
Performance review process report

University of Bath, Review Period 2018-2023

Executive summary

This is a report of the process to review the performance of the University of Bath. 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 quality themes and found that we needed to undertake further exploration of key themes through quality activities
- Reviewed the institution's portfolio submission to consider which themes need[ed] to be explored through quality activities
- Undertaken 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
- Decided when the institution should next be reviewed

Through this assessment, we have noted:

- The areas we explored focused on:
 - The visitors noted the education provider provided information about what had changed when embedding the revised SOPs. For example, the education provider outlined their teaching and practice-based learning were updated to enable the learners to develop skills consistent with the revised SOPs. The visitors were unclear about how the education provider had actively implemented the revised SOPs. They were also unsure about the process the education provider used to consider and make changes to embed the SOPs in their provision. Through a quality activity, the visitors were informed of how the education provider had actively implemented the revised SOPs, and how the education provider considered and made changes to embed the SOPs in their provision.
 - From the information in the curriculum development section, the visitors were unclear how the education provider had integrated leadership in their provision when embedding the revised SOPs. They were unsure if you have made changes, what were those changes, how did you go about making them, and why were they appropriate. Through a quality activity, the visitors were informed of the changes the education provider had made, how they went about making them, and why they were appropriate.
 - The provider must next engage with monitoring in five years, the 2028-29 academic year, because:
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- The education provider engages with a range of stakeholders with quality assurance and enhancement in mind.
 - The education provider engaged with professional bodies and other relevant professional or system regulators. They considered professional body findings in improving their provision. The education provider considers sector and professional development in a structured way.
 - Data for the education provider is available through key external sources.
 - 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.

Previous consideration Not applicable. This performance review process was not referred from another 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

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 2028-29 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:

Rosemary Schaeffer	Lead visitor, Practitioner Psychologist, Occupational Psychologist
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Garrett Kennedy	Lead visitor, Practitioner Psychologist, Counselling Psychologist
Sheba Joseph	Service User Expert Advisor
John Archibald	Education Quality Officer
Sue Elves	Advisory visitor, Practitioner Psychologist, Clinical Psychologist

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 required professional expertise across all professional areas delivered by the education provider. We considered this because there were areas within the portfolio which the lead visitors could not make judgements on with their professional knowledge or expertise. These areas were embedding the revised SOPs and curriculum development.

Section 2: About the education provider

The education provider context

The education provider currently delivers one HCPC-approved programme across one profession. It is a higher education provider and has been running HCPC approved programmes since 2011.

This is the education provider's first performance review since the introduction of the quality assurance model in education.

The education provider engaged with the annual monitoring assessment process in the legacy model of quality assurance in 2020. The Doctorate in Clinical Psychology programme successfully completed an annual monitoring audit and continued to meet the standards of education and training. The Education and Training Committee made a decision the programme should continue to be approved.

Practice areas delivered by the education provider

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

	Practice area	Delivery level		Approved since
Pre-registration	Practitioner psychologist	<input type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Postgraduate	2011

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 programmes¹.

Data Point	Benchmark	Value	Date of data point	Commentary
Numbers of learners	14	30	2024	<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>The visitors considered the education provider's performance here and were satisfied with the education provider's reflection.</p>

¹ An explanation of the data we use, and how we use this data, is available [here](#)

Learner non continuation	3%	0%	2020-21	<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 based on HCPC-related subjects.</p> <p>The data point is below 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 3%.</p> <p>The visitors considered the education provider's performance here and were satisfied with the education provider's reflection.</p>
Outcomes for those who complete programmes	93%	93%	2020-21	<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 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 1%.</p> <p>The visitors considered the education provider's performance here and were satisfied with the education provider's reflection.</p>

National Student Survey (NSS) overall satisfactions score (Q27)	77.0%	86.3%	2022	<p>This National Student Survey (NSS) positivity score data was sourced at the subject level. This means the data is for 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 dropped by 7.5%.</p> <p>The visitors considered the education provider's performance here and were satisfied with the education provider's reflection.</p>
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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.

Data / intelligence considered

We did not receive information which concerned the education provider or professions run by the education provider.

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 – revised SOPs: how the education provider made changes and actively implemented the standards

Area for further exploration: The visitors noted the education provider provided information about what had changed to embed the revised SOPs. For example, the education provider outlined their teaching and practice-based learning were updated to enable learners develop skills consistent with the revised SOPs. For example, they now run a session on considerations related to emotional wellbeing. However, the visitors were unclear about how the education provider had implemented the revised SOPs. They were also unsure about the process the education provider used to consider and make changes to embed the SOPs in their provision. We therefore sought more information about this.

Quality activities agreed to explore theme further: We decided to explore this by requesting an email response from the education provider. We thought this was the most effective way to explore the theme as we decided it was a query to which we needed to clarify our understanding.

Outcomes of exploration: The education provider outlined the programme Senior Management Team (SMT) reviewed existing provision across the programme against the revised SOPs. The SMT comprises of the Programme Director, Academic Director, Clinical Director, Research Director, and Programme Manager. This high-level review ensured a programme-wide perspective. The education provider explained the required changes were then taken forward by the directors to discuss and action with their respective teams. For instance, the Clinical Director discussed with Placement Convenors and Placement Supervisors any changes related to practice-based learning needed to embed the revised SOPs. All changes made to embed SOPs were communicated to relevant staff to ensure implementation.

For example, in relation to digital health, two changes were made to embed the SOP. A 'Creative Methods' teaching day was introduced, which focused on how to engage families and young people in e-therapy. A half-day in year one about Digital and Remote Therapy was also introduced. This was taught together with a service user who sits on the British Psychological Society (BPS) Digital Health working party.

The visitors were satisfied the evidence assured them how the education provider considered and made changes to embed the SOPs in their programme. We had no further areas to explore in this theme.

Quality theme 2 – revised SOPs: leadership

Area for further exploration: From the information provided, the visitors were unclear how the education provider had integrated this theme in their provision. They were unsure if the education provider had made changes, what those changes were, how they went about making them, and why were they appropriate. The visitors were unsure if the education provider had not made changes, what they were already

doing related to this theme, and why did they consider this will deliver the revised SOPs. We therefore sought more information about this.

Quality activities agreed to explore theme further: We decided to explore this by requesting an email response from the education provider. We thought this was the most effective way to explore the theme as we decided it was a query to which we needed to clarify our understanding.

Outcomes of exploration: In 2022-23 the Programme Directors reviewed the SOPs to see whether leadership was embedded. The education provider considered there was extensive teaching on leadership across the programme. For example:

- A half-day session in year one on Psychological Leadership In Care Settings with Older People; and
- Problem-based learning sessions involve learners taking leadership roles. There are four half-day problem-based learning sessions in year one, and one half-day teaching in year three.

The education provider considered their existing provision to be strong, but recognised they needed to align leadership teaching more directly with equality, diversity and inclusion (EDI) and public health. They therefore introduced:

- Two days of teaching in year one, looking at leadership within the context of EDI and public health. The education provider outlined these days focus on effective leadership within a wider service or community and focus on disadvantaged and under-represented groups; and
- A year three workshop. This was taught with a community psychology service and focuses on using theory and practice to lead action and change in communities.

The visitors were satisfied with how the education provider had integrated leadership into their provision. We had no further areas to explore in this theme.

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 reviewed the funding and resourcing of the programme to assess sustainability. This review led the education

provider to be confident of the sustainability of the programme, and consequently submitted a successful bid in 2021-22 as part of NHS England's national retendering process to provide clinical psychology training. The programme now had sustainable financial and resource modelling for the five years duration of the current training contract.

- The review looked at the funding and resources needed to support the high level of service user and carer involvement, and accreditation with the British Association of Behavioural and Cognitive Psychotherapies (BABCP) and Association for Family Therapy (AFT). The review ensured strong service user involvement and accreditations from BABCP and AFT were maintained.
- We were satisfied with how the education provider is performing in this area.
- **Partnerships with other organisations –**
 - The education provider expanded their practice-based learning provision from NHS Trusts to wider services. For example, government organisations such as prisons. This was required to meet the growing size of the cohort, and reflected how mental healthcare is provided in the UK. The education provider built new partnerships with new organisations who had different processes of governance and management.
 - We were satisfied with how the education provider is performing in this area.
- **Academic quality –**
 - The education provider successfully recruited larger cohorts, with learners having greater diversity of professional and personal backgrounds, including more variation in the learning needs and academic skills of trainees. They considered they needed to ensure the inclusivity of their teaching practices and learning environment to harness the benefits of more diverse cohorts. The education provider stated the more diverse cohort had resulted in more disclosure of additional learning needs, which had informed more demands such as a greater number of coursework extensions.
 - The education provider addressed the demand for a more inclusive learning environment by reviewing curriculum content, teaching and learning practices, programme structure, and academic staff development. For example, teaching feedback forms asked learners to comment on the extent to which lecturers had considered issues related to EDI. The education provider added sessions on priority topics of emerging relevance, such as problem gambling and working with asylum seekers. The content of these sessions had been shaped by input from learners. These changes will be evaluated for their effectiveness.
 - We were satisfied with how the education provider is performing in this area.
- **Placement quality –**

- NHS England required an expansion in the programme size, so the learner cohort increased from 14 to 28. This presented challenges as well as leading to developments and successes.
- The education provider considered increased learner numbers meant practice education providers were put under strain to offer practice-based learning in relevant settings which ensured learners were able to meet programme competencies. For instance, the education provider did not have enough six-month practice-based learning in services dedicated to Older Adult and Child and Adolescent Mental Health Services (CAMHS) to have all learners in these settings at the same time. The education provider in response developed practice-based learning opportunities, timings and curriculum alignment. They did this in a number of ways, for example by expanding practice-based learning by placing learners in services and settings so they could access more diverse patient groups.
- The education provider had to realign the curriculum to meet new practice education arrangements. This was so learners may be in practice education in different settings, and receive teaching relevant to their current practice, and throughout that academic year and beyond. Learner feedback had indicated they would benefit from more skills practice within the curriculum so they could apply to their practice in practice education. The curriculum had been developed so more lectures involve skills practice, for example role play. The education provider had also introduced regular problem-based learning sessions within the curriculum to focus on specific skills development. They recognised this could be developed further and had worked with programme staff to find new ways of incorporating more skills practice into more lectures.
- The education provider continued to monitor this by receiving feedback from learners and practice education supervisors.
- We were satisfied with how the education provider is performing in this area.
- **Interprofessional education –**
 - The Doctorate in Clinical Psychology programme is the education provider's only HCPC-approved programme. The education provider considered this had reduced opportunities for inter-professional learning (IPL). They had consequently taken steps to ensure learners had access to opportunities to learn from and with those working in different professions, both in teaching and practice-based learning.
 - The education provider started running Foundation-level training in Systemic Theory and Practice. This was taught alongside learners from the Doctorate in Clinical Psychology. This provided IPL alongside qualified healthcare professionals, for example psychiatrists, social workers, nurses, counsellors, and psychologists. The education provider considered this also provided an opportunity to develop an understanding of multi-disciplinary approaches to mental health and learning.

- Teaching included input from various healthcare practitioners working in a variety of professions. These included occupational therapists, physiotherapists, psychiatric nurses, psychiatrists, and counsellors. The education provider outlined they had recruited a Systemic Psychotherapist who is a counsellor to the programme team.
- We were satisfied with how the education provider is performing in this area.
- **Service users and carers –**
 - The education provider undertook work to include a broader range of service users and carers, especially children and young people.
 - Service users and carers are referred to by the education provider as People with Personal Experience (PPE). The education provider explained without including children and young people as much as adults and older adults, they risked losing their voice, and learners missed opportunities to learn directly from the clients with whom they were working. The education provider established a specialist children's and young people's PPE group. They had liaised with CAMHS and other services for children and young people to work with their existing PPEs. They thought about different ways of engaging and working with them, for example by involving parents and carers. The education provider outlined they faced challenges in finding sufficient numbers of PPEs in this age group as ways of involving them in the programme often clashed with their education. The education provider connected with local organisations to attempt to identify solutions.
 - The education provider found it a challenge to ensure the meaningful participation of PPE in a way which made them feel fully valued and equal across all aspects of the programme. The education provider had consequently made changes. For example, PPEs produced guidelines for teaching staff to deliver and facilitate teaching.
 - We were satisfied with how the education provider is performing in this area.
- **Equality and diversity –**
 - The education provider undertook work to ensure learner cohorts are representative of the local population. They outlined people from global majority backgrounds were underrepresented in the clinical psychology profession. The education provider reviewed their admissions and selection processes to improve representation through initiatives such as ensuring selection processes are non-discriminative.
 - The education provider regularly audited their EDI initiatives and strategy. The most recent audit had been completed in summer 2023. This highlighted areas for further development, including exploring ways to decolonise the curriculum and improve its EDI content using a Social Graces approach. The Social Graces approach is a framework for understanding aspects of identity and how they shaped practice.
 - We were satisfied with how the education provider is performing in this area.
- **Horizon scanning –**

- The education provider identified the continuing need to support and grow their network of practice education providers. They outlined enhancing strategic partnerships was a pillar of the education provider's strategy, and mental health was emerging as a new priority for strategic growth in education and research. Clinical psychology training was a partnership between the education provider and regional practice education providers. The growth in the psychological professions, combined with challenges with recruitment and retention across mental health providers in the region, meant supporting and growing the pool of practice education providers a high priority. For example, they needed to continue to offer flexible and responsive continuous professional development (CPD) events for regional practice education supervisors, such as a series of online, 90-minute 'masterclasses'. The education provider explained they are exploring with regional NHS colleagues whether they might be able to help NHS Trusts respond to challenges with recruitment and retention.
- During the pandemic, education became more flexible while maintaining quality and standards. The education provider retained a blended approach to education and a commitment to maximising the potential of e-learning, alongside in-person delivery. The programme needed to continue to respond flexibly in how it balances in-person and online teaching in the curriculum, and training for regional practice education providers. The education provider planned on identifying with stakeholders how best to integrate in the curriculum more training already freely available to learners. For example, they stated there are resources provided by the Psychological Professions Network which related to programme learning outcomes.
- We were satisfied with how the education provider is performing 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) –**
 - As discussed in [quality theme 1](#), the education provider provided information about what had changed to embed the revised SOPs. The education provider explained their teaching and practice education enable learners to develop skills consistent with the updated SOPs.
 - As discussed in [quality theme 2](#), the education provider considered there was extensive teaching on leadership across the programme but recognised they needed to align leadership teaching more directly with equality, diversity and inclusion (EDI) and public health.
 - The programme Senior Management Team (SMT) reviewed existing provision across the programme against the revised SOPs. The SMT comprises the Programme Director, Academic Director, Clinical Director, Research Director, and Programme Manager. This high-level review ensured a programme-wide perspective. Required changes were then taken forward by the Directors to discuss and action with their respective teams. For example, the Clinical Director discussed with Placement Convenors and Placement Supervisors any practice-based learning related changes needed to embed the SOPs. The Academic Director discussed changes needed to embed the revised SOPs with curriculum convenors.
 - Where changes were needed, programme teams enhanced and supplemented sessions to ensure learners were able to meet the requirements of the revised SOPs from September 2023.
 - For example, the education provider conducted a full curriculum review in 2021-22 involving learners, service users and NHS staff. This led to a process of decolonising the curriculum and embedding inclusion and anti-racism. A subsequent audit by the education provider showed EDI was now embedded in 80% of teaching sessions.
 - All changes made to embed SOPs were communicated to relevant staff, to ensure implementation.
 - We were satisfied with how the education provider is performing in this area.
- **Learning and developments from the COVID-19 pandemic –**
 - The education provider explained the pandemic brought unprecedented, rapid changes to all aspects of the programme.
 - There were challenges to practice education provision, as many services were unable to facilitate in-person clinical work. Prior to this, almost all practice-based learning was provided in person, with a small amount of remote or home working.
 - The education provider's local services worked closely with the education provider's team to gain experiences. This was so learners could develop competencies and skills using remote working and digital technologies. For example, providing therapy remotely using appropriate online platforms. The education provider found they managed to ensure all practice-based learning were either adapted, or

learners were transferred to practice education where they could work remotely with minimal impact upon their learning.

- Remote working in practice-based learning had continued since the pandemic. The education provider had developed practice-based learning which had improved the flexibility of working for learners. They worked with services across the region to identify how practice-based learning can offer remote experiences some of the time to reduce the burden of travel on learners. This had a positive impact on learners, who appreciated the reduced burden and improved accessibility.
 - All teaching moved online. Staff and learners were supported in learning new and online approaches to teaching. The pandemic also impacted learners' research. Studies had been designed for in-person recruitment and data collection. Research supervisors supported learners by modifying studies, such as changing to the use of secondary data analysis. The education provider included a 'Covid Impact Statement' in research portfolios so learners could detail the impact of the pandemic on their research. The education provider continued since the pandemic to offer some aspects of teaching as remotely delivered. Supervision and clinical tutor support were offered online when appropriate to reduce burden on learners who may then not have to travel into campus, and so increases the flexibility around meetings between staff and learners. They had retained greater flexibility in research undertaken by learners, continuing to support projects using secondary data analysis and online recruitment.
 - The education provider found staff and learners experienced high levels of stress, isolation and uncertainty during the pandemic. They put in place additional check-in meetings with learners individually and as a cohort. The education provider added team reflection and support meetings twice a month and also additional formal and informal one to one meetings for staff.
 - The education provider considered these developments had allowed them to be more flexible in supporting learners who are facing access and disability challenges. The education provider had strengthened their mechanisms for learners' and staff well-being. For example, they had maintained the reflective meetings with learners and staff.
 - We were satisfied with how the education provider is performing in this area.
- **Use of technology: Changing learning, teaching and assessment methods –**
 - The education provider explained simulation and immersive technologies were less prevalent and available in clinical psychology than in other healthcare fields.
 - They continued to use simulation in clinical skills-related teaching and problem-based learning, for example in role plays. The education provider stated they will continue to offer simulation and keep aware of updates, so learners had access to the best appropriate technology.
 - The education provider outlined learners expected to work remotely during and following the pandemic. They added the benefits of remote

work for service users had become clearer since the pandemic. With increased learner numbers and continued focus on maintaining their wellbeing, the education provider sought opportunities for practice education to offer an element of remote delivery. Much practice education did not offer opportunities for digitally based or remote clinical work. The education provider planned to monitor the role and impact of practice-based learning, so remote working was part of the opportunities available to learners.

- We were satisfied with how the education provider is performing in this area.
- **Apprenticeships in England –**
 - The education provider had seen growth in Clinical Associate Psychology (CAPs) apprenticeships in England, both nationally and regionally. The education provider started running an MSc Clinical Associate Psychology apprenticeship programme in 2023-24. They explained this had the potential to impact clinical psychology training, either by leading to reduced commissioning of programmes or practice education capacity.
 - They recognised commissioning for clinical psychology programmes had risen over the past five years, even with the emergence of new CAPs programmes. NHS England did not anticipate any reduction in commissioning of clinical psychology programmes in the next three-five years. The education provider's MSc Clinical Associate Psychology has recruited a small cohort from a single NHS Trust that is not a practice education provider for their Doctorate in Clinical Psychology programme.
 - We were satisfied with how the education provider is performing in this area.

Risks identified which may impact on performance: None.

Outstanding issues for follow up: None.

Quality theme: Sector body assessment reflection

Findings of the assessment panel:

- **Assessments against the UK Quality Code for Higher Education –**
 - The education provider's Quality Assurance Code of Practice had been developed alongside different versions of the Quality Code. It therefore still aligned with the code and the underlying principles of the UK Quality Code remain embedded in the education provider's quality assurance policies. There had been no external assessments against it within the reporting period.
 - External examiners helped to ensure programmes were comparable in standard with those awarded by other education provider in the UK in similar subjects.
 - We were satisfied with how the education provider is performing in this area.

- **Office for Students (OfS) –**
 - The education provider adopted a new Assuring Academic Quality and Standards Policy in response to the revision of the Regulatory Framework for Higher Education in England.
 - The Education, Quality and Standards Committee was responsible for institutional compliance with the OfS conditions of registration. The education provider responded to the conditions of registration by reviewing existing policies and procedures and making changes where necessary. For instance, the education provider amended the retention schedule to support their compliance with B4 and established a new policy Assurance of Academic Quality and Standards which has centralised compliance with the conditions of registration.
 - The education provider confirmed there have been no institutional monitoring visits by the OfS.
 - We were satisfied with the how the education provider is performing in this area.
- **Other professional regulators / professional bodies –**
 - The programme had re-accreditation assessment visits from the British Psychological Society in 2020, and the BABCP in 2019 and 2023.
 - Following the visit by the BPS, the education provider took steps to support trainee well-being. For example, they increased the number of study days and made the distribution of study days more aligned with submission deadlines for assessments. They enhanced training for practice educators by moving Supervisor Induction / Refresher and Supervisory Skills Practice workshops online to make them more accessible.
 - Following the visits by BABCP, the education provider required learners to demonstrate competence in cognitive behavioural therapy (CBT). Learners had recordings of their clinical therapy work with three separate service users rated by a qualified mental health professional who holds full accreditation with the BABCP.
 - We were satisfied with how the education provider is performing in this area.

Risks identified which may impact on performance: None.

Outstanding issues for follow up: None.

Quality theme: Profession specific reflection

Findings of the assessment panel:

- **Curriculum development –**
 - The education provider made externally driven curriculum changes in response to requests from NHS England. These changes included the addition of teaching sessions on Rough Sleeping and Problem Gambling.
 - They also made internally driven curriculum changes. These included increasing opportunities for consideration of EDI-related topics in Problem-Based Learning, and the delivery of anti-racism training for regional supervisors and all current trainees. This latter change was embedded in the timetable as standard from 2023-24 onwards. Academic staff were supported in this process by a series of reflective practice sessions on the theme of Whiteness in Clinical Psychology.
 - We were satisfied with how the education provider is performing in this area.
- **Development to reflect changes in professional body guidance –**
 - The programme underwent quality assurance and approval processes by six separate bodies: HCPC, BPS, BABCP, AFT, NHSE, and the education provider. The education provider stated this was ‘time-consuming’ and made it a challenge to monitor and respond to all professional body guidance.
 - The programme established a robust process for monitoring professional guidance. They considered it worked well and had led to reviews of their practice. For example, service-user involvement.
 - A success over the review period had been to develop representation at regional and national level with professional bodies. This was to ensure the education provider is not only responsive to guidance but driving developments. For example, with BPS, they were represented within the Group of Trainers in Clinical Psychology (GTiCP) and on specific special interest groups. One member of staff was a member of the national learning disabilities sub-group. Two staff were a part of the BPS taskforce working on digital competencies.
 - Programme team members had been involved in shaping professional guidance around how clinical psychology should be responding to contemporary challenges, particularly climate and ecological crises, as well as community-based approaches, including nature in therapy. The guidelines had been discussed and led to the education provider providing teaching, training and research opportunities on aspects about the climate and ecological crises, and more ecological awareness within therapy.
 - We were satisfied with how the education provider is performing in this area.

- **Capacity of practice-based learning (programme / profession level) –**
 - NHS England expanded the cohort size from 17 to 28. This placed strain on practice education provision. The education provider considered it is possible cohort sizes will continue to expand. The education provider managed practice education by adapting the timing and type of practice education. This enabled learners to access the required settings they must work with to meet accreditation requirements with the BPS.
 - We were satisfied with how the education provider is performing in this area.

Risks identified which may impact on performance: None.

Outstanding issues for follow up: None.

Quality theme: Stakeholder feedback and actions

Findings of the assessment panel:

- **Learners –**
 - Learners had a variety of mechanisms to give feedback. For example, individual lecture feedback.
 - In 2023, learners completed the biennial Postgraduate Research Experience (PRES) survey and Postgraduate Doctorate Experience (PDES) survey. Most learners fed back research supervisors had skills and knowledge to support their research. Overall, 84% of respondents indicated they were satisfied with their experience of the doctoral programme. Thirteen percent were neutral and 2.6% reported being dissatisfied. Eighty-seven percent would recommend the programme to friends.
 - Learners fed back they did not have frequent opportunities to discuss research with other research learners from different programmes. The education provider developed an action plan in December 2023 and explained actions taken in response to this feedback had just begun. They planned to share information about and develop opportunities for learners to connect with other postgraduate research learners.
 - We were satisfied with how the education provider is performing in this area.
- **Practice placement educators –**
 - Practice educators indicated challenges around providing sufficient practice education to meet increased learner numbers. The education provider outlined there are issues with staff retention and recruitment, which meant posts are unfilled, and there were fewer regional supervisors available to offer practice education.
 - Offering practice education increased the strain on services and supervisors. Consequently, the education provider developed new CPD workshops and support for practice educators. They worked with services to explore ways in which they could support their recruitment and retainment of staff.

- Practice educators identified the need to be able to offer more accessible working environments to learners with disabilities or accessibility needs. They also identified the need for training of the supervisory workforce around issues about EDI. The education provider explained the workforce is extremely busy. The education provider offered training and support for practice educators on EDI issues. They offered more information and guidance around supporting learners on practice education with disability and accessibility needs and recruited a link member of staff at the education provider who support with putting reasonable adjustments in place. The education provider and learner feedback stated these measures have been well received. The education provider will continue to monitor this through practice education monitoring.
- We were satisfied with how the education provider is performing in this area.
- **External examiners –**
 - The education provider received annual external examiners reports. They had provided both positive comments and raised concerns.
 - For example, in 2022-23 the external examiner outlined learner's knowledge of clinical theory, use of evidence and outcomes, were above what is anticipated for other equivalent programmes nationally.
 - In 2021-22, external examiners outlined marking on the programme was very thorough. However, they highlighted the moderation process could be more representative of the range of learners. The education provider responded by providing guidance to markers on feedback to ensure marking is equitable. They explained this guidance was effective and the following year's external examiner report remarked this had been a positive move in this area.
 - We were satisfied with how the education provider is performing in this area.

Risks identified which may impact on performance: None.

Outstanding issues for follow up: None.

Data and reflections

Findings of the assessment panel:

- **Learner non continuation:**
 - The education provider recognised they worked hard supporting all learners, as evidenced by the high completion rates.
 - The education provider explained the use of HESA data risked inaccuracies due to not being able to distinguish the Doctorate in Clinical Psychology from other postgraduate taught programmes. They added there were always several learners who suffer personal or health-related problems who required additional time at the end of the scheduled three-year programme. In these cases, the education provider monitored the situation, maintain engagement and support

towards a return to the programme. They recognised the need to maintain and provide close support to individual learners, and this demand will increase as trainee intakes increases.

- Student Support had increased both its capacity and in recognising the challenges faced by doctoral learners, enabling it to support more learners. Programme performance was closely monitored by the education provider.
- We were satisfied with how the education provider is performing in this area.
- **Outcomes for those who complete programmes:**
 - The education provider recognised the HESA data was not for individual doctoral graduates. Their Careers Service collected data on graduates soon after they graduated and again three to four years later. However, this data was limited and dependent on graduates responding. These limitations made it difficult for the education provider to assess this area.
 - From the education provider's graduate level data, of the 39 learners enrolled between 2018-19 and 2020-21, 22 responded and indicated they were employed in health-sector organisations.
 - We were satisfied with how the education provider is performing in this area.
- **Learner satisfaction:**
 - The education provider recognised the NSS was completed by final year undergraduate learners and so didn't reflect the satisfaction of the learners on the Doctorate in Clinical Psychology programme. They explained they participated in the Postgraduate Researcher Experience Survey (PRES) and the education provider's Professional Doctorate Experience Survey. The latter combined questions from PRES alongside questions about the taught elements of the Doctorate programmes. This provided information about the learner satisfaction on the Doctorate in Clinical Psychology programme. Each department within the education provider used the feedback from these surveys to design an action plan stating how they will address any issues raised in the surveys.
 - The overall satisfaction of the learners on the programme was 84.2% in 2023. This was an increase in the satisfaction level and was above the HCPC benchmark and in line with the overall satisfaction of learners at the education provider. Learners were particularly satisfied with the access to resources provided by the education provider and the support provided by research supervisors.
 - We were satisfied with how the education provider is performing in this area.
- **Programme level data:**
 - The education provider outlined cohorts were diverse and inclusive. After each round of recruitment, the Admissions committee seek feedback from applicants and panellists to ensure the process continues to be inclusive and efficient.

- The education provider had worked to increase equality and diversity. They explained they saw encouraging signs in terms of the ethnic diversity of recent cohorts. The education provider recognised they had recruited more learners who are neurodiverse or had mental health issues. They considered this was a consequence of larger cohorts, and national trends related to increased awareness around neurodiversity and mental health following the pandemic.
- The programme increased learner numbers since its first cohort, rising from 14 initially to 28. The programme team worked to identify additional practice education as the overall numbers on the programme had increased. The education provider explained they will not increase learner numbers until they are confident the quality of practice education had not been affected.
- Applications to undertake the programme continued to grow. The education provider reviewed the admissions processes to ensure the selection process for interview and intake did not result in biases. The admissions processes now have review points to consider EDI. The education provider moved to using virtual interviews, which they considered is more inclusive through reducing the cost of participating and reducing the perceived intensity of the interview.
- We were satisfied with how the education provider is performing in this area.

Risks identified which may impact on performance: None.

Outstanding issues for follow up: None.

Section 5: Issues identified for further review

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

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 2028-29 academic year.

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 learners, service users, practice educators, partner organisations, and external examiners.
- External input into quality assurance and enhancement
 - The education provider engaged with two professional bodies. They considered professional body findings in improving their provision.
 - The education provider engaged with BPS, BABCP, AFT and NHS England. They considered their findings 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

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 2028-29 academic year

Reason for this decision: The Panel agreed with the visitors' recommended monitoring period, for the reasons noted through the report.

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 Bath	CAS-01408-C3Z1B3	Rosemary Schaeffer Garrett Kennedy	Five years	<p>The education provider engages with a range of stakeholders with quality assurance and enhancement in mind.</p> <p>The education provider engaged with professional bodies and other relevant professional or system regulators. They considered professional body findings in improving their provision. The education provider considers sector and professional development in a structured way.</p> <p>Data for the education provider is available through key external sources. From data points considered and reflections through the process, the education provider considers data in</p>	N/a

				their quality assurance and enhancement processes and acts on data to inform positive change.	
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Appendix 2 – list of open programmes at this institution

Name	Mode of study	Profession	Modality	Annotation	First intake date
Doctorate in Clinical Psychology	FT (Full time)	Practitioner psychologist	Clinical psychologist		01/09/2011