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## Performance review process report

Robert Gordon University, 2018-2022

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### Executive summary

This is a report of the process to review the performance of Robert Gordon 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 education 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 to consider which themes needed to be explored through quality activities
- Undertaken quality activities to arrive at our judgement on performance, including when the institution should next be reviewed
- Recommended when the institution should next be reviewed

Through this assessment, we have noted:

- The areas we explored focused on:
    - Learners' evaluation of interprofessional education (IPE). We explored through quality activity 1 how the education provider ensured that feedback from learners was used appropriately to drive improvements to IPE. The visitors considered that there had been appropriate and useful mechanisms for the education provider to reflect this in the review period.
    - Education provider monitoring of the effectiveness and appropriateness of changes made to programmes as part of curriculum development was explored through quality activity 2. The education provider described their mechanisms for reflecting on these changes and the visitors considered that the education provider had been able to monitor the outcome of enhancements in an appropriate way.
  - The education provider must next engage with monitoring in 5 years, the 2027-28 academic year, because they are performing well across all portfolio area. They engaged well with the process. Both their initial portfolio submission, and their responses to the quality activities and requests for clarification, were full and frank. There is good strategic oversight of the HCPC provision, and they have demonstrated that all programmes are performing well, for example in securing appropriate staff and sufficient placement capacity. There are no ongoing issues or processes which pose risks that we will need to review specifically before 2027-28.
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**Previous consideration** Not applicable – this process did not arise from any previous process.

**Decision** The Education and Training Committee (Panel) is asked to decide when the education provider’s next engagement with the performance review process should be.

**Next steps** 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:

Fleur Kitsell	Lead visitor, physiotherapist
Joanne Stead	Lead visitor, occupational therapist
Manoj Mistry	Service User Expert Advisor
Niall Gooch	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 15 HCPC-approved programmes across 13 professions and two post-registration programmes for prescribing annotations. It is a Higher Education Institution and has been running HCPC approved programmes since 1994.

The oldest approved provision is for the physiotherapy programme in 2001, and they have extended the provision for this profession to include post-graduation programmes. They also have programmes for dietetics, occupational therapy, paramedic, physiotherapy, and radiography.

The last annual monitoring in the legacy module was in 2019-20.

The education provider engaged with the legacy approval process in 2020 to introduce a paramedic programme which was a new profession, and this was part of an NHS Education for Scotland (NES) tender. They also had two major change reviews in the legacy quality assurance model for the biomedical scientist profession, and for post-registration prescribing programmes. Revisions to the way they manage programmes meant they closed programmes for dietitian, occupational therapist, physiotherapist, and radiographer provision through the programme closure process in 2019. These programmes were replaced by other provision. They also closed prescribing programmes in 2020, while continuing to deliver other provision in this annotation.

### 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
<b>Pre-registration</b>	Biomedical scientist	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2006

	Dietitian	<input checked="" type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Postgraduate	2018
	Occupational therapist	<input checked="" type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Postgraduate	2018
	Paramedic	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2020
	Physiotherapist	<input checked="" type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Postgraduate	2001
	Radiographer	<input checked="" type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Postgraduate	2018
<b>Post-registration</b>	Independent Prescribing / Supplementary prescribing			2020

### Institution performance data

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

Data Point	Benchmark	Value	Date	Commentary
Numbers of learners	1421	969	2022	<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 considering whether there were any issues regarding sustainability of the programmes or whether any programmes were likely to close. We determined the under recruitment did not pose a risk to the</p>

				sustainability of their programmes.
Learner non-continuation	3%	2%	2020-21	<p>This Higher Education Statistics Agency (HESA) data was sourced from a summary. This means the data is the provider-level public data.</p> <p>The data point is below the benchmark, which suggests the provider's performance in this area is above sector norms.</p> <p>When compared to the previous year's data point, the education provider's performance has been maintained.</p> <p>We explored this by considering how the education provider supported learners, and how they reflected on this support. We considered that the education provider was performing well in this area.</p>
Outcomes for those who complete programmes	94%	95%	2019-20	<p>This HESA data was sourced from a summary. This means the data is the provider-level public data.</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 been maintained.</p> <p>We explored this by considering how well the</p>



				education provider supports learners to develop their professional practice and attitudes. We considered that the education provider was performing well in this area.
Teaching Excellence Framework (TEF) award	N/A	Gold	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 explored this by considering how well the education provider maintains the teaching standards across their provision. We determined that they support staff to stay at a high level of skill.</p>
Learner satisfaction	73.9%	82.8%	2022	<p>This NSS data is summary data – provider-level public data.</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 2%.</p> <p>We explored this by considering how learner feedback and experience is considered, evaluated and developed across the HCPC-approved programmes.</p>

### 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.

### **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 – learners' evaluation of interprofessional education

**Area for further exploration:** In their portfolio, the education provider gave some examples of how interprofessional education (IPE) worked on their programmes. They noted that IPE mainly took place in practice-based learning settings. The visitors found this helpful as a starting point for their understanding of performance. However, there was a lack of information about how feedback from learners would be used to prompt the education provider's reflection on how to maintain IPE quality. There was insufficient information on what mechanisms existed for learners to give feedback on what forms of IPE they found more and less helpful.

The visitors therefore asked to explore this area in more detail. This would enable them to make an informed determination of the education provider's performance in maintaining appropriate IPE.

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

**Outcomes of exploration:** The education provider submitted a detailed explanation of how they sought learner feedback about IPE. The education provider noted that their IPE feedback form for learners provided room for learners to give their thoughts and suggestions. Learners had fed back their views on, for example, the fact that IPE in clinical settings felt rushed. Learners also wanted to expand the breadth of IPE in clinical settings.

The education provider submitted a detailed reflection on how learners had fed into the planned new module. The education provider reflected on the effectiveness of the mechanisms used for gaining learner feedback – for example, they stated that one online tool, Mentimeter, ensured a high return percentage. The education provider also noted that module-level and programme-level learner feedback gave

opportunities for comment on IPE. There was an established Student Voice procedure across the programmes which ensured these opportunities.

The visitors considered that this was a useful response overall, which enabled them to gain a full understanding of how the education provider sought and processed feedback from learners regarding IPE, in both existing modules and the new one. The education provider had clearly reflected on the best ways to evaluate and monitor IPE.

Quality theme 2 – Monitoring of changes made as part of curriculum development

**Area for further exploration:** The portfolio noted four areas where all programmes within the HCPC provision had made significant changes during the review period, as follows:

- Public health,
- Use of digital technology,
- Equality, diversity and inclusion, and
- Mental wellbeing of learners

The education provider outlined how developments in these specific areas had taken place on particular programmes. The portfolio stated that the particular four areas of improvement were taken forward because of changes in wider society, public policy or learner expectations.

The visitors considered that the changes were appropriate and timely. However, they also noted that the portfolio did not contain detailed reflection on how the education provider had ensured the changes were effective in enhancing the programmes on an ongoing basis. For example, they did not discuss how they had implemented the changes or assessed / monitored them once they were in place. This meant that the visitors did not have a clear understanding of how changes to curriculums were evaluated over the longer term. Therefore, they could not make a full and accurate determination of performance in the review period.

The visitors decided to explore how the changes would be evaluated in the future. Understanding the education provider's reflections in this area would enable them to make an informed decision about the education provider's ability to develop curriculums appropriately.

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

**Outcomes of exploration:** The education provider reflected in some depth on how they would monitor improvement in each of the four areas. There were several mechanisms in place through which their ongoing reflection took place. These included the Student Voice Questionnaire (post module), Student Voice Course evaluations, and the university-level Annual Course Appraisal Process (including Action and Enhancement Plans monitored by programme management and school academic boards). Additionally, programme leaders were required to submit annual

quality reports to the relevant professional body for their programme, with a strong emphasis on changes and developments.

The visitors considered that there were robust mechanisms in place for ensuring that curriculum development had been rigorously evaluated. They noted that the education provider had reflected in depth on the impetus for each change – for example, changes in professional guidance or changing political expectations about how health professionals would practice.

The education provider also noted that some of the curriculum developments were related to the changed HCPC standards of proficiency (SOPs). Their reflections on how the revised SOPs had fed into their curriculum development processes was detailed. For example, they noted that the revised SOPs' emphasis on equality, diversity and inclusion, and mental health, had encouraged them to update their programmes' approaches to such matters.

The visitors considered that the education provider's response was very strong. This was because it addressed the gap in their understanding of the education provider's performance. The evidence they had seen about the evaluation of curriculum development showed that the education provider had clearly spent time and effort determining the most appropriate and effective mechanisms.

## Section 4: Findings

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

### Overall findings on performance

#### Quality theme: Institution self-reflection

#### Findings of the assessment panel:

- **Resourcing, including financial stability –**
  - The education provider reflected on specific challenges in this area. For example, they had to adapt to under-recruitment for the Master of Dietetics programme, and to the need for unexpected investment in virtual learning tools because of the COVID-19 pandemic. They also noted that most of their programmes continued to recruit as planned and the existing funding arrangements still had support from the senior leadership team.
  - They also noted in their reflection that they had been seeking to become less reliant on the clearing process to fill places on their programmes, as they had found that clearing was time and resource-intensive.
  - The education provider gave a clear account about of how they expected to continue to support virtual learning after the end of direct Scottish government funding.

- The visitors considered the information supplied in this area effectively demonstrated how the education provider were able to keep their provision on a strong footing.
- The education provider had also demonstrated good performance by being transparent about the challenges faced and had shown that their provision was strong overall in terms of funding and recruitment.
- **Partnerships with other organisations –**
  - The education provider reflected on how their different programmes interacted with relevant partner organisations. The portfolio described how contacts with professional bodies and practice-based learning partners are the responsibility of Course Leaders and / or Principal Lecturers. They also noted how NHS Education Scotland (NES) is a common partner of all their allied health profession (AHP) provision. They described their involvement with the Scottish Rapid Action Oversight Group (RAPOG), which co-ordinated education providers during the COVID-19 pandemic.
  - They reflected on how they were co-operating with the Allied Health Professions (AHP) Workforce and Education review, undertaken by Scotland’s Chief AHP Officer in 2021. They also noted that further contributions by them might be required after the publication of the report.
  - The visitors considered that the education provider was performing well in this area. This was because they saw a detailed reflection on how the education provider oversaw the relevant partnerships, with mention of specific meetings of specific groups with define purposes. This information showed that the education provider had reflected on the best way to develop and maintain the necessary relationships.
- **Academic and placement quality –**
  - The key area of reflection in this area was the education provider’s Future of Teaching, Learning, and Assessment (FTLA) project, which was launched in September 2022. The intent of the FTLA was to review the post-COVID-19 learning landscape and to assess what the education provider’s programmes should look like. The aim was “the creation of digital standards for teaching, learning and assessment; attendance monitoring and engagement, and assessment and feedback standards.”
  - There was additional reflection on the normal functioning of their quality monitoring, outside immediate crises like the pandemic. They explained how individual programmes worked with stakeholders like external examiners to maintain quality, and reflected on how they ensured this was effective. This was done through regular meetings and standardised feedback procedures. There are central regulations for the appointment of external examiners and for managing relationships with them.
  - The visitors agreed the education provider performance in this area was good, both with regard to their normal monitoring and their response to COVID-19. They have demonstrated how they are interested in taking on the lessons of the COVID-19 pandemic and had appropriate mechanisms in place on individual programmes to maintain quality.

- **Interprofessional education – (IPE)**
  - The education provider gave a description of the role of interprofessional education (IPE) on particular programmes. This included cross-professional workshops and multi-disciplinary team (MDT) working in practice-based learning. The education provider noted that their intention was that all learners gained an understanding of how their clinical practice related to other professions' work. They considered that this is best achieved by focusing on IPE in practice-based learning. This was explored with learners through their supervisions and tripartite meetings.
  - However, the visitors noted that the portfolio had minimal reflection on the role of IPE across the institution as a whole. The education provider response to this exploration is discussed in [quality activity 1 above](#). The visitors considered after the quality activity that performance was good, because the response they received made it clear that they were able to reflect appropriately on the data received from quality monitoring.
- **Service users and carers –**
  - The portfolio stated that service users and carers mostly contribute through participation in clinical learning and assessment. Some examples were given of the approach, notably that service users give their perspective on learners' interpersonal skills.
  - The service users' involvement in assessment was also described – they have input into determining whether learners are meeting the required standards around interaction with their patients and the wider public. However, there was only minimal reflection on how the education provider evaluates and develops its service user involvement across the institution, so the visitors and the service user expert asked for clarification around this.
  - In clarification, the education provider submitted detailed evidence of their reflection on the best ways to evaluate service user involvement. For example, they noted that they had produced an Integrating People and Communities (IPC) Strategy covering best practice in the area. This strategy sets out the steps that individual programmes must follow to maximise their inclusion of different groups. Programmes must reflect on their integration of the IPC principles in their regular internal reviews. The education provider also noted that learners' feedback on service user involvement had been carefully anonymised, which showed that they wanted to maximise the honesty and usefulness of this feedback.
  - The visitors considered after the clarification that performance was good. This was because they were able to understand the defined pathways that enabled the education provider to understand whether they were using service users in the most effective ways.
- **Equality and diversity –**
  - The main area of reflection in the portfolio was the education provider's having identified issues with attainment and learner attrition in some demographics. These gaps were identified through School Academic Boards and then passed to other committees such as the Equality & Diversity Committee. Attainment and retention issues are being

addressed primarily through the Inclusive Curriculum Tool (ICT). The ICT is a set of procedures and guidelines that programmes must follow to ensure that they are designed in the way most likely to help learners from all backgrounds succeed.

- The visitors considered that performance in this area was broadly satisfactory because there was clear evidence of structures in place to monitor relevant data, and of lines of responsibility for problem-solving. However, they sought clarification about the exact risks they considered were associated with their not meeting equality and diversity goals.
- The additional information provided in response to this request for clarification enabled the visitors to be confident that the education provider had a clear understanding of risk. They therefore concluded that performance in this area was good.
- **Horizon scanning –**
  - The education provider outlined likely future needs. These included adding placement capacity to the biomedical science programme, due to growing demand for places on the programme. Additionally, the education provider reflected on their liaisons with the Scottish Ambulance Service to maintain clinical currency, and improving service user input on the radiography, physiotherapy, occupational therapy and dietetics provision.
  - The education provider had also reflected on how best to maintain strategic level contacts with relevant stakeholders to ensure that they kept in touch with likely developments in their sectors. They will do this through regular scheduled meetings with fixed agenda items.
  - The visitors considered that this was good evidence that horizon-scanning was taking place, and that the education provider had considered changes that might need to take place.

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

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

Quality theme: Thematic reflection

**Findings of the assessment panel:**

- **Impact of COVID-19 –**
  - The education provider's reflection focused on the move to more virtual teaching technologies, and more virtual assessment required by the pandemic. They also noted greater use of recorded sessions. As noted above in '[Academic and placement quality](#)', they have also launched a wide-ranging review of the post-COVID-19 learning landscape.
  - They also reflected on the specific issues created by the ending of allied health profession (AHP) placements during the pandemic. Their response to this was to increase their use of simulation for clinical learning. They also obtained extra money from the Scottish government to expand practice-based learning post-pandemic. Their reflection on both of these measures indicated that the initiatives had helped to expand access to learners whose learning had been disrupted in the pandemic. A certain

amount of learning loss had been unavoidable in the initial stages, but the measures enabled them to help learners catch up in subsequent phases of the programme.

- The visitors considered that the reflection was evidence that the education provider had managed well during the pandemic. They also considered that the education provider was taking seriously the opportunity to develop their offer in the new post-COVID-19 conditions.
- **Use of technology: Changing learning, teaching and assessment methods –**
  - The two key areas of reflection in this area were the growing use of clinical simulation as a routine part of all programmes, and adaptation to the COVID-19 pandemic and its consequences. [As noted above](#), the FTLA Standards project is underway. This was designed to embed learning from the pandemic in the education provider's provision, and to identify learning opportunities.
  - The education provider stated that simulation is in a process of constant development, and that the Scottish government are funding and supporting new opportunities.
  - The visitors sought clarification around the development and use of simulation, as there was not sufficient information to enable them to have a clear understanding of the education provider's plans and ambitions in this area.
  - The education provider clarified how they would best use simulation to support learners in their programmes. For example, they gave a list of curriculum areas where learners on healthcare programmes were most likely to benefit from integration of simulation and curriculum.
  - The visitors considered that this reflected an effective and appropriate approach to technology and so they considered that performance was good.
- **Apprenticeships –**
  - The education provider delivers apprenticeships but not in HCPC-regulated professions.
  - They do not mention in their portfolio any plans to deliver apprenticeships in HCPC-regulated professions. They did submit some institutional reflection on how their non-HCPC apprenticeships were working. Based on the information provided those apprenticeship appeared to be working well and delivering appropriate learning.

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

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

Quality theme: Sector body assessment reflection

**Findings of the assessment panel:**

- **Assessments against the UK Quality Code for Higher Education –**
  - The education provider reflected on their most recent Enhancement Led Institutional Review (ELIR). They noted the areas where the ELIR identified a need for improvement and development. These included



- amendments to assessment, a greater focus on learner experience, and a focus on the institutional attitude to equality, diversity and inclusion (EDI).
- It was clear from this reflection that the HCPC programmes at the education provider had an open and constructive approach to outside input. The visitors were confident of this because the ELIR process draws on outside guidance. They were willing and able to make changes where necessary and appropriate, and as noted above, examples were given of where relevant changes were made. The education provider noted that the changes to EDI had seemingly resulted in more learner satisfaction, to judge by less negative feedback from learners around EDI. Similarly, learners had welcomed the changes to assessment, according to the education provider reflection.
  - The visitors noted that the education provider did not specifically mention the Quality Assurance Agency (QAA) or the UK Quality Code for Higher Education. However, it was an appropriate and useful reflection as it showed a transparent attitude towards using outside standards to help implement improvements that were required. The education provider also gave specific examples of how they had responded to the ELIR, which meant the visitors were confident in their actions.
  - **Assessment of practice education providers by external bodies –**
    - The education provider submitted reflection in this area. There were descriptive narratives around particular programmes' interaction with certain external bodies but no unified or systematic reflection. The visitors considered that they would like to clarify with the education provider how they had reflected on maintaining the suitability of practice education providers during the review period.
    - The clarification set out that the education provider's reflection in this area was guided by the Quality Standards for Practice Learning (QSPL). The QSPLs are a Scottish government audit tool, which govern all the practice-based learning settings used by the education provider. The QSPLs ensure that all placements are safe. Any placement flagged as unsafe is required to go through a rigorous re-approval process, monitored by the education provider through Course Management Teams and the School Academic Board.
    - The visitors considered that this was a useful clarification which enabled them to be confident that the education provider was performing well in this area. They had a clear mechanism for ensuring placements were safe.
  - **Office for Students monitoring –**
    - Not applicable for this institution as it is in Scotland and the OfS is an English organisation.
  - **Other professional regulators / professional bodies –**
    - The education provider reflected on their interaction with other regulators and professional bodies, on a programme by programme basis. They noted which programmes come under the remit of which professional bodies. This section set out how the education provider synchronised internal and external quality processes. The education provider also noted that they kept in close touch with relevant professional bodies and regulators to ensure their programmes remained as up-to-date as possible.

- The education provider showed that they had reflected on information received from relevant bodies by noting, for every programme, whether or not they had made any changes during the review period. They noted, for example, that their annual audits by the Institute of Biomedical Science (IBMS) had not resulted in any requirements from the IBMS that they make changes. Similarly, their Master's in occupational therapy is audited every year by the Royal College of Occupational Therapists (RCOT) and there has been no requirement for changes.
- The visitors considered that performance in this area was good, as the education provider had clearly remained in close touch with regulators and professional bodies, and had reflected on actions arising from these relationships.

**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 –**
  - In their reflection the education provider noted a number of areas where they are developing their provision – public health, use of digital technology, equality, diversity and inclusivity (EDI), and mental wellbeing of learners.
  - However, the visitors noted that there was limited reflection in this part of the portfolio.
  - They therefore considered that they would like to explore this area further through quality activity. This concern was met through [quality activity 2 above](#). The visitors were confident, based on the information received, that the education provider had multiple effective mechanisms for ensuring that feedback was used appropriately. These mechanisms are described in the quality activity section above. The visitors therefore concluded that performance in this area was good.
- **Development to reflect changes in professional body guidance –**
  - The education provider reflected in the portfolio how the new British Dietetic Association (BDA) guidance has been incorporated into the dietetics programme. This had involved changes in emphasis on the curriculum, including expansion into new areas such as public health. It has also meant a stronger community medicine focus.
  - Elsewhere in the submission they also provided reflection on how other programmes had adapted to changes in professional guidance. For example, the radiography programme has expanded its focus on learners being competent in magnetic resonant imaging (MRI) scans. The physiotherapy programme has expanded its leadership components.
  - The visitors considered that this was generally strong evidence. However, they sought clarity around how the education provider reflected on their mechanisms for ensuring practice education partners, who had been required to improve by external bodies, complied with the necessary steps.

- The education provider noted that they follow a defined policy, the Scottish government's Quality Standards for Practice Learning (QSPL). The QSPL requires that once a serious quality concern has been raised about a placement, all relevant stakeholders must agree that necessary improvements have occurred before a "normal" relationship is resumed. The visitors considered that this demonstrated good performance in this area, because there was a clear mechanism for institutional reflection and action on issues identified through standards review.
- **Capacity of practice-based learning –**
  - The education provider submitted reflection on this area in the portfolio. They identified issues in radiography practice-based learning and noted their ongoing efforts to re-establish capacity in paramedic placements after COVID-19. They noted that all programmes had experienced pressure on placements during the review period. They mentioned how the central authorities were working with individual programmes to develop and maintain capacity.
  - However, the visitors considered that they had not reviewed detailed reflection on how exactly the education provider had ensured the maintenance of capacity. They therefore wished to clarify the education provider's plans in this area.
  - In their response the education provider stated that they did not have plans to increase learner numbers on their HCPC provision. They supported this by noting that individual programmes who wish to significantly increase enrolment must undertake an institutional reflection process. Part of this process requires them to consider how to obtain additional capacity in practice-based learning.
  - The visitors considered that this additional information met their concern and enabled them to be confident that performance was good. This was because there was a defined process by which programmes seeking to expand cohort size were required to establish capacity accordingly.

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

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

Quality theme: Stakeholder feedback and actions

**Findings of the assessment panel:**

- **Learners –**
  - Different parts of the portfolio contained some reflection on how learners were enabled to contribute to the programmes. The main formal mechanism for this is the 'Student voice' process by which learners can give feedback across a wide range of areas.
  - The education provider also noted that there are many informal mechanisms. They had brought out themes from learner feedback. For example, several learners noted that they were feeling cut off from other professional programmes, and so the education provider tried to make allied health programmes more integrated where possible. The education provider also noted that they had tried to be clearer about what action had been taken in response to feedback.

- The visitors considered that the reflection was good. However, they also wished to explore through quality activity the detail of the learner feedback process. This concern was met through [quality activity 1 above](#). This was because the quality activity, though focused on learners' views on interprofessional education, also provided useful information about the gathering of learner feedback more broadly.
- **Practice placement educators –**
  - The portfolio contained several examples of how the education provider received, and took action on, input from practice placement educators. For example, they noted that the dietetics programme put on more training days for practice educators in response to feedback. They had taken steps to work more closely with practice educators on the physiotherapy programme and had tried to recruit more practice educators in biomedical science in response to shortages.
  - The visitors considered that for some subject areas such as paramedicine, the portfolio did not include clear reflection on how relationships were managed and developed. It was not clear what action had been taken in response to feedback, so the visitors wished to clarify this.
  - The education provider submitted a detailed narrative of how they maintained relationships with practice educators. These included frequent opportunities for them to meet with programme staff, and a requirement that they attend certain training events to maintain their status as approved practice educators.
  - The visitors considered that this was an appropriate and thorough extra information which demonstrated good performance. This was because the education provider had shown that they were able to maintain appropriate relationships with practice educators, and to provide training as necessary. They had reflected on how to manage their collaboration with practice educators.
- **External examiners –**
  - The education provider submitted reflection on how they responded to external examiner feedback and advice. For example, they noted that they had reconsidered how feedback was given to learners' assessments to avoid overburdening them. Additionally, they noted feedback around engagement with the external examiners over technical issues. The visitors were able to view subject-specific reports which were complete and useful in their decision-making.
  - However, they did note that some of the external examiner reports raised issues which did not seem to have been addressed or taken on board by the education provider, so they wished to clarify how the education provider took action in response to external examiner feedback.
  - The education provider clarified that a key part of the Future of Teaching, Learning, and Assessment (FTLA) project, which began just after the review period, was identifying sources of continuous improvement for individual programmes. They also reflected on the working of their programme-level quality assurance. A key requirement of this programme-level quality assurance was that programme staff responded promptly to external examiner comments.

- In light of the clarification the visitors considered that performance was good, as it was clear that external examiner feedback was taken into account in deliberations.

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

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

### Data and reflections

**Findings of the assessment panel:** The visitors considered the data as part of their decision-making. None of the data points they considered suggested issues that required further exploration.

- **Learner non continuation:**
  - The learner non-continuation rate was below the benchmark. This demonstrated to us that the education provider was performing well when it came to supporting learners to complete the programme.
  - We considered that the education provider's approach to supporting and enabling learners was good.
- **Outcomes for those who complete programmes:**
  - The data showed that 95% of learners on the education provider's programmes moved on to further education or training, or employment. The benchmark is 94%. This suggests that the education provider is performing strongly in supporting learners into next steps. The portfolio review supported this conclusion because it showed that learners are well supported and have access to resources preparing them for professional practice.
- **Teaching quality:**
  - The education provider's Gold in the Teaching Excellence Framework (TEF) suggests a high level of teaching performance. We also saw evidence in the portfolio that there are processes in place by which the education provider can maintain the quality of its provision.
- **Learner satisfaction:**
  - The education provider is outperforming its benchmark by almost ten percentage points. This suggests that learners are very well supported and feel engaged by the programmes. The visitors' review of the portfolio supported this conclusion because there are many channels of communication between learners and programme staff.
- **Programme level data:**
  - The education provider provided good programme-level data. Some programmes are recruiting below their expected strength. However, the portfolio demonstrated that these lower cohort numbers can be managed without threatening the viability of the programmes, as funding is guaranteed.

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

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

## Section 5: Issues identified for further review

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

There were no outstanding issues to be referred to another process.

## Section 6: Decision on performance review outcomes

### **Assessment panel recommendation**

Based on the findings detailed in section 4, the visitors recommend to the Education and Training Committee that the education provider's next engagement with the performance review process should be in the 2027-28 academic year.

### **Reason for next engagement recommendation**

- Internal stakeholder engagement
  - The education provider engages with a range of stakeholders with quality assurance and enhancement in mind. Specific groups engaged by the education provider were local health Trusts, practice education providers, learners, service users, practice educators and programme staff.
  - The education provider engaged with professional bodies. They considered professional body findings in improving their provision. For example, they made changes to their dietetics programme in line with British Dietetic Association (BDA) guidance. They strengthened their focus on radiography learners' competence with MRI scanning as a result of new guidance from the Society and College of Radiographers (SCR).
  - The education provider engaged with the NMC. They considered the findings of the NMC 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. We saw multiple examples of this in the initial portfolio and in responses to quality activity and requests for clarification.

Appendix 1 – list of open programmes at this institution

<b>Name</b>	<b>Mode of study</b>	<b>Profession</b>	<b>Modality</b>	<b>Annotation</b>	<b>First intake date</b>
BSc (Hons) Applied Biomedical Science	FT (Full time)	Biomedical scientist			01/09/2006
BSc (Hons) Dietetics	FT (Full time)	Dietitian			01/09/2018
Master of Dietetics (MDiet)	FT (Full time)	Dietitian			01/09/2018
BSc (Hons) Occupational Therapy	FT (Full time)	Occupational therapist			01/09/2018
Master of Occupational Therapy (MOccTh)	FT (Full time)	Occupational therapist			01/09/2018
BSc Paramedic Practice	FT (Full time)	Paramedic			01/09/2020
BSc (Hons) Physiotherapy	FT (Full time)	Physiotherapist			01/09/2018
Doctorate of Physiotherapy	FT (Full time)	Physiotherapist			01/01/2017
Master of Physiotherapy (MPhys)	FT (Full time)	Physiotherapist			01/09/2018
MSc Physiotherapy (Pre-registration)	FT (Full time)	Physiotherapist			01/01/2001
Post Graduate Diploma in Physiotherapy (Pre-registration)	FT (Full time)	Physiotherapist			01/01/2011
BSc (Hons) Diagnostic Radiography	FT (Full time)	Radiographer	Diagnostic radiographer		01/09/2018
Master of Diagnostic Radiography (MDRad)	FT (Full time)	Radiographer	Diagnostic radiographer		01/09/2018

Prescribing for Healthcare Practitioners (SCQF Level 11)	PT (Part time)			Supplementary prescribing; Independent prescribing	01/09/2020
Prescribing for Healthcare Practitioners (SCQF Level 9)	PT (Part time)			Supplementary prescribing; Independent prescribing	01/09/2020



## 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
Robert Gordon University	CAS-01245-M2Q1R6	Fleur Kitsell Joanne Stead	Five years	They are performing well across all portfolio area. They engaged well with the process. Both their initial portfolio submission, and their responses to the quality activities and requests for clarification, were full and frank. There is good strategic oversight of the HCPC provision, and they have demonstrated that all programmes are performing well, for example in securing appropriate staff and sufficient placement capacity. There are no ongoing issues or processes which pose risks that we will need to review specifically before 2027-28.	None