

Education quality assurance model – year 1 end review

Executive Summary

The purpose of this paper is to present findings from evaluation of the first year of operation of the education quality assurance model, including a view on continued alignment with strategic objectives.

Following ETC's decision in September 2021 to implement the model, it is now in place and will remain in place moving forward. The purpose of this evaluation is to ensure we have considered the operation of the model, and made improvements where required. It is intended to close off the change programme, and set out how we will continue to operate and develop the model as business as usual.

Previous consideration	<ul style="list-style-type: none">• ETC paper 9 September 2021 - New Education QA model implementation decision• ELT, 23 August 2022
Decision	The Committee is asked to discuss the report, but no decision is required
Next steps	Move to business as usual, embedding analysis effectiveness and quality improvement into our operations
Strategic priority	<ul style="list-style-type: none">• Continuously improve and innovate• Promote high quality professional practice• Develop insight and exert influence
Financial and resource implications	None
EDI impact	None
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Education quality assurance model – year 1 end review

Following successful pilot and scale up of Education’s education quality assurance model, we have reviewed the full implementation of the model a year after the model became effective. This exercise is intended to consider how well the model has been implemented and scaled, what we have learned, and how we have made changes. Ultimately, it is our intention to move the model from a state of ‘newness’ to business as usual (with continuous learning and quality improvement), both internally and in the minds of our external stakeholders.

To provide continuity from reviews undertaken through the pilot exercise, we have measured against our strategic objectives, using stakeholder feedback and other information to provide a factual view about benefits delivery.

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1. Background

1.1. Development and implementation of the model

1.1.1. Prior to the launch of the current model in September 2021, the HCPC had the same model for the approval and monitoring of education programmes for over 10 years. The previous model was not risk based and adopted a one size fits all approach.

1.1.2. In June 2020, the Education and Training Committee (ETC) agreed to pilot a new approach for education quality assurance. For the pilot strategic objectives and measures, and the areas to focus on through the pilot period were agreed.

1.1.3. The pilot tested whether the expected benefits could be realised within the new model. This has formed the basis of the pilot and evaluation work which concluded in August 2021.

1.1.4. In September 2021, ETC [agreed to fully implement the model](#), based on strategic objectives being met. From this point, the model became effective for all approval assessments, and monitoring requirements changed for existing providers. We undertook scale up activities from September to December 2021, with the model becoming fully operational from January 2022.

1.2. Strategic aim and objectives of the model

1.2.1. The model positions the HCPC's Education function to be flexible, intelligent and data led in its risk based quality assurance of education providers.

1.2.2. To achieve this, the model:

- Achieves risk based outcomes which are proportionate and consistent
- Operates efficient and flexible quality assurance processes
- Uses a range of data and intelligence sources to inform decision making

1.3. Key changes and benefits of the QA model

1.3.1. There are four key elements to the current QA model which distinguish it from legacy processes. These reflect key priorities of stakeholders and support the strategic objectives:

1. Working with providers at institution and programme levels
2. Approval delivered in flexibly designed stages
3. Ongoing engagement with providers based on risk
4. Data and intelligence from a range of sources used to understand risk

1. Working with providers at institution and programme levels

Institution wide approaches to meeting standards which are common across programmes are embedded in the model. Standards are structured to support this approach, alongside the quality assurance processes.

Benefits	Relevant assessment measures used within pilot
Improved understanding of how standards are met at different levels.	<ul style="list-style-type: none"> • Education providers are satisfied in the consistency of outcomes reached through any QA process undertaken. • Visitors focus more effectively on the appropriate areas of the standards at the appropriate time through each process, in comparison to the legacy model. • Visitors are satisfied they are positioned effectively to understand the wider organisation context in any decisions they reach. • Outcomes data shows that issues were picked and dealt with at the appropriate time and with appropriate contacts, leading to smoother progression through the QA processes.
Consistent outcomes achieved across different assessment activities at the same institution.	
Strategic relationships are created with senior stakeholders within institutions regarding relevant standards.	

2. Approval delivered in flexibly designed stages

Institutions were previously assessed in addition to their programmes to ensure providers are properly organised to deliver education.

We now consider all standards through a staged approach to assessment which allows for more targeted focus on specific areas of the standards. The activity within each stage can be designed more flexibly also, driven by issues, risks, and potential areas of best practice identified.

Benefits	Relevant assessment measures used within pilot
Consistent outcomes achieved across different assessment activities at the same institution.	<ul style="list-style-type: none"> • Outcomes data demonstrates standards being applied consistently across an institution. • Education providers are satisfied that the engagement undertaken is proportionate, meaningful and appropriate. • Education providers perceive a reduction in the administrative burden for them to engage with us. • Visitors able to perform their role effectively through the structure of engagement used in any QA process undertaken. • Qualitative data shows that assessment activities had a clear purpose and are applied in a proportionate way. • Median time to complete process is less compared to legacy model across range of approval assessments. • Cost to deliver assessment activities are comparable to legacy model.
Stakeholder are engaged flexibly and with clear rationale provided.	
Site visits only conducted where needed to assess standards.	
Final outcomes achieved in less than 9 months (legacy SLA).	

3. Ongoing engagement with providers based on risk

Engagement post-approval is driven by risks and issues, and our interventions are tailored to support engagement around these, and where needed, through formal assessment. This is most evident through our approach to continued engagement

with approved providers, where action is based on the findings of assessments, rather than the being process driven.

Institutions are risk profiled in accordance with an established risk framework to determine the frequency of engagement. The emphasis is on understanding how quality is maintained and how programmes are performing.

Benefits	Relevant assessment measures used within pilot
Monitoring is focused on institutions where there are higher risks.	<ul style="list-style-type: none"> • Visitors are supported and positioned to make risk-based decisions appropriately within the QA model. • Risks are quantified effectively, with higher risk providers appropriately engaged in more intensive and timely regulatory interventions. • Education providers understand the risk model and assessment applied through the QA processes and are satisfied they are objective and consistently applied. • Providers can engage with and provide relevant information for the provider performance related data points required through QA processes. • Cost to deliver assessment activities are comparable to the legacy model.
Monitoring is tailored to investigate risks which are identified.	
Provider performance is documented and provides clear rationale for risk assessment.	
Providers are incentivised to maintain and improve regulatory performance over time.	

4. Data and intelligence from a range of sources used to understand risk

Data and intelligence is embedded into how we understand the risks and performance of education providers across all areas of the model.

Expected benefits	Relevant assessment measures used within pilot
More effective risk assessment and profiling of institutions and programmes	<ul style="list-style-type: none"> • Sector based intelligence is used throughout each process where appropriate, which improves the quality of decision making. • All provider types are able to engage with and provide relevant information for the provider performance related data points required through QA processes. • Education providers understand the risk model and assessment applied through the QA processes and perceive them to be objective and consistently applied. • Visitors are supported and positioned to make risk-based decisions appropriately within the QA model. • A risk model is delivered, which allows risks to be quantified effectively, with higher risk providers appropriately engaged in more intensive and timely regulatory interventions.

2. Evaluating the first year of model operation

2.1. The purpose of this evaluation is to ensure we have considered the operation of the model, and made improvements where required. This is a key part of the continuous improvement approach we adopted when the model became effective.

2.2. To ensure the review and improvements were well informed, we undertook:

- Internal and external audits
- Stakeholder surveys
- Stakeholder workshops
- An internal exercise focusing on quality of case progress, decision making, and case outcomes

2.3. Audit activities

2.3.1. The following audit activities were undertaken this year.

2.3.2. Internal Audit report – Education Standards¹

- This audit was undertaken by BDO
- The objective of the audit was to provide assurance over HCPC’s policies, processes and controls intended to meet the PSA standards relating to education. The audit examined the process for approving and monitoring providers and programmes
- The audit was RAG rated green, and concluded that “Overall, there is a sound control framework in place to achieve system objectives and the controls to manage the risks audited are being consistently applied. There may be some weaknesses but these are relatively small or relate to attaining higher or best practice standards”.

Relevant to education processes, recommendations were:

- We should “introduce refresher training for the panel of partners to remind them of the process and what is required of them at the start of each review”
- We should “create a list of a range of sources of third party information, such as satisfaction surveys, to help identify whether individual course provision within approved Learning Providers meets acceptable standards”

2.3.3. Failure Modes and Effects Analysis (FMEA) – approval process

- The purpose of this activity was to:
 - Ensure that potential risks to the approval process could be identified in advance of issues occurring;
 - Consider what actions should be put in place to mitigate against risks in the future
- Through the process improvements were suggested to strengthen first line checks, establish KPIs and to consider the role of Professional Bodies in the process. These improvements were rated according to FMEA methodology which allowed for prioritisation of improvements by risk and impact.

¹ [Internal Audit report – Education Standards](#) (Audit and Risk Assurance Committee - 9 June 2022)

2.3.4. Education Approval Process Review

- This audit was undertaken by the internal Quality Assurance team
- The purpose of this review was to provide assurance that the approval process is functioning as intended and had been scaled up effectively from its operation during the pilot phase
- The audit was RAG rated Green / Amber. The audit methodology notes that this was the best outcome that could have been achieved, as this was the first review of a new process
- The audit concluded that
 - The process is operating as designed
 - Key controls operate effectively to identify necessary improvements and updates to process
 - Current email and document management processes create risks to data quality and integrity on case files

2.3.5. Recommendations from both audits and the FMEA activity have been integrated into the team's continuous improvement actions. Actions taken include updates to stakeholder guidance, development of process flows and associated guidance for members of the team, further work with professional bodies and other sector bodies on information and intelligence sharing.

2.4. Evaluation activities

2.4.1. We undertook the following evaluation activities in July 2022. We undertook similar activities through the pilot, which enabled us to compare results from the pilot exercise.

2.4.2. Stakeholder surveys

- Focused on the relevant measures of success, for providers, partners and the executive
- The number of respondents to these surveys was higher than in the pilot exercise, due to the model having scaled across all assessment work undertaken by the team this year
- This means that, although respondents were self-selecting, results from surveys are more representative of stakeholder populations, and are more reliable
- Full quantitative findings are presented through [appendix A](#)

2.4.3. Stakeholder workshops

- We ran workshops for education providers, partners, and the education team
- We explored feedback from surveys, and measures for the strategic objectives, with a focus on:
 - Processes / model intentions
 - Advice / information about processes
 - Notice and communication
 - Regional approach
 - Coordination with other bodies

- Proportionality of process

2.4.4. Internal quality review of assessment activity

- We ran internal quality assurance processes at key assessment decision points (first line checks)
- We undertook structured spot checks (second line checks), and took action to improve process, guidance and stakeholder understanding where we saw issues through these checks
- We have used metrics for cases which have been through formal requirements setting to enable understanding of these cases from a quality enhancement perspective
- We used this information while compiling this report to make judgements about whether there is continued alignment with related measures

2.5. Key findings

2.5.1. The model successfully scaled for full implementation in January 2022

– We have interacted with all education 141 approved education providers since September 2021, and have set up and run 155 process cases to undertake assessments across many of those providers. This is a significant scale up from the 32 education providers interacted with through the pilot exercise. Scale up included working with providers to establish key contacts across different levels, planning which providers would engage with the performance review process, and supporting these providers to engage from February 2022 onwards

2.5.2. We have become a more active partner in the sector – this is shown through our engagement with professional bodies and commissioning organisations, which have enabled ad hoc information sharing to inform process decisions. We are also working on delivering formal information sharing arrangements with several bodies, which will enable for more structured and consistent information sharing

2.5.3. Providers value the regional model – providers are confident they can engage with us in relation to their institution and programme(s), and value having a named contact to engage with. We have experienced some issues with providers knowing who their named contact is, and with the process for handing over from one member of the team to another. These issues will be mitigated by a refresh of the regional model in September 2022

2.5.4. Provider support and engagement is important to timely and high-quality outcomes – providers did not always understand our requirements, particularly through the performance review process, which led to challenges in process application. This included the need to extend deadlines for providers, and provider portfolios not being focused for the most efficient submission or review. Linked to the point about resourcing challenges (see below), providers noted that support was not always where it needed to be. To prevent similar issues reoccurring, we have developed existing process guidance and templates for providers, and introduced further support steps to the process for the team to lead (including developing the team's understanding through activities such as

peer support workshops), in addition to securing additional resource in the team

2.5.5. We have experienced resourcing challenges – These challenges mean we have not always reached assessment outcomes along planned timeframes. We have focused resource to deliver the most important outcomes, for example prioritising the approval process to facilitate planned programme start dates. Challenges were primarily due to:

- role changes meaning we carried two vacancies (20 per cent of the team) for several months
- the impact of extending deadlines for providers meaning submissions concentrated in the latter part of the academic year
- some assumptions about time required for case progression were not borne out when the model scaled across all providers, meaning members of the team needed to spend more time than expected to progress cases

To manage this situation, we:

- considered the skill mix within the team, and changed plans to recruit an apprentice role, and instead recruited an additional Education Quality Officer to help manage our expected two year peak
- have planned for a lighter case load per executive in the 2022-23 and 2023-24 academic years, and
- have developed guidance for providers as noted above

2.5.6. Governance arrangements are working well – The tiered system of governance for decision making has worked well, with the Education and Training Committee and its Panel being confident in case-level decisions, and with overall performance reporting

2.5.7. We continue to align our work to the strategic objectives for the model – feedback and information shows that the principles of the model are being applied through assessments, and assessment work is yielding the intended results

2.5.8. These findings are explored in detail in the [continued alignment with strategic objectives section](#). Within this section, we have detailed measures for strategic objectives, along with findings about whether those measures are met through this evaluation exercise.

3. Changes to the model

3.1. In the first year of operation, we have continued to develop the model and the way we work, to deliver the model as intended, provide efficiencies, and deliver a good level of service for our stakeholders.

3.2. Guidance / template changes to facilitate engagement and understanding

- Developed how we set context for partners, enabling good understanding of how the provider functions to inform decision making at the right level

- Changes to the performance review portfolio, providing clarity about the level of reflection and supporting documentation needed
- New report template, with internal guidance to ensure reporting is to the level required

3.3. Reduced reliance on overall performance ‘score’ for providers

- We use provider level data points to arrive at a performance score for education providers
- We intended to surface this score for partners and the provider so it could be used through processes, primarily to consider risk
- In practice, the use of this score was reductive, hiding nuances which could be drawn out through data and assessment
- Therefore, we decided to not surface this score to education providers or partners through assessment cases
- We still use this score internally when planning, as it contributes to an overall view of risk. For example, this was one of the metrics used when deciding which providers should be prioritised for assessment through the performance review process

3.4. Developed resourcing expectations

- Towards the start of the academic year, we worked through what reasonable case progressions service levels would look like, and applied these through process cases from January
- This exercise showed us that we did not have sufficient resources to undertake planned work to align all providers with the new performance review requirements, so we secured additional resource

3.5. Developed internal capability to identify ‘exceptional’ cases

- The system solution delivered through the pilot allows us to surface cases which are at risk of, or are over, service levels at a case stage level
- This allows the team to understand priorities, and enables management oversight and intervention where needed, to bring cases back on track

3.6. Developed external reporting to embed time and quality based KPIs

- We have developed reporting to the Executive Leadership Team (ELT), the Education and Training Committee (ETC) and Council
- Performance reports have been incrementally improved through the year to include performance based measures against key performance indicators (KPIs)
- This includes development of the measure for the overall length of time for the approval process, to remove ‘dormant’ parts of the process where we are not in control of case progression. This allows us to give a more accurate indicator of our performance to ELT, ETC and Council
- Along with time-based KPIs, we have introduced quality based KPIs, such as the percentage of approval cases with conditions
- We also report on stakeholder interactions, in a qualitative and quantitative way

- All these developments provide a more evidence informed and clearer picture of the work of the team to senior and external stakeholders, and allow for intervention where concerning trends are identified

4. Continued alignment with strategic objectives

Each strategic objective has a number of measures agreed upon at the Education and Training Committee (ETC) meeting in June 2020. These measures were designed to show that each strategic objective was met.

In the end of pilot report, we noted that all measures were met, which was agreed by the ETC. Therefore, in this section, we have reviewed continued alignment to measures and strategic objectives, noting where any further development work is needed to ensure alignment.

Strategic objective 1 – Achieving risk based outcomes which are proportionate and consistent

Summary of findings
<ul style="list-style-type: none"> • Data, information and feedback analysed shows that our work continues to align with this strategic objective • Assessments continue to be undertaken in a proportionate way • Supporting information and guidance for executives developed through the pilot and this year has had the desired impact to ensure they can apply the model themselves, and guide others on its application • Partners are positioned to apply the performance review process, to ensure the intentions of the model are realised for providers and to benefit assessment

View of continued alignment to measures for strategic objective 1		
Alignment	Findings through year 1	Further developments
Measure: Outcomes data shows that different types of regulatory engagement have been appropriately designed and successfully implemented through each QA process		
Continued	<ul style="list-style-type: none"> • The principles of the model have been applied as intended at each stage • Stakeholders satisfied with approaches applied • Design of QA activity based on the ‘problem’ realises the aim to deliver right touch regulation • Most cases have led to ‘light touch’ interventions, but these interventions were always arrived at based on the needs of the assessment • Where the assessment requires them, we have applied heavier touch interventions (such as conditions) 	None

	<ul style="list-style-type: none"> • The framework to support decision making on quality assurance activity is robust, and includes inbuilt quality assurance of decision making 	
Measure: Education providers are satisfied that the engagement undertaken was proportionate, meaningful and appropriate to achieve the regulatory outcome		
Continued	<ul style="list-style-type: none"> • Vastly more education providers agreed with this statement (two thirds) than disagreed (one in eight), showing they generally consider that engagement through processes was to a reasonable level to achieve the regulatory outcome • Benefit realised for assessments undertaken through this year, including those which have reached final outcomes 	None
Measure: Education providers perceive there to be a reduction in the administrative burden for them to engage with us through all processes, compared to the previous model		
Continued	<ul style="list-style-type: none"> • Almost half of respondents considered there would be a reduction in administrative burden, with almost a third disagreeing with this statement • On exploration through workshops, education providers recognised that there would be a reduction in burden in the long term, but that initial engagement with performance review was more burdensome than expected • This was partly due to interacting with the process for the first time, and to oversupply of evidence and information beyond what is needed for successful assessment • Benefits realised through the approval process for new programmes proposed, providers needed to actively demonstrate how they met 21 out of the 52 of the standards through the process, which greatly reduces burden when compared to the legacy process 	<ul style="list-style-type: none"> • Amendments to portfolio requirements and guidance to reduce repetition, and ensure portfolios are kept focused by providers • Refreshing regional approach and contacts with provider stakeholders, to provide clearer support mechanism
Measure: The visitors are able to perform their role effectively through the structure of engagement used in any QA process undertaken		
Continued	<ul style="list-style-type: none"> • Three quarters of visitors agreed with this statement, with about one in ten disagreeing • There were some visitor concerns about lack of professional input through the performance review process. This was due to a lack of understanding that profession specific visitors should be brought in to provide support to lead visitors (who may not be profession specific) in professional decision-making areas 	<ul style="list-style-type: none"> • Updates to performance review guidance • Focus on the application of the performance review process through

	<ul style="list-style-type: none"> • Visitors also noted there was a lack of criteria to assess against for performance review, which could lead to issues being missed or the process being applied inconsistently. The process should enable exploration of quality themes, rather than a focus on compliance against standards • Executives have been able to progress case activities as required, with visitors supported to develop their understanding of stage level input as processes progress • This includes designing QA activity based on the 'problem', and focusing on standards at the right time, both realising the aim to deliver 'right touch regulation' • All executives agreed that they were able to position the visitors to effectively undertake their role 	continued partner learning and development
Measure: All parties were clear about our process requirements and the reasons for taking a particular engagement approach through any QA process undertaken		
Continued	<ul style="list-style-type: none"> • Stakeholders were given reasons why particular engagement was required • About four in five visitors agreed with this statement • Through the performance review process, education providers have tended to oversupply information, which is unnecessarily burdensome for providers, and makes assessments more difficult for partners 	Amendments to portfolio requirements and guidance to reduce repetition, and ensure portfolios are kept focused by providers
Measure: Internal and external stakeholders are satisfied that supporting information and guidance positions them to deliver and engage QA processes and activities.		
Continued	<ul style="list-style-type: none"> • Full suite of guidance for scale up and go live activities was delivered • About a quarter of providers disagreed with this statement, with roughly half agreeing • Almost three quarters of partners agree that this measure is met • The overall satisfaction rating from the executive survey has further raised since the end of the pilot, based on developments to executive guidance • Most stakeholders feel well supported. Continued and stakeholder engagement with the processes will improve satisfaction in this area 	<ul style="list-style-type: none"> • Specific guidance updates identified and made prior to start of the 2022-23 academic year • Continued feedback sought for process guidance
Measure: Qualitative data shows that through each QA review, regulatory activity had a clear purpose and was applied in a proportionate way		

Continued	<ul style="list-style-type: none"> • Guidance on the application of various QA activities has been used through processes • Decision about quality activity were reasonably made and reported through a newly developed process report 	Continued peer support for education executives, focusing on real life case studies and actions undertaken to reach good conclusions
Measure: The model improves the institution / programme(s) assessed		
Continued	<ul style="list-style-type: none"> • The majority response for this measure across stakeholder groups was neutral – this means there were lower agree / disagree levels • Anecdotal feedback showed that providers had improved their internal ways of working due to engaging through processes • Internal assessment of process progress and outcomes has also shown that the process allows us to focus on the right areas more easily, at the right time, and to help providers fix issues as processes progress (rather than towards the end) 	None

Strategic objective 2 – Operating efficient and flexible quality assurance processes

Summary of findings
<ul style="list-style-type: none"> • Assessment activity is efficient and focused to the situation, and requirements are designed appropriately for each assessment • Partners are positioned to understand and be comfortable with the approach to splitting standards between different process stages, and to understand the wider institution context in their assessments

Analysis of measures		
Alignment	Findings through year 1	Further developments
Measure: Education providers are satisfied in the consistency of outcomes reached through any QA process undertaken		
Continued	<ul style="list-style-type: none"> • There is consistency inherent in the model, with the approach to not re-assessing institution level standards through the approval process, and taking an institution-wide view through performance review • Governance arrangements support consistency, with decision making taken through a tiered system depending on the 'routineness' of the decision to be made 	None

	<ul style="list-style-type: none"> • 60 per cent of provider respondents agreed with this statement, with a higher than usual 'not sure' response, due to some processes not having concluded at the time of the survey 	
Measure: Visitors are able to focus more effectively on the appropriate areas of the standards at the appropriate time through each process, in comparison to the legacy model		
Continued	<ul style="list-style-type: none"> • Feedback received is mixed, with 44 per cent of visitors agreeing with this statement, 40 per cent being 'neutral', and 16 per cent disagreeing • Neutrality in feedback for this measure does not denote dissatisfaction – it means they have maintained satisfaction that they are able to focus on the right standards at the right time when compared to the previous model • From workshop activity, there is recognition that splitting standards assessment through different stages of the process is the right approach • Outcomes reached by visitors show that they can draw out themes to explore through appropriate process stages • The provider context document provided to partners has been developed through the year to ensure the right information is included • This has helped the visitors to understand the provider and region, and where their focus should be through the assessment 	None
Measure: Visitors are satisfied they are positioned effectively to understand the wider organisation context in any decisions they reach		
Continued	<ul style="list-style-type: none"> • Feedback received is more positive than for the above measure, with 52 per cent of visitors agreeing with this statement, 26 per cent being 'neutral', and 22 per cent disagreeing • Linked to the notes for the above measure, we have developed the context information and guidance provided at each process stage to address this measure • Again, linked to the above, through workshops visitors agreed that reviewing standards in an iterative way is the right approach, and there was an understanding that part of the issue here is getting comfortable with the new way of working 	None

Measure: Outcomes data shows that issues were picked and dealt with at the appropriate time, leading to smoother progression through the QA processes.

Continued	<ul style="list-style-type: none"> • We have set conditions on 5 per cent of cases, as we have worked through issues with providers in an iterative way • This is within our target of no more than 20 per cent of cases with conditions set • No site visits (virtual or physical) were required in any quality activity • Focused review cases were enacted when required to consider developments which might have impacted on provider performance. Through these cases, good decisions regarding any next steps were made based on information received or gathered, and then clearly reasoned through reporting • We have seen a reduction in the number of Education and Training Committee (Panel) meetings held to make decisions, with only one Panel held due to an ‘escalation’ from one decision making tier to another. This shows issues have been worked through to an appropriate level prior to governance engagement, but that there is an option to escalate were needed • Benefits of engaging providers flexibly and conducting site visits only when needed to assess standards are realised 	Continued peer support for education executives, focusing on real life case studies and actions undertaken to reach good conclusions ²
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Strategic objective 3 – Using a range of data and intelligence sources to inform decision making

Summary of findings
<ul style="list-style-type: none"> • We have continued to build on the foundations delivered through the pilot, to embed further data and intelligence in the model • This has continued to yield good results, with formal information sharing with several ‘early adopter’ professional bodies in the process of being formalised • Insight to inform decision making has been gained from data and intelligence sources, and this is shown in through case assessments and reports

² This point is covered in the key development points for [strategic objective 1](#)

Analysis of measures		
Alignment	Findings through year 1	Further developments
Measure: Scoped the establishment of data sharing agreement with HESA which is suitable to support QA model		
Continued	<ul style="list-style-type: none"> • Data delivered in the 2021-22 academic year • Data secured is what is required to support the running of the model, specifically: <ul style="list-style-type: none"> • Scale up planning activities for the performance review process, undertaken in October / November 2021 • Running of the performance review process from January 2022 	Plan to move to a more developed relationship for future HESA data supplies
Measure: Sector based intelligence is used throughout each process where appropriate, which improves the quality of decision making		
Continued	<ul style="list-style-type: none"> • Professional bodies remain committed to directly working with us to support and assure high quality education and training • MOUs in development with specific 'early adopter' professional bodies • Providers welcomed HCPC and professional bodies engaging directly, on a case-by-case basis and more strategically • On establishment of MOUs, will embedded process points to engage with these professional bodies on a case level • Similar arrangements being discussed with other sector bodies, such as Health Education England, and Health Education Improvement Wales, and NHS Education Scotland. 	None
Measure: All provider types are able to engage with and provide relevant information for the provider performance related data points required through QA processes		
Continued	<ul style="list-style-type: none"> • The vast majority of providers are included in HESA and other external data sources • We accept that not all providers will be able to supply all data points, and should be careful to amend the model for all for the exceptions • Some provider types are not included in external data sources, and these providers have not always been able to supply all data points • The model relies on continual data and insight being provided to support longer periods between monitoring submissions • Where there are gaps in data, these gaps may be reasonable (eg due to the design of the provision), or may show that the provider is 	None

	<p>more inherently risky, and should be monitored as such</p> <ul style="list-style-type: none"> • Gaps in data has led to risks being identified with our assurance of the provision, but in each case we were able to mitigate risks with bespoke arrangements with providers. This is a reasonable case outcome • The performance review process includes ability for providers who do not appear in external data sources to deliver data, and to set out how they will do this continually. This places responsibility on those providers to decide if and how to address continual data supply • Therefore, undertaking more effective risk assessment and profiling of institutions and programmes has continued to be delivered 	
<p>Measure: Education providers understand the risk model and assessment applied through the QA processes and perceive them to be objective and consistently applied</p>		
Continued	<ul style="list-style-type: none"> • Most providers are satisfied that this measure is met. This includes providers who have concluded the process 	None
<p>Measure: Visitors are supported and positioned to make risk-based decisions appropriately within the QA model</p>		
Continued	<ul style="list-style-type: none"> • Most partners are satisfied that this measure is met 	None
<p>Measure: A risk model is delivered, which allows risks to be quantified effectively, with higher risk providers appropriately engaged in more intensive and timely regulatory interventions</p>		
Continued	<ul style="list-style-type: none"> • Institution performance model developed, and applied through performance review • These models have been applied through the approval and performance review process, and have added value to assessments • Consideration of outstanding risks is embedded into decision making through performance review process outcomes. This leads to next steps designed for each situation 	None
<p>Measure: New QA model provides value for money in reaching more effective QA outcomes</p>		
Continued	<ul style="list-style-type: none"> • Through the approval assessments where an outcome was reached, the process provided better value for money as: <ul style="list-style-type: none"> ○ 60 per cent of the standards were not directly assessed, as they had been assessed at the institution previously ○ We did not undertake an approval visit, but focused quality activity where it added most value 	None

	<ul style="list-style-type: none"> • We now reported on how standards are met, alongside the areas that needed further work • Visitor fee model is in place, with alignment to the existing Department budget for this financial year (2022-23) • This means we will do more with existing resources, and therefore the measure is met for the purposes of scale up 	
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5. Continuing model development

5.1. Moving to business as usual does not mean that we stop developing the model. We have structures in place to understand the effectiveness of the model and continually improve, including:

- Collection and analysis of stakeholder feedback linked to the model's strategic objectives, through process conclusion, and on a regular basis
- Focused audits undertaken by the internal Quality Assurance team
- Embedding a culture of continuous improvement in the team
- Phased system improvement and development, focused on delivering service benefits to stakeholders

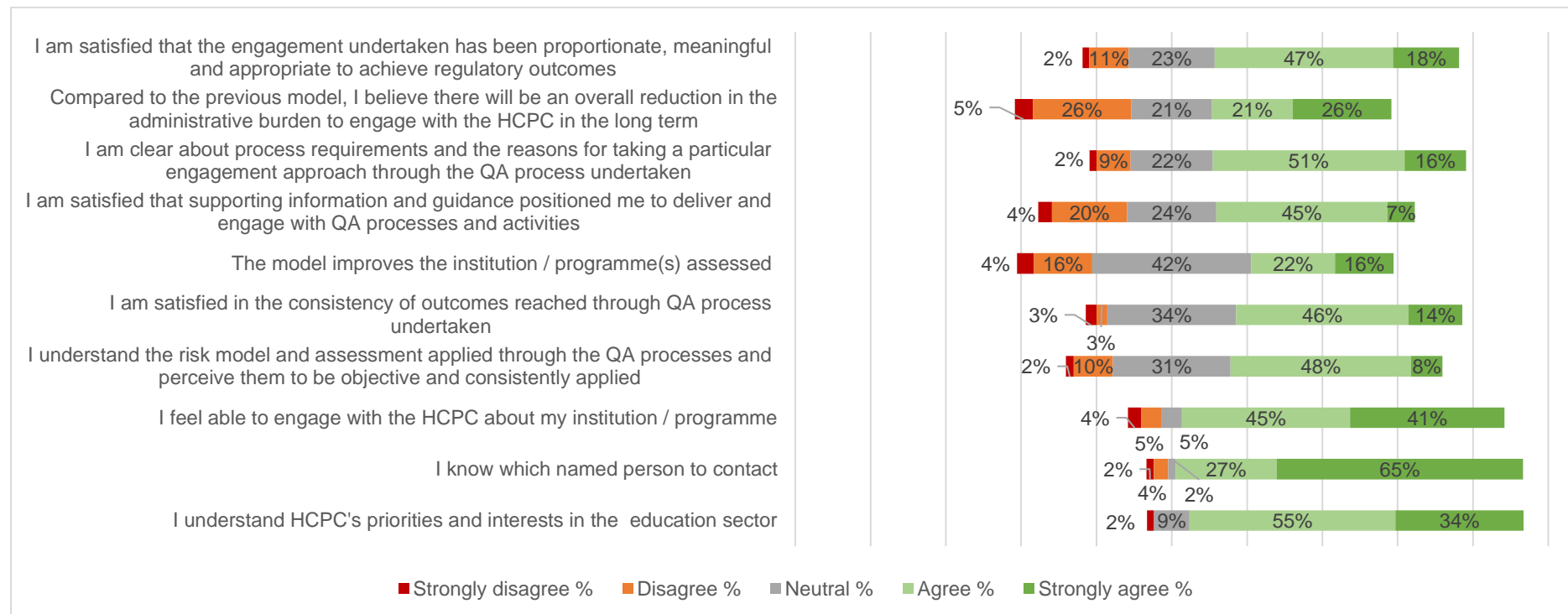
5.2. We will report on the quality and effectiveness of the model through existing structures, developing our capability to include quality-based measures within regular reporting to the Executive Leadership Team and Education and Training Committee.

Appendix A – data from surveys

Education provider survey (N=61)

Responses were generally positive, with the highest agree statement being 'I know which named person to contact' (92%), followed by 'I understand HCPC's priorities in the education sector' (89%), and 'I feel able to engage with the HCPC about my institution / programme' (86%).

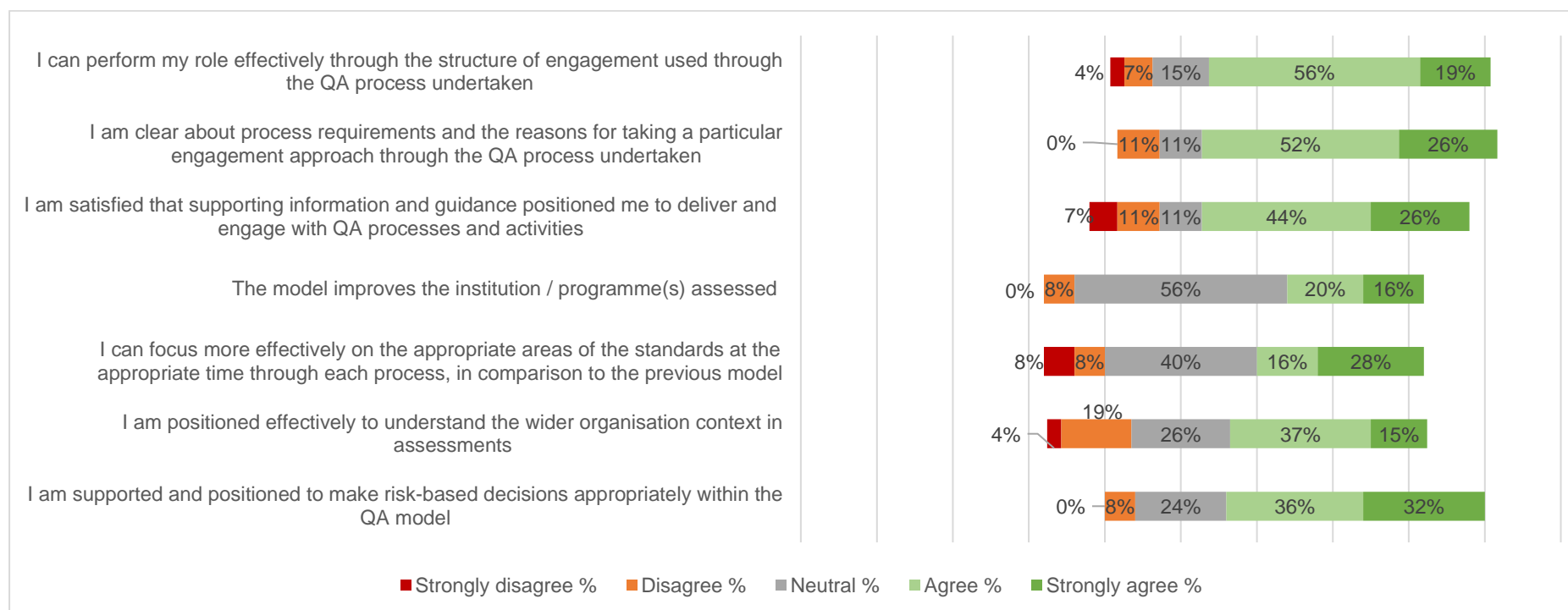
Highest disagree scores were for the 'reducing burden' statement (31%), followed by 'supporting information and guidance positioned me to deliver and engage with QA processes and activities' (24%), and 'the model improves the institution / programme(s) assessed' (20%). In each of these cases, agreement scores far outweigh disagree scores.



Partner survey (N=29)

Responses were generally positive, with the highest agree statement being 'I am clear about process requirements and the reasons for taking a particular engagement approach through the QA process undertaken' (78%), followed by 'I can perform my role effectively through the structure of engagement used through the QA process undertaken' (75%), and 'I am satisfied that supporting information and guidance positioned me to deliver and engage with QA processes and activities' (70%).

The highest disagree scores was 'I am positioned effectively to understand the wider organisation context in assessments' (23%), followed by 'I am satisfied that supporting information and guidance positioned me to deliver and engage with QA processes and activities' (18%). This is also the third highest agree statement, which shows that neutral responses were fairly high for some of the statements. All statements had a higher agree response rate than for disagree.



Executive survey (N=9)

Due to the small number of executive team members, and the consistency of people within the team, in the below chart we have calculated average satisfaction scores for each measure based on survey responses, and compared how feedback received compared to the end of the pilot (August 2021).

Satisfaction scores translate to the options given: 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree.

All scores have raised, which shows the executive team has become more confident with the application of the model over the last 12 months.

