## Performance review process report

## Cardiff Metropolitan University, Review Period 2018-2023

#### **Executive summary**

This is a report of the process to review the performance of Cardiff Metropolitan University. 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.

health & care professions council

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
- 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:
  - Quality theme 1 we explored with the education provider how they were managing the staff-student ratios on their programmes, in the light of changes to the commissioning landscape. The education provider submitted extra information explaining how they had adapted their workload model in response to the resourcing changes.
- The provider should next engage with monitoring in five years, in the 2028-2029 academic year, because:
  - The visitors were satisfied with the overall performance of the education provider across the themes. Data shows the education provider is performing comparably to benchmarks across the different areas. The education provider responds to recommendations from external regulators and professional bodies. There were no risks identified which could suggest the need for an earlier review.

	Not applicable. This is the education provider's first interaction with the performance review process.
Decision	<ul> <li>The Education and Training Committee (Panel) is asked to decide:</li> <li>when the education provider's next engagement with the performance review process should be.</li> </ul>

Next steps	Outline next steps / future case work with the provider:
	<ul> <li>Subject to the Panel's decision, the provider's next</li> </ul>
	performance review will be in the 2028-29 academic year.
	<ul> <li>The education provider is currently seeking approval for</li> </ul>
	BSc (Hons) Biomedical Sciences programmes.

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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 <u>approved on an open-ended basis</u>, subject to ongoing monitoring. Programmes we have approved are listed <u>on our website</u>.

## 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 <u>partner visitors</u> 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 <u>on our website</u>.

#### The assessment panel for this review

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

Emmanuel Babafemi	Lead visitor, Biomedical scientist
Susan Lennie	Lead visitor, Dietitian
Sheba Joseph	Service User Expert Advisor
Louise Winterburn	Education Quality Officer
Shola Apena Rogers	Advisory visitor, Practitioner 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 did not require professional expertise across all professional areas delivered by the education provider. We considered this because the lead visitors could make judgements with their professional knowledge or expertise on how the education is performing as a whole.

## Section 2: About the education provider

#### The education provider context

The education provider currently delivers 13 HCPC-approved programmes across five professions. It is a Higher Education Institution and has been running HCPC approved programmes since 1991.

The education provider engaged with the major change process in the legacy model of quality assurance 2020 to report changes to the Pg Dip Dietetics, full time, BSc (Hons) Human Nutrition and Dietetics, full time, and MSc Dietetics, full time programmes. The education provider made changes to modules on all programmes, to align them with the university's 20 and 40 credit model. Learning outcomes were being repackaged across the modules. There is a change to how interprofessional education was delivered. There was also a small change to the admissions criteria on the postgraduate provision only, to reflect delivery for the education provider's undergraduate Nutrition programme, which appears to be a feeder programme for the approved PG Dip Dietetics programme. We were satisfied that there was sufficient evidence that the standards continued to be met, and the Education and Training Committee agreed the programme remains approved in 2020.

The education provider engaged with the annual monitoring assessment process in the legacy model of quality assurance in 2020.

#### 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 <u>Appendix 1</u> of this report.

Prac	ctice area	Delivery level	Approved since
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	Biomedical scientist	⊠Undergraduate	□Postgraduate	2013
	Chiropodist / podiatrist	⊠Undergraduate	□Postgraduate	2011
Pre- registration	Dietitian	⊠Undergraduate	⊠Postgraduate	1992
	Practitioner psychologist	□Undergraduate	⊠Postgraduate	2011
	Speech and language therapist	⊠Undergraduate	□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 programmes<sup>1</sup>.

Data Point	Bench- mark	Value	Date of data point	Commentary	
Numbers of learners	229	236	2023	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. The education provider is recruiting learners at broadly the benchmark figure.	
Learner non continuation	3%	3%	2020-21	This Higher Education Statistics Agency (HESA) data was sourced from a data delivery. This means the data is a bespoke HESA data	

<sup>&</sup>lt;sup>1</sup> An explanation of the data we use, and how we use this data, is available <u>here</u>

				return, filtered based on HCPC-related subjects The data point is equal to the benchmark, which suggests the provider's performance in this area is in line with sector norms. When compared to the previous year's data point, the education provider's performance has been maintained. We did not explore this as the education provider's performance in this area is above the benchmark
Outcomes for those who complete programmes	93%	96%	2020-21	This HESA data was sourced from a data delivery. This means the data is a bespoke HESA data return, filtered based on HCPC-related subjects. The data point is above the benchmark, which suggests the provider is performing above sector norms. When compared to the previous year's data point, the education provider's performance has improved by 9%
Learner satisfaction	77.8%	73.4%	2023	This National Student Survey (NSS) positivity score data was sourced at the subject level. This means the data is for HCPC-related subjects. The data point is below the benchmark, which suggests the provider is performing below sector norms. When compared to the previous year's data point,

the education provider's performance has dropped by 1%
We explored this through the visitors' assessment of the education provider's reflection. The visitors were satisfied there are sufficient plans in place to address learner satisfaction rates moving forward.

## 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 <u>thematic areas reviewed</u> section of this report.

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

#### Quality themes identified for further exploration

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

# <u>Quality theme 1 – Impact of staff student ratio and staff workload on sustainability of provision</u>

**Area for further exploration**: The education provider reflected on their mechanisms for ensuring financial stability and resourcing. They have processes and committees in place to monitor income and spending across the institution. The visitors acknowledged the commissioning of programmes by Health Education Improvement Wales (HEIW). This helps to support recruitment. The visitors sought to understand the impact of inconsistencies in staff student ratios between programmes, particularly where they were professional body requirements. They sought further information on resourcing and the impact on staff workload allocation.

**Quality activities agreed to explore theme further**: We explored this through email clarification and additional evidence as we considered this the most appropriate way to address the issue.

**Outcomes of exploration:** The education provider explained that the apparent inconsistencies in reported staff student ratios were not a reflection on programme delivery. They clarified that where there are professional body requirements, they work to ensure the provision meets the expected level and standard. Where there are staffing changes or changes to learner numbers, staffing requests are made to maintain levels of support for all programmes. Academic staff have workload allocation models, populated with learning and teaching, research, and administrative commitments. Workloads are managed consistently across the institution to ensure delivery of programmes are sustainable. They reflected that, despite an institution freeze on recruitment they were able to get approval for a part time lecturer in Dietetics to ensure this team had the appropriate level of staffing to ensure workloads were balanced.

The visitors were satisfied with the detailed reflection provided. They acknowledged the education provider successfully demonstrated that they appropriately consider and resource their growth and expansion. They understood how this links to sustainability of the programmes and the institution. We were satisfied with how the education provider is performing in this area.

## 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

- Resourcing, including financial stability -
  - The education provider reflected on their mechanisms for ensuring financial stability and resourcing. They have processes and committees in place to monitor income and spending across the institution. Their reflection included how the School Dean manages the budget allocation to ensure that healthcare programmes, staff and the learners on them are supported financially, and resourced, in a sustainable way. They are commissioned by Health Education Improvement Wales (HEIW) to deliver training for allied health professions. This helps to support recruitment.
  - They reflected that the operating outlook remains challenging going forward and budgets have been reviewed with calls for savings across many areas.
  - The visitors noted that reflections in this section highlighted the importance of the HEIW commissioning, however they sought further clarification around staff student ratios and staff workload allocation. The visitors wanted to understand how any changes to staff student ratios would

impact on programme delivery and sustainability. This was explored under quality theme 1.

- Clarification received through quality activity reassured us how the education provider has considered this theme. We were satisfied that there that their financial and resource planning has ensured stability and sustainability of their provision. This is further supported by their contract with HEIW.
- Partnerships with other organisations -
  - The education provider reflected that they manage several partnerships which are vital for the training and skills development of learners. They work closely with Health Education Improvement Wales (HEIW) as the NHS programme commissioner. They also work with placement and practice partners across Welsh Health Boards and other organisations including Professional and Statutory Regulatory Boards (PSRBs).
  - Their reflections showed they had different methods to engage with different partners depending on the subject area and requirements. The education provider has developed a partnership agreement with Cardiff and Vale University Health Board for the provision of podiatry services on their Llandaff campus. They have also expanded partnerships with the Health Board and worked together with NHS staff and patients. They now also have dietetic, and speech and language therapy adult and paediatric services on campus.
  - The visitors were satisfied the education provider is performing well in this area. This is because their reflection showed they have continued to manage existing partnerships whilst also seeking to developing new partnerships.
- Academic quality -
  - The education provider reflected on their processes for monitoring academic quality and learner engagement and experience. These include, external examiner reporting, programme enhancement plans (PEPs), student engagement plans (SEP) and module evaluations.
  - The education provider reflected on some of the challenges faced such as lower National Student Survey (NSS) scores for 'Organisation & Management' and the knock-on effect on 'Overall Satisfaction' rates. They reflected that PEPs and SEPs focussed on these areas and had developed plans for improvement. It was also noted that estates issues and timetabling continued to be a challenge. They were concerned that lower NSS scores could reflect poorly on related provision, effect recruitment, and impact the reputation and income of the institution.
  - In response, the education provider worked on ensuring good quality timetables for learners, meaning they had clearly defined on campus days with online activities and placement activities scheduled on separate days. This ensured learners on campus have full days of learning. Feedback from learners in programme committees and from surveys indicated that the change was received positively.
  - They reflected that, feedback from PEPs and NSS results indicated that assessment and feedback had shown continued improvement. They reflected on how they had introduced standardised assessment briefs for HCPC-approved programmes. This had been positively received by learners. Alongside this they focused on timeliness of feedback which has

led to improved learner responses to the assessment and feedback question in the NSS.

- The visitors were satisfied that there are quality assurance processes in place for monitoring academic quality and to drive improvements. We were satisfied how the education provider is performing in this area.
- Placement quality
  - The education provider reflected on how they manage practice placements to ensure standards of health and safety for learners, to ensure skills development and learning opportunities and the value of learner experience across the institution. They have a Central Placements Unit who source, allocate and support learners. Practice placements are mainly in NHS facilities operated under a tripartite agreement.
  - Health Education and Improvement Wales (HEIW) commission and scrutinise placement numbers and this acts as an additional quality assurance. HEIW gather learner and trainer feedback through face-to-face focus groups in addition to the placement team and programme quality initiatives to maintain high quality placement delivery.
  - They reflected on how they prepare and support learners on practice placement. They do this by preparing them via seminars, practitioner input, simulation and pre-placement engagement with other professions. They monitor the impact of this preparation through learner feedback and module evaluations as well as via trainer feedback on learners' readiness for placement. Programmes monitor quality through placement educator feedback. Placement locations are risk assessed using local and institution benchmarks.
  - We were satisfied how the education provider is performing in this area. This is because the education provider has robust placement networks. They have mechanisms for supporting learners through practitioner input, and pre-placement engagement with other professions.
- Interprofessional education
  - The education provider reflected on their approach to interprofessional education (IPE). They have developed this using feedback from learners and staff to inform provision and development. They have embedded IPE across all health programmes in academic modules, placements, simulation and virtual reality (VR), NHS on site clinics and through extracurricular learning opportunities.
  - They reflected that initially programmes struggled to find space in the curriculum to incorporate further IPE. The new Interprofessional Education Lead role helped to provide leadership and support to facilitate IPE within the curriculum. They did this by a series of workshops with teaching teams to explore the requirements and benefits of IPE and how IPE can benefit learners. This was further underpinned by the Health Education and Improvement Wales (HEIW) requirement for IPE to contribute 20% of the curriculum. This ensured IPE became embedded in all commissioned programmes.
  - They reflected how they had developed a combination of theory, simulated and hands-on learning opportunities through the Allied Clinical Health Hub (ACHH). This provides learners the opportunity to learn in a simulated environment, including inpatient and outpatient settings. The clinics are run by Speech and Language Therapy, Dietetics, Psychology, Dental and

Podiatry. They allow learners to work together to share knowledge and to improve decision-making. The education provider recently added a screening service in the ACHH laboratory to provide further opportunities for shared learning. Learners from the healthcare science programme can interact with learners from other healthcare professions and learn how patient interactions are managed based on laboratory results.

• The visitors were satisfied the education provider has a range of interprofessional education opportunities across their programmes and they continue to respond to challenges. We were satisfied how the education provider is performing in this area.

#### • Service users and carers –

- The education provider reflected on mechanisms for embedding service user and carer involvement across healthcare programmes. They are involved in a variety of ways such as programme design, admissions interviews, teaching and assessment. They are also involved in the recruitment of staff. This input supports academic rigour and ensures that the lived experience of service users is embedded within teaching.
- The education provider reflected on the challenges of developing the service user voice. Feedback is provided to service users on their involvement via learner feedback mechanisms and the service users offer feedback to academic staff regarding their experience with learners. This highlighted the importance of a service user voice which is representative of all healthcare professions. The need was also heightened through the development of interprofessional learning and an emphasis on shared learning experiences which created a greater need for an institution-wide service user group.
- The development of a service user engagement oversight group has supported all programmes in a more inclusive way. This includes development of simulation of patient focussed activities. The group has helped greater service user involvement through reflection of their roles and contributions. The education provider reflected that on campus they run a range of outpatient services. They ask service users to complete an annual questionnaire about their facilities and the services they offer. When service users complete the questionnaire, they also ask for feedback about their experiences in terms of their interactions with learners. This allows the education provider to evaluate learner experience.
- The visitors were satisfied that the education provider is performing well in the area. This is because they continue to reflect service user needs through existing strategies and policies. They have identified ways to address the challenges relating to service user and carer involvement.

#### • Equality and diversity -

 The education provider reflected on its mechanisms for monitoring equality, diversity, and inclusion (EDI) throughout their programmes. They reflected that more work needs to be done across the institution to ensure the principles of EDI are embedded throughout their programmes and the principles of their Public Sector Equality Duty (PSED) adhered to. To ensure this takes place there is a governance structure that reports from EDI Committee to Academic Committee and to the Board of Governors.

- They reflected on the challenge of obtaining EDI data at programme and module level for each stage of the learner lifestyle. They stated that access to this data would enable programme staff to identify where specific groups are not being facilitated by current teaching, support services and other activities, to achieve their full potential at each stage. To overcome this, the education provider carried out a project to develop greater access to data for staff, supported by greater data literacy so that they can interpret and use the data. They developed Individual Support Plans for learners to identify their needs and support required.
- The visitors were satisfied the education provider is performing well in this area. This is because they have a clear EDI governance structure and they showed improvement to ensure equality, diversity, and inclusion policies are complied with and developments made.
- Horizon scanning
  - The education provider reflected on how horizon scanning is undertaken by institution policy and the Public Affairs Manager who monitors all key UK and Welsh policy forums. The most recent relevant policy issue was the replacement of Higher Education Funding Council Wales (HEFCW) as the overseeing body for Higher Education in Wales with the Commission for Tertiary Education and Research (CTER).
  - The education provider reflected on the challenge of learner recruitment, which remains a concern as they struggle to recruit to the Health Education Improvement Wales (HEIW) commissioned numbers. They reflected that under recruitment affects the viability of the programmes that NHS Wales needs to increase its workforce. In response, HEIW published a Workforce Strategy, and the Welsh Government released an NHS Workforce Plan. Collaborative work has continued with HEIW to increase recruitment and to develop part time and distance learning programmes to widen access and attract NHS staff to upskill.
  - They reflected that the increasing pressures on the NHS workforce have made it more difficult for them to deliver the number of high-quality practice placements required. The development of the Allied Clinical Health Hub (ACHH) has enabled the education provider increased capacity to deliver public facing clinics. The ACHH has clinic spaces, simulation space and a pharmacy where learners undergo training by institution staff or by NHS colleagues. There are further opportunities to develop more clinics.
  - We were satisfied how the education provider is performing in this area. This was because the education provider has considered relevant changes and developments and are making specific plans to meet the challenges. They are working with HEIW and Welsh Government on developing programmes to widen access and increase recruitment.

#### Risks identified which may impact on performance: None.

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

Quality theme: Thematic reflection

- Embedding the revised Standards of Proficiency (SOPs) -
  - The education provider reflected that despite the initial challenges for all programmes, they have been able to embed the revised HCPC SOPs into the content and the delivery of programmes. They did this through a Periodic Review of the Health Sciences and postgraduate research portfolios. This approach encouraged collaboration between different programme teams and enabled consistency in approach to learning and teaching and assessment strategies. It also facilitated the development of shared modules and embedded the changes in standards and revised SOPS.
  - In Dietetics, content and delivery of the programme was updated. Learning outcomes and modules were revised considering the new SOPs. They rewrote placement supporting documents including handbooks and competency matrix. Greater opportunity for collaborative competencies supported the development of interprofessional learning (IPE) across the institution.
  - They reflected that Podiatry programme learning outcomes and content were mapped to the new HCPC SOPs. There was a drive to ensure that there was greater representation and introduction of interprofessional learning throughout the programme. They changed the placement model to reflect tow, two-week blocks in terms 1 and 2. They also made changes to the programme specification, module descriptor and handbooks. These were submitted to their professional body, the Royal College of Podiatry and was followed by a successful accreditation event.
  - The re-accreditation of the Speech and Language Therapy programme, by the Royal College of Speech and Language Therapists (RCSLT), ensured that the programme was meeting the new RCSLT curriculum guidance and the new HCPC SOPs. Programme content had been updated to embed new areas such as increased teaching on public health, as well as aligning with institution-wide IPE teaching. The updated SOPS were embedded within clinical practice and academic modules.
  - The visitors were satisfied that the education provider's performance in this area was good. This was because they were able to embed the HCPC SOPs across all relevant programmes.
- Learning and developments from the COVID-19 pandemic
  - The education provider reflected on how the pandemic impacted delivery of their programmes due to sporadic lockdowns and social distancing measures in place. They moved all large lectures onto asynchronous delivery or synchronous delivery using Microsoft Teams. They supported these sessions with socially distanced on campus small seminars and practical sessions, where possible. They reflected on how it was particularly challenging to enable clinical skills development and virtual placements. Some of the methods used during the pandemic continue to inform their teaching and learning practice.
  - They reflected on how the Podiatry programme team had anticipated a
    potential issue with exams. They initiated the creation of alternative
    approaches to clinical examinations. They used a filmed case-based
    approach and enabled simulation to create authenticity within the
    assessment. The videos and narrative from these cases allowed learners

to explore their clinical decision-making skills. The education provider reflected that their response to the pandemic enabled programme teams to embed innovation into teaching and learning. This continues to inform everyday practice.

- The education provider reflected on the difficulties of meeting PSRB, HCPC and HEIW requirements during the pandemic. They reflected that, through collaborative and agile working, they were able to deliver all programmes and to ensure all learners had the opportunity to meet programme learning outcomes.
- The visitors were satisfied the education provider successfully adjusted to the challenges of the pandemic and supporting learners appropriately. We were satisfied how the education provider is performing in this area.
- Use of technology: Changing learning, teaching and assessment methods –
  - The education provider reflected on how they used technology to overcome the challenges of the Covid pandemic, to respond to changes in terms of rapid software developments, and to develop simulation activities.
  - They reflected how they have responded to digital accessibility, where there is a need for all staff to be trained, by developing training and reviewing 'Moodle' (electronic blackboard). This is to ensure all teaching and learning material meets legal minimum requirements. The review of Moodle was undertaken via high-level audit, the aim being to determine areas where improvements where needed. As a result, Moodle modules are hosted on a new institution template. Module leaders are responsible for reviewing and reflecting on their module via a Module Review Summary form. These are then discussed at Exam Boards.
  - They reflected on how simulation is a requirement for all commissioned programmes as part of their interprofessional education (IPE) engagement. They use their IPE lead to coordinate this work though the IPE Steering Group. They do this to ensure that all NHS commissioned learners can engage in IPE and simulated learning. They plan to bring together the governance of IPE and simulation activities together by involving staff in the All-Wales Simulation Group.
  - The education provider reflected on how they provided learners with guidance on the use of artificial intelligence (AI) to aid learning and highlight inappropriate use in relation to assignments. They have amended the academic misconduct guidance to reflect developments in AI and have developed workshops for learners on AI use and its integration into teaching and learning.
  - The visitors were satisfied the education provider has effectively embedded use of technology across their programmes, and assessments. We were satisfied 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

## Assessments against the UK Quality Code for Higher Education –

- The education provider reflected that the redesign of the Quality Assurance Agency (QAA) Quality Code provided them with the opportunity to re-map ahead of the Quality Enhancement Review (QER). They reflected that work being undertaken by the QAA to review the Code may lead to further remapping taking place. However, they are continuing to respond to changes to QAA guidance and principles.
- They reflected on the QAA Quality Enhancement Review which highlighted a number of commendations, recommendations and affirmations. The recommendations and affirmations were addressed via the development of an Action Plan which was submitted to the QAA. The education provider also discussed the Action Plan at their Academic Quality and Standards Committee where it was signed off as completed.
- The QER Report published by QAA, confirmed a positive judgment that the education provider had met all the relevant regulatory requirements.
- The visitors were satisfied the education provider is responding appropriately to changes to ensure they comply with the QAA. We were satisfied how the education provider is performing in this area.
- Performance of newly commissioned Allied Health Professional (AHP) provision in Wales
  - The education provider reflected on the re-commissioning of its five established HCPC accredited programmes with the enhancements required by the Health Education and Improvement Wales (HEIW) tender.
  - They reflected that HEIW had noted the education provider was delivering best practice in interprofessional education and in the quality of feedback provided to practice placements following evaluation. Learners had reported excellent support from the programme team. Any issues were dealt with quickly and they reported feeling listened to.
  - The education provider reflected that HEIW had recognised the requirement for all placement activity to contain 20% interprofessional activity was difficult to achieve. They worked with the education provider to support them to achieve this by funding a post for an Interprofessional Education Placement Co-ordinator. This enabled them to expand their provision ad develop placement opportunities with 'Save a Life Cymru' and 'Lymphoedema Network Wales'.
  - They reflected that their focus is to build on their existing learner-facing clinic provision. They aim to do this by working in partnership with Welsh Government and Health Boards to provide learners with interprofessional "in-house" placement opportunities.
  - The visitors were satisfied with the education provider's response in this area. This is because there was clear evidence of engagement with relevant and appropriate bodies, and of action taken in response to their findings.

## • Other professional regulators / professional bodies -

 The education provider reflected on how they had worked and continue to work with professional bodies and other regulators to enhance the quality and relevance of their programmes. They noted there are 19 Professional, Statutory and Regulatory Bodies (PSRBs) currently accrediting and endorsing undergraduate and postgraduate programmes. The majority of which are within Cardiff School of Sport and Health Sciences.

- They reflected that programme directors are required to reflect on their engagement with PSRBs to demonstrate that programmes are acting in accordance with their requirements. They do this via Programme Enhancement Plans (PEP). As part of the PEP process, programme directors update a PSRB Activity Log to inform about upcoming activity and to ensure that programmes meet PSRB standards. PSRB updates and review outcomes are then discussed at Teaching and Learning Committee before being report to Academic Quality and Standards Committee (AQSC).
- The visitors were satisfied the education provider is working effectively to communicate with and respond to other relevant professional regulators and bodies. They have shown strong collaboration with practice partners in Wales. We were satisfied 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

- Curriculum development
  - The education provider submitted detailed reflections on mechanisms for continuing curriculum development by profession. This was related to new and revised HCPC standards of proficiency (SOPs) and responses to challenges of the Covid pandemic.
  - In Healthcare Science, changes to SOPs were highlighted to learners already on the programme to ensure they were aware of the differences compared to when they began their programme. For the 2023 intake of learners the changes to SOPs were integrated into teaching. Interprofessional education was increased through professional practice modules to ensure learners understand the role of other professions within healthcare.
  - They reflected that changes to SOPs within Dietetics enabled them to further reflect on wider contemporary practices and the development of values in Dietetics learners. They undertook a review as part of an audit with the British Dietetic Association (BDA) to map SOPs to both undergraduate and postgraduate programmes. They did this to ensure the curriculum remains relevant and to ensure future dieticians are wellequipped to provide patient care.
  - They reflected the new contract with Heath Education Improvement Wales (HEIW) prompted a periodic review of the Speech and Language Therapy (SLT) programme, alongside all other programmes within health. This enabled them to make changes to modules to make them all 20 credits. It also enabled module changes to incorporate new curriculum guidance from the Royal College of Speech and Language Therapy (RCSLT) and the SLT specific SOPs.
  - The successful HEIW bid to continue to run the undergraduate Podiatry programme led this to also be part of the periodic review across the

institution. They introduced several cross health taught modules which focus on interprofessional education, health psychology, anatomy and physiology. Simulation has also been a focus of the curriculum, forming part of HEIW requirements, along with the Royal College of Podiatry consideration to include simulation as part of the curriculum.

- Changes to Forensic Psychology SOPs allowed the education provider to reflect on expanding their commitment to equality, diversity and inclusion and to improve the way in which this is reflected within the programme curriculum. They did this by undertaking an equality impact assessment of the programme to explore all the protected characteristics. They recognise this area requires further work going forward.
- The visitors were satisfied how the education provider is performing relating to this area as appropriate evaluation processes are in place involving a range of relevant stakeholders. The visitors were satisfied the education provider is continuing to respond to external influences on their curriculum development.
- Development to reflect changes in professional body guidance
  - The education provider reflected that all programmes have recently been though reaccreditation with their respective Professional, Statutory and Regulatory Body (PSRB). Programme curricula have been aligned to updated PSRB guidance. They reflected that this has brought success and challenges.
  - The main challenge the education provider faced was in Healthcare Sciences. The Institute of Biomedical Science (IBMS) stipulated a requirement for examinations as part of the assessment portfolio to be invigilated. The education provider reflected how they had brought examinations back on to campus for the IBMS accredited programmes. They sought to provide reasonable adjustments where required for learners. However, learner numbers are increasing, and they reflected that facilities for examinations on campus will remain a challenge moving forward.
  - The education provider reflected on how they have successfully embedded interprofessional education placements into the Podiatry programme. This was in response to updated PSRB guidance. Feedback from staff, learners, and practice placement providers has been positive.
  - With advancements and changes in the use of artificial intelligence (AI) the education reflected on how they had conducted an audit of assessments. They did this to evaluate potential risks posed to quality and integrity by running a project to review sector wide practice in authentic assessment. The aim was to explore examples of best practice across higher education to develop their assessment design and delivery. Their focus was to minimise any risk AI may pose whilst maintaining an inclusive authentic approach to assessment.
  - The visitors were satisfied how the education provider is performing relating to this area. This is because the education provider reflected on relevant changes and implemented them in a timely manner.
- Capacity of practice-based learning (programme / profession level)
  - The education provider reflected on their biggest challenge to secure the required number of external practice placements for all learners. This is because the Health Education Improvement Wales (HEIW) requirement

for 20% of placement activity to be interprofessional education (IPE). Time pressure and availability of NHS staff in the local health boards make it difficult for them to host placement activity, and to embed the 20% IPE into each practice placement. The length of practice placement can also make this difficult. To address this, the education provider has developed a range of on campus patient facing and simulated clinical facilities. The newly developed Allied Clinical Health Hub (ACHH) has also been approved by HEIW as a practice placement venue.

- The education provider reflected they have adopted an 'All Wales' approach to practice placements. They have developed the Practice Education Facilitator role to facilitate practice-based learning. The aims are to strengthen practice placement processes and to improve placement experiences for learners. All their HCPC accredited programmes have adopted and benefited from this approach. As part of this approach, they have worked collaboratively with Wrexham University to share clinical education processes including new and updated practice educator training and aligned practice placements.
- The visitors were satisfied the education provider is performing well in this area. This is because they are monitoring practice placement availability and have in place plans to develop greater placement capacity.

#### Risks identified which may impact on performance: None.

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

#### Quality theme: Stakeholder feedback and actions

- Learners
  - The education provider reflected on how they respond to learner feedback. For example, each programme has a Student Representative who feeds back any areas of concern at termly Programme Committees. They work together with a Lead Student Representative who attends School Learning and Teaching Committee to voice learner opinions and issues. Student Representatives also attend the Staff-Student Liaison Committee (SSLC) which deals with any concerns that are above programme level.
  - They reflected that learner workload, especially for HCPC accredited programmes, remains a concern. They undertook an investigation of this which found that HCPC learners found their workload to be more of a challenge than for learners on other programmes. The education provider addressed this by making changes to assessments to reduce workload, whilst also maintaining requirements for meeting learning outcomes and standards of proficiency (SOPs).
  - The visitors noted that the performance review submission referred to five learner complaints but did not reflect on how these were processed or resolved. The visitors sought to understand how complaints were managed. Through clarification it was understood that they have a complaints procedure in line with the Office of the Independent Adjudicator for Higher Education (OIA). An informal phase attempts to resolve the

issue at local level. Should this be unsuccessful, the formal procedure is invoked with various stages throughout.

 Following this, the visitors were satisfied how the education provider is performing relating to this area. They have processes in place to gather feedback from learners and take appropriate actions in response to that feedback. They have appropriate procedures in place to manage complaints.

#### • Practice placement educators -

- The education provider reflected on how it was a challenge to provide practice placement educators with relevant training to ensure the quality of off campus placements. In response, they developed a clinical educator module as part of a level 7 MSc Advanced Practice programme. Clinical educators can complete the module as a standalone offering to achieve 20 credits at level 7.
- Following feedback from clinical educators and NHS managers, they changed the practice placement model for level 5 and 6 learners from twoweek placements to four-week blocks. They did this because the previous model was hard to arrange and to implement.
- They reflected that the newly opened Allied Clinical Health Hub (ACHH) has enabled clinical educators to attend clinics on campus and to work alongside experienced academics. This has benefited both clinical educators and academic staff bringing practical skills and knowledge together to learn from each other.
- The visitors were satisfied the education provider appropriately supports practice placement educators. This is because they proactively seek and act upon their feedback. We were satisfied how the education provider is performing in this area.

#### • External examiners –

- The education provider reflected on the challenges of actioning the recommendations made by external examiners regarding assessment and feedback. Their comments referred to the need to strengthen the link between feedback and learning outcomes, to make moderation more explicit, and the need to ensure consistency of feedback. They reflected that staff resourcing post-pandemic had also been challenging for some programmes.
- Their reflections showed that they had worked across programmes to put in place more consistent use of feedback. All programmes used standardised systems across modules and moderation was reviewed to make it more explicit for learners and external examiners. They reflected that staffing had been reviewed by programme teams and Senior Management Team to ensure appropriate resource and support for learners. Three new staff have been appointed.
- They also reflected that external examiners had commented positively on the standards of programmes and how learner outcomes are comparable to other UK Higher Education Institutions (HEIs).
- The visitors were satisfied the education provider is actively reviewing processes, addressing external examiner feedback appropriately and working to improve on areas highlighted. We were satisfied 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 is performing in line with the benchmark being equal to the benchmark figure. There was sufficient reflection provided to determine the education provider has performed well in this area.
- Outcomes for those who complete programmes:
  - As noted in the institution performance data table in Section 2, the education provider had a data point of 96% against a benchmark of 93%. The education provider is performing above the benchmark, which suggests the provider is performing above sector norms. Therefore, the visitors agreed the education provider has performed well in this area.

#### • Learner satisfaction:

- As noted earlier under National Student Survey (NSS) outcomes, learner satisfaction rate was below sector norms. The education provider reflected on the challenges of
- They have put a number of remedial actions in place to improve learner satisfaction going forwards. Therefore the visitors were satisfied there are sufficient plans in place to address learner satisfaction rates.

#### • Programme level data:

 The visitors were satisfied programmes are being monitored appropriately and resources managed suitably. 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 2028-2029 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 and carers, practice educators and Health Education and Improvement Wales (HEIW).
- External input into quality assurance and enhancement
  - The education provider engaged with the Institute of Biomedical Science, the Royal Society of Biology, the British Dietetic Association, the Royal College of Podiatry, and the Royal College of Speech and Language Therapy.
  - 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
Cardiff Metropolitan University	CAS-01392- X4Z2C6	Emmanuel Babafemi Susan Lennie	Five years	The visitors were satisfied with the overall performance of the education provider across the themes. Data shows the education provider is performing comparably to benchmark across the different areas. The education provider responds to recommendations from external regulators and professional bodies. There were no risks identified which could suggest the need for an earlier review.	N/A

# Appendix 2 – list of open programmes at this institution

Name	Mode of study	Profession	Modality	Annotation	First intake date
BSc (Hons) Healthcare Science (Blood Sciences)	FT (Full time)	Biomedical scientist			01/09/2013
BSc (Hons) Healthcare Science	FT (Full time)	Biomedical			01/09/2013
(Cellular Sciences) BSc (Hons) Healthcare Science	FT (Full time)	scientist Biomedical			01/09/2013
(Genetic Sciences)		scientist			01/03/2013
BSc (Hons) Healthcare Science (Infection Sciences)	FT (Full time)	Biomedical scientist			01/09/2013
BSc (Hons) Podiatry	FT (Full time)	Chiropodist / podiatrist		POM - Administration; POM - sale / supply (CH)	01/09/2011
BSc (Hons) Human Nutrition and Dietetics	FT (Full time)	Dietitian			01/04/1992
MSc Dietetics	FT (Full time)	Dietitian			01/05/1997
Pg Dip Dietetics	FT (Full time)	Dietitian			01/05/1997
Post Graduate Diploma in Practitioner Forensic Psychology	FT (Full time)	Practitioner psychologist	Forensic psychologist		01/09/2011
Post Graduate Diploma in Practitioner Forensic Psychology	PT (Part time)	Practitioner psychologist	Forensic psychologist		01/09/2011
Doctorate in Forensic Psychology	FT (Full time)	Practitioner psychologist	Forensic psychologist		01/09/2014
Doctorate in Forensic Psychology	PT (Part time)	Practitioner psychologist	Forensic		01/09/2014
BSc (Hons) Speech and Language Therapy	FT (Full time)	Speech and language therapist			01/09/2011