
Performance review process report

University of Liverpool, 2018-21

Executive summary

Process stage – final visitor recommendation reached, covering:

The visitors have now completed their review. They have not highlighted any significant risks or issues for further exploration.

Their recommendation is that the provider next go through performance review in the 2025-26 academic year.

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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:

Kathryn Campbell	Lead visitor, physiotherapist
Rachel Picton	Lead visitor, radiographer
Ann Johnson	Service User Expert Advisor
Niall Gooch	Education Quality Officer

Section 2: About the education provider

The education provider context

The education provider currently delivers 18 HCPC-approved programmes across five professions. It also offers prescribing and orthoptist exemption programmes. It is a higher education institution and has been running HCPC approved programmes since 1922.

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	Occupational therapist	<input checked="" type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Postgraduate	1998
	Orthoptist	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	1992
	Physiotherapist	<input checked="" type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Postgraduate	1999
	Practitioner psychologist	<input type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Postgraduate	1993
	Radiographer	<input checked="" type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Postgraduate	1993
Post-registration	Independent Prescribing / Supplementary prescribing			2017
	Orthoptist Exemptions			2019

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	525	429	2022	There is a disparity here but this may reflect outdated records on the HCPC's part. The numbers here may be investigated via other means but are not necessarily relevant to this specific approval.
Learners – Aggregation of	3%	1%	2019-2020	The provider have a good record of enabling learners to

percentage not continuing				continue with programmes. This is a very good figure suggesting strong support mechanisms.
Graduates – Aggregation of percentage in employment / further study	94%	95%	2019-2020	As above, this is a good figure suggesting the provider is appropriately preparing learners for the next steps in their learning or professional pathways.
Teaching Excellence Framework (TEF) award	Silver		June 2018	Silver TEF suggests a very good level of teaching practice and few concerns around teaching quality.
National Student Survey (NSS) overall satisfaction score (Q27)	77.1%	69.2%	2022	The provider is scoring well under benchmark here. However, this figure is for their entire provision, not just HCPC or AHP programmes, so there may not be a particular issue with this programme.

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 – Effectiveness of feedback process

Area for further exploration: The portfolio and the supporting evidence gave several examples of ways in which the education provider gathered feedback from service users and carers, and from learners, as part of continuous improvement process. The information provided did not clearly explain how student feedback was used to drive particular improvements forward. Specifically, we wanted to explore how feedback related to the groups mentioned above contributed to the continuous

improvement process for example e with regards to the new approaches to learning and teaching approaches.

Quality activities agreed to explore theme further:

We sought clarification on this point via additional information to allow the provider to elaborate on the previous information they had sent. We agreed this approach with the provider as they considered that the visitors' exploration could easily be facilitated by submitting additional narrative and evidence.

Outcomes of exploration: We explored the provider's approach to acting on feedback from service users and carers, and from learners. This included a narrative explaining there was regular and close interaction between relevant staff from HCPC-approved programmes, and the Liverpool Experts by Experience (LEXE) group, including its chair. The visitors considered the processes and procedures described in this response. This included the examples given of how the processes worked in practice which, would enable feedback on service user and carer involvement from various sources to be turned into actions.

With regard to learner experience, the provider described a number of mechanisms for ensuring feedback was proactively incorporated into the programme. These included learners being provided with individual feedback on teaching sessions and learning having twice yearly meetings with their personal tutors. The visitors explored the feedback loop and were satisfied it was effective because of the range of well-established activities that took place, and the depth of the activities.

Quality theme 2 – Design/Application of clinical simulation on the programme.

Area for further exploration: Clinical simulation was discussed extensively in the portfolio submission, because the provider is making increased use of simulation across its provision. The visitors considered the provider was performing well as far as simulation was concerned, but they wanted to explore how the provider was integrating clinical simulation with "real world" clinical experience. This was to ensure they had a full understanding of how the provider was delivering practice based learning.

Quality activities agreed to explore theme further:

We sought clarification on this point via additional information to allow the provider to elaborate on the previous information they had sent. We agreed this approach with the provider as they considered that the visitors' exploration could easily be facilitated by submitting additional narrative and evidence.

Outcomes of exploration: The education provider stated the use of clinical simulation varies across the different disciplines within the School of Health Sciences (SHS), but that in no contexts was simulation a replacement for clinical or practical skills sessions. Simulation was used to supplement and complement traditional skills sessions, not to replace them. For example, it is used when skills sessions are not possible because of staff or learner absences, or to reinforce learning from practical skills sessions. Simulation always takes place within a broader context of developing and refining professional practice. The visitors were reassured by this exploration of the use of simulation and considered that it developed their understanding of the provider's approach.

Quality theme 3 – Decline in NSS score on occupational therapy programme.

Area for further exploration: The visitors noted that, during the review period, there had been a noticeable and significant drop in the National Student Survey (NSS) score for the occupational therapy programme. As NSS scores may reflect issues with the performance of programmes, the visitors considered that it would be useful to explore the matter further. They explored the provider's reflections on why the score had declined and what was being done to address possible problems that were reflected in the lowered score.

Quality activities agreed to explore theme further:

We sought clarification on this point via additional information to allow the provider to elaborate on the previous information they had sent. We agreed this approach with the provider as they considered that the visitors' exploration could easily be facilitated by submitting additional narrative and evidence.

Outcomes of exploration: Based on their conversations with learners and analysis of NSS returns, the provider suggested the decline in the score was due to the COVID-19 pandemic and the resultant effects on teaching and learning activities, and practice based learning. Placements had not been able to go ahead as planned; nor had many seminars and workshops. Staff illness had resulted in disruption to timetables. The provider additionally noted that they had worked to adapt to the requirements of the pandemic and provided an account of some of these adaptations, for example better use of technology to make staff more flexible in their timetabling. A COVID-19 adaptation action plan is in place. The visitors considered that the response clarified the situation and were confident that the provider was taking seriously the need to be responsive to learner feedback.

Quality theme 4 – Management of programme expansion

Area for further exploration: The visitors noted from their portfolio review that there was strong collaboration between the provider and their practice based learning partners, and that various programmes were expanding their cohort sizes. To help them to understand the provider's performance, they explored in more detail how these ongoing relationships were used to ensure that there was sufficient capacity available to match expansion of programme cohorts. This would ensure that there was sufficient capacity to support the programmes.

Quality activities agreed to explore theme further:

We sought clarification on this point via additional information to allow the provider to elaborate on the previous information they had sent. We agreed this approach with the provider as they considered that the visitors' exploration could easily be facilitated by submitting additional narrative and evidence.

Outcomes of exploration: The provider explained the detail of their liaison processes with placement partners. For example, the doctorate in clinical psychology has a placement sub-committee attached to it which regularly considers matters around capacity. Additionally, the programme team works closely and proactively with the programme is working proactively with psychology leads within the Trusts in the region. There are regular meetings between the Clinical Directors, placement leads and psychology leads. The provider stated that this has led to the clinical psychology provision expanding its placement options.

Regarding other programmes, the provider stated that on a yearly basis senior staff meet with counterparts from HEE North to discuss the entire Liverpool Allied Health Professionals placement requirements. Programme teams then liaise specifically with the relevant operational contacts, in the framework provided by the strategic meeting. According to the provider, the normal expectation is that these groups are looking two years ahead. If individual clinical sites are at capacity, this gives programme staff sufficient time to seek additional settings.

Additionally, the provider informed us that the Dean of the School of Health Sciences is a member of the North West AHP Workforce Board and on the Cheshire & Merseyside AHP Council. The visitors considered that there were excellent arrangements in place for ensuring that the growth of placement capacity matched cohort growth.

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 –**
The university has Strategy 2026 in place, which aims to ensure that all programmes remain on a strong financial footing over the next few years. All programmes are expected to return a Subject Action Plan (SAP) to the central authorities as part of this process. SAPs must include individualised reflection on programme-level resource requirements over the next few years, alongside threat analysis and horizon-scanning. Programme leads are also required to report on the current state of their resources and programmes which have a resourcing problem are given extra support, ensuring sustainability across the provision. Special arrangements are put in place to help lead programmes to a stronger position. The visitors therefore considered that the provider had excellent arrangements for ensuring the sustainability and appropriate resourcing for individual programmes, and for helping programmes which experienced difficulties.
- **Partnerships with other organisations –**
The provider currently works with numerous stakeholders and they have ongoing relationships with relevant national professional bodies for HCPC-regulated professions, as well as the Council of Deans. Regionally they work with, for example, Health Education England (North West), and the Workforce Board. In their locality, they have ongoing relationships with bodies such as the Cheshire and Merseyside Consortium. The provider additionally submitted a list of their placement partners. These partnerships are managed at a variety of levels as appropriate, and are used to improve and maintain

provision standards, for example in developing new guidelines for working during the pandemic. The visitors considered that the provider was performing well in this area.

- **Academic and placement quality –**

There are multiple layers of quality assurance processes at the provider. Individual faculties undertake programme reviews, as does the university-level Academic Quality Standards Division. National Student Survey results feed into quality decisions, along with feedback from relevant professional bodies and the HCPC. The provider has reflected on the requirements of the UK Quality Code and taken steps to maintain their adherence to it. With particular regard to placement quality, the provider's multi-professional audit tool is being reviewed to maintain effectiveness and to ensure timely improvements if problems are identified.

On the clinical psychology programme, which is not within the School of Health Sciences along with other HCPC-approved provision, placements are arranged by a different process, but they are nevertheless audited and covered by the university-wide procedures. The visitors considered that the provider was working effectively in this area.

- **Interprofessional education –**

The provider reflected within the portfolio they are aware of certain challenges around this area. For example, improving learner engagement, responding to developments in practice, and managing the logistics challenge of getting learners from different programmes in the same space at the right time. However, from the information provided, it is clear that the provider are taking action to address these challenges. For example, they have incentivised learner attendance at interprofessional education events with an award known as the Future Healthcare Practitioner Plus. They have also have instituted better co-ordination between different professional programmes to overcome logistic challenges. For the clinical psychology programme, which has slightly different requirements, learners have access to multi-disciplinary teams and to opportunities to discuss their emotional responses to challenging cases. The visitors considered that the provider was performing well in this area.

- **Service users and carers –**

The School of Health Sciences (SHS) liaises with the Focus on Involvement group (FOCUS) to ensure appropriate levels of service user and carer involvement. FOCUS provides input to the SHS on designing and improving service user and carer involvement, as well as helping the SHS support them and provide appropriate equality and diversity training. On the clinical psychology programme, which sits outside the SHS, the provider uses the Liverpool Experts By Experience group (LEXE). LEXE allows learners on the clinical psychology programme to engage with and learn from service users and carers. The British Psychological Society has a significant level of input into LEXE. The visitors were satisfied that the provider was performing well in this area, although as noted in quality activity 1 above, they did seek to clarify certain aspects.

- **Equality and diversity –**

The provider has a number of policies in place to fulfil its statutory duties under the Equality Act. Liverpool's Equality Framework guides the approaches of particular programmes and Schools, and lays out specific objectives related to equality, diversity and inclusion (EDI). The doctorate in clinical psychology (D.Clin.Psy), unlike most of the provider's HCPC-approved

provision, sits outside the School of Health Sciences (SHS). It has a detailed and comprehensive mission statement on EDI, as well as being bound by the same institutional procedures as the programmes inside the SHS. The D.Clin.Psy statement recognises the obligation of learners to promote diversity and inequality in their own practice, and in the institutional setting. The visitors considered that the provider was performing well in this area.

- **Horizon scanning –**

In their institutional self-reflection the provider reflected on a number of areas in which their forward planning had identified as possible challenges. These include the admission of cohorts whose later secondary education had been disrupted by the COVID-19 pandemic, the need to accommodate increased cohort sizes on some programmes, and anxiety among some staff about returning to normal on-campus working after the pandemic.

- It was clear from the accompanying commentary that the provider had taken steps to meet these challenges. For example, the Allied Health Professions learning support team has been expanded manage possible issues with new cohorts. The visitors considered therefore that the provider was performing well in this area.

Risks identified which may impact on performance: None.

Outstanding issues for follow up: None.

Areas of good and best practice identified through this review: The visitors noted that the provider has very strong institutional co-ordination across programmes, meaning that individual programmes have access to a wide range of expertise and experience.

Quality theme: Thematic reflection

Findings of the assessment panel:

- **Impact of COVID-19 –**

The pandemic created a number of challenges for the provider, notably around practice based learning, teaching, and support for learners. They adapted to these issues by moving as much teaching and learning as possible to virtual settings and rolled out new technology to enable this. They also made agreements with placement partners around shared risk assessment in practice based learning. To address shortfalls in placement capacity and delivery stemming from COVID-19, more intensive and regular liaison with relevant partners, such as Health Education England, was instituted. To maintain learner wellbeing and mental health, more specialists were employed to provide support, and advice was sought from experts in the field. The visitors considered that the provider had performed well in this area.

- **Use of technology: Changing learning, teaching and assessment methods –**

The most important development flagged in this area over the review period has been a greater use of simulation in radiography programmes. This has been an ongoing change due to access to better technology and advances within the profession but was accelerated by the COVID-19 pandemic. In general, the pandemic led to faster adoption of remote teaching and learning

and a great reliance on virtual assessment, and – where possible – more use of clinical simulation. As noted above in quality activity 4, this has not replaced practical clinical experience in the longer run. The visitors considered that performance in this area was good, even though they used quality activity to clarify certain aspects.

- **Apprenticeships –**

The provider have not yet rolled out any apprenticeships in HCPC-approved professions. At present there are no plans to develop apprenticeships at the provider.

Risks identified which may impact on performance: None.

Outstanding issues for follow up: None.

Areas of good and best practice identified through this review:

The visitors considered that the COVID-19 mitigation measures noted via quality activity seemed to have been effective and appropriate. They also noted the strong use of technology to deliver these adaptations.

Quality theme: Sector body assessment reflection

Findings of the assessment panel:

- **Assessments against the UK Quality Code for Higher Education –**
There is a strong institutional commitment to following the UK Quality Code for Higher Education. As required, all programmes at the provider are developed in co-operation with relevant stakeholders. This is monitored and enabled by the Academic Quality Standards Division, which has oversight of all programmes at the provider. Programme leads are expected to follow the relevant requirements in this area. The visitors considered that performance in this area was good.
- **Assessment of practice education providers by external bodies –**
The Care Quality Commission (CQC) is a key part of the provider's placement audit process; CQC data feeds into the assessments made. The School of Health Sciences (SHS) has a rating system for practice based learning settings. If the biannual audit raises sufficiently serious issues, a setting can be categorised as Requiring Improvement. The provider states that no settings are in this category at present. In between the formal audits, there are regular opportunities for individual learner feedback on practice based learning. For the clinical psychology programme, local NHS Trusts have to approve placement settings, as does the British Psychological Society (BPS). The visitors concluded that the provider had good working arrangements in this area.
- **National Student Survey (NSS) outcomes –**
Overall the provider has a strong NSS score of 85%. The School of Health Sciences programmes scored 91.5%, although individual programmes were below this average. In some areas of the NSS return scores were lower but the portfolio lays out the measures being taken to address lower scores, such as increased finding for practice based learning and more regular and detailed opportunities for ongoing learner feedback. Additionally, the provider was expecting scores to rise following COVID-19-related disruption. The visitors

explored the performance of some programmes' NSS scores in quality activity 3 above. In general, they considered that performance in this area was good.

- **Office for Students monitoring –**
The Academic Quality Standards Division (AQSD) is the main point of contact and liaison between the provider and the Office for Students (OfS). The AQSD works on the basis that the OfS will contact them if there are issues or problems. The most recent contacts with the OfS, mentioned in the portfolio, indicate that the OfS is satisfied with the provider's performance, especially with the quality of their data and their responsiveness. The visitors considered that performance in this area was good.
- **Other professional regulators / professional bodies –**
As well as ongoing relationships, the provider reported that during the review period they had had extensive contact with professional bodies and regulators. They provided an example of the College of Radiographers congratulating them on best practice in newly developed programmes. They were commended on several grounds by the British Psychological Society during a recent accreditation event. The visitors therefore considered that performance in this area was strong.

Risks identified which may impact on performance: None.

Outstanding issues for follow up: None.

Areas of good and best practice identified through this review: The visitors considered the provider had strong mechanisms for working with external bodies, whether regulatory, academic or statutory.

Quality theme: Profession specific reflection

Findings of the assessment panel:

- **Curriculum development –**
All programmes are expected to meet the University of Liverpool Curriculum Framework. This is a dynamic process with an expectation of yearly update and amendment. Annual Subject Action Plans (ASAPs) must be provided by all programmes at the close of the academic year, and these are followed up as part of internal quality monitoring processes. ASAPs are expected to consider whether the goals set in the previous year's ASAP have been met. This is overseen by the Academic Standards Quality Committee, and a peer review process is used to assess programme quality. External examiners are used as part of the overall judgment of whether curriculums are being maintained appropriately. The visitors considered that the provider was performing well in this area.
- **Development to reflect changes in professional body guidance –**
In the portfolio, the provider gave examples of areas where they had made programme amendments in response to feedback or updated guidance from professional bodies, for example upgrading the occupational therapy curriculum and using information from the British and Irish Orthoptic Society to design new modules for the orthoptics programme. They also noted that they had liaised with the Chartered Society of Physiotherapists to upgrade their recording of practice based learning. The visitors concluded on this basis that there was good performance in this area.

- **Capacity of practice-based learning –**
The two key areas of challenge highlighted in the portfolio are securing sufficient placement numbers and ensuring that the provision of simulation can expand to meet demand. Based on the information reviewed, the provider has clear plans in place to address these two challenges. For example having a constantly evolving approach to using technology in practice based learning, and regular meetings with providers to identify problems before they become serious. New placements have been identified, as well as new approaches to maximising placement capacity already available (multi-disciplinary teams, asking practice educators to take on more learners where appropriate). The visitors considered that performance in this area was good, although they did seek to clarify certain aspects of the approach through quality activity 4 above. Other quality activities also touched on placement capacity.

Risks identified which may impact on performance: None.

Outstanding issues for follow up: None.

Areas of good and best practice identified through this review: The Dean of the School of Health Sciences plays an active role in regular quality discussion and review of individual programme leads.

Quality theme: Stakeholder feedback and actions

Findings of the assessment panel:

- **Learners –**
The information in the portfolio demonstrated a clear commitment to gaining learner feedback, with a Student Charter in place and opportunities for learners to give formal and informal feedback. Structured feedback is given via regular consultation with learner representatives. Academic advisors are also available for learners to express any concerns about teaching and learning on the programme. The visitors used quality activity to explore how feedback loops were closed (see quality activity 1 above), and were satisfied that feedback mechanisms were functioning effectively. They therefore concluded that the provider was performing well in this area.
- **Practice placement educators –**
The School of Health Sciences (SHS) ensures that all placement settings are audited before learners are placed there, and subsequently every two years. Audits incorporate data from the Care Quality Commission and Ofsted. Learners are given regular opportunities to feed back on their experience with practice educators. The Practice Placement Working Group meets quarterly to discuss any matters arising. For the doctorate in clinical science, which sits outside the SHS, the Trainee Logbook and Mid-Placement Review Report are opportunities for learners to feedback on practice educators. The visitors concluded performance in this area was good.
- **External examiners –**
The appointment of external examiners is organised centrally by the university, based on recommendations by individual Schools or Departments. Programme leads are responsible for assessing the suitability of external examiners according to the criteria set down by the university. Appointment and re-appointment is the responsibility of heads of individual faculties but this

may be delegated as appropriate. Every programme must complete an Annual Subject Action Plan (ASAP) at the close of the academic year and should include external examiners input. Having reviewed this information the visitors considered performance was good.

Risks identified which may impact on performance: None.

Outstanding issues for follow up: None.

Areas of good and best practice identified through this review: As noted in the quality activity section above, the mechanisms for making sure feedback was applied appropriately, and for addressing issues with learner experience, were very strong.

Data and reflections

Findings of the assessment panel: The centralised processes noted in sections above make strong use of programme-level data to ensure expectations around diversity, performance and learner satisfaction are being met. Additionally, as discussed in the quality activity section, data plays a central role in forward planning of practice based learning capacity.

Risks identified which may impact on performance: None.

Outstanding issues for follow up: None.

Areas of good and best practice identified through this review: The visitors noted the provider's effective use of online evaluation tools for incorporating feedback into the programme (see the quality activity section above for further information).

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).

There were no outstanding issues to be referred to another process.

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

Reason for this recommendation: The visitors considered this was a very good submission that gave them a clear idea of how the provider had functioned over the review period. It covered all the necessary areas and did not leave any gaps. Those topics where the visitors did wish to clarify their understanding were carefully and

promptly addressed by the provider, giving them confidence in the provider's responsiveness and engagement with the process. They did not identify any risks involved across the provision, and identified several key areas of good practice.

Education and Training Committee decision

Education and Training Committee considered the assessment panel's recommendations and the findings which support these. The education provider was also provided with the opportunity to submit any observation they had on the conclusions reached.

Based on all information presented to them, the Committee decided that the education provider's next engagement with the performance review process should be in the 2025-26 academic year

Appendix 1 – list of open programmes at this institution

Name	Mode of study	Profession	Modality	Annotation	First intake date
BSc (Hons) Diagnostic Radiography	FT (Full time)	Radiographer	Diagnostic radiographer		01/09/1993
BSc (Hons) Occupational Therapy	FT (Full time)	Occupational therapist			01/01/1998
BSc (Hons) Orthoptics	FT (Full time)	Orthoptist			01/09/1992
BSc (Hons) Orthoptics	FT (Full time)	Orthoptist		POM - Sale / Supply (OR)	01/09/2016
BSc (Hons) Physiotherapy	FT (Full time)	Physiotherapist			01/09/1999
BSc (Hons) Radiotherapy	FT (Full time)	Radiographer	Therapeutic radiographer		01/09/1998
BSc (Hons) Radiotherapy	PT (Part time)	Radiographer	Therapeutic radiographer		01/09/2004
BSc (Hons) Therapeutic Radiography & Oncology	FT (Full time)	Radiographer	Therapeutic radiographer		01/09/2019
BSc Radiotherapy	FLX (Flexible)	Radiographer	Therapeutic radiographer		01/01/1998
Doctorate in Clinical Psychology (D.Clin.Psychol)	FT (Full time)	Practitioner psychologist	Clinical psychologist		01/01/1993
Medicine Exemptions for Orthoptists	DL (Distance learning)			POM - Sale / Supply (OR)	01/01/2019
MSc Diagnostic Radiography (pre-registration)	FTA (Full time accelerated)	Radiographer	Diagnostic radiographer		01/01/2022
MSc Non-Medical Prescribing	PT (Part time)			Supplementary prescribing; Independent prescribing	01/09/2017
MSc Occupational Therapy (pre-registration)	FT (Full time)	Occupational therapist			01/01/2022
MSc Orthoptics	FTA (Full time accelerated)	Orthoptist		POM - Sale / Supply (OR)	31/01/2023
MSc Physiotherapy (pre-registration)	FT (Full time)	Physiotherapist			01/01/2022
Pg Dip Radiotherapy	FT (Full time)	Radiographer	Therapeutic radiographer		01/01/2010
Post Graduate Diploma (PGDIP) Therapeutic Radiography & Oncology	FT (Full time)	Radiographer	Therapeutic radiographer		01/01/2021

