEE making more money available to address this. Provider discusses that they have been able to accommodate all learners despite challenges but one year this did lead to some learners having late placement starts. They describe a number of national initiatives that have supported placement capacity including funding being made available from national bodies, guidelines from professional bodies regarding practise-based learning and the recognition of telehealth as a way of delivering a service.
  - Developments that have taken place include information being shared on placement capacity between the Provider and their placement partners. Sharing information and sourcing new partners also identifying emerging or novel placements experiences to increase and sustain capacity. The use of Practice Advisory Boards allowed the sharing of capacity information and new placement ideas between different HEI's. Additional placement places were created by their research staff as part of the Covid response.
  - Provider discussed how investment into software and staffing had been made to support placements, introduction of a full-time staff member to support placements. The School has supported the academic team to ensure learners have access to e-learning to support their preparation for practise. This has allowed the programmes teams to work with learners and partners to streamline the process for placement induction. Representatives from their partner organisations also attend their termly profession-specific practise advisory board meetings where they discuss placement availability openly and work to find solutions, this is reported back to their practise education committee. Going forward, mechanisms for Practice Education Leads to report from Practice Advisory Boards to Practice Education Committee are to be streamlined through the development of regular reporting strategies.
  - We note the Providers reflections in this area but decided to explore this area further via quality activity [four](#). We note the Providers ambition for growth but did not find their reflections to have addresses the backlog caused by the pandemic. We therefore asked for further information and clarifications regarding delays to placements and the backlog and if the measures introduced have been successful in addressing these problems.
  - Following the additional information provided by the quality activity our concerns were addressed and we found the Provider to have plans in place to address any shortfalls and the backlog. We found their

response and the plans they have in place to be ambitious and their approach optimistic. We think this is something the Provider should continue to monitor going forward and to reflect upon at their next performance review.

**Risks identified which may impact on performance:** We have identified the issues surrounding placements and the backlog caused by the pandemic. We found the Provider to have demonstrated that they have plans in place and we believe this matter can continue to be monitored. We recommend the Provider continues to monitor this closely and ask they reflect on this at their next review, providing comprehensive information to support any conclusions drawn.

**Outstanding issues for follow up:** The Provider should continue to monitor placement capacity and reflect upon this at their next Performance Review.

Quality theme: Stakeholder feedback and actions

**Findings of the assessment panel:**

- **Learners –**
  - Provider reflects that they receive feedback from learners in a variety of different ways, including the NSS but also Annual Programme Review (APE), termly surveys and Staff-Student Liaison Committee meetings. From reviewing these several themes emerged over the review period.
  - Challenges identified in relation to timetabling and the communication to learners on changes being made. The timetable was prepared with hybrid learning in mind, but that repeated lockdowns led to face-to-face sessions having to move online. Opportunities for learners to work with other learners have been identified as a challenge particularly during the pandemic. Learners identified their desire for greater opportunities to make connections between theory and practise relating to placement provision. To mitigate this personal and professional development groups and clinical tutorials were added to the summer block of placements to help learners discuss theory and practise.
  - Developments identified include the introduction of focus groups set up to address learners concerns during the pandemic and also ensure the learner voice is present and listened to. Feedback from these groups helped re-design the timetable for the 2022-23 academic year. Other developments include Careers Day, careers day service, alumni and prof body representatives are invited to speak to learners in the spring term. Successes include Academic and pastoral support provided during the pandemic. Several short-term actions have been applied in response to NSS feedback, Provider is working to ensure open lines of communication remain in placement and will further implement changes raised in NSS ahead of next reapproval event 2023-24.
  - Their move to hybrid learning has also been identified as a success with staff having developed further learning resources and materials and hybrid teaching has encouraged a more dynamic way of teaching learners and greater opportunity for discussion and case-based review with lecturers. Learners have reflected that they find the programme to be intellectually stimulating. Assessment and feedback have been

identified as an area of strength with learners remarking that the feedback is helpful, and the marking is fair.

- We chose to explore this section further via quality activity [five](#) looking at learner feedback. We asked whether the feedback received from learners was part of a historic trend or a single point of feedback. Following the additional information provided by the quality activity our concerns and questions were addressed. Considering all the information submitted we find the Provider to have plans in place to receive, review and address learner feedback.
- **Practice placement educators –**
  - Provider identified challenges around placement coordinators attending meetings for information exchange prior to the pandemic. They noted that attendance was low as face-to-face meetings take time away from clinical practise and there was a requirement to attend three meetings a year. The move to online meetings since 2020 has improved attendance. Practise educators identified to the Provider that they would like additional background information on learners prior to placements commencing. To assist with this the Provider is now using a practise-devised 'student passport' which contains additional information such as vaccination status, previous placement experience and what training has been completed.
  - Provider has reflected on developments that have occurred in relation to their speech and language therapy provision regarding their placement handbooks, having reorganised the contents of these for clarity following feedback that indicated the handbooks were difficult to navigate. Provider also received feedback from placement managers about the need for uniforms for their learners whilst on placement. This would be useful in meeting infection control requirements within hospitals. Learners are now issued with university-branded polo shirts for use on placements.
  - Successes include the mechanisms in place for receiving feedback, they discuss that a variety are in place for the Provider to gain feedback from the practise educators. These include placement visits where individuals can feed back about processes, learner conduct and ability. Placement coordinator network meetings, Practice Advisory Board meetings and London Region Managers Network meetings are all forums for feedback. Examples of changes made include being more explicit about the function of placement audit, week by week guide in handbooks as well as being clear about the taught curriculum students have prior to the placement, with more placement specific handbooks rather than one handbook
  - Other successes include developments to the support available to clinical supervisors in placements as identified by learner feedback. Learner satisfaction and performance is related to the effectiveness of the supervision they receive. HEE funded this project as part of the SIHED (Strategic Interventions in Health Education Disciplines) initiative and was conducted in partnership with another HEI, resulting in the development of a study day in support of clinical supervisors and the feedback from this was positive. Going forward the Provider plans to capitalise on this development by building elements of this approach

into the training for practice placement supervisors. They will continue to monitor learner satisfaction in relation to this.

- We chose to explore this section further via a quality activity as seen in quality theme [five](#). This looked at the analysis of the problems raised by the feedback received, the Providers ways of addressing these problems and the effectiveness of the solutions. The Provider submitted further information and clarifications that addressed our concerns, and we had no questions going forward.
- **External examiners –**
  - Provider has discussed areas of strength identified by their examiner, including the variety of teaching / learning methods, range of assessment types, diversity in cases studied, support availability for learners, excellent levels of attainment and their robust internal moderation processes. They have also identified areas for improvement such as encouraging a higher level of critical thinking, having consistency in feedback, highlighting employability, making greater comparison with previous years marks, providing a clearer overview of the whole programme to the external examiner. They have discussed the challenge of feedback and ensuring that feedback is return to learners in a timely manner after this was discussed by both learners and the external examiner. Going forward they are asking the Examiner to review their feedback on relevant modules look specifically at the quality and quantity of feedback.
  - The Provider has reflected on this feedback and have put in place the following mechanisms to address these. They have introduced additional employability sessions in the final year professional studies modules. New external examiners will have a one-to-one meeting with the programme director in order to provide an overview of the course and Provider has reviewed their methods of assessment, keeping those praised by the examiners. They are also holding focus groups with class representatives to investigate issues around the quality of feedback. Their psychology provision is developing their curriculum and writing a new psychometrics module to commence in the 2022-23 academic year.
  - Successes include feedback from the examiner indicating feedback from the psychology and radiography provision to learners is detailed and evidence-focused. The Provider discusses that this feedback is helpful but not a reason to stop considering different approaches and will use focus groups to consider alternative way to provide feedback.
  - We found the feedback from the external examiner to be positive and that they provided useful pointers to assist the programme teams. This may be in some measure a reflection of the selection and preparation of the external examiners. The Provider has demonstrated a robust system in place for involving and working with their examiners and have show they have a positive relationship with them. We have no concerns regarding this area finding the Provider to be performing well here.

**Risks identified which may impact on performance:** None

## **Outstanding issues for follow up: None**

### Data and reflections

#### **Findings of the assessment panel:**

- We note that the Provider has all four data points in place relating to; the aggregation of percentage of learners not continuing, aggregation of percentage of those who complete programmes in employment / further study, a Teaching Excellence Framework (TEF) award and data from the National Student Survey (NSS) overall satisfaction score (Q27). Provider has discussed the number of learners withdrawing from their provision as having remained consistent during the review period with some learners withdrawing for personal reasons, others identifying the programme as wrong for them, others transferring internally, some not passing the programme and some moving to a different institution.
- Regarding the aggregation of percentage of those who complete programmes in employment / further study, the Provider has discussed the different points of data relating to this at a programme level. Provider states they are confident that since these surveys the employment rate has increased as the availability of radiography posts has also increased. They discuss that through their own contact networks they are able to direct graduates to advertised posts which has led to many securing posts in advance of their studies concluding. They are also providing additional support via their careers service and utilising a former radiography manager in this process
- Regarding their TEF award they state that support is provided to all staff to enhance their educational practices and they have a commitment to promoting and rewarding excellent teaching in terms of delivery, management and leadership. Their periodic review process places confidence in both the academic standards of their programmes and the learning opportunities provided to learners. This they reflect provides confidence that the provision is of the required standard and that learning, teaching and assessment processes are maintained.
- Regarding their NSS score and the feedback they received in relation to this the Provider discusses how Covid posed a significant challenge and their staff worked to move teaching online and develop learning materials and resources to support learning. Regular meetings were held with the programme team and learner representatives to help the move to online working and ensure the learner voice was present. Going forward the Provider will maintain regular meetings with learner representatives. The Provider acknowledges that lower scores in the NSS are likely to have come from the impact of Covid and the disruption this caused to learners and their studies. An additional monthly meeting was also introduced for learners to facilitate feedback and ensure additional supportive measures could be discussed such as extensions and guidance being made available. Going forward the Provider notes that a return to face-to-face meetings have made communication between staff and learners easier but the regular meetings with learner representatives will continue.

- Additional challenges have come from the staff retirements affecting the radiography provision which has impacted the resource of the team. This posed a challenge to ensure that appropriate staff were recruited efficiently to ensure continuity of the programme delivery and ongoing support for learners. Going forward the Provider has recruited several replacements, additionally there has been an enlargement of the cohort size to meet the increasing demands for radiographers. To ensure sufficient staff to learner ratio the staff team has also been increased in size with two further full-time academic staff members and 0.8 FTE secondment. Whilst recruitment was ongoing honorary, guest and visiting lecturers were utilised to provide sufficient resource.
- We note from their reflections that they have discussed and reflected on the increase in student numbers. We found this to already be addressed in resourcing and sustainability. We note for the Provider that it may be helpful to keep an eye on employment statistics and NSS statistics to identify any problematic trends that may arise. We also raised a point of clarification with the Provider regarding a 5% difference from the benchmark in terms of the employment and NSS data, asking if there was a regional connection to this. The Provider responded with clarifications and a narrative response; here they discussed the higher response rate that they have received in NSS responses in recent years and attribute the 5% difference to a multitude of factors such as the Covid-19 pandemic and the disruption it caused to teaching and placements. They discuss that they have a range of mechanisms in place to receive and respond to learner feedback and also how they form action plans to address concerns.
- Following the expansions made to this area we had no ongoing questions or concerns. The additional information has helped in our review and provided sufficient information to understand the Providers approach to data and intelligence and how it informs their ongoing planning. These data points remain in place and can be used within the ongoing monitoring period to monitor quality and judge risk potential at the Provider. We have identified no immediate risks to quality at the Provider from their data or matters to be referred to another process.

**Risks identified which may impact on performance:** None

**Outstanding issues for follow up:** None

## Section 5: Issues identified for further review

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

### **Referrals to next scheduled performance review**

Processes to involve Service Users, Carers and Learners in the Providers processes

**Summary of issue:** We have identified this area as an area that could be improved ahead of their next review. We note the work the Provider has completed, the consultations they have engaged Service Users and Carers in and also the processes they have in place currently. But note that these areas appear under-developed and can be enhanced ahead of their next review. We also note that the Provider has discussed plans to enhance this area and look forward to seeing these plans be implemented. We recommend the Provider to monitor how this area develops and to reflect upon the challenges, successes and developments in relation to these groups' involvement at their next review.

We have determined that the Performance Review process is best placed to review developments related to this area for several reasons. First, we have judged that the Provider does have policies in place and plans to develop them. This being referred to Performance review allow the Provider the opportunity to implement planned changes and enhancement then to reflect upon them at their next review. This also provides the time for service users, carers and learners to feed back on these changes and on their involvement.

Secondly, we did not identify any immediate risks to the quality or continuity of the Providers provision due in connection to this area. Due to this there was no reason to refer this to another process such as focused review or approval.

## Section 6: Decision on performance review outcomes

### **Assessment panel recommendation**

Based on the findings detailed in section 4, the visitors recommend to the Education and Training Committee that:

- The education Provider's next engagement with the performance review process should be in the 2024-25 academic year
- The issues identified for referral through this review should be carried out in accordance with the details contained in section 5 of this report to be reviewed during the next Performance review.

**Reason for this recommendation:** We are recommending a three-year monitoring period as we have found the Provider to have completed the review, engaged well in their reflections, been open about the challenges they have faced and creative in finding solutions to these. They have cooperated with us throughout our review and responded well to the quality activities we raised. We have identified an area for improvement around service user, carer and learner involvement and note that the Provider has plans in place to develop this. We are recommending an ongoing monitoring period of three years to allow sufficient time for the Providers plans and developments to be enacted and for feedback on this from the service users, carers and learners to be collected. We note that all four required data points are in place that will allow us to continue to monitor their progression over this time. We believe three years is sufficient time for these developments to be enacted and for their effectiveness to be realised and also reflects the work the Provider has put into this review.

Appendix 1 – list of open programmes at this institution

| <b>Name</b>  | <b>Mode of study</b> | <b>Profession</b>             | <b>Modality</b> | <b>Annotation</b>                                     | <b>First intake date</b> |
|--|----------------------|-------------------------------|-----------------|---|--------------------------|
| BSc (Hons) Radiography (Diagnostic Imaging)                            | FT (Full time)       | Radiographer                  |                 | Diagnostic radiographer                               | 01/09/2005               |
| BSc (Hons) Radiography (Radiotherapy and Oncology)                     | FT (Full time)       | Radiographer                  |                 | Therapeutic radiographer                              | 01/09/2005               |
| BSc (Hons) Speech and Language Therapy                                 | FT (Full time)       | Speech and language therapist |                 |   | 01/09/2002               |
| Doctorate in Health Psychology (Dpsych)                                | PT (Part time)       | Practitioner psychologist     |                 | Health psychologist                                   | 01/01/2003               |
| Independent and Supplementary Non-Medical Prescribing Programme (V300) | PT (Part time)       |                               |                 | Supplementary prescribing;<br>Independent prescribing | 01/01/2014               |
| Master in Speech and Language Therapy (with Hons)                      | FT (Full time)       | Speech and language therapist |                 |   | 01/09/2020               |
| MSc Speech and Language Therapy  | FT (Full time)       | Speech and language therapist |                 |   | 01/09/2002               |
| Pg Dip Speech and Language Therapy                                     | FT (Full time)       | Speech and language therapist |                 |   | 01/09/2001               |
| Professional Doctorate in Counselling Psychology                       | FT (Full time)       | Practitioner psychologist     |                 | Counselling psychologist                              | 01/01/2005               |