
Performance review process report

University of Leeds, Review Period 2018-2022

Executive summary

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

We have

- Reviewed the institution's portfolio submission against our institution level standards and found our standards are met in this area following exploration of key themes through quality activities
- Reviewed the institution's portfolio submission to consider which themes needed to be explored through quality activities
- Undertook quality activities to arrive at our judgement on performance, including when the institution should next be reviewed
- Recommended when the institution should next be reviewed

Through this assessment, we have noted:

- The areas we explored focused on:
 - Quality theme 1 - Impact of apprenticeship on practice-based learning provision. The education provider recognised challenges around the impact of apprenticeships on placement provision on the Diagnostic Radiography and the Audiology programmes. However, there was no clear plan given on how the education provider overcame or will overcome the challenges. Through quality activity, we noted and were satisfied with the plans the education provider had in place to mitigate against potential challenges in practice-based learning which may be related to apprenticeships.
 - Quality theme 2 - Addressing shortfalls in National Student Survey (NSS) outcome for the Diagnostic Radiography and Audiology programmes. We noted low NSS scores in the two programmes. This meant the overall NSS score was significantly lower than the benchmark. Through quality activity, we understood better the plans that had been put in place to address shortfalls in learner satisfaction.
 - Quality theme 3 - Impact of high staff: student ratio. The programme data information showed a high staff: student ratio on the Diagnostic Radiography programme. Through quality activity we were reassured that the education provider had taken measures to improve the staff: student ratio thereby ensuring adequate support for all learners.
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- Quality theme 4 – Embedding the revised standards of proficiency (SOPs). The education provider noted they will be reviewing content and activities around Promoting public health and Leadership opportunities. Regarding Registrants’ mental health, we noted learners were still unaware of the support mechanism and resources in place and Equality, Diversity and Inclusion (EDI) reflection focused on policies and actions rather than how the SOP will be embedded. Through quality activity, we were reassured that SOPs around Promoting health and preventing ill-health as well as Leadership have already been embedded. We also received sufficient clarification which reassured us that SOPs around Registrants mental health and EDI are embedded in the curricula.
 - The following areas should be referred to another HCPC process for assessment:
 - Area 1 – Reflection on the assessment of practice education providers by external bodies. As the education provider has not provided any reflection, the visitors needed reassurance around the processes the education provider has in place for external bodies to assess practice education. If any assessments had been undertaken and concerns raised, the visitors request to know what was done in response to any concerns raised. This is referred to their next performance review.
 - Area 2 - For the Independent & Supplementary prescribing for Allied Health Professions (AHP) programme, further reflection on how the education provider ensured sufficient practice educators and supervisors are in place to accommodate all learners thereby ensuring adequate management of the availability of practice-based learning. This is referred to the next performance review.
 - Area 3 - Reflection on the implementation of the changes. The education provider is making changes to how practice educators’ feedback is collected and used from January 2024 on the Independent & Supplementary prescribing for AHP programme. This is referred to the next performance review.
 - Area 4 – Graduate outcomes. The visitors noted the education provider’s reflection in this area lacked sufficient detail to help them understand how each programme or professional area was performing. Therefore, to provide a more profession-specific reflection, this is referred to the next performance review.
 - The education provider should next engage with monitoring in three years, the 2025-26 academic year, because:
 - The visitors have determined that the education provider is low to medium risk. There are some areas outstanding where the education provider had not adequately addressed how they have dealt with or are dealing with issues. For example, reflections on assessments undertaken by external bodies. There are also areas where the education provider is implementing new processes. This timeframe would allow the education provider to introduce, monitor, and evaluate the proposed or recently introduced changes.

Previous consideration Not applicable. This is the education provider’s first interaction with the performance review process.

Decision The Education and Training Committee (Panel) is asked to decide:

- when the education provider's next engagement with the performance review process should be; and
- whether issues identified for referral through this review should be reviewed, and if so how.

Next steps Outline next steps / future case work with the provider:

- Subject to the Panel's decision, the provider's next performance review will be in the 2025-26 academic year.
- Subject to the Panel's decision, we will undertake further investigations as per section 5.

Included within this report

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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:

| | |
|---------------------|---------------------------------------|
| Shaaron Pratt | Lead visitor, Diagnostic Radiographer |
| Joanna Lemanska | Lead visitor, Hearing Aid Dispenser |
| Hayley Hall | Service User Expert Advisor |
| Temilolu Odunaike | Education Quality Officer |
| Tracey Samuel-Smith | Education Manager |

We encourage reflections through portfolios to be made at the institution level wherever possible. The performance review process does not always require profession level scrutiny which requires all professionals to be represented in the assessment panel. Rather, the process considers how the education provider has performed at institution level, linked to the themes defined in section 1. Lead visitors have the option to appoint additional advisory partners where this will benefit the assessment, and / or where they are not able to make judgements based on their own professional knowledge.

In this assessment, we considered we did not require professional expertise across all professional areas delivered by the education provider. We considered this because the lead visitors were satisfied they could assess performance and risk without needing to consider professional areas outside of their own.

Section 2: About the education provider

The education provider context

The education provider currently delivers five HCPC-approved programmes across three professions and including one independent / supplementary prescribing programme. It is a Higher Education Institution and has been running HCPC approved programmes since 1993. The oldest being their Clinical Psychology programme which started in this year. The other two are much more recent commencing in 2018 and 2019. Their last annual monitoring in the legacy model was in 2018-19.

In the current model, the education provider proposed to add podiatrists to the current list of Allied Health Professionals that they accept onto their Independent and Supplementary Prescribing module. This was reviewed and approved through a focused review in 2022. There were no outstanding issues from any of their previous engagements with our processes.

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 | Hearing Aid Dispenser | <input checked="" type="checkbox"/> Undergraduate | <input type="checkbox"/> Postgraduate | 2019 |
| | Practitioner psychologist | <input type="checkbox"/> Undergraduate | <input checked="" type="checkbox"/> Postgraduate | 1993 |
| | Radiographer | <input checked="" type="checkbox"/> Undergraduate | <input type="checkbox"/> Postgraduate | 2017 |

| | | |
|--------------------------|---|------|
| Post-registration | Independent Prescribing / Supplementary prescribing | 2020 |
|--------------------------|---|------|

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 | Bench- mark | Value | Date of data point | Commentary |
|--------------------------|------------------------|--------------|-----------------------------------|---|
| Numbers of learners | 223 | 278 | 05/2023 | <p>The benchmark figure is data we have captured from previous interactions with the education provider, such as through initial programme approval, and / or through previous performance review assessments. Resources available for the benchmark number of learners was assessed and accepted through these processes. The value figure was presented by the education provider through this submission.</p> <p>The education provider is recruiting learners above the benchmark.</p> <p>We explored this through the assessment and are satisfied that the education provider continues to be adequately resourced for the total number of learners they have and that they remain sustainable.</p> |
| Learner non continuation | 3% | 3% | 2019-20 | <p>This Higher Education Statistics Agency (HESA) data was sourced from a data delivery. This means the data is a bespoke HESA data return, filtered bases on HCPC-related subjects.</p> |

| | | | | |
|--|-------|-------|-----------|---|
| | | | | <p>The data point is equal to the benchmark, which suggests the provider's performance in this area is in line with sector norms.</p> <p>When compared to the previous year's data point, the education provider's performance has improved by 3%.</p> <p>We explored this through the assessment and were satisfied the improvement was consistent with the processes in place to ensure learner continuity on the programmes.</p> |
| Outcomes for those who complete programmes | 93% | 98% | 2018-2019 | <p>This HESA data was sourced from a data delivery. This means the data is a bespoke HESA data return, filtered bases on HCPC-related subjects.</p> <p>The data point is above the benchmark, which suggests the provider is performing above sector norms.</p> <p>When compared to the previous year's data point, the education provider's performance has improved by 5%.</p> |
| Teaching Excellence Framework (TEF) award | N/A | Gold | June 2017 | <p>The definition of a Gold: "Provision is consistently outstanding and of the highest quality found in the UK Higher Education sector."</p> |
| Learner satisfaction | 76.9% | 69.1% | 2022 | <p>This NSS data was sourced at the subject level. This means the data is for HCPC-related subjects.</p> <p>When compared to the previous year's data point, the education provider's</p> |

| | | | | |
|--|--|--|--|--|
| | | | | <p>performance has dropped by 13%.</p> <p>We explored this through quality activity and were reassured that the education provider has put in plans to address the shortfalls in learner satisfaction.</p> |
|--|--|--|--|--|

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.

We have reported on how the provider is performing on all areas, including the areas below, through the [Summary of findings section](#).

Quality theme 1 – impact of apprenticeship on practice-based learning provision

Area for further exploration: The visitors noted clear recognition of challenges related to apprenticeships especially on placement provision for the Diagnostic Radiography and the Audiology programmes. However, there was no clear plan given on how to overcome these challenges.

The education provider has recognised that locally there is an increase in healthcare apprenticeships which has had an impact on their ability to take Practitioner Training Programme (PTP) learners. The education provider noted that HEIs in Audiology foRum with PTP (HARP) were considering ways to mitigate this. We understood HARP is a discussion and action group where representatives from HEIs delivering the Audiology PTP meet to share good practice and discuss a range of issues relating to delivery of the PTP.

As an example, on the Diagnostic Radiography programme, it was recognised that apprentices and learners on traditional degree routes were on placement at the same time. As a result, partnership working with stakeholders was required to ensure both routes were accommodated, and learners could achieve the learning outcomes required. For the Audiology programme, we understood the same placements sites will be used by apprentices and undergraduate learners. The education provider acknowledged that capacity of placements needed to be considered for clinical education to be effective.

Given traditional route learners were sharing placements with apprentices, the visitors requested to know how the education provider ensured all learners were able to achieve the necessary clinical placement / practice learning outcomes. They also requested to know how the affected programmes mitigated or would mitigate the possible reduction in placement provision.

Quality activities agreed to explore theme further: We sought further clarification through an email response. We considered this the most effective way to seek answers to the questions highlighted above.

Outcomes of exploration: The education provider outlined the measures they have in place for the Diagnostic Radiography and the Audiology programmes to ensure practice placement capacity was not affected by the apprenticeship provision. For the Diagnostic Radiography programme, we understood that as part of their re-approval with the College of Radiographers, the education provider had to complete a placement proforma which was used to identify the number of learners within each placement provider. The numbers included all learners supported i.e. those on the apprenticeship and the traditional routes. This process, together with the placement audit, helped to outline the maximum capacity for each provider to ensure this was not exceeded and that it met current demand for learners.

In addition, changes were made to the programme block plan to reduce the burden on departments and ensure learners can meet the learning outcomes. The education provider added that the addition of the Alliance Medical placements and their clinical skills room further reduced the number of learners at other placements sites where apprentices might also be employed. This also contributed to building additional capacity.

The visitors were satisfied that plans are in place to mitigate against potential challenges with the provision of practice-based learning. Therefore, they considered the quality activity had adequately addressed their concerns.

Quality theme 2 – plans to address shortfalls in NSS outcome for Diagnostic Radiography and Audiology programmes

Area for further exploration: We noted the education provider's overall satisfaction for their Diagnostic Radiography and Audiology programmes was below the benchmark of 76.9%. For the BSc (Hons) Audiology, overall satisfaction was 64.3% whilst the BSc (Hons) and the Diagnostic Radiography had an overall satisfaction score of 63%.

We noted the education provider had identified successes and areas to focus on and there is a plan to address the shortfalls in learner satisfaction, but these appeared to be education provider-led rather than programme led. The visitors requested further information about the plans put in place at programme level to address shortfalls in learner satisfaction for these two programmes.

Quality activities agreed to explore theme further: We sought further clarification through an email response. We considered this the most effective way to seek answers to the questions highlighted above.

Outcomes of exploration: We understood the education provider had reflected on the low NSS scores. They had noted a drop from 90% in 2021 to 63% in 2022 and had linked it to the impact Covid-19 had on the first-year clinical placement for the Diagnostic Radiography learners. We understood a response and action plan had been incorporated as part of the programme reapproval. Planned improvement to the Audiology programmes included changes to the timetable to provide an increased number of block-placement weeks, rather than a large number of placements spanning individual 2–3-day blocks. Additionally, they have increased the audiology-specific content for the first-year learners and this has reduced some of the more generic science-based content.

The visitors were satisfied with the response, noting that plans to address shortfalls had been provided. The visitors had no further concerns following quality activity.

Quality theme 3 – impact of high staff: student ratio

Area for further exploration: The visitors noted a high staff to learner ratio for the Diagnostic Radiography programme. The data showed a ratio of 1:28 which implied there may have been limited number of staff available to deliver the programme effectively to all learners. The visitors therefore requested further clarification on how staffing adequacy was ensured on the programme.

Quality activities agreed to explore theme further: We sought further clarification through an email response. We considered this the most effective way to seek answers to the questions highlighted above.

Outcomes of exploration: We were reassured that the teaching team will be comprised of 7.6FTE which would reduce the staff to student ratio to 1:25 from September 2023. We understood that a new student support team was introduced in 2022. The team helped support learners who are self-referred by personal tutors. The education provider noted academic delivery was mostly lecture format and that it was easier to manage larger cohorts. We understood a new clinical skills room was opened in November 2021 and is run by a full-time teaching assistant who facilitates delivery in this space, using it as a clinical placement site and for academic practical/tutorial sessions.

The visitors were satisfied with the explanation and considered the education provider's response had addressed the high staff to student ratio. Therefore, the visitors determined the quality activity had addressed the issue.

Quality theme 4 – embedding the revised SOPs

Area for further exploration: We noted the education provider's reflection lacked sufficient detail around some of the sub-sections under embedding the revised SOPs. The areas were:

1. Promoting public health and preventing ill-health – the education provider noted in their reflection that current content around public health would be reviewed together with learning activities that would help learners develop the necessary skills they need to have meaningful information with their patients. As we were not clear when this review would take place to ensure learners starting their programmes in September 2023 would benefit from the outcome of the review, we requested that the education provider provide more information on the specific time the contents would be reviewed and amended.
2. Leadership – In their reflection the education provider stated 'A greater emphasis will be placed on the link between the development of leadership skills and autonomous practice. We will explore opportunities for learners to reflect on their own leadership qualities, behaviours and approaches, and those observed in practice'. Similar to the above point, the visitors requested confirmation about when the changes would be implemented.
3. Registrants' mental health – the education provider noted in their reflection that although they are encouraging learners to reflect on their own needs and seek help where necessary, the feedback they received showed many learners are still unaware of the support mechanism and resources in place. Therefore, the visitors requested more detail on the actions the education provider is taking to ensure learners are aware of mental health support available.
4. Equality, diversity and inclusion (EDI) – the visitors noted the education provider's reflection here was about their policies and actions rather than reflection on how they were going to embed EDI in the curriculum. Therefore, the visitors requested further information in this area.

Quality activities agreed to explore theme further: We sought further clarification through an email response. We considered this the most effective way to seek answers to the questions highlighted above.

Outcomes of exploration: As part of their response, the education provider confirmed both Promoting health and preventing ill-health and Leadership SOPs are already embedded or will be part of new programmes recently revalidated through their curriculum redefined process. They confirmed these will be delivered from September 2023.

Regarding the other two areas, sufficient information was provided on how they will be embedded. For example, we understand that as part of embedding Registrants' mental health, learners are made aware of mental health resources and support available to them at the start of their programmes. This is covered during their induction/welcome activities. Learners will also be reminded of them when they return into their successive years during welcome/transition activities.

We also noted that EDI is already embedded into programmes both within clinical and academic settings. We understood EDI is central to the curriculum and linked to NHS values. Learners will engage in activities with patients and carers to promote a necessity for EDI and this will be done across their three years of study.

The visitors considered the information provided via the quality activity adequately addressed their concerns.

Section 4: Findings

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

Overall findings on performance

Quality theme: Institution self-reflection

Findings of the assessment panel:

- **Resourcing, including financial stability –**
 - The education provider's 'Curriculum Redefined' is an initiative they are using to build "a sustainable portfolio of high-quality research-based learner student education". They have an annual Integrated Planning Exercise at school/ faculty and institute level which they use to review and forecast learner numbers, thereby ensuring financial stability.
 - The education provider has had successful tenders for NHS England (formerly Health Education England (HEE)) funded programme (Clinical Psychology) and has a part funded HEE programme (Supplementary Prescribing). They attributed the successful tender for their Clinical Psychology programme to "good teamwork and excellent support from the wider university". The first cohort under the new contract will commence in 2023.
 - For the other programmes, the education provider has a plan to increase learner number by predominantly recruiting international learners. Clinical placements have been identified as a challenge for Diagnostic Radiography with increased learner numbers. However, the education provider noted they have been able to increase capacity for learner numbers through various schemes such as the adoption of clinical placements within the private and independent sector and review of the programme block plan. Additionally for their Audiology programme, the education provider has expanded their outreach and conversion activities to promote the programme to learners in years 9-12. The education provider considered offering more opportunities to increase their learner numbers has further enhanced long term stability of their provision.
 - The visitors were satisfied that the education provider has performed well in this area. This is because their reflection sufficiently showed that

their financial and resource planning/ modelling has ensured sustainability of their provision.

- **Partnerships with other organisations –**

- The education provider has contractual partnerships with practice education providers. For example, for their Clinical Psychology programme, the education provider noted their main formal relationship is with Leeds Teaching Hospital. The education provider reflected on challenges around governance and support for learners within the Department of Clinical and Health Psychology where the learners are hosted. To overcome this, the education provider has moved to a tiered management structure. We understood this has now reduced the pressure on management and aided learner support processes.
- New partnerships have also been developed during the review period, for example private placement providers have been used for Diagnostic Radiography programme.
- Further clarification received reassured us on how the education provider has used their governance process to manage their partnerships with other organisations. For example, we understood that the partnership between the education provider and College of Radiographers has ensured appropriate placement audits and service level agreements are in place and up to date. This includes existing as well as new NHS and private providers.
- Therefore, the visitors were satisfied the education provider is performing well in this area. This is because their reflection showed they have continued to manage existing partnerships effectively whilst also developing new partnerships.

- **Academic and placement quality –**

- The education provider has annual module reviews, programme reviews and school reviews which contribute to ensuring academic quality. The annual school review is organised by the Quality Assurance team annually to review the school's progress. The review report forms part of their annual planning.
- There is a School Taught Student Committees (STSEC) that provides effective leadership of the school's strategy for learner education. This helps to ensure the quality and standard of the school's learner education provision, quality assurance procedures as well as implementing and sharing good practice. External examiners also form part of the quality assurance processes and are appointed to all programmes.
- Regarding placement quality, we understood audit of NHS/private placements was undertaken by regular programme team visits and the Practice Assessment Record and Evaluation (PARE) reporting tool.
- Monitoring of learner experience in academic and placement learning environments was evident together with the improvements made as a result. This was evident across all programmes. For example, on their BSc (Hons) Diagnostic Radiography (academic) programme, the education provider noted they have developed multiple sources of learner feedback to give a range of opportunities for the learner voice to be heard as regards the quality of the programme.

- Simulation and additional placements have been sourced where learner experience had been compromised. Amendments have been made to assessment and organisation of experience where required.
- The visitors were satisfied that the education provider continues to assess their academic and placement quality to drive improvement. Therefore, they considered the education provider has performed well in this area.
- **Interprofessional education –**
 - The education provider's three undergraduate programmes are part of the four programmes which form a suite of interprofessional undergraduate programmes within the School of Medicine that have interprofessional modules at all three levels in their programmes. For some programmes, interprofessional education (IPE) exists across four modules. However, the education provider has recognised that relationships due to the school organisation do not necessarily lend themselves to IPE. Therefore, modules for further IPE are being explored.
 - Learners' feedback showed they were satisfied with IPE but there is recognition that there was scope to further develop opportunities already in place, particularly in relation to the new HCPC Standards of proficiency (SOPs). For the Prescribing programme, additional clarification around how learners engaged with IPE showed they had an opportunity to participate in a multidisciplinary approach with group work and discussions. Through the seven IPE sessions, they engaged with topics such as prescribing within the professional framework, legislation around prescribing, reflective practice, ethics in prescribing were covered.
 - The visitors were satisfied that learners have had the opportunity to learn from one another. Therefore, they were satisfied the education provider continues to perform well in this area.
- **Service users and carers –**
 - The involvement of service users and carers is incorporated in programmes. The School of Medicine's Patient and Carer Community (PCC) incorporates the views of patients and carers into education material and sessions. Service User and Carers (SUC) involvement in academic component of programmes reduced during Covid-19 but SUCs were involved in stakeholder meetings (via Microsoft Teams). Interviews with services users have been added to blended learning materials.
 - The education provider recognised the impact of Covid-19 on service user and carers involvement with the programmes. They noted how some of their service users (Experts by experience (EbE)) had struggled to re-engage with programmes following Covid-19.
 - For example, through further clarification received on their Clinical Psychology programme, the education provider noted how they have struggled to involve EbE across all areas of the programme in much depth and how they had struggled to recruit EbEs. However, they have now secured additional funding as part of their tender which will help them to develop a secure funding stream. They have also developed different ways of engaging EbEs through attendance at virtual

meetings and have developed new relationships which has led to an increase in meeting attendance. The education provider noted they will continue to review and monitor EbE involvement in all parts of the programme as a central underpinning value of the programme.

- The visitors were satisfied with the education provider's reflection around involvement of service users and carers and considered they are performing well in this area. The visitors determined that the education provider has continued to develop effective ways to involve service users and carers to enhance their programmes.
- **Equality and diversity –**
 - Equality and diversity (EDI) is considered within all the programmes. The education provider noted there are policies and a robust system in place for monitoring and risk assessment in reference to EDI. EDI is incorporated into strategic and daily business and how it links to education and learner experience. Both protected and other characteristics are included.
 - The education provider's Access and Student Success Strategy 2025 recognises the education provider's diverse learner community. It aims to create an environment where all learners 'feel that they belong, can thrive and are valued for their unique contribution'. The strategy is set out across four pillars of the learner journey using the Access to Leeds Scheme, Plus Programme and Curriculum Redefined. Several examples were provided across all programmes where EDI policies were complied with. Monitoring and actions were also clearly evidenced and reflected on.
 - The visitors were satisfied with how the education provider ensured EDI policies are complied with and that outcomes are monitored. Therefore, the visitors considered the education provider has performed well in this area.
- **Horizon scanning –**
 - There is confirmation of involvement in key strategic national committees and organisations and the impact of recruitment and retention in the future is considered. For example, on the Diagnostic Radiography programme, we noted the education provider's reflection around the ongoing demand to increase the recruitment and retention of diagnostic radiographers in future. We understood this is intended to address the shortfall of diagnostic radiographers.co We understood this is a national problem which then impacts on placement capacity. One of the ways by which the education provider has managed this is the use of simulation and alternative placement providers. We understood the development of a clinical skills room has provided a new placement for ten to twelve learners at any one time and there is a dedicated clinical tutor running the facility. We noted this has helped to offer a combination of simulated practical activities in addition to examining patients within the same setting.
 - The visitors were satisfied with how the education provider managed long term challenges and opportunities. The visitors noted challenges regarding increased learner numbers planned for along with challenges in recruitment were noted and remedial action planned. Impact of apprentices on placement capacity was also considered.

- Therefore, they considered the education provider had performed well in this area.

Risks identified which may impact on performance: None

Outstanding issues for follow up: None

Quality theme: Thematic reflection

Findings of the assessment panel:

- **Embedding the revised Standards of Proficiency (SOPs) –**
 - The education provider submitted an outline of how they intended to embed the new SOPs.
 - Active implementation of the standards – The education provider noted that through annual reviews, PSRB reaccreditation events and their ‘Curriculum Redefined’ programme, they have been able to review, reflect and refresh their programme curricula. This has allowed them to integrate the revised SOPs for cohorts starting from September 2023.
 - As outlined in [quality theme 4](#), we are assured that SOPs around Promoting public health and preventing ill-health; EDI; Leadership; and Registrants’ mental health have all been integrated into the curricular.
 - Further centralising the service user- the education provider noted this is already embedded in their programmes. However, they also considered opportunities available to further consolidate their partnerships with their Patient and Carer Community and increase learners’ awareness of the wider impact illness can have on families, carers and friends.
 - Digital skills and new technologies – The education provider noted their Digital Transformation Strategy recognises the importance of digital literacy and equips learners with the digital skills they need to support them in their study and assist with employability. We also understood the Curriculum Redefined project will further provide opportunity for programmes to reflect the use of current and emerging technologies and opportunities for embedding new digital technologies to support learning in different settings.
- **Impact of COVID-19 –**
 - All programmes quickly adapted to the online teaching need. The visitors noted good consideration of positive changes due to pandemic, such as wider use of available technology, hybrid teaching, and incorporating more teaching by simulated practice. Smaller groups were appreciated by both learners and staff. The needed to modify the way Teaching and learning as well as other general activities were modified. This resulted in an increased range and variety of online learning platforms. We noted the increase in simulation resulted in an increase in these activities post pandemic. The use of technology and increase in digital literacy brought about by Covid-19 continued to provide the flexibility for teaching and learning for staff and learners.
 - Post Covid-19 lockdown, it was found that learners’ confidence and competence suffered due to the clinical experience they had been unable to attend. Additional support and simulated learning as well as face to face tutorials was provided to the learners.

- There was sufficient reflection provided to determine the education provider has performed well in this area. This is because the education provider had been able to use learning from the impact of the pandemic to improve their provision.
- **Use of technology: Changing learning, teaching and assessment methods –**
 - Teaching / learning activities have moved back to campus post pandemic. Meetings are now routinely online which has resulted in increased attendance particularly by stakeholders.
 - Digital healthcare skills were included in the curriculum of some programmes. We also noted a wide range of teaching methods used was supported by using different technology across all programmes. Hybrid teaching was well incorporated into programmes to support different learners' needs. There was also good use of simulations that supported learners' learning. For example, in practice-based learning, a range of different simulation and technology applications was used both within the clinical skills room and University environment, including the Sectra table, Gerontologic (GERT) suits, X-ray phantom and Virtual Clinical Environment (VCE) system.
 - The visitors noted that the pandemic accelerated changes to practices and the education provider has reflected on those that worked well and examined learner feedback to inform practice.
 - There was sufficient reflection provided to determine the education provider has performed well in this area.
- **Apprenticeships –**
 - The education provider has recognised that locally, there was an increase in healthcare apprenticeships which had an impact on their ability to take PTP learners on the Diagnostic Radiography and the Audiology programmes. We were aware they were considering ways to mitigate this to ensure all learners had access to the practice-based learning they needed. We noted this did not apply to the Independent and Supplementary Prescribing or Clinical Psychology programmes offered by the provider.
 - As outlined in [quality theme 1](#), we were reassured about the plans the education provider had in place to mitigate the possible reduction in placement provision on these programmes. For example, we noted the Audiology programmes had successfully secured an increased number of private practice placements whilst maintaining NHS placements. The education provider noted this helped to mitigate the impact of NHS audiology department apprenticeships and there is an intention to expand private practice training provision further next year.
 - The visitors considered the education provider's reflection together with the further clarification received through the quality activity was sufficient to determine they are performing well in this area. This was because the reflection showed that the education provider is adequately managing the possible impact that apprenticeship has on their provision.

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 education provider noted they had not been assessed since 2012 by the Quality Assurance Agency for Higher Education (QAA). We understood that at the time, the academic standards of their awards met UK expectations. The education provider noted they have had extensive processes in place to ensure that their provision continued to meet the expectations for standards and quality set out in the Quality Code. However, we noted there was not enough information in their reflection to support this statement.
 - In providing further clarification to understand the processes in place to ensure high standards, we understood the University Senate was responsible for the governance of taught learner education although it was discharged through the Taught Student Education Board and other groups and committees. Learners were also represented in the committees. We understood the Taught Student Education Board received and analysed key student education datasets and proposed interventions and actions in response.
 - The education provider outlined several other ways by which their provision was assessed against quality standards and how they met the required quality statements.
 - The visitors considered there was sufficient reflection provided to determine the education provider has performed well in this area.
- **Assessment of practice education providers by external bodies –**
 - The education provider noted that this was not applicable to their HCPC approved provision. The visitors noted this response. However, they also considered it would be useful to understand the process the education provider has in place for external bodies to assess practice education. And if this had been undertaken, it would help to know what was done in response to any concerns raised.
 - Therefore, the education provider should provide further reflection on this when next they engage with the performance review process in the 2025/26 academic year.
- **National Student Survey (NSS) outcomes –**
 - The education provider reflected on their low overall NSS scores of 66.5% against a benchmark of 76.9%. Their analysis showed both of their undergraduate programmes had low NSS scores of 64.3% and 63% for their Audiology and Diagnostic Radiography programmes respectively. The education provider attributed the low scores to the impact of Covid-19.
 - Through [quality theme 2](#), the education provider outlined the plans they had in place to address the shortfalls that have been identified.
 - The visitors were satisfied with the plans and considered this indicated the education provider is performing well in this area.
- **Office for Students monitoring –**

- The education provider has not had any monitoring undertaken by the Office for Students (OfS) since 2018-19. They however stated they have systems in place to make sure that the conditions of registrations are met, including those that were revised.
We noted a curriculum ten-year change project was in progress at the time of their submission, involving investment in resourcing, and updating programmes. The education provider also noted rolling review processes are in place.
- The visitors were able to determine from this reflection that the education provider and its programmes have the necessary systems in place to be able to respond appropriately to outcomes from OfS monitoring and this indicated they are performing well in this area.
- **Other professional regulators / professional bodies –**
 - The education provider's reflection showed that all programmes engaged with relevant professional bodies. We noted the Clinical Psychology programme was re-accredited during the review period and Diagnostic Radiography was waiting for formal confirmation. Independent and Supplementary prescribing for AHP applied recommended changes and the BSc Audiology accreditation has been extended.
 - There was sufficient reflection provided to determine the education provider has performed well in this area. This is because there was clear indication that the education providing is engaging with the relevant professional bodies to improve their provision.

Risks identified which may impact on performance: None

Outstanding issues for follow up: Reflection on assessment of practice education providers by external bodies.

Quality theme: Profession specific reflection

Findings of the assessment panel:

- **Curriculum development –**
 - A detailed reflection was submitted showing different developments around the curriculum for each of the programmes, especially as it related to the new and revised HCPC SOPs. For example, for their Clinical Psychology programme, the education provider noted they had reviewed the new SOPs against their current standards and were considering the aspects they already covered as well as areas where they needed to do things differently. One of the areas required further investigation is the new SOP on health promotion. The education provider noted they were reviewing their teaching in detail to cover this area. The new standard on public health is another area where the education provider was reviewing. They have continued to review their approach to teaching to ensure it covers both health promotion and public health going forward.
 - The visitors were satisfied with the education provider's reflection, particularly in relation to HCPC SOPs and noted the changes required

have been implemented. They have determined the education provider has performed well in this area.

- **Development to reflect changes in professional body guidance –**

- The education provider presented a clear explanation about the changes they implemented for the Diagnostic Radiography programme. This was in response to the publication of the Society and College of Radiographers (SCoR) Education and Career Framework.
- Through submission of further clarification, we understood the Clinical Psychology programme was last accredited in 2022 with one condition set around staff: student ratio (SSR). We noted this was due to a staff member being on maternity leave at the time of accreditation. The programme had received full accreditation of five years from the professional body, British Psychological Society at the time of submission.
- The Independent and Supplementary prescribing for AHPs programme runs alongside the Independent and Supplementary prescribing programme for nurses and midwives. This is regulated by the Nursing and Midwifery Council (NMC). It also runs alongside the Independent and Supplementary prescribing for pharmacists which is regulated by the General Pharmaceutical Council (GPHC). Similarities with the teaching requirements have been agreed with the other regulators and clear specific teaching and assessment requirements of each regulator have been highlighted to minimise confusion for the learners and educators.
- There was sufficient reflection provided to determine the education provider has performed well in this area.

- **Capacity of practice-based learning –**

- The education provider's reflection showed their plans to ensure capacity are in place on the Clinical Psychology programme to enable effective practice-based learning. For the Diagnostic Radiography programme, the education provider identified challenges around recruitment and retention of sufficient staff to deliver services and support newly qualified diagnostic radiographers. We noted how an increase in learner numbers and pressures on clinical staff have required changes in arrangements for practice-based learning on the programme. We also noted the Audiology programmes carefully considered placement provision and have secured additional new placements from existing and new placement providers.
- The visitors sought further information in relation to the Independent & Supplementary prescribing for AHP programme. In providing this, the education provider reflected on how Designated Prescribing Practitioners (DPPs) were supported through the education provider to enable them to support the learners and their added work pressure, particularly during Covid-19. An example was given in relation to the mitigation process that allowed for extensions. We understood the mitigation process enabled learners and their DPPs to undertake supervision over a longer period of time in order to provide further learning opportunities.
- The visitors were satisfied with the education provider's reflection on ensuring capacity of practice-based learning for the Clinical

Psychology, Diagnostic Radiography, and the Audiology programmes. However, for the Independent & Supplementary prescribing for AHP programme, they considered there was insufficient reflections about how the education provider ensured sufficient practice educators. In addition, the visitors would need to review further reflection on how the education provider ensures the supervisors in place are adequate to accommodate all learners thereby ensuring appropriate management of the availability of practice-based learning. Therefore, the visitors requested that the education provider further reflect on this when next they engage with the performance review process 2025/26 academic year.

Risks identified which may impact on performance: None

Outstanding issues for follow up: Ensuring sufficient practice educators to manage the capacity of practice-based learning on the Independent & Supplementary prescribing for AHP programme.

Quality theme: Stakeholder feedback and actions

Findings of the assessment panel:

- **Learners –**
 - We noted how learner feedback from the different programmes offered is gathered and responded to. The education provider also discussed their plans to increase response rates. For example, we noted learner evaluation of modules contributed to module and programme review. However, response rate dropped significantly on some programmes during Covid-19. The education provider has noted their teaching and students education service (SES) team explored ways of improving response rates for module evaluations. This included the use of a new module evaluation platform.
 - We noted the education provider's reflections on National Education and Training Survey (NETS). For example, we noted the 2022 survey showed learners on the Diagnostic Radiography programme were aware of how to raise concerns about placement quality using the Clinical Placement Reporting Tool. They were reluctant to do so due fear of impact of disclosure or lack of reassurance that they will get resolution. Similar information received on the Audiology programmes showed 20.1% of the healthcare science learners reported they did not feel comfortable in raising concerns with regards to practice-based learning. We noted the Clinical Placement Reporting Tool was in the process of being it updated to make it more accessible and easier to use. We understood it will also include details for the learners about how their concerns will be addressed. Learners will be provided with re-assurance it is a safe space to raise any issues or concerns and their concerns will be taken seriously.
 - The visitors were satisfied with the level of information received through the education provider's reflection and further clarification sought. They agreed the education provider has and continue to use

the processes in place to collect feedback from learners and take appropriate actions in response.

- Therefore, the visitors considered the education provider has performed well in this area.
- **Practice placement educators –**
 - Placement educators' feedback and how it was acted upon was reflected on for most of the programmes. For example, the Audiology programmes reported their clinical educators noted the timetabling of two to three days clinical placements per week for second- and third-year learners. They considered this structure in addition to some block placement weeks, was less successful than when learners spent full block weeks with them. They explained the advantages of block week timetabling, one of which was increased motivation in learners seeing quicker progress in their learning. As a result of this feedback, the 2023-2024 timetable for the audiology programme implemented to include increased block placements for second- and third-year learners.
 - For the Independent and Supplementary Prescribing for AHPs, further clarity was sought on the education provider's reflection on the summary of feedback and actions taken in response to placement educators on the programme. The education provider considered inviting DPPs, supervisors and patients as stakeholders could provide the required feedback and insight the module team needed to help keep the module evolving. We understood they plan to implement this change from January 2024.
 - The visitors were satisfied with the education provider's reflection on feedback and actions taken in response to practice educators on all the programmes except for the Independent and Supplementary Prescribing for Allied Health Professionals. The visitors considered they will need to review this after the education provider had implemented the change and have had the opportunity to reflect on its effectiveness.
 - Therefore, the visitors considered the education provider's performance in this area satisfactory. However, visitors will need to review the education provider's reflection on collecting and actioning feedback from educators on the Independent and Supplementary Prescribing for AHPs when next they engage with the performance review process in 2025/26 academic year.
- **External examiners –**
 - There is clear, well-established process for engagement with external examiners and how feedback was responded to. Detailed responses and actions related to external examiner comments were provided.
 - There was sufficient reflection provided to determine the education provider has performed well in this area. This is because the reflection showed the education provider has continued to use and action feedback from external examiners.

Risks identified which may impact on performance: None

Outstanding issues for follow up: Collecting and actioning feedback from practice educators on the Independent and Supplementary Prescribing for AHPs

Data and reflections

Findings of the assessment panel:

Non-continuation rates:

- The visitors noted the benchmark had been met. Some variation in programmes was identified but explained sufficiently through the reflection.
- There was sufficient reflection provided to determine the education provider has performed well in this area.
- **Graduate outcomes:**
 - As noted in the institution performance data table in Section 2, the education provider had a data point of 98% against a benchmark of 93%. The education provider reflected on the difficulty they have had in collating details of destination employment. They also reflected on how they supported learners in Year 2 and Year 3 by inviting multiple NHS Trusts and private companies to share information about job opportunities and benefits of working for them as well as career prospects.
 - The visitors considered the information provided was generic and lacked the level of reflection required. Therefore, they requested that the education provider submit further reflection on each programme / professional group at their next engagement with the performance review process in the 2025/26 academic year to better understand their performance.
- **Teaching quality:**
 - We noted a TEF rating of Gold. The education provider also has plans in place to overcome post-pandemic challenges. We also noted the Curriculum Redefined aims to enhance the education, experiences, and futures of all learners.
 - Although limited information was provided regarding points raised by TEF in the quality of teaching, learning environment and learner outcomes or the specific action (if any) required, we will continue to use other ways to monitor the quality of teaching going forward.
 - Overall, the visitors were satisfied the education provider has performed well in this area.
- **Learner satisfaction:**
 - As noted earlier under National Student Survey (NSS) outcomes, learner satisfaction rate was below sector norms. Through quality activity, we have received a clear outline of how the education provider addressed and will continue to address the shortfalls that have been identified.
 - The visitors were therefore satisfied the education provider has performed well in this area.
- **Programme level data:**
 - Data showed staff: student ratio were within acceptable range for many of the programmes apart from the Diagnostic Radiography

programme. As outlined in [quality theme 3](#), we were reassured that the education provider has put in place appropriate measures including additional staff recruitment to ensure there are adequate number of staff to support learners on the programme.

- Therefore, the visitors determined the education provider's reflection together with the additional information received via quality activity showed had performed well in this area.

Risks identified which may impact on performance: None

Outstanding issues for follow up: Profession specific reflection on graduate outcomes to understand how each programme / profession area is performing in this area.

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

Assessment of practice education providers by external bodies

Summary of issue: The education provider noted this is not applicable to their HCPC approved provision. As such they have not provided any reflection, the visitors needed reassurance around the processes the education provider has in place for external bodies to assess practice education. If any assessments had been undertaken and concerns raised, the visitors request to know what was done in response to any concerns raised.

Ensuring sufficient practice educators to manage the capacity of practice-based learning

Area(s) of practice applicable to:

- Annotation – Supplementary prescribing, Independent prescribing.

Programme(s) applicable to:

Independent & Supplementary prescribing for AHP programme

Summary of issue: The education provider's reflection as well as the additional information provided via quality activity lacked the level of detail to reassure the visitors that the education provider maintained sufficient practice educators to support the management of practice-based learning capacity. Therefore, further reflection on this is requested when next the education provider engages with the performance review process.

Collecting and using feedback from practice educators

Area(s) of practice applicable to:

- Annotation – Supplementary prescribing, Independent prescribing.

Programme(s) applicable to:

Independent & Supplementary prescribing for AHP programme

Summary of issue: The education provider had plans to develop a new process of collecting and analysing feedback from practice educators. We understood this would take effect from January 2024. To allow the education provider to have been able to introduce, monitor, and evaluate the new process, we will review this at their next engagement with the performance review process.

Graduate outcomes

Summary of issue: The visitors noted the education provider's reflection in this area lacked sufficient detail to help them understand how each programme or professional area was performing. This is referred to their next performance review where the education provider is expected to submit a more detailed profession-specific reflection.

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 2025-26 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.

Reason for next engagement recommendation

- Internal stakeholder engagement
 - The education provider engages with a range of stakeholders with quality assurance and enhancement in mind. Specific groups engaged by the education provider were Leeds Teaching Hospitals Trust (LTHT) and other HEIs.
- External input into quality assurance and enhancement
 - The education provider engaged with a number of professional bodies such as British Psychological Society (BPS) and the Society and College of Radiographers (SCoR). They considered professional body findings in improving their provision.
 - The education provider engaged with the Office for Students and the British Society of Audiology (BSA). They considered the findings of in improving their provision.
 - The education provider considers sector and professional development in a structured way.
- Data supply

- Data for the education provider is available through key external sources. Regular supply of this data will enable us to actively monitor changes to key performance areas within the review period.
- What the data is telling us:
 - From data points considered and reflections through the process, the education provider considers data in their quality assurance and enhancement processes and acts on data to inform positive change.
- The education provider noted collecting and analysing feedback from practice educators which will impact on their provision from the 2023-24 academic year. We will need to review the impact of this when the provider can reflect on implementation, which will be in the 2025-26 academic year.
- In summary, the reason for the recommendation of a 3-year monitoring period is to provide the education provider with sufficient time to address the issues outlined in [Section 5 above](#).

Appendix 1 – summary report

If the education provider does not provide observations, only this summary report (rather than the whole report) will be provided to the Education and Training Committee (Panel) to enable their decision on the next steps for the provider. The lead visitors confirm this is an accurate summary of their recommendation (including their reasons) and any referrals.

| Education provider | Case reference | Lead visitors | Review period recommendation | Reason for recommendation | Referrals |
|---------------------|------------------|----------------------------------|------------------------------|---|--|
| University of Leeds | CAS-01258-T8S7P2 | Shaaron Pratt Joanna Lemanska | Three years | <p>The reason for the recommendation of a 3-year monitoring period is that the visitors have determined that the education provider is low to medium risk. There are some areas outstanding where the education provider had not adequately addressed how they have dealt with or are dealing with issues. We considered that a 3-year review period will give the education provider with sufficient time to address the issues identified through the report:</p> <p><u>Assessment of practice education providers by external bodies</u></p> <p>Summary of issue: The education provider noted this</p> | <ul style="list-style-type: none"> • Reflection on assessment of practice education providers by external bodies - referred to the performance review process. • Ensuring sufficient practice educators to manage the capacity of practice-based learning on the Independent & Supplementary prescribing for AHP programme- referred to the performance review process. • A review of the effectiveness of the innovation to the process of collecting and using feedback from practice educators Independent & Supplementary prescribing for AHP |

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| | | | <p>is not applicable to their HCPC approved provision. As such they have not provided any reflection, the visitors needed reassurance around the processes the education provider has in place for external bodies to assess practice education. If any assessments had been undertaken and concerns raised, the visitors request to know what was done in response to any concerns raised.</p> <p><u>Ensuring sufficient practice educators to manage the capacity of practice-based learning</u></p> <p>Area(s) of practice applicable to:</p> <ul style="list-style-type: none"> • Annotation – Supplementary prescribing, Independent prescribing. <p>Programme(s) applicable to:</p> | <p>programme. This is due to commence from January 2024 - referred to the performance review process.</p> <ul style="list-style-type: none"> • Profession specific graduate outcomes to understand how each programme / profession area is performing in this area - referred to the performance review process. |
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|--|--|--|--|---|--|
| | | | | <p>Independent & Supplementary prescribing for AHP programme</p> <p>Summary of issue: The education provider's reflection as well as the additional information provided via quality activity lacked the level of detail to reassure the visitors that the education provider maintained sufficient practice educators to support the management of practice-based learning capacity. Therefore, further reflection on this is requested when next the education provider engages with the performance review process.</p> <p><u>Collecting and using feedback from practice educators</u></p> <p>Area(s) of practice applicable to:</p> <ul style="list-style-type: none"> • Annotation – Supplementary prescribing, Independent prescribing. | |
|--|--|--|--|---|--|

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|--|--|--|--|---|--|
| | | | | <p>Programme(s) applicable to: Independent & Supplementary prescribing for AHP programme</p> <p>Summary of issue: The education provider had plans to develop a new process of collecting and analysing feedback from practice educators. We understood this would take effect from January 2024. To allow the education provider to have been able to introduce, monitor, and evaluate the new process, we will review this at their next engagement with the performance review process.</p> <p><u>Graduate outcomes</u></p> <p>Summary of issue: The visitors noted the education provider's reflection in this area lacked sufficient detail to help them understand how each programme or professional area was performing. This is referred to their next performance review</p> | |
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| | | | | where the education provider is expected to submit a more detailed profession-specific reflection. | |
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Appendix 2 – list of open programmes at this institution

| Name | Mode of study | Profession | Modality | Annotation | First intake date |
|---|----------------------|---------------------------|-------------------------|-------------------|--------------------------|
| BSc (Hons) Audiology | FT (Full time) | Hearing aid dispenser | | | 01/09/2023 |
| BSc (Hons) Healthcare Science (Audiology) | FT (Full time) | Hearing aid dispenser | | | 01/09/2019 |
| Doctorate in Clinical Psychology (DClinPsychol) | FT (Full time) | Practitioner psychologist | Clinical psychologist | | 01/10/1993 |
| BSc (Hons) Diagnostic Radiography | FT (Full time) | Radiographer | Diagnostic radiographer | | 01/08/2017 |

| | | | | | |
|---|----------------|--|--|--|------------|
| Independent and Supplementary Prescribing for Allied Health Professionals | PT (Part time) | | | Supplementary prescribing; Independent prescribing | 01/09/2020 |
|---|----------------|--|--|--|------------|