Performance review process report

Metanoia Institute, 2018-2021

Executive summary

Process stage – final visitor recommendation reached, covering:

- After a thorough review from visitors, they have advised the maximum review period of two years (due to the lack of comparable data points it cannot be more than this)
- The education providers submission showed strengths in relation to their responses to Equality and Diversity and generally a good response to feedback given both internally and externally. Their partnership with Middlesex University remains solid and is working well. A few areas the education provider could consider improving in the future are the number of data points they have to inform progress, how to better incorporate technology within programmes whilst maintaining the face-to-face practices and how to better engage service users and carers.
- These findings will now go to the education provider for review and then be submitted to the Education Training Panel for final review.

Included within this report

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 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, if 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 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 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:

Tony Ward	Lead visitor, Practitioner Psychologist
Andrew Richards	Lead visitor, Practitioner Psychologist
Sarah Hamilton	Service User Expert Advisor
Alistair Ward-Boughton-Leigh	Education Quality Officer
Sophie Bray	Education Quality Officer

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 institution (HEI) and has been running HCPC approved programmes since 2001. Namely they run a Doctorate in Counselling Psychology and Psychotherapy by Professional Studies (DCPsych). This programme has been in place since 2001. This programme is validated by Middlesex University.

The provider is run in a centralised manner and from their baselining exercise appear to have a structured management style that oversees their provision. As mentioned, the provider is validated by Middlesex and has strong links with Middlesex. They have a co-operation agreement and Middlesex retains oversight of staff appointments. Many of Middlesex's polices apply to various areas of Metanoia and the Baselining exercise indicated there is close cooperation in the production of many policies.

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	☐Undergraduate	☒Postgraduate	2001

Institution performance data

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

Data Point	Bench-mark	Value	Date	Commentary
Total intended learner numbers compared to total enrolment numbers	18	N/A	2021	It is worth considering here the Provider has reflected that whilst the wider Middlesex group has recorded a deficit in funds below that which was accounted for, Metanoia actually recorded a surplus, and they shall now be looking to expand provision.

Learners – Aggregation of percentage not continuing	3	N/A	2019/ 2020	Data point not supplied/not available. The provider states no learners withdrew last year but gives no values.
Graduates – Aggregation of percentage in employment / further study	93	N/A	2016/ 2017	Data point not supplied/not available. The provider states graduate outcomes are high but gives no values
Teaching Excellence Framework (TEF) award	N/A	Bronze	2019	The provider gives narrative of this score, identifying they are continuing to work on it and giving suggested validation for the lower score in the data reflections section.
National Student Survey (NSS) overall satisfaction score (Q27)	69	81	2021	The provider gives a full review of NSS outcomes which is included throughout the report
HCPC performance review cycle length	N/A	2 years	2022	After review we have suggested a two year review period. This is the maximum period given to education providers that do not have the relevant data points, suggesting the visitors were satisfied with the quality and outcomes of the submission.

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.

Performance data

We also considered information provided by Middlesex University London and Metanoia Institute as follows:
- Middlesex University London Financial Statements and Annual Report 2020/21
- Middlesex University Equality and Diversity Policy
- The Institute runs its own Student Academic Experience Survey (SAES)

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 – Resourcing, including financial stability

Area for further exploration: The visitors requested confirmation the programme in its current format is secure and sustainable.

Quality activities agreed to explore theme further: We sought clarification on these points via email communication to allow the provider to elaborate on previous information they had sent or send further evidence documents to answer the queries.

Outcomes of exploration: The visitors were satisfied with the further information provided regarding the providers institutional finances. The provider detailed that the programme is currently very small and will only have four groups of up to 20 learners in each group in 2023. The visitors agreed the response outlining learner numbers ensured security and stability for the programmes and institution.

Quality theme 2 – Academic and placement quality

Area for further exploration: The provider had recent reaccreditation with the professional body British Psychological Society (BPS) and visitors requested further information on this partnership and the decisions made around the process.

They requested information about how placements are monitored, managed, and resourced, and if there is a placement development role. It was unclear how staff had actioned their assessment processes in response to difficulties outlined within the providers portfolio.

Quality activities agreed to explore theme further: We sought out clarification on these points via email communication to allow the provider to elaborate on previous information they had sent or send further evidence documents to answer the queries.

Outcomes of exploration: The provider has accreditation with BPS and outlines the outcomes and benefits of this relationship. These include better connection with the NHS for placements, increased viability of competencies through a Core Competencies Framework and improved clarity through an updated programme and placement handbook.

The provider submitted evidence of the processes they have in place to manage placements, including their strategy for development for additional range and variety of placements. They have details or placement visit approval and monitoring processes and are working with placements to provide additional training. The visitors were satisfied that this this response met threshold.

Quality theme 3 – Horizon Scanning

Area for further exploration:
The visitors requested the following:
- further evidence for strategic/ structural considerations that had been made regarding changes in professions and the workforce.
- clarification about what the provider's definition or understanding of the role of counselling psychologist.
- in response to the concern about learners not completing the programme and gaining non-HCPC accreditation; they asked how the programme is preparing learners for the future role and context of the profession. They wanted more information about how the provider's commitment to enable learners joining the programme to become registered counselling psychologists.

Quality activities agreed to explore theme further: We sought out clarification on these points via email communication to allow the provider to elaborate on previous information they had sent or send further evidence documents to answer the queries.

Outcomes of exploration: The visitors were satisfied the providers response met the threshold for this quality theme. They agreed the provider was enabling learners to have a view of what counselling psychologists are, approach leans towards employability within psychotherapy.

The provider clarified the lack of learners pursuing HCPC registration was linked to the legacy programme which is in the process of teach out. Learners often start their doctoral research project once they finished training, and usually after the clinical viva leading to UKCP registration. They have put measures in place to support current learners with eligibility for HCPC registration.

The visitors recommended the provider could consider some form of internal mechanism for future development. For example, they could consider 'what will a counselling psychologist being doing in the years to come in response to the changes in the external environment?'.

Quality theme 4 – Use of technology: Changing learning, teaching and assessment methods

Area for further exploration: The visitors requested updates on the actions the provider was taken to improve their Information Technology (IT) resources in response the low National Student Survey satisfaction score. They requested further clarifications on the roles of IT facilities, and how technology was used during the pandemic with regards to placements, remote working, and a more permanent change in working environment.

Quality activities agreed to explore theme further: We sought out clarification on these points via email communication to allow the provider to elaborate on previous information they had sent or send further evidence documents to answer the queries.

Outcomes of exploration: Visitors note work is ongoing here and developments are being made. There is assurance the issues around online infrastructure has been

addressed, this is less clear for physical infrastructure. They note the low NSS satisfaction rating in terms of IT services may not apply to the post graduate learners. The provider is working to improve the satisfaction regarding IT across all student groups. The visitors recommend this is kept under review and the provider ensures sufficient resources are in place for all learners.

Quality theme 5 – Assessments against the UK Quality Code for Higher Education

Area for further exploration: It was unclear if the provider was covered by Middlesex Universities in terms of Quality Assurance Agency (QAA) and office for learners (OfS). The visitors requested clarification of this.

Quality activities agreed to explore theme further: We sought out clarification on this via email communication to allow the provider to elaborate on previous information they had sent or send further evidence documents to answer the query.

Outcomes of exploration: The visitors were satisfied the provider is covered by their partnership with Middlesex in terms of reaching this threshold for the quality theme. Both Metanoia and Middlesex providers are registered with OfS and subscribers to the QAA. Both providers are required to meet the requirements of OfS registration including those around academic quality. Each provider may be reviewed by the QAA as the Designated Quality Body of the OfS according to their procedures.

Quality theme 6 – National Student Survey (NSS) outcomes

Area for further exploration: The providers' HCPC registered programme is at postgraduate level, therefore the NSS is not applicable. The visitors enquired if learners had access to a Postgraduate Research Experience Survey (PRES) and if the provider takes part in the postgraduate student surveys.

Quality activities agreed to explore theme further: We sought out clarification on this via email communication to allow the provider to elaborate on previous information they had sent or send further evidence documents to answer the query.

Outcomes of exploration: The provider stated an internal survey exists at this time, but not a PRES. It is benchmarked against PRES, NSS and Postgraduate Taught Experience Survey (PTES). The visitors concluded there was a lack of external feedback data points.

Quality theme 7 – Service users and carers

Area for further exploration: The visitors and service user expert noted the roles of service users and carers is limited to interviewing and requested more information on the plans for increasing their involvement.

Quality activities agreed to explore theme further: We sought out clarification on this via email communication to allow the provider to elaborate on previous information they had sent or send further evidence documents to answer the query.

Outcomes of exploration: The visitors note SU&C involvement is in place via the use Experts by Experience (EBEs) through interviews only but are satisfied this meets threshold. The provider outlines the involvement of EBEs in the programme through being part of the interview panel for prospective candidates as well as being regular guest speakers on the programme. Our programme with the EBEs involves an initial interview to ascertain learning requirements from Metanoia, so that involvement can be a mutually beneficial process

The visitors have set a recommendation this area could be developed: Systematise user involvement into processes and core philosophy. Users could be involved in re-validation, curriculum, and programme development.

Quality theme 8 – Learners

Area for further exploration: The visitors noted there is no evidence of learner involvement in board of study meeting. They have requested further evidence on how learner feedback is acted upon and how learners are engaged with the QA processes.

Quality activities agreed to explore theme further: We requested additional documentary evidence to provide further information on how learner feedback is actioned.

Outcomes of exploration: The evidence reviewed by the visitors shows there are effective mechanisms in place to collect and action learner feedback. The providers board of studies has a student evaluation outcome report/ action plan from which they have actioned several changes in response to students' comments. The visitors agreed programme evaluations are in place and there are no further concerns.

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 providers partnership with Middlesex University is explained, and how they work together in terms of programme design and funding. They provided information of their current financial situation and future predictions. There was a surplus in 2021 from the previous year, and a smaller deficit of their partner organisation than they budgeted for. They have sufficient resources and can maintain financial stability,

based on the improvement of financial position from 2020 to 2021, and their plans to expand, having reached capacity on their premises.

The visitors were satisfied the programme and institution is financially secure and stable after the provider gave reassurance and further information regarding their financial situation. This is reflected upon in Quality Theme 1.

- **Partnerships with other organisations**

The provider has outlined how they work closely with Middlesex University to develop and deliver their programmes. They have adopted the same policies and procedures within their institution. They provide some history of this relationship and information on how the relationship is maintained.

They outlined challenges with learners taking an extended period to complete the research element of the programme and consequently having a large cohort of learners still requiring supervision beyond their expected end date.

They revised the programme to address this issue and sent evidence regarding this. The visitors noted their partnership with Middlesex has been ongoing for some years and appears to be working well, and there is complimentary documentation between the two providers. The visitors were satisfied with this evidence and did not request further quality activities.

- **Academic and placement quality**

The provider explained they have an established approval process to assess the quality of placement providers to ensure they are appropriate for learners. There are also processes in place to monitor the quality the practice-based learning the learners receive. They are currently in the process of initiating an online evaluation system with the aim of improving the academic content and delivery.

The visitors were concerned about a lack of processes around placement quality and support for student access to NHS placements and requested further information from the provider.

The visitors were satisfied the extensive information provided in response met the threshold. The provider was submitted further evidence of the process they have in place but also development for additional range and variety of placements. They are working to increase the range of information available to learners and provided details provided regarding placement visit approval and monitoring processes. They are working with placement providers to provide additional training.

- **Interprofessional education**

The provider outlines the experience learners get throughout their interactions with the mental health service, experienced professionals, and other learners. Learners must complete an allocated number of hours on the mental health familiarisation project in addition to clinical hours. The aim is to give learners experience of the psychiatric profession.

The visitors agreed the interprofessional education in place was not very extensive. The provider explains that the mental health familiarisation project is a requirement

for registration with the UKCP, to complete 120 hours in addition to their 450 clinical hours in additional learning in mental health services. At least 14 of these hours must be experiential. The Portfolio must be completed and approved to sit the clinical viva. The visitors felt the programme met the threshold and did not impact on learners meeting the learning objectives.

- **Service users and carers**

The provider supplied limited information on the use of services users and carers in their portfolio return. They outlined the challenges faced in evaluating their contribution without specific data. The information supplied was limited in detail and suggested limited involvement of SU&C in the programmes.

They involve service users of the Metanoia Counselling Clinic ('Experts by Experience') as members of the interview panels for the recruitment of new trainees of the programme, to inform their decisions for offering places by the experience and perspective of the service users.

The visitors identified this lack of detail and specificity on involvement and requested evidence of the providers plans to increase involvement of SU&Cs. Whilst they were satisfied this did not pose significant risk or effect the learners' abilities to meet learning objectives, the visitors recommended the provider considers systemising user involvement into processes and core philosophy. This includes SU&C in revalidation, curriculum and programme development.

- **Equality and diversity**

The provider is committed to equality and diversity and inclusion for learners across all programmes. They have outlined how events in the media from across the world relating to equality, diversity and inclusion (EDI) have influenced their approach to this. It led to a reconvened and revised terms of reference to offer a progressive and representative platform. The provider has dealt with issues raised by learners and supported BAME learners, listening to and acting on recommendations.

They have reviewed their EDI policies, identified gaps and enacted policy changes to removed gendered pronouns. There has been a review on the use of language to describe and identify.

They have reviewed how student data is used to understand student populations and highlight attainment gaps. This improvement in availability and representation of data will feed into action and improvement plans.

The provider has changed intern positions from unpaid to paid, to make them more attainable and widen participation to lower economic classes and other protected characteristics. They have also employed two student officers who are responsible for collecting and raising issues of concern relating to E&D. The visitors were satisfied with the providers response to this section and commended some of the actions that have been taken.

- **Horizon scanning**

The provider has shown resilience during the COVID pandemic. Lessons learned from this experience include an understanding about how technology and video conferencing may be used to extend the reach of programmes.

They experienced challenges moving to OfS and the change in regulatory environment but offered no plan to address these in the future.

They state how future growth of HCPC approved programmes offered are currently limited by the size their buildings. They are seeking larger premises that will give rise to greater opportunity to expand the size of provision. They will also use this to re-think how they use the space which they have.

The visitors noted concerns regarding the strategic considerations about changes in the workforce. They requested further information about the providers understanding of the role of a counselling psychologist and how the programme is preparing learners for future roles.

The visitors are satisfied the updates have met the required threshold. This is also addressed in Quality Theme 3. Learners on the programme should be able to understand the role of counselling psychologist and their future roles. The visitors made a recommendation for the provider to consider some form of internal mechanism for future development.

Risks identified which may impact on performance:

This provider has a lack of sufficient data points, therefore the maximum length of time we will allow between performance review engagements will be two years. This is so we can continue to understand risks in an ongoing way where data is not available. The visitors are satisfied that the provider is meeting threshold for this standard and there is no impact on learners meeting the learning objectives.

The visitors made a recommendation on developing the use of service users and carers in the programmes. They also identified a potentially weaker area in horizon scanning linking to the professional development and ability to adapt to changing external environment of the learners once having completed the programme.

Outstanding issues for follow up: None

Areas of good and best practice identified through this review:

The visitors were y impressed with the provider's response to arising equality and diversity issues and have noted how the actions they have taken are good in response to current news stories.

The provider has shown good practice in adapting their curriculum to horizon scanning. The visitors noted there has been clear evidence of past horizon scanning, for example self-assessment prior to previous HCPC visit, which recognised high non completion rates and systemic reasons behind this.

Quality theme: Thematic reflection

Findings of the assessment panel:
- **Impact of COVID-19**

The provider has responded to during and post pandemic, including adapting to online teaching, and adapting in-room sessions to follow new guidelines. The pandemic has resulted in them adapting modes of teaching to online where possible and adapting the curriculum in line with this.

They have introduced the 'No Detriment Practices 2021' policy to ensure learners remained sufficiently supported and not disadvantaged. This ensured learners could complete their assessments despite the challenges of lockdown, changed working patterns and possible caring responsibilities.

Learner recruitment, continuation and completion has remained comparable to pre-pandemic. They are addressing issues regarding learners achieving the required clinical hours to complete the course. The visitors were satisfied that the threshold was met in this area and considered there to be a clear articulation of policies developed during the pandemic.

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

The provider has maintained interpersonal relationships through COVID. They have changed resources, such as the introduction of Moodle as a virtual learning environment, but identified the ongoing risks are around remaining current with the implementation of the technology and it continuing to meet the learner needs**.**

There was a drop in satisfaction of learners relating to IT, identified through the National Student Survey. The provider reassured the visitors online infrastructure is being addressed and work is ongoing, with developments being made. They extensively outlined their adjustments to uses in technology, the support provided and how this effects learner experience. It is also noted here the low NSS score may not be applicable to the postgraduate learners, but the provider keeps this under review.

- **Risks identified which may impact on performance:**

The visitors were satisfied the provider is suitably addressing a potential challenge outlined by themselves of learners not being able to complete their clinical hours due to the move of areas of the programmes to online.

The issued raised through the process have already been identified by the provider and are being dealt with, suggesting they are a low risk.

Outstanding issues for follow up: None

Areas of good and best practice identified through this review: None

Quality theme: Sector body assessment reflection

Findings of the assessment panel:
- **Assessments against the UK Quality Code for Higher Education**

The provider was confident both they and Middlesex University have an established record of successful engagement with the Quality Code and use this to implement and inform police and practice. They have the appropriate governance structures in place to oversee the Quality and Standards Manual, which sets out their approach to academic quality and management.

The visitors were satisfied the provider is covered by Middlesex University with regards to meeting the requirements, as explored in Quality Theme 5.

- **National Student Survey (NSS) outcomes**

The NSS does not include learners on the Provider's HCPC approved course, so to gain feedback from those not included they run their own Student Academic Experience Survey (SAES). They explained how they use the data, make it available to learners and how they use it for action plans. They outlined the NSS areas with positive responses and areas for improvement, primarily relating to IT facilities and acknowledge the large drop in NSS score from 2020 to 2021.

The visitors suggested the provider considers being involved in Postgraduate Research Experience Survey (PRES) to help increase their external feedback data points. Overall, they were satisfied that although the provider cannot produce relevant data for this section, they are taking internal actions to ensure that they can provide data points where possible.

- **Office for Students monitoring**

The provider is registered with Office for Students (OfS) but they have received no feedback directly related to the HCPC registered programmes.

The provider has the ambition to gain degree awarding powers (DAPs) and have outlined how they plan to achieve this, but this will not affect the HCPC accredited programmes. They plan to initiate the application process in the near future.

The visitors were satisfied with the outcome of the provider working with Middlesex University in this capacity. The provider described as a joint programme, according to OfS policies, performance will be considered against both partners. The statutory data returns are made by Middlesex University, hence students will appear in the Middlesex University aggregated data sets. They agree that threshold for this standard is met.

- **Other professional regulators / professional bodies**

The provider works with and are accredited by the BPS (British Psychological Society). Their latest report from BPS outlined several commendations, four conditions and three recommendations which the provider is actioning through their recently appointed Director of Studies.

In response to the commendations, conditions and recommendations outlined the visitors queried the extent of service user involvement. The provider has a team of seven SU&Cs (titled EBEs) and actively involves them in the programme and interviews. The visitors agreed this poses no significant risk or impact on the learners meeting learning objectives but recommended a development in service user involvement to be considered.

Risks identified which may impact on performance:
The visitors identified the benefit of the provider having more external feedback data points and have reflected this in their recommendations, however, do not feel the current methods for learner feedback in place by the provider pose a risk. This provider has a lack of sufficient data points, therefore the maximum length of time we will allow between performance review engagements will be two years. This is so we can continue to understand risks in an ongoing way where data is not available.

The visitors also identified a potential lack of service user involvement to which they have made recommendations, but do not believe this is a significant risk.

Outstanding issues for follow up: None

Areas of good and best practice identified through this review:
The provider shows good responsiveness to acting upon feedback received, particularly in response to the NSS results and recommendations.

It seems the provider has ambitious goals for the future in relation to gain awarding powers and have thoroughly considered the implications of this and how it will affect HCPC approved programmes.

Quality theme: Profession specific reflection

Findings of the assessment panel:
- **Curriculum development**

The provider has several processes in place with Middlesex University for developing academic programmes, including review once every six years, a minor changes process, Annual monitoring Report, action plans and re-validation reviews. They provided details of the internal and external reference points that are considered when curriculum is developed. For example, learner feedback, external examiner commentary and placement provider feedback.

Most programmes have periodic review from their related professional body accreditor which provides assurance that curriculum development is appropriate and evident. When programmes go through periodic re-validation with Middlesex, is reflective commentary regarding curriculum development since the previous review including the nature of changes and the reasons for them.

The visitors were satisfied the provider has detailed several new areas of development in the curriculum throughout the welcome document. They agreed it is clear in the response to the BPS review those new areas are being expanded upon in the curriculum, e.g., around leadership, therefore meeting threshold.

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

The provider's Director of Studies has collaborated with the teaching team and designed action points so the suggestions and recommendations from the last BPS visit report are implemented. He will follow-up with the team to ensure these action points will be put into practice.

The visitors are satisfied this has met threshold through the response to the BPS review.

- **Capacity of practice-based learning**

All learners are engaged in placements where they provide psychotherapeutic sessions to the service users of the organizations. The provider's staff work with learners during their placements, and placements are agreed before they commence. They state how they monitor placements and are aiming to expand their list of approved placements.

They are encouraging learners based outside of Greater London to seek more local placements, which will still go through the formal approval process before the student begins working with them.

The visitors expressed some unclarity around this point but stated there are no areas for concern. They stated this is supported by the clear review that was undergone in 2018 regarding the high noncompletion rate. They were satisfied there was no significant risk posed or impact on learners achieving learning objectives, therefore threshold is met.

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 were complementary towards the providers approach to curriculum development. They believe the provider has shown good practice in their response to feedback provided, demonstrated through several new areas of development in the curriculum through their portfolio submission.

Quality theme: Stakeholder feedback and actions

Findings of the assessment panel:
- **Learners**

The provider collects student feedback through multiple methods including for example NSS and internal survey; and board of study meeting.

They explained how the manged and supported learners who were impacted by the changes made because of the pandemic. They implemented policies such as the No-detriment policy which ensured learners could complete their assessments despite the challenges of lockdown, changed working patterns and possible caring responsibilities. They moved to an online working environment and maintained continuous communication with learners through professional bodies

The provider has continued working on improving information and communication methods to engage with learners, in response to learner feedback. They have employed student officers, initiated a learner newsletter and provided information through Moodle. Evidence suggests there is a positive response to learner feedback and a commitment to continuously improving learners' experiences. Course

evaluations at the end of each module are now digital and can be accessed on phones, so ensuring much greater completion rates and fuller responses from learners.

The visitors had some initial concerns about how learner feedback is acted upon, but on further clarification from the provider they were satisfied that programme evaluations are in place and the provider meets threshold.

- **Practice placement educators**

The provider has considered the feedback they currently receive from placement educators and how to collate broader feedback about curriculum updates. They want to work closer with the practice placement educators to ensure the learners meet the needs of the organisations and services users. The provider aims give the learners more experience, skills and knowledge for future employment roles through these practice placement relationships.

The visitors stated the handbook is clear and details procedures for placements practice educators. They agreed the evidence suggests good liaison and supervisors being educated about requirements. The provider explained feedback and input is gained in the placement visits and written into the visit report. Feedback has consistently been positive about the high level of training, professionalism and relatedness of our trainees. Feedback is gained on approval on the placement in the initial placement visit, at the mid-year and end of year tutorials (where a report is required) and at the annual placement educators and supervisors' day. The visitors agreed that this extra information provided assurance that threshold is being met.

- **External examiners**

The provider outlines their relationships and regular communications with external examiners. They have provided the reports which evidence good feedback about the quality of the programme and the feedback given to learners.

The issues outlined by the 2019 report was surrounding the lack of transparency of learner assessment moderation. These were satisfactorily addressed by the 2020 report, whilst the provider continually works to improve this area. The visitors were satisfied by this evidence and stated responses to feedback are evident.

Risks identified which may impact on performance: None

Outstanding issues for follow up: None

Areas of good and best practice identified through this review: This section suggests the provider is proactive in responding to feedback and have been able to provide evidence to show actions in response to feedback.

Data and reflections

Findings of the assessment panel:
The provider states course continuation of learners is good, with none withdrawing in the last year. There is little narrative on this. The provider was unable to provide data on the number of learners entering employment after completing the course,

however state graduate outcomes are high. They have acknowledged the need to improve their knowledge regarding graduate destinations.

They have identified the possible causes of receiving a bronze TEF score and stated how they have an action plan in place across course teams and with learners to ensure they complete clinical work within the expected timeframes.

The provider included a full discussion of the NSS outcomes in the area about student surveys in their submission.

The visitors agreed the data provided covers a lot of bases, but there still seems to be some areas that are not clear. They stated there were good reflections, although some queries as highlighted previously through this report.

Risks identified which may impact on performance: This provider has a lack of sufficient data points, therefore the maximum length of time we will allow between performance review engagements will be two years. This is so we can continue to understand risks in an ongoing way where data is not available. The provider is working to improve the number of data points.

Outstanding issues for follow up: None

Areas of good and best practice identified through this review: The provider has been able to identify the lack of detail they can provide in this area and are actively acknowledging this and working to improve data points.

Section 5: 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:
- The education provider's next engagement with the performance review process should be in the 2023-24 academic year

Reason for this recommendation: The visitors were satisfied the education provider is meeting threshold and there are no significant risks identified through the submitted portfolio. They agree there is no risk to learners not meeting learning objectives and were satisfied to award the maximum review period. This is capped at two years due to the lack of data points that we use to monitor progress and compare against benchmarks.

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 ==20XX-XX== academic year

Reason for this decision: ==Provide reasoning as noted through the decision notice.==

Appendix 1 – list of open programmes at this institution

Name	Education provider	Mode of study	First intake date	Programme status
Doctorate in Counselling Psychology and Psychotherapy by Professional Studies (DCPsych)	Metanoia Institute	PT (Part time)	01/01/2001	Open