Agenda Item 8

Enclosure 6

Paper ETC 6/03

Education and Training Committee

DEPARTMENT OF HEALTH (DH) INDEPENDENT EVALUATION OF THE "PROTOTYPE REVIEWS" (AND SUPPORTING PAPERS)

from Prof Jeff Lucas and Dr Beverley Lucas

for discussion and decision

Executive Summary

This report evaluates for the Department of Health the outcome of the " prototype reviews " held last year in England. It parallels the equivalent report from the Quality Assurance Agency discussed at the previous meeting.

Both reports commend the prototype reviews and make recommendations around more collaborative working and go on to suggest that the ethos and procedures for review activity could be extended in due course to other activities such as initial approval of new courses and to other parts of the UK.

The Committee is asked to indicate whether it endorses the recommendations in broad terms as a basis on which it is prepared to work with other bodies in the discharge of its functions.

The proposals elsewhere on the agenda for standards and procedures have been drafted so as not to pre-empt these recommendations. It is important to understand, however, that the Committee cannot delegate its responsibilities and the new procedures for the HPO are being prepared on that basis.

DH supporting papers are enclosed with this item.

17 December 2002

PROTOTYPE REVIEWS OF NHS FUNDED PROGRAMMES FOR THE HEALTH PROFESSIONS

An Independent Evaluation

Commissioned by the Department of Health

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CONTENT

Prototype Reviews of NHS Funded
Programmes for the Health Professions

An Independent Evaluation Commissioned
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1. Introduction

1.1 The Department of Health contracted with the QAA for it to arrange subject level reviews involving six higher education institutions and their partner placement providers during the academic year 2001-2. The reviews provided an opportunity to test the approach to academic review developed for the NHS funded health care programmes. Following a range of evaluation activity the approach will be modified as necessary in preparation for a full round of reviews starting in October 2003 with an expectation that all such provision will be reviewed during the period October 2003 to July 2006

1.2 The Prototype Handbook for Academic Review of Health Professions Programmes (November 2001) [1]which sets out the essential characteristics of the review process, is a modified version of the Academic Reviewers Handbook (QAA 2000)[2] which additionally recognises that there are a number of distinctive features in such provision that need to

be taken into account and fully reflected in the review process to be used; namely the complementary yet inter-related elements of theory and practice and competence and safe practice. Practice learning is an integral and vital component of the overall learning experience and as such must be adequately addressed in the review process. The Department of Health worked closely with QAA, professional, statutory and regulating bodies, workforce development confederations and higher education institutions (HEIs) to ensure that this new approach addressed the interests and needs of all stakeholders. The approach also 'requires that a common intensity will be used for the review of all health profession programmes'[1].

1.3 The six HEIs were selected to represent the range of NHS funded provision and its representation within higher education e.g. nursing, midwifery and health visiting, (NMHV) Allied Health Professions (AHPs) of which there are eight* in this category, or mixed (NMHV/AHP) provision.

* (Dietetics, Occupational Therapy, Orthoptics, Physiotherapy, Podiatry, Prosthetics and Orthoptics, Radiography and Speech and Language Therapy)

The six HEI's represented a range of city/rural settings and had previously been subject reviewed and the provision judged to be in good order. Two HEI's represented a range of provision within NMHV, two presented a range of AHP provision across four* of the seven professions, and two represented mixed NMHV/AHP Programmes.

1.4 In all, 70 programmes were captured within the prototypes of which 38 were pre-registration programmes at diploma/degree level, 18 were post-registration undergraduate programmes and 14 were postgraduate awards. In total over 8000 students were registered on this provision. The reviews were conducted against numerous reference documents which included subject benchmark statements[3], QAA's Code of Practice for the Assurance of Academic Quality and Standards in HE. Section 9 Placement Learning July 2001[4], Placements in Focus[5], the Framework for Higher Education Qualifications[6] and national service frameworks (NSF's)[7] and professional, statutory and regulatory requirements.

* (Occupational Therapy, Physiotherapy, Podiatry and Radiography)

1.5. The Independent Evaluation was conducted by a small team from the Institute for Health Research, University of Bradford. The method was based on a logic framework[8] (see App.1) and was structured in three phases; Reviews in Preparation, Reviews in Practice and Reviews on Reflection. The overall approach was described as 'fly on the wall' but it is acknowledged that the approach also had to be pragmatic bearing in mind the iterative nature of the reviews where lessons learned were not only noted but acted upon. The reviews had an External Evaluation Steering Group at the DH[9] and a Steering Group in relation to prototype reviews at the QAA[10]. The independent evaluation team provided three interim reports on emergent issues. Prototype review were also internally evaluated by the QAA and the evaluation teams shared interim evaluation feedback events.

2 The Evaluation Approach

2.1 The first stage; Reviews in Preparation involved two forms of evaluation, firstly as observer - as- participant[11] in the training of subject reviewers (SRs), co-ordinators of reviews (CRs), subject review facilitators (SRFs) including the

additional NHS specific training days. This involved interaction over 6 days of training with 34 participants. The second was an analysis of key documentation including self evaluation documents sent to reviewers.

2.2 The second stage, Reviews in Practice involved 12 full days of observer-as-participant of the process, attending preliminary meetings and a content analysis of fieldnotes of the events. Reviews in practice met students and potential or existing employers, WDC's, HEI staff, practice placement co-ordinators, the reviewers and supporting officers.

2.3 The third stage, Reviews on Reflection involved semi-structured telephone interviews with SRs (see App 2) which were audio tape recorded, transcribed verbatim and content analysed and telephone interviews with deans, CRs and SRFs; a total of 32 participants.

3.0 Reviews in Preparation

3.1 The six HEI's selected were invited to indicate when they would wish to be reviewed and any other quality assurance

event related to the provision in question that would fall prior to the review date. This included internal events and external stakeholder reviews e.g. professional body visits, contract reviews and course revalidation events involving professional/statutory bodies. This was intended to facilitate 'a streamlined and integrated system of academic review[12]' which was one of the guiding principles of these prototype academic reviews, namely that judgements already made by other stakeholders would be accepted as evidence in these academic reviews to 'minimise duplication[12].

Not all HEI's provided information on other quality assurance events and some judgements already made by other stakeholders were not therefore used in a 'streamlined' manner as was intended.

3.2 HEI's were required to submit a self evaluation document which accorded with the guidelines in Annex C of the QAA Handbook regarding structure, content and length.
A majority of the SED's conformed to the guidelines.

3.3 HEI's were invited to attend SED Writing Workshops organised by the QAA, to help in the preparation of their documentation.

A minority of the HEI's reported that they had attended these Workshops.

3.4 QAA offered the facility for comment on first drafts of SED's. The majority of prototype HEI's did not make use of this facility stating that they had not allowed sufficient time to submit a draft. Those that did submit drafts, derived benefit from the feedback.

3.5 QAA provided Academic Reviewer training for subject reviewers facilitated by HESDA (Higher Education Staff Development Agency). These two-day events were facilitated by an experienced CR and were open to reviewers from all disciplines. They used training materials which included mock SED's and supporting documentation as might be provided by an HEI undergoing such an academic review. The training event observed in this evaluation, included 8 reviewers being trained for the NHS Prototypes.

3.6 The evaluation of the two day academic reviewers training and the training materials, from those who were to participate in the NHS prototype reviews, was that there was 'considerable room for improvement', particularly from those SRs who had been previously trained for Subject Review under the six aspects of provision code. The criticism broadly fell into two categories.

- The trainers were not familiar with the amended Reviewer Handbook for use in the NHS Prototype Reviews.

- The trainers and the materials were 'loose' in their language and intended meanings were lost e.g. in Judgements about Academic Standards; 'Aims and Intended Learning Outcomes' was abbreviated to 'Learning Outcomes'. Similarly, judgements about Quality of Learning Opportunities e.g. 'Effective Utilisation of Learning Resources' was abbreviated to 'Learning Resources'. This was perceived as important

because even in training, prospective reviewers found this influenced how they assessed evidence and reached judgements.

3.7. The trainers were very precise about sampling work, 'this process has common intensity and cannot be selective and the sample must be meaningful say 10%'. This is not set out in precise terms in the Reviewers Handbook and in practice, incurred comment in relation to both practicalities and need. The trainers were not familiar with Section E of the Report and suggested that SRs will need to make a judgement on the quality of maintenance and enhancement of quality and standards, this was not the case. Trainers also had no knowledge of Section D of the Report 'Summary of Practice' or the process by which 'Exemplary Features' are awarded. There was also no training on communication protocols and in particular, the use of web folders.

3.8 The QAA provided an additional training day entitled QAA Specialist Academic Reviewer Training with bespoke materials for SRs. These were perceived as 'very valuable' and including briefings on the role of the regulator, WDCs' and benchmark statements.

After the three days of training reviewers felt reasonably well prepared for their role.

3.9 The QAA also provided preparatory days for CRs and SRFs about their role in these NHS subject reviews with helpful training materials which were well received.

3.10 Reviewers were nominated to participate in Prototype Reviews in the following ways. Reviewers from higher education were nominated by their institution and some additionally by their professional bodies. Those trained and selected negotiated time off and most kept the replacement staff cost fee often in a fund to facilitate future conference attendance and associated travel costs. These reviewers had full access to pc's e-mail and the internet at their place of work.

3.11 Reviewers from practice were nominated initially through their then Regional Office Education Lead. This duty was relocated to Workforce Development Confederation (WDC's) who were quite new organisations and discharged their 'nomination' process in a variety of ways. Some asked local deans to nominate, some asked chief nurses, others service heads of continuing professional development (CPD). Those nominated were endorsed by either the NMC or HPC and this resulted in a pool of reviewers available to the prototypes. Most of those nominated were new to QAA subject review, some were Commission for Health Improvement (CHI) trained as reviewers, others had been trained and fulfilled roles such as partners/visitors/screeners for professional and statutory bodies (PSBs) or regulators. It was unusual for their direct NHS employer to know that a member of their staff had been nominated or approved subsequent to training.

In practice this led to some difficulties for the service practitioners in fulfilling their role. Some chose to take annual leave days and kept the replacement staff cost as a fee, some made arrangements for the fee to be paid directly

to their employer as a replacement staff cost, others found making such arrangements difficult. The majority of reviewers from practice reported that their employers didn't understand their intended role. Some were unhappy with the amount of time employees were away, particularly the travel time and were not supportive of reviewers using NHS IT resources for prototype review purposes during work time.

3.12 In the main, NHS organisations had limited understanding of the role and did not view it as important as CHI Reviewing or other more familiar roles undertaken in the name of ENB, UKCC, CPSM or the new Regulators, in particular they did not equate this role with professional development.

3.13 Some NHS Organisations including WDCs had a good understanding of the nature of Collaborative Provision, namely provision which is delivered in partnerships between an HEI and service organisations. Others felt that both responsibility and accountability lay at the door of the HEI as exemplified by service partners declaring 'we can help you make judgement about their provision'.

3.14 Advance documentation took a variety of forms and formats. All HEI's provided the review team with a SED which included programme specifications and annexes for each course under review. They also provided additional paper and web based material which usually included a prospectus, teaching and learning strategies, definitive course documents, student course handbooks, assessment schedules, cohort statistics, list of partner organisations, practice placement locations and the latest annual monitoring reports which included external examiner reports. Additional information was made available on request including samples of students work.

3.15. There was no definitive list of what constitutes appropriate 'Additional Information' nor is this easy to construct because of the variety of combinations of provision under review. All review teams required and received access to a data set which provided details of students entry, progression and completion rates, action planning/responses to annual monitoring reports either driven by fitness for purpose, practice or award agendas and student feedback on the quality of teaching and resources.

3.16. Most HEIs are moving to web based course documentation available to students and staff and the reviewers were provided with remote access to such information although very little use was made of this facility. Most reviewers required additional documentation within the review and most of this was helpfully couriered either to the reviewer's home addresses or the hotel where they stayed the night before a meeting.

3.17. Although the 'base room' concept where all evidence and supporting documentation was deposited in one place, was not part of the style of these reviews, some HEI's were providing trolleys of documents, module boxes etc. which was made available to the Review Team on request.

3.18. Very little use was made of Clinical Governance reports from NHS Trusts providing practice learning environments and no use of CHI reports which on some reviews were made available in the additional information. This is not

surprising bearing in mind that such reports are relatively new to the quality assurance agenda, but it is an issue for roll-out.

4. Reviews in Practice

4.1. The six review teams and their co-ordinator were appointed and a time slot of between six and eight weeks agreed with the HEI during which the review would take place. The teams expertise reflected the provision in question with an attempt to provide one educationalist and one practitioner from each of the main subjects under review and a mix of experienced and new reviewers. The agreed maximum of reviewers for any team was 8 based on QAA evidence that teams greater than 8 can become dysfunctional and CRs experiences of managing such events. The team was endorsed by the HEI and its WDC as being fit for purpose. Not all sub-divisions of disciplines were represented. Managing the late unavailability of reviewers once endorsed onto a team was effectively managed.

4.2. The occasional need for subject or profession specific advice not available to the team as constructed, needs advance planning and raises issues for roll-out.

4.3. The CR's managed the communication, diarying, co-ordination and scheduling of meetings and how the specific review aims and objectives as described within the Essential Characteristics of the Reviewers Handbook were to be achieved. Issues to do with diarying and rediarying took up considerable time and was a major cause for concern. QAA officers facilitated these negotiations and the overall review process which was found to be most helpful by both HEIs and review teams.

4.4. The format and style of each review not surprisingly varied considerably as therefore did the reviewer experience. The format varied according to the lines of enquiry that the review teams decided upon based on the self-evaluation document. A number of reviewers participated in two reviews with two different CRs and the Co-ordinators style was cited as primarily responsible for their varied experience. Prototypes provided an opportunity to objectively test these variables.

4.5. Some CR's took maximum benefit of the flexibility and provided a somewhat 'loose' shape to the review, others took a much 'tighter' approach. The reviewer experience favoured the latter although one HEI saw advantage in the former. All HEIs

CRs and SRs on reflection reported that a tighter approach with a fixed format of either 2+2+1 or 3+2 days is preferred to single days. These dates need to be committed to reviewer diaries at least three months in advance. Most new reviewers felt there was little time to gel as a team 'we had no social space to get to know our colleagues'. At some initial meetings where the review had a 'loose shape' HEI's and Service Partners felt reviewers were experiencing difficulties. In the 'tighter' shape most who participated felt 'supported' and the review progressed well.

4.6. Communication within the Review Team became a key issue and created some difficulties particularly for CR's attempting to maintain a dialogue with SR's, 'I abandoned web folders', and SR's particularly from practice settings found it difficult to maintain effective contact. In some review meetings reviewers therefore felt ill prepared for the next business. Where communication was in good order the reviewers reported comfort and good progress.

4.7. Communication problems were exacerbated where reviewers were involved in two simultaneous events often co-ordinated in

different styles. 'I found the engage, disengage process difficult' and the majority of CRs and SRs found 'juggling' two simultaneous reviews, quite difficult.

4.8. Verification of the quality of learning in practice environments benefited from visits to practice placements. This was an essential feature of all reviews as set out in the QAA Handbook and provided valuable evidence as to the quality of the practice learning environment. It was not felt necessary that teaching be observed in either HEI or practice settings but 'talking to students on placement with their mentors and assessors was valuable'. This was also an opportunity to provide evidence of integration of theory and practice and the effectiveness of practice learning audit instruments.

4.9. The choice of where to visit was driven by the scope of practice as set out in the SED and often guided by the HEI's which was perceived as helpful. There was some 'showboating' which involved visiting a well organised placement rather than a placement that reflected a line of enquiry identified by the team and some reviewers also felt community/primary care and post graduate settings were under-represented in the visits. Much of

this was pressure on time became most clinical visit days were also days where student written work was sampled at the HEI.

4.10. Providing regularly feedback to the HEIs using SRFs varied from review to review. Some CRs provided feedback at the end of each review day and further feedback if reviewer comments necessitated. Other SRFs had to conclude 'no news is good news' but would have preferred better feedback.

4.11. In the mind, most reviewers felt that 'things were rushed' and as a consequence some felt certain aspects of the provision were not 'fully addressed' because of lack of time. The intention of the review process was always to use a representative sample of evidence which reflected on the issues raised by the team analysis of the self-evaluation document and other supporting documentation not to look at every aspect of all provision. There were some unrealistic expectations based on misunderstandings and confusion regarding the meaning of a 'Common Intensity' review process.

4.12. The arrangements for making judgements and reporting back to HEIs and Service Partners varied. Some, very hasty early

contributions on subjective evidence provoked considerable exchanges between the CRs and SRFs and this could be addressed through enhanced training . Most issues benefited from more considered judgements after triangulation of evidence had been effected. Some reviews had judgement meetings at the HEI's where draft contributions were discussed and agreed before formal feedback to HEI/Service staff. In the majority of reviews there was no dialogue with the HEI about the draft judgements at the feedback event, as was intended in the review process.

4.13. Others had judgement meetings off-site, sometimes not all reviewers were able to attend and the agreed judgements and draft report was then fed back at a later date by the CR to the HEI Senior Staff and Service colleagues. These feedback meetings did enter into dialogue with those present.

4.14. Reaching judgements and providing feedback to the HEI/Service partners on the same day is the preferred method from most HEIs, CRs and SRs. It provided a sense of closure and reinforced the ownership of collective decision making.

4.15. The concept of exemplary features (EFs) in the round was poorly understood and generated considerable adverse comment 'nobody seemed to understand the process'. Although the criteria are set out clearly in the Handbook they are very tight and both CRs and SRs had little understanding of how the criteria should be interpreted or how such decisions were reached and communicated back to the HEI.

4.16. Some HEIs made 'on advice' a 'claim' for exemplary features, others thought such features 'would emerge from the review process'. Most SRs thought EFs were part of the judgement. None of those interviewed in the 'reflective' phase had understood at the time of the review how the Review Team's recommendation was processed by the QAA. Most of those involved felt EFs was a worthy concept but would prefer other ways be explored to acknowledge good practice.

4.17. Reaching judgements about Academic and Practitioner Standards and Quality of Learning Opportunities was a team effort and represented the balance of views of all reviewers involved.

4.18. Judgements about Academic and Practitioner Standards was a single outcome for each subject disciplines/areas under review. The process does permit disaggregated judgements by programme(s), mode or level but this facility was not deemed necessary in the prototypes.

4.19. Judgements about Quality of Learning Opportunities are made about the total provision. It is not separated into subject/ discipline areas, however, the facility to separate out programme(s), mode or level was available and was used in two of the three elements in quality of learning opportunities. The discrimination was for three possible judgements for student progression, learning resources and their effective utilisation or student support.

4.20. A minority of reviewers suggested a scale of three outcomes available for judgements about quality of learning opportunities was too small and that on occasions their judgement fell between commendable and approved.

4.21. HEI's had been concerned that the process would be responsive to the shared learning elements within their provision and the

ever increasing presence of this style of course design and delivery. The evaluation evidence from both HEI's and Reviewers is that the process is sufficiently robust to manage shared learning. Deans in particularly felt that they were able to present their shared learning strategies in the SED and supporting evidence during the review process and this was positively welcomed.

5. Summary of Evaluation Evidence

5.1. In the round the Prototype Review Process subject to some revisions as set out in the recommendations, is judged to be fit for the purpose of Subject Reviews of this kind and robust enough to cope with the direction of travel of health provision particularly courses that build on creating more shared learning opportunities across professions. The process is also perceived to enable 'Action Planning' and a trajectory of continuous improvement.

5.2. The balance of Academic/Practitioner Reviewers is seen to be the greatest strength of the process and most would serve

again provided that they were not asked to serve on two simultaneous teams which they found to be particularly difficult.

5.3. All parties also report that the collaborative nature of these reviews and the potential of a 'streamlined' process, reflects the modernisation agendas of both the NHS and HEIs. Streamlined however needs defining and operationalising. It should be a reflection of mutually informing quality assurance systems that accepts evidence gathered by other agreed stakeholders e.g. Professional, Statutory and Regulatory Bodies, WDC major contract reviews and judgements from other quality assuring agencies. The collaborative intention is unquestioned, the reality of implementation needs further definition and clarity of process.

5.4 The concept of 'common intensity', yet a review directed by the SED and emergent evidence, also requires clarification.

6. Recommendations

The evaluation suggests a number of amendments that should be considered to improve the review process.

R1. Clarity of Purpose (see 3.10-3.13)

That a simple Fact Sheet should be produced for HEI's and Service. Partners setting out the purpose of such Academic Reviews at Subject level and some of the guiding principles of the process. It should remind all parties that the provision is collaboratively designed, delivered and monitored and although accountability for quality falls-to the HEI, the responsibility for the delivery of much of the practice education lies with approved service providers.

R2. That the role of the practitioner reviewer is essential to the process which is designed to deliver a balanced judgement and that the role should be not only facilitated but recognised as able to make a valuable contribution to the professional development of service staff.

R3. Fact Sheet information would also improve and enhance the Reviewer Handbook.

R4. Training (see 3.2-2.9).

That the Training and Training Materials be made more specific to reviews of this type. Training materials should include draft SED's and draft reports and guidance as to how judgements are made and how learning experience in practice can be properly evidenced and judged. Training should also include the use of web folders and related communication protocols.

R5. HEI's should be encouraged to attend Writing Workshops for SED's and the quality assuring agency allowed to return SED's to HEI's and their service partners if the documents do not fulfil the structure guidance.

R6. Supporting Documentation (see 3.14-3.18).

The Review Handbook should specify 'essential' documentation and data sets which must be available to all Reviewers in advance of the review and should suggest 'additional documentation' which could be made available, preferably in electronic format with HEI's granting reviewers remote access. This could include where appropriate, CHI reports and reports of Professional or Regulatory Body visits.

R7. Review Teams (see 4.1-4.5).

That the Review teams should maintain their size and academic/practitioner balance but appoint in advance named reserves and have at their disposal 'specialists' able to be co-opted as and when needed. That the HEIs fix the dates with the quality assuring agency, at least 3 months in advance and adopt either a 2+2+1 approach or 3+2 to the days available. The itinerary should include team building social space the evening before day 1. The quality assuring agency should take note of reviewer concerns about being involved in two simultaneous events.

R8. Communication (see 4.6-4.7)

That the CR/SRF establish a strict communication protocol for the review, which states the nature and timing of feedback. The CR and SR's should also agree to regularly 'provide and respond' via web folders.

R9. Judgements (see 4.12-4.14)

That judgement meetings and feedback to HEI/Service be on an agreed day and permit points for clarification rather than dialogue.

R10. Good Practice (see 4.15-4.16)

That Exemplary Features be abandoned and a method for identifying and acknowledging good practice be adopted and captured in the report.

Additionally the evaluators strongly advise that:

A1. HEIs fully capture all QA events in a relevant time period in their 'scope and preference' response to the quality-assuring agency to maximise 'streamlined'.

A2. It would be helpful if the employer of practitioner reviewers were to be made explicitly aware that a member of their staff had been nominated, trained and selected for review service.

A3. The potential of elements of core training for Subject Reviewers, CHI reviewers and Visitors for the Regulatory Bodies, be explored.

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Glossary of Terms

AHP	Allied Health Profession
CHI	Commission for Health Improvement
CPD	Continuing Professional Development
CPSM	Council for Professions Supplementary to Medicine
CR	Co-ordinators of Reviews
DH	Department of Health
EF	Exemplary Feature
ENB	English National Board for Nursing, Midwifery and Health Visiting
HEI	Higher Education Institution
HESDA	Higher Education Staff Development Agency
NHS	National Health Service
PSB	Professional, Statutory Body
QAA	The Quality Assurance Agency for Higher Education
SED	Self Evaluation Document
SRF	Subject Review Facilitator
SR	Subject Reviewer
UKCC	United Kingdom Central Council for Nursing Midwifery and Health Visiting
WDC	Workforce Development Confederation

Appendices

Appendix 1A

LOGIC FRAMEWORK

Narrative summary	Verifiable Indicators	Means of verifications	Assumption
Overall Objectives			
What is the overall aim that the programme intends to contribute to?	How do we verify that the Programme has contributed to achieving this aim?	What information exists which will help assist this?	What assumptions are Being made regarding the appropriateness of the programme?
Specific Targets			
What are the specific targets that the programme hopes to achieve?	How can it be judged whether the programme has achieved these targets? Is it necessary to set up indicators?	What baseline info exists? Does this need to be mapped? Are systems for collection and comparison of information set up?	What assumptions have Been made regarding: the working environment, tasks to be completed by others, etc.
Outputs			
What are the expected outputs of the programme?	How many, When? Where? Who?	What are the sources of info. available. How will the information be collected?	
Activities			
What activities must be carried Out to ensure that the expected outputs are achieved?	What are the resources (financial, human and material) needed to carry out the activities?	Notes on resources/budgets	Are there tasks to be Completed by others in order to successfully complete activities?

Appendix 1B

LOGIC FRAMEWORKFOR THE NHS PROTOTYPE REVIEWS

Narrative summary	Verifiable Indicators	Means of verifications	Assumption
Overall Objectives			
• Evaluate the process and outcome of Academic Review in Nursing, Midwifery and The Allied Health Professions education as set out in the Prototype Review Process	• Gather Chair and Reviewer perspectives • Institutional perspectives from Deans • Service perspectives including that of placement providers and clinical educators	• Individual meetings and telephone interviews • Self evaluation of outcomes	• The subject benchmarking statements and other reference documents are routinely used • The approved course has already met the criteria for fit for practice and award
Specific Targets			
• Critique the use of benchmarking statements in the drafting of Self Evaluation Documents • Identify the strengths and weaknesses of key features of the review process • Evaluate the coherence of the review reports • Audit the emergent post review action plans	• Quality of the 'definitive evidence base' • The perceived value of the final report as e.g. a basis for judgement, a guide to action planning and its overall developmental qualities	• Documentary analysis re content and judgements	• Continuing role of QAA • Emergent role of NMC, HPC and WDC's

Narrative summary	Verifiable Indicators	Means of verifications	Assumption
Outputs			
• Inform Academic Reviewers preparation (eg Handbook and Training materials) • Inform HEI's drafting of SED's and its evidence base • Inform D of H/QAA Sounding Board re quality of overall process	• Stakeholder satisfaction HEI's, WDC's etc.	• Draft Reviewers Handbook • Prof and Statutory Body feedback • Sounding Board concerns	• Access to training events and reviews • Access to Steering Group Guidance
Activities			
• Be briefed by D of H/QAA • Meet with 6 pilot sites • Agree observer status with Review Chairs and the representatives of Stakeholder Group • Provide interim feedback re emergent issues • Agree a Final Report format and a role in its dissemination	• 40 days across Training Events, Reviews in action, Steering Group meeting etc.	• Project tracker, expenses etc.	• Steering Groups to be established

SCHOOL OF HEALTH STUDIES

HEAD OF SCHOOL
Professor Jeff Lucas

INVESTOR IN PEOPLE

UNIVERSITY OF BRADFORD

Appendix 2

MEMORANDUM

TO: Pat LeRoland.
Sandy Goulding

FROM: Jeff Lucas – NHS Prototype Reviews

DATE: 29 April 2002

Re: Semi Structured Telephone Interview Guide (approximately 20 minutes)

Introduction

As part of the evaluation of Prototype Reviews, we are seeking your opinion of your personal experience of the process and how it engaged with practice education. Attached below is the interview guide, which will give you some pre warning of the nature of the interview. We hope you find this helpful. Also attached is an electronic consent form, which I hope you will feel able to support. It is our intention to tape record these telephone interviews for content analysis purposes.

Question 1
In the course of prototype reviews, have you been involved in any visits to practice placements?

Question 2
If yes how many different clinical visits have you been involved with?

Question 3
Were the visits for pre-registration and/or post-registration provision and were there apparent distinctive features?

Question 4
In each of the visits made were you clear about the aims and objectives of the visit?

Question 5
Were you able to make a contribution to the setting of the aims and objectives of each visit?

Question 6
Were you able to visit clinical practice placements which met the scope of practice as presented in the SED?

Question 7
Who/what did you see on the placement visit? (students, practice placement co-ordinators, practice teachers, link lecturers, resource rooms, practice teaching in progress etc) and how would you assess their contribution.

Question 8
Were you able to sample, either as part of the visit or directly from the HEI, the nature of the Quality Assurance arrangements for Practice Education e.g. audit data, trust clinical governance reports, annual monitoring reports etc.

Question 9
Were you able to scrutinize any student work from their practice education?

Question 10
Do you feel your reviewer engagement with practice learning made a proper contribution to the overall process?

Question 11
Overall, did you enjoy your reviewer experience?

Question 12
Would you be prepared to serve as a subject reviewer in the future?

Is there anything else you feel you would wish to say about your reviewer experience?

24/01/03

Department of Health

Department of Health, Learning and Personal Development Division
and
The Quality Assurance Agency for Higher Education

Update on prototype reviews of nursing, midwifery and allied health professional education

Background

The Quality Assurance Agency for Higher Education (QAA), under contract with the Department of Health (DH) in England, has conducted six prototype reviews of NHS funded programmes of nursing, midwifery and allied health professional education in six higher education institutions, prior to full roll out 2003-06. The Department of Health is working in partnership with the Nursing and Midwifery Council (NMC), the Health Professions Council (HPC) and NHS Workforce Development Confederations (WDCs) to facilitate the development of this new streamlined and integrated approach to quality assurance.

Reviews have taken place at:

- University College Worcester: nursing and midwifery
- University of Plymouth: nursing, midwifery and health visiting
- University of Teesside: physiotherapy, occupational therapy and radiography
- University of Kingston and St George's Hospital Medical School: physiotherapy and radiography
- Sheffield Hallam University: nursing, occupational therapy, physiotherapy, radiography and health visiting
- University College Northampton: nursing, midwifery, podiatry and occupational therapy

The NHS in England will spend almost £3 billion from a central budget in 2002/2003 on the learning and development of healthcare staff. Through contracts between workforce development confederations and higher education institutions (HEIs), this money directly supports pre-registration training of many healthcare staff, including nurses, midwives and allied health professionals. It also supports some post registration development of staff. NHS trusts are co-providers of professional programmes of higher education through the provision of practice placements.

Quality assurance regimes for NHS funded provision derive from the remits of the following stakeholders.

- Professional and statutory regulatory bodies who are responsible for ensuring that programmes prepare newly qualified practitioners who are fit for practice
- WDCs (previously education and training consortia) who are responsible for judging whether programmes prepare staff who are fit for purpose
- Education providers, with degree awarding powers, who are responsible for ensuring that programmes lead to graduates, or diplomates, who are fit for award.

In the past, where an education provider has offered programmes in more than one professional area, the different stakeholders have deployed their own quality assurance processes for each programme – in the form of approval, re-approval, ongoing monitoring as well as major review.

A number of factors have combined to create the opportunity to sharpen the focus of quality assurance of NHS-funded nursing and allied health professional programmes including:

- The NHS Plan and Modernisation Agenda with their emphasis on a health service designed around the patient and the critical importance of the NHS and partnership working
- The increasing importance of inter-professional education and training as one of the means by which the workforce can be better developed to deliver patient-centred care
- The establishment, in April 2002, of the Nursing and Midwifery Council and the Health Professions Council with the remit to regulate membership of the professions and protect the public. The Councils are required to collaborate, wherever reasonably practical, with employers, other regulators, education providers and others
- Concerns expressed by universities and, more recently, NHS trusts about the burden of quality assurance activity placed on them
- The advent of benchmark statements for higher education programmes. In 2000/2001, the Department of Health contracted the QAA to produce benchmark statements in health related subjects. Stakeholders worked collaboratively to develop benchmarks for healthcare educational programmes covering eleven professions (nursing, midwifery, health visiting, dietetics, occupational therapy, orthoptics, physiotherapy, podiatry (chiropody), prosthetics and orthotics, radiography and speech and language therapy). The eleven sets of benchmark statements have been produced to a standard format and within an emerging shared health professions' framework.

Methodology for prototype review

The prototype reviews have been based on existing QAA academic review methodology (Handbook for Academic Review 2000) but addressed the criticisms of past methods in that they:

a) Included scrutiny of practice placements as well as HEI-based learning
b) Focused on a wide range of multi-professional healthcare education provision and gave standard judgements for each profession benchmarked area
c) Incorporated key policy initiatives from the NHS, such as National Service Frameworks

d) Operated on behalf of the stakeholder groups identified above.
In common with QAA methodology, reviews used benchmark statements, the QAA Code of Practice and the QAA Framework for Higher Education Qualifications as external reference points. In addition, statutory requirements were also used to inform the process.

The prototype reviews have been based on the principle of peer review. Each prototype review started when an education provider evaluated, in a self-evaluation document, their provision, both theory and practice, in the identified healthcare programmes. This document was submitted to the QAA for use by a team of reviewers who sought evidence to enable them to report their judgements on academic and practitioner standards and the quality of learning opportunities. Evidence was gathered over several days during an average eight week period, through meeting academic and support staff, practitioners, students and WDC staff, scrutinising students' assessed work, reading relevant documentation, examining learning resources and visiting practice placements.

Making judgements
The range of judgements that reviewers utilised when they completed a review are summarised below. The judgements on the quality of learning opportunities in each aspect encompassed both theory and practice.

Academic and practitioner standards Reviewers made one of the following judgements on standards: • Confidence (a judgement that is made if reviewers are satisfied with current standards and with the prospect of those standards being met into the future) • Limited confidence (a judgement that is made if standards are being achieved but reviewers have doubts about the ability of the institution to maintain them into the future) • No confidence (a judgement that is made if reviewers feel that arrangements are inadequate to enable standards to be achieved or demonstrated) A separate judgement was made for each benchmarked area	To reach this judgement, reviewers looked at: • Learning outcomes • The curriculum • Student assessment and • Student achievement
Quality of learning opportunities Reviewers made one of the following judgements for each of three aspects of learning opportunities: • Commendable (which could include exemplary features) or • Approved or • Failing	The three aspects of quality of learning opportunities are: • Teaching and learning • Student progression • Learning resources and their effective utilisation

Summary of practice
A section of the review report summarised the positive issues and points for consideration in relation to practice based learning from the sections on 'Academic and Practitioner Standards' and 'Quality of Learning Opportunities'.

Maintenance and enhancement of quality and standards
Reviewers also reported on the degree of confidence they had in the HEI's ability to maintain and enhance quality and standards in the subjects under review.

The review teams
Review teams were made up of a mix of academics, practitioners and employers and were each led by a review coordinator. The aim was for each team to have two people from each profession - one practitioner and one academic. In the experience of QAA, teams with more than eight members have been found to be significantly less effective.

Review reports
Reports arising from the prototype reviews remain confidential until the full roll out commences in Autumn 2003, when they will be published. This is to ensure that participating HEIs are not disadvantaged if significant amendments are made to the methodology which might lead to a return visit to the education provider if requested. A composite report will, however, be published to enable key stakeholders to contribute to evaluation and refinement of the review process.

Evaluation of the prototype reviews
Two evaluation studies have been undertaken, a QAA internal evaluation and an external evaluation led by Professor Jeff Lucas.
Preliminary evaluation findings indicate that:

- The prototype reviews have been, in the main, effective in bringing together stakeholders to address fitness for purpose, practice and award in one process
- The balance of practitioners and academics in review teams has brought a 'real world' perspective to the process. Practitioners have made a full contribution and described their experience as 'open, collegiate and interactive'
- Evidence is emerging of the positive involvement of WDCs in the preparation for the reviews and in the review process itself, especially as far as the quality of practice based learning is concerned
- Reviewers have found self-evaluation documents (SEDs) to be appropriately structured and helpful, although, in some instances, more evaluative data could have been presented
- Whilst flexibility in the structure of the review process was important, some problems were experienced arranging suitable dates for reviewers. This will be addressed before full roll out
- The reviews have facilitated a streamlined approach to quality assurance.

Next steps
Following completion of the evaluations, revisions to the methodology and the handbook will be made, and there will then be full roll out of reviews during the period 2003-06, when all NHS funded programmes will be reviewed. Before this, a consultation exercise will take place with key stakeholders to consider the following issues in light of evaluation data and experience of the prototype reviews

- Schedule of review activity
- Post review protocols i.e. development of action plans
- Methodology
- Reference material
- Reports
- Criteria for selection, recruitment and training of reviewers
- Composition of review teams and access to specialist advice
- Amendment of the handbook
- Identification of education providers for the first year of the three year cycle.

Information will be disseminated by the Department of Health via updates and briefings, and regional workshops will be held to facilitate implementation of the major review process.

In partnership with WDCs, NMC and HPC, the DH is currently in the process of procuring a new contract for the forthcoming roll out of the major review programme.

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Quality Assurance – Education

Context
The NHS is a major funder of higher education amounting to nearly £1billion. Largely through contracts between local NHS workforce development confederations (WDCs) and education providers, the NHS funds tuition costs, as well as student support costs, for pre-registration diploma/degree programmes in nursing and midwifery and degree programmes for allied health professions (physiotherapy, occupational therapy, radiography and others). Contracts also cover some post-registration programmes. Through the provision of practice placements, NHS trusts are co-providers of professional programmes of higher education.

Quality assurance
Previous quality assurance regimes have derived from the remits of the following stakeholders.

- Professional regulatory bodies have been responsible statutorily for ensuring that programmes are adequate to prepare newly qualified practitioners as *fit to practise*;
- Antecedents to WDCs (*education and training consortia*) have been responsible for judging whether programmes are suitable preparation for staff to be *fit for purpose*;
- Education providers (with degree-awarding powers) have been responsible for ensuring that programmes lead to graduates, or diplomates, who are *fit for award.*

Where an education provider has offered programmes in more than one professional area, the different stakeholders have deployed their own quality assurance processes for each programme – in the form of programme approval, ongoing monitoring and/or major review.

Policy developments
A number of factors have combined to create the opportunity to sharpen the focus of the quality assurance of NHS-funded nursing and allied health professional programmes:

- The advent of benchmark statements for higher education programmes
- The NHS Plan and Modernisation Agenda with their emphasis on:
    - a health service designed around the patient
    - the critical importance of the NHS workforce and its development, and,
    - partnership working.
- The DH publication of 'Working together, learning together – a framework for lifelong learning for the NHS' (November 2001) establishing a programme for

modernising learning and development, and setting out a plan for bringing together the strands of activity that comprise lifelong learning in the NHS
- The skills escalator – the NHS strategy for enabling staff to develop their skills and take on new roles
- The increasing importance of interprofessional learning as one of the means by which the workforce can be better developed to deliver patient-centred care
- The establishment of local Workforce Development Confederations coterminous, from April 2002, with newly formed strategic health authorities
- The manifestation of partnership in the membership of workforce development confederations which include education provider representation
- The establishment, in April 2002, of the Nursing and Midwifery Council and the Health Professions Council with their remits to regulate membership of the professions with the main objective of safeguarding the health and wellbeing of patients. The Councils are required to collaborate, wherever reasonably practical, with employers, other regulators, education providers and others
- Concerns expressed by universities and, more recently, NHS trusts about the burden of quality assurance placed on them
- The publication in July 2002 of the Department of Health's HR strategy 'HR in the NHS Plan'
- Innovative projects which are currently being piloted in health care education, such as the common learning project, the modernisation of learning and personal development for nursing, midwifery, allied health professionals and scientists.

Establishment of the DH QA Education Team

In a continuing effort to streamline, integrate and to make the impact of external quality assurance on educational provision more meaningful, the Department of Health has appointed a new quality assurance team (the DH QA Education team) within the Human Resources Directorate. The DH QA Education Team will work with the relevant stakeholder groups - WDCs, regulatory and professional bodies, education providers and across the Department itself, to establish a shared framework for the quality assurance of healthcare education. In the first instance, the DH QA Education Team will focus on NHS-funded professional education, i.e. nursing, midwifery and allied health professional programmes.

The DH QA Education Team has a distinctive role in that, by working across stakeholders, the team is able to gain an overview of the multiple systems and processes that are currently in place. The team aims to act as a catalyst to facilitate change by working in partnership with stakeholders to enable the quality assurance of healthcare education to become more effective and efficient, thereby reducing the burden of unnecessary duplication in quality assurance requirements. The team will also act as a resource to the different stakeholders, and will endeavour to ensure that national policy addresses local need and that both stakeholders' views and the outcomes of quality assurance inform national policy.

Vision of quality assurance for healthcare education

A shared framework for the quality assurance of healthcare education will contribute to a health service designed around the patient through ensuring that:

- Responsibility for the quality of learning and its enhancement becomes standard practice for all stakeholders
- Learning experiences and outcomes are quality assured within the shared framework to agreed national standards

- The shared framework reflects policy for healthcare
- The outcomes of quality assurance inform policy for healthcare and for healthcare education.

Principles that underpin quality assurance of healthcare education

- The patient's experience is central to learning
- Professional integrity is respected whilst the need for interprofessional education is recognised as essential
- Quality assurance is integral to the culture of learning in healthcare where ever it is provided
- Quality assurance encompasses self-evaluation, peer evaluation and external evaluation
- Quality assurance processes are rigorous, fair and transparent
- The criteria against which quality assurance judgements and outcomes are arrived at rigorous, explicit and acknowledged by all stakeholders
- Judgements and outcomes from quality assurance processes will result in improvements in healthcare education
- All quality assurance processes are based on the best available evidence
- All quality assurance processes are effective, efficient and, where appropriate, shared, avoiding duplication of effort

Elements of quality assurance processes are inter-dependent and together support continuous improvement to healthcare education.

Work so far

Benchmarking
In 2001, under joint chairing by Professor Dame Jill MacLeod-Clark and Professor Mike Pittilo and through The Quality Assurance Agency for Higher Education (QAA), stakeholders worked collaboratively to produce benchmark statements for healthcare educational programmes covering eleven professions (nursing, midwifery, health visiting, dietetics, occupational therapy, orthoptics, physiotherapy, podiatry, prosthetics and orthotics, radiography, speech and language therapy). The eleven sets of benchmark statements have been produced to a standard format and within an emerging shared health professions' framework.

Prototype reviews
The production of benchmark statements has paved the way for the six prototype reviews that have been undertaken during the 2001-02 academic year. The reviews have been undertaken by the QAA under contract with the Department of Health, acting in partnership with NMC, HPC and WDCs, and working closely with the education providers concerned and representatives from national higher education organisations. Reviews use the benchmark statements and reflect key policy initiatives such as national service frameworks. In addition, reviews now include scrutiny of practice placements as well as higher education based learning.

Following an external evaluation and the QAA internal evaluation, any necessary revisions to the methodology will be made. There will then be a full roll out of reviews during the period 2003-06 when all NHS funded programmes will be reviewed.

Future work for the DH QA Education Team
Future work will include the following:

- Roll out of major reviews for 2003-06
- Production of further benchmark statements for other professions
- Development of a generic benchmark statement for practice placements
- Further development of a common overarching health professions benchmarking framework
- An examination of the opportunities for streamlining programme approval and re-approval
- An examination of the opportunities for streamlining in-year programme monitoring
- An examination of the opportunities for a shared evidence base for all quality assurance processes
- An examination of the opportunities for streamlining QA processes with related HEFCE-funded programmes eg pharmacy and medicine.

All of this work will be undertaken in collaboration with the stakeholder groups.

The challenging agenda identified by the DH QA Education Team was produced as the result of many discussions with the different stakeholders who were invited to bring their thoughts and perspectives to the DH QA Education Team in a series of meetings. Stakeholders have been of the view that the team should continue to work in the way that it has begun and it is intended to do this by listening, sharing, informing and brokering to bring about solutions that can satisfy stakeholders' requirements and that build understanding and trust. Consultation and discussion will be welcomed and the team will continue to invite comment, debate and feedback.

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