
Performance review process report

Nottingham Trent University, 2018-2022

Executive summary

This is a report of the process to review the performance of Nottingham Trent 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.

We have

- Reviewed the institution's portfolio submission against our institution level standards and found our standards are met in this area
- Reviewed the institution's portfolio submission to consider which themes needed to be explored through quality activities
- Undertook quality activities to arrive at our judgement on performance, including when the institution should next be reviewed
- Recommended when the institution should next be reviewed
- Decided when the institution should next be reviewed

Through this assessment, we have noted:

- The areas we explored focused on:
 - The programmes have only recently been approved. The education provider's annual quality assurance process aids curriculum development and review.
 - Learner numbers are agreed in a partnership strategic meeting with East Midlands Ambulance Service (EMAS). This safeguards the availability of ambulance practice education.
 - Feedback from practice educators is received via two mechanisms, one-to-one engagement with practice educators and through committees and meetings.
 - The provider should next engage with monitoring in five years, the 2027-28 academic year, because:
 - They engaged with a range of stakeholders with quality assurance and enhancement in mind.
 - They considered professional body findings in improving their provision. The education provider considered sector and professional development in a structured way.
 - Data for the education provider is available through key external sources. The education provider considered data in their quality assurance and enhancement processes and acts on data to inform positive change.
 - The following areas should be referred to another HCPC process for assessment:
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- Learners access to effective practice-based learning - The visitors understood non-ambulance practice education provision was reduced during Covid-19. Learners are not attending the number of incidents and receiving the same level of exposure due to long hospital delays. The number of experienced practice educators is reducing. EMAS and the education provider work in partnership to manage practice education capacity demands. However, the visitors considered there was a potential risk to the performance of the programme, and the education provider should report on their performance in this area in a year's time through the focused review process.
 - External practice education in social care and voluntary settings - External practice education in social care and voluntary settings which enables inexperienced learners to care for people with health or social care needs have been unavailable. This has meant learners have been attending ambulance practice education without the opportunity to develop these communication and essential care skills in a safe environment and learn from this exposure before ambulance practice education. The visitors considered there was a potential risk to the performance of the programme, and the education provider should reflect on their performance in this area in a year's time through the focused review process.
 - Learners' ability to meet competencies - Pressures in the Ambulance Service have led to a decrease in the number of patients learners are exposed to during practice education. This has been compounded by staff sickness and access to practice educators. The programme team responded by applying for learner enrichment funding for a simulation and clinical skills week. However, the visitors considered there was a potential risk to the performance of the programme, and the education provider should reflect on their performance in this area in a year's time through the focused review process.

Previous consideration	Not applicable. This performance review process was not referred from another process.
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| Decision | <p>The Education and Training Committee (Panel) is asked to decide:</p> <ul style="list-style-type: none"> • when the education provider's next engagement with the performance review process should be • whether issues identified for referral through this review should be reviewed, and if so how |
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| Next steps | <p>Outline next steps / future case work with the provider:</p> <ul style="list-style-type: none"> • Subject to the Panel's decision, the provider's next performance review will be in the 2027-28 academic year |
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Section 1: About this assessment

About us

We are the Health and Care Professions Council (HCPC), a regulator set up to protect the public. We set standards for education and training, professional knowledge and skills, conduct, performance and ethics; keep a register of professionals who meet those standards; approve programmes which professionals must complete before they can register with us; and take action when professionals on our Register do not meet our standards.

This is a report on the performance review process undertaken by the HCPC to ensure that the institution and practice areas(s) detailed in this report continue to meet our education standards. The report details the process itself, evidence considered, outcomes and recommendations made regarding the institution and programme(s) ongoing approval.

Our standards

We approve education providers and programmes that meet our education standards. Individuals who complete approved programmes will meet proficiency standards, which set out what a registrant should know, understand and be able to do when they complete their education and training. The education standards are outcome focused, enabling education providers to deliver programmes in different ways, as long as individuals who complete the programme meet the relevant proficiency standards.

Our regulatory approach

We are flexible, intelligent and data-led in our quality assurance of programme clusters and programmes. Through our processes, we:

- enable bespoke, proportionate and effective regulatory engagement with education providers;
- use data and intelligence to enable effective risk-based decision making; and
- engage at the organisation, profession and programme levels to enhance our ability to assess the impact of risks and issues on HCPC standards.

Providers and programmes are [approved on an open-ended basis](#), subject to ongoing monitoring. Programmes we have approved are listed [on our website](#).

The performance review process

Once a programme institution is approved, we will take assurance it continues to meet standards through:

- regular assessment of key data points, supplied by the education provider and external organisations; and

- assessment of a self-reflective portfolio and evidence, supplied on a cyclical basis

Through monitoring, we take assurance in a bespoke and flexible way, meaning that we will assess how an education provider is performing based on what we see, rather than by a one size fits all approach. We take this assurance at the provider level wherever possible, and will delve into programme / profession level detail where we need to.

This report focuses on the assessment of the self-reflective portfolio and evidence.

Thematic areas reviewed

We normally focus on the following areas:

- Institution self-reflection, including resourcing, partnerships, quality, the input of others, and equality and diversity
- Thematic reflection, focusing on timely developments within the education sector
- Provider reflection on the assessment of other sector bodies, including professional bodies and systems regulators
- Provider reflection on developments linked to specific professions
- Stakeholder feedback and actions

How we make our decisions

We make independent evidence based decisions about programme approval. For all assessments, we ensure that we have profession specific input in our decision making. In order to do this, we appoint [partner visitors](#) to design quality assurance assessments, and assess evidence and information relevant to the assessment. Visitors make recommendations to the Education and Training Committee (ETC). Education providers have the right of reply to the recommendation. If an education provider wishes to, they can supply 'observations' as part of the process.

The ETC make the decisions about the approval and ongoing approval of programmes. In order to do this, they consider recommendations detailed in process reports, and any observations from education providers (if submitted). The Committee takes decisions through different levels depending on the routines and impact of the decision, and where appropriate meets in public. Their decisions are available to view [on our website](#).

The assessment panel for this review

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

Matthew Catterall	Lead visitor, Paramedic
Paul Blakeman	Lead visitor, Chiropodist/Podiatrist, POM-Administration
Sarah Hamilton	Service User Expert Advisor
John Archibald	Education Quality Officer

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 were satisfied they could assess performance and risk without needing to consider professional areas outside of their own.

Section 2: About the education provider

The education provider context

The education provider currently delivers four HCPC-approved programmes across one profession and including a prescribing programme. It is a higher education provider and has been running HCPC approved programmes since 2007, when they previously delivered a Biomedical Science programme.

The report focusses on examples from the approved paramedic programmes only. This is because the prescribing programme started in March 2023, which is outside of the review period.

Practice areas delivered by the education provider

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

	Practice area	Delivery level		Approved since
Pre-registration	Paramedic	<input checked="" type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Postgraduate	2020
Post-registration	Independent Prescribing / Supplementary prescribing			2023

Institution performance data

Data is embedded into how we understand performance and risk. We capture data points in relation to provider performance, from a range of sources. We compare provider data points to benchmarks, and use this information to inform our risk based decisions about the approval and ongoing approval of institutions and programmes¹.

Data Point	Bench-mark	Value	Date of data point	Commentary
Numbers of learners	200	106	2023	<p>The benchmark figure is data we have captured from previous interactions with the education provider, such as through initial programme approval, and / or through previous performance review assessments. Resources available for the benchmark number of learners was assessed and accepted through these processes. The value figure was presented by the education provider through this submission.</p> <p>The education provider is recruiting learners below the benchmark.</p> <p>We explored this by reviewing whether the programmes remain sustainable. We did not need to assess it further.</p>
Learner non continuation	3%	4%	2019-2020	<p>This Higher Education Statistics Agency (HESA) data was sourced from a data delivery. This means the data is a bespoke HESA data return, filtered bases on HCPC-related subjects.</p> <p>The data point is above the benchmark, which suggests</p>

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

				<p>the provider is performing below sector norms.</p> <p>When compared to the previous year's data point, the education provider's performance has improved by 3%.</p> <p>We explored this by reviewing the submission for reasoning for the above benchmark attrition rate.</p>
Outcomes for those who complete programmes	93%	79%	2018-2019	<p>This HESA data was sourced from a data delivery. This means the data is a bespoke HESA data return, filtered bases on HCPC-related subjects.</p> <p>The data point is below the benchmark, which suggests the provider is performing below sector norms.</p> <p>There was not a data point for the previous year.</p> <p>We explored this by reviewing the submission for why the percentage of those either in employment or further study was below the benchmark.</p>
Teaching Excellence Framework (TEF) award	n/a	Gold	June 2017	<p>The definition of a Gold TEF award is "Provision is consistently outstanding and of the highest quality found in the UK Higher Education sector."</p> <p>We did not explore this as the education provider is performing to the highest standard here.</p>

Learner satisfaction	76%	81%	2022	<p>This National Student Survey (NSS) data was sourced at subject level. This means the data is for HCPC-related subjects.</p> <p>The data point is above the benchmark, which suggests the provider is performing above sector norms.</p> <p>When compared to the previous year's data point, the education provider's performance has improved by 6%.</p> <p>We did not explore this as the education provider is performing above sector norms.</p>
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Section 3: Performance analysis and quality themes

Portfolio submission

The education provider was asked to provide a self-reflective portfolio submission covering the broad topics referenced in the [thematic areas reviewed](#) section of this report.

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

Data / intelligence considered

We also considered intelligence from others (eg prof bodies, sector bodies that provided support) as follows:

- NHS England, formerly HEE (Health Education England) Midlands, informed us of pressures related to the availability of practice-based learning in the Midlands.

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.

We have reported on how the provider is performing on all areas, including the areas below, through the [Summary of findings section](#).

Quality theme 1 – plan for curriculum development

Area for further exploration: The education provider informed us the first cohort of a HCPC approved programme began in 2020. The visitors recognised therefore the education provider was new to the field of health care education, and the curriculum was also new. The visitors however were unclear of the results from the education provider's plan to monitor and develop the curriculum had worked. They therefore sought more information about this area.

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

Outcomes of exploration: The education provider informed us their annual quality assurance process supports curriculum development and review. Programme leads submit an interim programme review and development plan annually. This is reviewed by the Head of Department and approved by the school quality committee. The development plan considered feedback from learners, staff, and external examiners. It identified areas of development and improvement for the next year. The education provider stated this has promoted reflection and helped them to action annual programme improvements. For example, the education provider addressed feedback on the postgraduate programme about the bunching of assessment deadlines.

Each programme undertakes a programme committee once a term. The education provider informed us this is a key mechanism for learners to feedback and for actions to be agreed. Feedback from learners in programme committees have led to the introduction of 'simulation week' for year three undergraduate learners to enhance their confidence in their clinical skills.

The education provider stated there has been a curriculum change which has resulted in the amalgamation of several 20 credit modules, to create 40 credit modules. This amendment was driven by feedback from learners regarding assessment workload and linked content within modules. Consultation was

conducted with the academic team, learners and other key stakeholders such the external examiner.

The education provider informed us they had initiated a process of curriculum review. This will be progressed within curriculum theme groups and feed into the annual quality assurance process for curriculum development. Feedback from learners and other stakeholders is an integral part of curriculum development. This will be captured in ways such as postgraduate taught education survey (PTES), NSS and school and department meetings such as operational meetings with EMAS. These will then feed into the work of the curriculum theme groups.

The visitors considered the education provider had provided clear reflection on any how their plan to monitor and develop the curriculum had worked, and how consideration any input which required specific development of the existing curriculum had worked.

Quality theme 2 – challenges with practice-based learning provision

Area for further exploration: The education provider informed us they had faced challenges in practice education provision(s) and the availability of practice educator availability. Non-ambulance practice education was reduced during Covid-19 because access to different practice learning partners was limited for all learners. High demands on emergency care meant learners were not attending the number of incidents and receiving the same level of exposure due to long hospital delays. We recognised the education provider had identified solutions, such as self-organised practice education.

The visitors considered these could impact on learners' experience on the programme. They were unsure how education provider ensured the experience of learners was maintained at a high level. They therefore sought more information about these areas.

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

Outcomes of exploration: The education provider informed the visitors non-assessed enrichment practice education was targeted towards undergraduate learners who lack prior healthcare experience. Covid-19 restrictions prohibited this practice education from taking place. The practice education was therefore replaced by a week of activities on campus delivered by community organisations and service users. The education provider stated they were in the process of reviewing capacity in social / voluntary areas to decide whether to maintain the community week or revert to non-assessed practice education. Covid-19 impacted on the workforce and created a challenge with number of practice educators. Programme leads monitored access to learning opportunities with extensions. Longer blocks of practice

education, within regulations on maximum hours, was provided to ensure learners were able to develop the required competencies. We understood the success of this is evidenced by a high completion rate of the 2020 cohort.

All learner numbers are agreed in a partnership strategic meeting with EMAS. The education provider informed us this safeguards the availability of ambulance practice education. They stated this ensures the education provider has a joined-up approach to programme growth in line with practice education capacity. The education provider informed us they employ a Placement and Engagement Manager, who has responsibilities around engaging new practice education and creating capacity growth. They are supported from a strategic perspective by a Principal Lecturer Practice Learning. We understood a team of practice education support administrators allocate practice education. We were informed the range of roles within the team reflects the education provider's investment in capacity development and a quality practice learning experience.

The education provider informed us practice education which take place outside the ambulance setting are also integral to the programmes. The team had secured growth in different areas. For example:

- increased capacity within theatres at one acute hospital;
- introduced A&E and theatre practice education in three hospitals.

To ensure learning opportunities within these areas are maximised, programme teams reviewed the practice assessment document to ensure this fully reflects the range of learning opportunities available to paramedics in these settings.

The Principal Lecturer for Practice Learning meets monthly with the Placement Lead for EMAS. A similar arrangement is in place for the private ambulance provider the education provider works with. The education provider informed us this meeting provides the opportunity to plan any capacity or quality concerns. The meeting is attended by the Head of Department. We were informed quality issues with the non-ambulance practice education organisations are managed by the department Practice Assurance Committee which is attended by representatives of the range of practice education providers. The education provider stated they also have a practice education concerns tracker, including action plans. They added regular strategic meetings with senior staff in EMAS and the education provider are a forum for strategic planning regarding workforce issues which may impact and information sharing regarding capacity.

The visitors considered the education provider had provided clear reflection about how the education provider ensured the experience of learners is maintained and how effective overarching management and capacity expansion approaches has been.

Quality theme 3 – feedback from practice educators

Area for further exploration: The education provider informed us, due to operational demands, practice staff 'have limited time during shift to...provide assessment feedback'. They also stated the paramedic academic practice lead is developing a feedback and engagement processes targeted at practice educators in collaboration from EMAS. The visitors were unclear whether feedback has been successfully obtained from practice educators and how it had fed into the education provider's provision. They therefore sought more information about these areas.

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

Outcomes of exploration: The education provider informed us feedback from practice educators was received via two mechanisms:

- Practice educators' feedback from EMAS is taken forward to practice education, operational or strategic partnership meetings. Non-ambulance practice education feedback is received via organisational representatives at the education provider's Practice Assurance Committee.
- Through one-to-one engagement between practice educators and academic staff.

For example, the education provider informed us they had received feedback by requests to understand the education provider's practice education processes and programmes.

To respond to this feedback the education provider stated they have taken several actions. For example,

- Provided information such as policies and planners for distributing through practice education teams.
- Where directly related to learners, provided 1:1 meetings for guidance

The visitors were informed strategic meetings between the education provider and EMAS considered the challenges of demands for the growth of the paramedic workforce which are inhibited by the availability of practice education and practice educators. In response to this the education provider received funding to develop online training work packages for practice educators. The education provider informed us a staff shortage in EMAS has slowed this development.

The visitors considered the education provider had provided clear reflection whether feedback has been successfully obtained from practice educators and how it had fed into the education provider's provision.

Section 4: Findings

This section provides information summarising the visitors' findings for each portfolio area, focusing on the approach or approaches taken, developments, what this means for performance, and why. The section also includes a summary of risks, further areas to be followed up, and areas of good practice.

Overall findings on performance

Quality theme: Institution self-reflection

Findings of the assessment panel:

- **Resourcing, including financial stability –**
 - All programmes are validated on an agreed budget. Covid-19 created a degree of financial uncertainty in relation to learner recruitment in September 2020 and September 2021. Cost savings were introduced across the education provider which resulted in vacant posts requiring additional approval before advertisement.
 - The programmes sit within the Institute of Health and Allied Professions (IHAP). IHAP was established following the approval of a detailed five-year business plan. This plan incorporated learner numbers and a commitment from the education provider for facilities and staffing. The plan was approved by the University Executive Team in Spring 2019.
 - The education provider has committed to build a £15m Health and Allied Professions Centre to house staff and learners with state-of-the-art facilities.
 - The contracted numbers for the apprenticeship programme are 40 a year and recruitment return to 20 learners per cohort in September 2023.
 - We are satisfied with how the education provider is performing relating to this area.
- **Partnerships with other organisations –**
 - Partnerships are integral to the establishment of the IHAP. EMAS are a key partner for the paramedic programmes, including as a practice education provider, and employer partner for apprenticeships. EMAS have also provided support for the establishment of IHAP.
 - The education provider has built a relationship with Central Medical Services, a local private ambulance service. This has created additional practice education capacity and a potential new partner for apprenticeships.
 - The education provider is represented on the regional Integrated Care Service (ICS) Allied Health Professions Council and contribute to ICS workforce transformation reviews. IHAP practice education team work closely alongside the City and County primary alliance networks. These are an important part of developing practice education capacity.

- We are satisfied with how the education provider is performing relating to this area.
- **Academic and placement quality –**
 - New academic and administrative staff to the Practice Education team have a specific focus on process and quality. The Principal Lecturer for practice education has established regular liaison with paramedic providers. The Practice Education team have improved the use of management software at the education provider for healthcare learners. This has improved the timescale for practice education notification to both providers and learners. This has enabled learners to have earlier allocation of details which improves their experience.
 - As detailed in [quality theme 1](#), Covid-19 impacted on the workforce and created a challenge with number of practice educators. Programme leads monitored access to learning opportunities with extensions and longer blocks of practice education, within regulations on maximum hours, was provided to ensure learners were able to develop the required competencies. The Principal Lecturer for Practice Learning meets monthly with the Placement Lead for EMAS. A similar arrangement is in place for the private ambulance provider the education provider works with. Quality issues with the non-ambulance practice education organisations are managed by the department Practice Assurance Committee which is attended by representatives of the range of practice education providers.
 - We are satisfied with how the education provider is performing relating to this area.
- **Interprofessional education –**
 - Learners take part in a simulated major incident exercise. This exercise is now run in conjunction with Derbyshire fire and rescue service. Postgraduate paramedic learners also take part in an interprofessional day with nursing associate learners. This is co-facilitated by a service user.
 - All paramedic learners are taught by a range of healthcare professionals including midwives, nurses, and public health experts.
 - The education provider has only recently moved into the area of health care so only have direct access to nursing and social work learners within the health care field.
 - The education provider has designed, developed, and implemented a 'moot coroners' court'. Several departments within the education provider work together. The law school have supported with academics and access to their moot court rooms at the city campus. The programme team have created a high fidelity simulated experience so learners experience what it is like to participate in a real coroners' court.
 - We are satisfied with how the education provider is performing relating to this area.

- **Service users and carers –**
 - Service users are involved with programmes in different ways. Covid-19 restrictions impacted on the involvement of service users and carers with the programmes. They were involved with regular programme development meetings.
 - Outreach activities to service users and carers is a core activity to ensure their involvement is robust, integrated, and sustainable, and represents local communities.
 - The Involvement strategic group consists of people with lived experience and academic leads. They have finalised a department strategy which outlines deliverables against the vision for co-production in the department. Service users provided briefing training of the strategy to module leads.
 - We are satisfied with how the education provider is performing relating to this area.
- **Equality and diversity –**
 - The diversity of learners on the programmes does not reflect the diversity of the area. The education provider has attempted to improve the diversity of the learner population. The education provider stated they 'have made little improvement' over the review period.
 - They have established a working group to look specifically at improving diversity in paramedic education recruitment. The group are looking at interventions including:
 - Decolonising the curriculum to improve accessibility and understanding
 - Improving representation of diversity in course materials
 - Outreach / careers days in local schools with high diversity
 - The education provider has looked at the demographics for applicants. They have reflected on the application process. They concluded the paramedic programmes have an above average number of learners from a black or ethnic minority background.
 - The education provider stated they need to do more work around monitoring learner retention and issues such as digital literacy. The admissions process is being reviewed, with input from service users, practice partners, and the wider department.
 - As part of a MSc dissertation research project, the education provider has looked at the demographics for applicants on the paramedic programmes. Female recruitment within the paramedic science programme was at 62%, which is significantly higher than the proportion of female registrants for paramedics.
 - We are satisfied with how the education provider is performing relating to this area.
- **Horizon scanning –**
 - The education provider aspires simulation to be an integral part of the programme. They consider this will enable them to employ simulated learning in lieu of practice for either specific skills / decision-making

development or in place of practice hours. We understood the education provider stated the impact would be increased placement capacity and the opportunity to plan focused and quality placements within ambulance and non-ambulance settings. IHAP has recently been awarded HEE practice education expansion funds. This was to support a pilot simulation experience in the undergraduate programme. It also includes investment to enhance infrastructure to support recruiting and training simulated patients.

- IHAP aims to provide education pathways to support progression throughout the health career. They offer specialist continuing professional development programmes such as Urgent and Emergency Care. IHAP is developing an Enhanced Clinical Practitioner Apprenticeship pathway. It will be possible to tailor this to different specialisms.
- IHAP offer routes from entry level roles such as technician, to registered practitioners and enhanced / post registration specialist qualifications and advanced practice. They are reviewing and growing provision in response to workforce needs.
- We are satisfied with how the education provider is performing relating to this area.

Risks identified which may impact on performance: None

Outstanding issues for follow up: None

Quality theme: Thematic reflection

Findings of the assessment panel:

- **Embedding the revised Standards of Proficiency (SOPs) –**
 - Paramedicine is the only HCPC professional registered group with IHAP at the current time. The education provider is confident the programmes fully meet the new SOPs for paramedics. They consider the design of the programmes includes much of the revised SOPs for paramedics in the learning outcomes.
 - For example, for promoting public health and preventing ill-health, the education provider has a module dedicated to Public Health and Wellbeing in the undergraduate and apprenticeship programmes. This addresses the new standards and the importance of paramedics taking a proactive stance in promoting public health and making every contact count. In the postgraduate this content is delivered across the modules Human Health and Illness, and the Advancing Paramedic Practice.
 - We are satisfied with how the education provider is performing relating to this area.
- **Impact of COVID-19 –**
 - The education provider converted the delivery of the MSc Paramedic Science programme from face-to-face to a blended approach. The

programme was designed with three year-long 30 credit, level 7 modules, two theory-based and one practical clinical module. The education provider delivered the theory modules in the first half of each year, and the practical in the second half. They moved the theory teaching from in-person to online, using MS Teams.

- The education provider has now returned to in-person teaching. They have reviewed some of the activities and materials produced under Covid-19 changes. This is to identify what can be used going forward to support learners, such as self-directed learning.
 - The paramedic programme is heavily delivered in-person, especially around the teaching of practical skills. During Covid-19 the education provider needed to bring learners on campus for practical teaching. These sessions were compliant with Covid-19 legislation and guidance.
 - Covid-19 restrictions impacted on assessments. The education provider needed to develop a supplementary document to the general assessment regulations. This was to support learners who may have been adversely affected by the restrictions. The supplementary document is no longer in force.
 - We are satisfied with how the education provider is performing relating to this area.
- **Use of technology: Changing learning, teaching and assessment methods –**
 - Covid-19 impacted significantly on the delivery of the provision. The education provider had to adapt teaching styles and delivery of their programmes. For example, by front-loading theoretical content via online delivery. They took the learning from this and were able to deliver a blended approach to programme delivery for other intakes, with essential practical content delivered on campus and theory being predominantly taught online.
 - Assessment and feedback were initially completed on grading sheets in a word processor. The education provider stated this had the potential for error, was repetitive and time consuming. It could also be unclear for learners who needed to download an additional document to view their feedback and grade.
 - The education provider stated there have been successes demonstrating the uses of technology. For example, the use of collaboration software H5P, and MS Teams to facilitate accessibility and flexibility for tutorials and progress reviews. They have employed a digital curriculum developer. They are recruiting for a digital curriculum manager to enhance the digital offering and maintain a digital focus. Both the digital curriculum developer and one of the senior lecturers within the paramedic team attend the school-wide digital development group.
 - We are satisfied with how the education provider is performing relating to this area.

- **Apprenticeships –**

- The education provider runs a paramedic apprenticeship programme. It is delivered in two cohorts a year, using a method of block delivery with a course design based on 30% off the job hours. The education provider is contracted with EMAS for 20 learners per cohort. We understood they have taken 30 learners per cohort this year. The modules and content are closely mapped onto the undergraduate paramedic programme.
- Progress reviews now take place every 12 weeks. A new approach for recording and monitoring progress reviews has been introduced which integrates these more effectively with paramedic portfolios in Pebblepad. Progress review completion rates are reported to the School of Social Sciences apprenticeship subcommittee.
- The programme has been designed with advanced standing entry to year 2 of the programme. EMAS wished to use it as a vehicle for staff progression. They employ around 2000 ambulance technicians. Many of these have expressed a desire to progress to paramedic registration.
- The apprenticeship programmes experienced teething problems such as inconsistencies of supernumerary time dependent on the ambulance crew they worked with, expectations of the programme, and how learners' concerns were shared between employer and the education provider. EMAS addressed concerns regarding inequities in supernumerary time. The apprenticeship programme is discussed in the strategic meeting between EMAS and the education provider to aid planning and risk management. The education provider run open evenings where prospective learners can access information about the programme. They have also amended the content of the bridging module, so expectations of the programme are clear.
- We are satisfied with how the education provider is performing relating to this area.

Risks identified which may impact on performance: None

Outstanding issues for follow up: None

Quality theme: Sector body assessment reflection

Findings of the assessment panel:

- **Assessments against the UK Quality Code for Higher Education –**
 - There have been no specific assessments against the UK Quality Code during the review period. The department, school and education provider have processes and data reporting and review mechanisms which ensure compliance with the Quality Code.
 - IHAP is a new department with several public section regulatory body (PSRB) approved programmes. The education provider established PSRB approved delivery in several areas including social work. There

has been significant growth in HCPC approved programmes. The education provider has adapted its quality assurance structures and guidelines in recognition of this and to continue to support delivery of education against the standards in the code. For example, amendments to the quality handbook that have been introduced for apprenticeships.

- A project is underway to review the internal regulations for programme approval to reflect in the institutional guidelines PSRB approval requirements. It is led by the Centre for Academic Development and Quality.
- The School of Social Sciences have also introduced a new role, a Collaborative Quality Manager. The post holder has expertise in PSRB approved programmes and supports quality monitoring and course development of the HCPC regulated courses.
- We are satisfied with how the education provider is performing relating to this area.
- **Assessment of practice education providers by external bodies –**
 - Monitoring of Care Quality Commission (CQC) inspections and reports is the responsibility of the Principal Lecturer for practice learning. All practice education providers across Nottinghamshire and Derbyshire are monitored. The core practice education provider for paramedic science is EMAS. The CQC rating for that trust is 'good'.
 - The education provider also uses non-ambulance practice education. These practice education providers are all audited and CQC reports are checked. Two practice education providers are assessed as 'requires improvement' with CQC. The education provider has developed or is in the process of developing an action plan with the practice education providers.
 - We are satisfied with how the education provider is performing relating to this area.
- **National Student Survey (NSS) outcomes –**
 - The undergraduate programme is yet to return its first NSS return. The NSS has been promoted amongst the first graduating apprenticeship learners during a face-to-face session, and the education provider provides additional communication to all eligible learners, with a target response rate of 70%.
 - Postgraduate learners completed the PTES for 2022. Learners receive the PTES early in their second and final year and can only respond to the first year of the programme. The education provider stated they did not adequately support learners for what this was or for what they were commenting on. There was therefore a low response rate. For this year the education provider plans to provide support for learners completing the PTES.
 - We are satisfied with how the education provider is performing relating to this area.

- **Office for Students (OfS) monitoring –**
 - The education provider has a quality management framework, which is under the authority of Academic Board. The Academic Board is assured of the education provider's compliance with the B conditions of registration via the Academic Standards and Quality Committee. This committee reviews appropriate evidence to determine if the relevant conditions are met and whether there is any risk of future breach. These findings are reported to the Academic Board throughout the year. No breach, or risk of breach, has been identified.
 - If the education provider's monitoring, or OfS data, reveals areas of concern, the education provider undertakes detailed reviews. This is to explore and understand the issues in more depth and initiates a plan of action to address these. Actions may be carried out locally or institutionally and are monitored and reviewed by the relevant committees to determine whether they are having positive impact.
 - The education provider has not been subjected to investigations by the OfS, where it identifies the institutions' quality falls below the minimum requirement.
 - We are satisfied with how the education provider is performing relating to this area.
- **Other professional regulators / professional bodies –**
 - The education provider interacts with requirements set by the relevant regulators and or professional bodies. For example, programme monitoring from the Nursing and Midwifery Council (NMC) took place in December 2022 for the nursing associate and registered nurse programmes. The Non-Medical Prescribing programme has been written to align with new prescribing standards of the Royal Pharmaceutical Society.
 - Following the recommendation of the Augar review, Ofsted is responsible for inspecting the quality of Level 6 and Level 7 apprenticeship programmes. The education provider stated they have limited institutional experience with this inspection framework. They have a quality assurance mechanism which supports monitoring against the inspection framework. The education provider has introduced several forums to support programme leads to develop a community of practice and promote compliance with Ofsted requirements.
 - We are satisfied with how the education provider is performing relating to this area.

Risks identified which may impact on performance: None

Outstanding issues for follow up: None

Quality theme: Profession specific reflection

Findings of the assessment panel:

- **Curriculum development –**

- The education provider has systems in place to monitor the performance of programmes and to act accordingly. For example, they have developed a process by which academic irregularities are acted upon. This is because they found that being a new department, how they identified and followed up were not always clear to staff and learners. They have created a process for processing academic irregularity concerns. Potential academic irregularities are processed fairly, quickly and in line with the education provider's quality handbook. The education provider has been able to issue developmental poor academic practice warnings where work falls below the standard expected.
- The education provider has successfully developed the curriculum and gained approval for an independent prescribing course. The curriculum is designed around the latest Prescribing Competency Framework from the Royal Pharmaceutical Society. The programme has been approved internally for delivery, and by external bodies such as the NMC and the HCPC. The department has also developed an MSc Advanced Clinical Practice. The education provider stated this will address the continuing and evolving career progression of paramedics. They stated they will continue to build opportunities for continued study. They are currently exploring an MSc Clinical Research programme and are considering piloting short course opportunities.
- The education provider has been able to reflect on the first cohorts of the MSc Paramedic Science programme completing. They identified areas for streamlining delivery. The education provider considers feedback from stakeholders to maintain currency in the curriculum. As detailed in [quality theme 1](#), the education provider has the mechanisms in place to support curriculum development. For example, their annual quality assurance process. Programme leads annually submit an interim programme review and a development plan which is reviewed by the Head of Department and approved by the school quality committee. The development plan considered feedback from learners, staff, and external examiners. It identified areas of development and improvement for the next 12 months.
- We are satisfied with how the education provider is performing relating to this area.

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

- The education provider has the mechanisms in place to respond to changes in professional body guidance. The College of Paramedics curriculum guidance had not changed since the start of the paramedic programmes. The programme team is up to date with current guideline changes within the context of paramedic practice, including

Resuscitation Council (RCUK) and Joint Royal Colleges Ambulance Liaison Committee. For example, the integration of updated anaphylaxis management in pharmacology modules is influenced by RCUK updated guidelines.

- We are satisfied with how the education provider is performing relating to this area.
- **Capacity of practice-based learning –**
 - Non-ambulance practice education provision was reduced during Covid-19. This was because access to different practice learning partners was limited for all learners. Due to the current demands on emergency care, learners are not attending the number of incidents and receiving the same level of exposure due to long hospital delays. The number of experienced practice educators is reducing causing issues for supervision of learning. EMAS and the education provider work in partnership for practice education modelling and to manage practice education capacity demands.
 - External practice education in social care and voluntary settings to enable inexperienced learners to care for people with health or social care needs have been unavailable. This is due to system-wide practice education capacity and workforce issues. This has meant learners have been attending ambulance practice education without the opportunity to develop these communication and essential care skills in a safe environment and learn from this exposure before ambulance practice education.
 - We are satisfied with how the education provider is performing relating to this area.

Risks identified which may impact on performance: The visitors understood non-ambulance practice education provision was reduced during Covid-19. This was because access to different practice learning partners was limited for all learners. Due to the current demands on emergency care, learners are not attending the number of incidents and receiving the same level of exposure due to long hospital delays. The number of experienced practice educators is reducing causing issues for supervision of learning. EMAS and the education provider work in partnership for practice education modelling and to manage practice education capacity demands. However, the visitors considered there was a potential risk to the performance of the programme, and the education provider should reflect on their performance in this area in a year's time through the focused review process.

External practice education in social care and voluntary settings to enable inexperienced learners to care for people with health or social care needs have been unavailable. This is due to system-wide practice education capacity and workforce issues. This has meant learners have been attending ambulance practice education without the opportunity to develop these communication and essential care skills in a safe environment and learn from this exposure before ambulance practice education. The visitors considered there was a potential risk to the performance of the

programme, and the education provider should reflect on their performance in this area in a year's time through the focused review process.

Outstanding issues for follow up: None

Quality theme: Stakeholder feedback and actions

Findings of the assessment panel:

- **Learners –**
 - The learner's experience and opinions are central to the programmes. There are several ways in which learners can feed back. For example, programme and school representatives, equality and diversity forums, and the NSS. The primary source of feedback is through programme representatives in the programme committee and module level MySay. MySay is the education provider's module evaluation platform.
 - Feedback from paramedic learners' representatives to the course committee identified issues around assessment workload and achievability. The external examiner raised issues around some assessment tasks which seemed to be addressing very similar learner outcomes. The education provider reviewed the module specifications and learner outcomes for each of the modules of the undergraduate programme. Four modules were merged to create two new modules at level 4. Assessments for a module were changed to reduce the word count. Two modules were merged to create one new module at level 6. The overall effect has been to reduce the Academic Assessment workload without compromising on the assessment of the requisite learner outcomes.
 - Programme committees and learner representatives consider feedback from learners. For example, paramedic learners, staff and the EMAS education team experienced some challenges with communication and clarity of process across learners' issues. This caused confusion for staff and learners. An academic practice education lead role was developed in January 2022. This gave a single point of contact for paramedic learners about practice education and staff from both the education provider and EMAS.
 - Feedback from learners at programme committee was received around clinical competency sign off opportunities. Pressures in the Ambulance Service have led to a decrease in the number of patients learners are exposed to during practice education. This has been compounded by staff sickness and access to practice educators. The programme team responded by applying for learner enrichment funding for a simulation and clinical skills week. A multi-day event, this will cover conference style talks from guest speakers who are considered experts in their subject area, a simulation day in a high-fidelity environment, a major incident day and a clinical sign-off with multiple stations to aid learner competencies.

- We are satisfied with how the education provider is performing relating to this area.
- **Practice placement educators –**
 - As detailed in [quality theme 3](#), the education provider informed us feedback from practice educators was received via two mechanisms:
 - Practice educators' feedback from EMAS is taken forward to practice education, operational or strategic partnership meetings. Non-ambulance practice education feedback is received via organisational representatives at the education provider's Practice Assurance Committee.
 - Through 1:1 engagement between practice educators and academic staff due to concerns, progress reviews or failing learners.
 - Feedback has been dominated by requests to understand the education provider's practice education processes and programmes. Practice educators have also given feedback regarding practice educators' confidence when working with learners who are failing or there are concerns. To respond to this feedback the education provider stated they have taken several actions. For example,
 - Provided information such as policies and planners for distributing through practice education teams.
 - Where directly related to learners, provided 1:1 meetings for guidance
 - The paramedic academic practice lead is developing feedback and engagement processes targeted at practice educators. This is being undertaken in collaboration with EMAS. The education provider is exploring opportunities to engage practice educators and invite them to participate on simulation events at the education provider as a CPD activity for their own professional development.
 - The education provider found due to operational demands staff have limited time during shift to provide feedback. They considered there is also a need to strengthen the communication between the academic team, practice educators at EMAS, and the supervisors in non-ambulance practice education. This is to ensure they are sufficiently aware of the targeted learning outcomes for the paramedic learners they meet in practice education.
 - We are satisfied with how the education provider is performing relating to this area.
- **External examiners -**
 - The education provider has mechanisms to consider and respond to external examiner feedback. For example, the external examiner for the postgraduate programme raised the issue that some elements were not appropriate to assess at level 7. This was mainly related to portfolios. Consequently, these have been moved to pass / fail assessments as these documents did not sit comfortably within grade-based assessment.

- The external examiner has also pointed out successes. For example, for the apprenticeship and undergraduate programmes they stated 'OSCEs were well run, and all videoed allowing for a comprehensive sample being viewed. Feedback is consistent and well presented' to learners. The external examiner for the postgraduate programme stated they found the multidisciplinary team assessment to be innovative. They also considered feedback was usually of a high standard. Where they did not find this to be the case has been reviewed within the programme team.
- We are satisfied with how the education provider is performing relating to this area.

Risks identified which may impact on performance: Feedback from learners at programme committee was received around clinical competency sign off opportunities. Pressures in the Ambulance Service have led to a decrease in the number of patients learners are exposed to during practice education. This has been compounded by staff sickness and access to practice educators. The programme team responded by applying for learner enrichment funding for a simulation and clinical skills week. A multi-day event, this will cover conference style talks from guest speakers who are considered experts in their subject area, a simulation day in a high-fidelity environment, a major incident day and a clinical sign-off with multiple stations to aid learner competencies. However, the visitors considered there was a potential risk to the performance of the programme, and the education provider should reflect on their performance in this area in a year's time through the focused review process.

Outstanding issues for follow up: None

Data and reflections

Findings of the assessment panel:

- **Learner non continuation:**
 - The education provider has had a higher attrition rate on the postgraduate programme than the undergraduate programme. They considered this to be due to the lack of financial support and learners being unable to continue due to financial pressures. Learners studying similar graduate entry allied health programmes only receive the standard postgraduate loan amount of around £11,000 for the two-year programme. The programme design aims to facilitate learners being able to hold part time employment. However, many mature learners who have families and other financial commitments and find it difficult to remain on the programme. The education provider discusses this during the interview process, so learners understand what they are taking on. The education provider is also making representation via the College of Paramedics and NHS England to bring financial support for AHP graduate entry programmes on par with Nursing.

- Attrition rates on the undergraduate programme is running at approximately 3%. The apprenticeship programme had a higher attrition due to learners taking a break in studies during Covid-19.
- We are satisfied with how the education provider is performing relating to this area.
- **Outcomes for those who complete programmes:**
 - The undergraduate programme has yet to achieve a graduating cohort, so the education provider is unable to provide data for this. All learners on this apprenticeship programme are in full-time employment with their employers.
 - The only graduating cohort relates to the postgraduate paramedic programme. They are currently 100% in full time employment.
 - We are satisfied with how the education provider is performing relating to this area.
- **Teaching quality:**
 - The education provider stated the TEF panel considers them to deliver 'consistently outstanding teaching, learning and outcomes for its learners'.
 - The judging panel highlighted various factors for this, including:
 - the education provider's approach to improving the learner experience through innovative learning and teaching, and
 - outstanding learner engagement.
 - We are satisfied with how the education provider is performing relating to this area.
- **Learner satisfaction:**
 - The undergraduate direct entry and apprenticeship programmes are yet to return their first NSS.
 - Postgraduate learners completed the post graduate taught education survey (PTES). The education provider stated learners receive the PTES early in their second and final year and can only respond about the first year of the programme.
 - The education provider stated they did not adequately support learners for what this was or for what they were commenting on. There was a low response rate. The education provider plans to provide support for learners completing the PTES.
 - We are satisfied with how the education provider is performing relating to this area.
- **Programme level data:**
 - The education provider stated applications across all programmes are running at high levels, although there has been a decrease from the very high levels seen during Covid-19. There are not any issues in recruiting learners. The programmes are quite new and are attracting more than sufficient applicants. The education provider would like to increase the diversity of applicants.
 - We are satisfied with how the education provider is performing relating to 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).

Referrals to the focused review process

Learners access to effective practice-based learning

Summary of issue: The visitors understood non-ambulance practice education provision was reduced during Covid-19. This was because access to different practice learning partners was limited for all learners. Due to the current demands on emergency care, learners are not attending the number of incidents and receiving the same level of exposure due to long hospital delays. The number of experienced practice educators is reducing causing issues for supervision of learning. EMAS and the education provider work in partnership for practice education modelling and to manage practice education capacity demands. However, the visitors considered there was a potential risk to the performance of the programme, and the education provider should report on their performance in this area in a year's time through the focused review process.

External practice education in social care and voluntary settings

Summary of issue: External practice education in social care and voluntary settings which enables inexperienced learners to care for people with health or social care needs have been unavailable. This is due to system-wide practice education capacity and workforce issues. This has meant learners have been attending ambulance practice education without the opportunity to develop these communication and essential care skills in a safe environment and learn from this exposure before ambulance practice education. The visitors considered there was a potential risk to the performance of the programme, and the education provider should reflect on their performance in this area in a year's time through the focused review process.

Learners ability to meet competencies

Feedback from learners at programme committee was received around clinical competency sign off opportunities. Pressures in the Ambulance Service have led to a decrease in the number of patients learners are exposed to during practice education. This has been compounded by staff sickness and access to practice

educators. The programme team responded by applying for learner enrichment funding for a simulation and clinical skills week. A multi-day event, this will cover conference style talks from guest speakers who are considered experts in their subject area, a simulation day in a high-fidelity environment, a major incident day and a clinical sign-off with multiple stations to aid learner competencies. However, the visitors considered there was a potential risk to the performance of the programme, and the education provider should reflect on their performance in this area in a year's time through the focused review 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 2027-28 academic year
- The issues identified for referral through this review should be carried out in accordance with the details contained in section 5 of this report

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, external examiners, practice educators, service users and carers, EMAS, a local private ambulance service, primary alliance networks, and Derbyshire Fire and Rescue service.
- External input into quality assurance and enhancement
 - The education provider engaged with professional bodies. They considered professional body findings in improving their provision.
 - The education provider engaged with the NMC and RPS. They considered the findings of both in improving their provision.
 - The education provider considers sector and professional development in a structured way
- Data supply
 - Data for the education provider is available through key external sources. Regular supply of this data will enable us to actively monitor changes to key performance areas within the review period
- What the data is telling us:
 - From data points considered and reflections through the process, the education provider considers data in their quality assurance and enhancement processes and acts on data to inform positive change.

Education and Training Committee decision

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

Based on all information presented to them, the Committee decided that:

- The education provider's next engagement with the performance review process should be in the 2027-28 academic year
- The issues identified for referral through this review should be carried out through the focussed review process in a year's time

Reason for this decision: As above

Appendix 1 – list of open programmes at this institution

Name	Mode of study	Profession	Modality	Annotation	First intake date
BSc (Hons) Paramedic Science	FT (Full time)	Paramedic			01/09/2020
BSc (Hons) Paramedic Science	WBL (Work based learning)	Paramedic			01/09/2020
Independent and Supplementary Prescribing for Non-medical Prescribers	PT (Part time)			Supplementary prescribing; Independent prescribing	29/03/2023
MSc Paramedic Science	FT (Full time)	Paramedic			01/01/2020

Appendix 2 – 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
Nottingham Trent University	CAS-01242-C3K4Y6	Matthew Catterall and Paul Blakeman	Five years	Internal stakeholder engagement <ul style="list-style-type: none"> 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, 	Managing practice education – referred to focused review External practice education in social care and voluntary settings - referred to focused review

				<p>external examiners, practice educators, service users and carers, EMAS, a local private ambulance service, primary alliance networks, and Derbyshire Fire and Rescue service.</p> <p>External input into quality assurance and enhancement</p> <ul style="list-style-type: none"> • The education provider engaged with professional bodies. They considered professional body findings in improving their provision. • The education provider engaged with the NMC and RPS. They considered the findings of both in improving their provision. • The education provider considers sector and professional development in a structured way <p>Data supply</p> <ul style="list-style-type: none"> • Data for the education provider is available 	Learners ability to meet competencies – referred to focused review
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				<p>through key external sources. Regular supply of this data will enable us to actively monitor changes to key performance areas within the review period</p> <p>What the data is telling us:</p> <ul style="list-style-type: none">• 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.	
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