Review teams

65. Reviewers were very positive about the cohesiveness of the review teams, the opportunity to learn from peers, other professions and to gain from both the academic and practitioner perspective. This was identified as a strength of the review method. The mixed review teams had worked effectively, with all reviewers making positive contributions.

Allocation of review time

66. The allocation of review time requires further consideration. Reviewers, from teams looking at large provision, indicated some frustration at the lack of time allocated. Reviewers suggested that it would be helpful if additional time was made available for larger or complex provision, or a review split into more manageable sized profession groups and considered by two review teams.

Size of teams

67. In the prototypes, every effort was made to provide two reviewers from one discipline/profession per team, ideally one academic and one practitioner. For smaller provision with less disciplines this was achieved. For large, multiple profession provision, this was not achievable. However previous experience of the Agency indicates that to maintain an efficient and effective review team the maximum number of reviewers should be no more than eight.

68. In two prototypes, a reviewer withdrew at the last minute due to personal and/or professional reasons. Of the replacement reviewers available one was not of the right profession and the other had a working relationship with the HEI which would preclude him/her being part of that team. In this instance the Agency provided additional support. This did not affect the rigour of the judgements but did place an additional workload on existing team members. It will be important to have a large enough pool of trained reviewers for the first year of major review. This presents a challenge to all stakeholders, including employers, to encourage sufficient nominations and sponsorship for suitably trained practitioner reviewers.

Selection of reviewers

69. Further work is required to ensure that the handbook and other relevant documentation outlines clearly the attributes, knowledge and experience required of a reviewer. Additional guidance should be given on the criteria and the process used for selection as not all the reviewers were clear about how they had been nominated.

Reviewer responsibility

70. The prototypes demonstrated that reviewers, before agreeing to participate in a review, must be clear about the commitment required from them particularly the time required and their responsibilities within a review, else the reviews can be delayed significantly. Those

reviewers undertaking two prototype reviews simultaneously or concurrently stated that this was demanding and recommended that this should not be repeated in major review.

Reviewers skills

71. At the end of the prototypes it was recognised that reviewers understood the significance of evidence, and had the relevant skills to gather adequate and appropriate evidence in order to inform judgements, confirm statements made in the SED, analyse and evaluate that evidence and write appropriate commentaries. But the commentaries could be improved.

72. For many of the reviewers from practice backgrounds it took time to develop confidence in their skills and understanding. By the end of the reviews, most recognised that the method was sound and that rigorous judgements could be made.

73. The review process requires the team to meet to discuss judgements and to share evidence. The evaluation indicated that reviewers found considerable support in meeting as a team. Well-organised meetings enabled the team to discuss the review, share ideas and check progress. The need for face-to-face contact should not be underestimated. Such support is particularly important where team members felt insecure and vulnerable.

74. It was expected in the prototypes that the reviewers, during visits/meetings would work together so one or other of the reviewers could take sufficient notes to record the discussion. In larger meetings the review co-ordinator is likely to take notes or to ask specific team members to provide support. It was apparent that some reviewers had not appreciated the demands of taking notes and wanted secretarial support. This has implications for the briefing and training of reviewers on writing requirements, it is unlikely that secretarial support will be available in future reviews.

Review co-ordinators

75. The role of the review co-ordinator is key to the review process. Review co-ordinators are the link between the review team, the institution and the Agency. They are the managers of the review team from the initial meetings, through the visit and in the production of the post visit notes and reports. They contribute guidance to all parties and ensure that effective communication is maintained. The importance of efficient management, good organisation and communication are seen as crucial for keeping all parties involved and informed fully. In most cases this was achieved.

76. An important skill for the review co-ordinator is the clarity in communication between the review team and institution. This was successful when the process was transparent with the provision of agendas and a suitable debriefing session with the relevant individuals at the end of each day. The results indicate that different institutions had a mixed experience over communication.

Payment of reviewers

77. The payment of practitioner reviewers was raised at both the QAA Steering Group and at the feedback seminars. Two issues were raised, the first relates to the parity of payment between the Agency and other external bodies for practitioner time. The second the release of practitioner reviewers occurring only if recompense to the relevant WDC/Trust was made available. Consideration needs to be given to each of these points.

Subject review facilitators

78. An effective SRF provides the team with detailed advice on the institution's policy and, equally important, guidance on where to look and who to talk with when specific questions need to be answered and those in all but one of the prototypes achieved this.

Agency support

79. The Agency team of officers provided visit support to the review team and joined the review team for 28 out of the 34 visits (82.4%) to the institutions or practice placements. This was to observe and monitor the process, provide additional guidance and to give further support to the review co-ordinator. The Agency is not there to contribute to the judgements. During the visit discussions were held with staff in the institutions and WDCs to ascertain their views and their impressions of the prototypes; this information was incorporated into the visit support monitoring logs as part of the evaluation. There was a high level of agreement that the Agency officers supported the review in an effective way and that the forms/documentation issued during the review were satisfactory.

Information communication technology

80. A subsection of the Agency website, the "ARCS" system comprising of webmail, team folders and general information was used in the reviews. Each academic review had associated with it a 'team distribution list' and 'team folder'. The distribution list is an email address used to contact team members 'en masse', the 'team folder' provides a place where team members can post items for open review or storage only. Review co-ordinators, reviewers and Agency officers have access to the team distribution list and team folder. Communication between the review co-ordinator and SRF was via Agency email.

81. Accessing the Agency website and email was one of the most frequent (negative) issues raised by the review teams during the prototypes and in the subsequent evaluation. Such was the concern during the prototypes that the Agency sent out a specific questionnaire to all reviewers to gather more information. The response rate was relatively poor but the data was passed on to the Agency's Information Services Department who are reviewing possible solutions.

82. From the analysis of the feedback, investigation and a subsequent paper by the Agency's Information Services Department, it was apparent that there are two aspects to the difficulties experienced. First, the system of webmail, and shared folders appears to work well in HEIs

with relatively advanced ICT, and where reviewers are familiar with web-based services. However, the systems in the NHS are not as advanced and have complex firewalls which cause significant delays and difficulties in the two systems communicating. Secondly, a number of reviewers complained of having limited access to terminals and also not being able to utilise those that were available for *"non-NHS work"*.

83. Additional work needs to be undertaken at a national level to ensure that Trusts are engaged in the process and take a more pragmatic view of providing support, including access to terminals, for reviewers from practice.

84. The difficulties accessing the QAA website and folders meant that review teams found alternative methods for communicating electronically and switched to using private email addresses. This has significant implications for security of the data being sent. However, the review co-ordinators noted that there was still little communication amongst the reviewers between each visit to the institution and that it remained difficult communicating with practitioner reviewers.

85. It is interesting to note, however, that as the prototypes progressed the number of items posted to the folders did increase.

Training

Subject specialist reviewers

86. The reviewer training for the prototype was based on a 2 days +1 day model and took place between November 2001 and January 2002. Reviewers had two days of the standard Agency reviewer training followed by a single day of prototype/healthcare specific training.

87. The key issue to arise from the general training was the difficulty experienced by the practitioner reviewers in understanding the terminology and acronyms used. Many found it difficult to relate the review process to the prototypes. The feedback from the specialist training was more positive. It was felt that the training enabled participants to translate the review process into the context of healthcare education particularly the integration of academic and practice based learning, reiterated the techniques and skills required, and reinforced need to gather evidence to support judgements.

88. In terms of the content of the training for review teams, the feedback indicates a need for a greater emphasis on:

- the unique nature of the major review method and that any preconceptions from earlier quality assurance regimes should be abandoned;
- the roles and responsibilities of the reviewers;
- the role and importance of electronic communication in the review;
- techniques for gathering evidence;

- writing commentaries;
- accessing/using the QAA website, email and visit folders, with 'hands on' experience of each feature;
- the purpose of practice placement visits;
- the purpose and role of external reference points in the process.

Review co-ordinators

89. The review co-ordinators selected for the prototypes were from the existing pool of Agency review co-ordinators and as such had undertaken the Agency training programme at an earlier date. It was considered sufficient to organise a briefing session for the review co-ordinators on the prototype review method only. The briefing worked well and was welcomed. It is recommended that the one-day briefing session be maintained. The inclusion of good practice from the prototypes is recommended for major review training.

Subject review facilitators

90. The SRFs attended a briefing meeting in November 2001 the purpose of which was to outline the key aspects of the prototype review method and explain the role of the SRF and how it differed from their previous role as an Institutional Review Facilitator used in previous Agency reviews. Case studies were used to reinforce the information.

91. The SRFs welcomed the briefing sessions and felt prepared for the new roles and working within the health professions programmes. The opportunity to share the training as one group also proved valuable as individuals could share experiences or concerns with their peers.

Placement review facilitators

92. The DH undertook a briefing meeting for the PRFs and WDCs in November 2001. The meeting addressed issues relating to the purpose of the prototype reviews, the details of the review method, the role of the PRF and WDCs, and the information needs and issues/concerns of the WDCs. Whilst the opportunity to attend a briefing session was welcomed, there was still some uncertainty about the exact role the PRF played in prototypes.

Higher education institutions

93. A briefing was set up in July 2001 for representatives from the HEIs and their lead WDCs taking part in the prototypes. Two representatives from the DH were also in attendance.

94. The training and briefing sessions ensured that all participants in the prototype reviews were briefed fully. The events also provided a forum for the key stakeholders to be actively involved in the project.

95. At the macro level it is crucial that institutions and WDCs continue to be clear about the purpose of the review, what it will and will not address (particularly visits to practice

placements), how it links to PSRB requirements/activity, and how the review method for major review differs from other Agency methods.

96. It is also important to continue to stress the importance of taking an integrated approach to writing the SED by including the WDCs. Two institutions stressed the benefit of having substantial briefing sessions/ away days with clinical practitioners about the review method in general and specifically the SED.

Conclusions

- There was a high level of expressed satisfaction with the review method, process and outcomes, from all those participating in the prototypes. Institutions/WDCs suggested that it was an appropriate approach for the review of NHS-funded healthcare provision.
- The review method offers a real opportunity to integrate and streamline the quality assurance mechanisms in NHS-funded nursing, midwifery, health visiting and allied health professions educational provision.
- The review method enabled interprofessional education to be considered fully as well as recognising practice as an integral part of the provision. Visits to practice strengthened the evidence base for the judgements.
- The basis of the review method is the self-evaluation document (SED) and thus it is critical that the SED is a well-written, critical, open and analytical document. Reviews were more successful where all partners had been involved fully in the discussions leading to the writing of the SED.
- A team drawing on the experience of reviewers from different professions and from practice as well as academic backgrounds, enabled efficient judgements to be made about the programmes. This ensured that professional and statutory regulatory bodies' and employers' needs/ requirements were considered throughout.
- The prototype reviews demonstrated that an effective SRF who identified the structures and procedures within the programmes areas, contributed to an efficient and effective review.
- The prototype review method enabled review teams to 'close' lines of enquiry once statements or issues arising from the SED had been verified. However, programme staff was not always clear that this could occur.
- Reviewers were very positive about the cohesiveness of the review teams, the opportunity to learn from peers in other professions and to gain from both the academic and practitioner perspective.
- There was unanimous agreement that the model used for visits, consisting of visits on several different days, was difficult. This model caused a significant amount of travelling and reviewers considered sequential visits made the process disjointed.

Recommendations

- The schedule of visits should be revised into two models of 2+2+1 or 3+2 day arrangements. Dates would be fixed, with reviewers and review co-ordinators knowing these at the point of acceptance into the review pool. The model with allocated dates could be offered to institutions.
- HEIs should be encouraged to ensure the main placement providers, the NHS Trusts, and the WDCs are actively involved in all stages of the review process including the writing of the SED. Staff in the Trusts and WDC representatives should be clear about the review method and develop realistic expectations about the level of contact they will have with the review team. The handbook will need to make more reference to the NHS Trusts (and others) as placement providers. Their roles and purpose, and that of the WDC(s) also needs to be emphasised more. Training for both reviewers and review co-ordinators will also need to recognise the importance of the HEI partners in the education provision.
- The Review Handbook to provide additional guidance for Institutions/WDCs and others on the provision of documentation and include in the training and handbook the range of supporting documentation that is expected for any review.
- Additional information on the type, nature and timing of student work is needed both with respect to amount, sample and availability.
- Review teams should continue to have a maximum of 8 reviewers in any team.
- It can be sufficient to have one practitioner reviewer per profession being reviewed. However, if required, a 'specialist adviser' could be called upon to provide a second specialist view point on the material and so advise the review team.
- Consideration should be given to the preferred use of those who are already trained as Visitors, as reviewers in order facilitate the integration of quality assurance processes.
- Consideration should also be given to the possibility of 'linking' the HPC's and NMC's Visitor training with reviewer training and providing appropriate accreditation incorporating the training within continuing professional development.
- A reviewer should not normally undertake more than one review at a time.
- The role and responsibilities of a subject reviewer should be clarified further and that the expectations of this role should be emphasised during training.
- Further consideration about the purpose of the PRF is undertaken and the training materials (for all participants) amended accordingly.
- It is important that additional work is undertaken with reviewers/ institutions/WDCs to clarify the purpose of visiting practice, and that this guidance is documented.

- Scheduled visits to practice placements should take place as the sole activity on the second and/or third day of the review.
- A three-day bespoke training with both reviewers and review co-ordinators present is developed. It is suggested that reviewers and experienced review co-ordinators support the training. The training should continue to have input from the DH, NMC, HPC and WDCs.
- Reviewer training should emphasise the need for robust evidence gathering more, the purpose and techniques for reviewing student work and student progression statistics, and writing commentaries/reports.
- Any training should ensure that reviewers are clear that the web folders and email are of an equal importance to face-to-face communication and more importantly for forwarding commentaries, notes and requests.
- Access to the web email and visit folders to be simplified, supported by additional demonstration and 'hands-on' training in using the website to access email and visit folders during training.
- It is recommended that the review co-ordinator briefing be retained, with the addition of examples of good practices identified through the prototypes.
- The briefing session for the SRFs/WDCs should be maintained but should place greater emphasis on an integrated approach to producing the SED and recommend to institutions that they consider undertaking briefing sessions with clinical practitioners about the review method in general and specifically the SED.
- Given the close linkage between the SRF and PRF it is recommended that these two training events be merged into a single briefing session. The PRF should be encouraged to feedback to the WDC and clinical staff.
- The briefing of representatives from the HEIs should be continued and should ensure that participants have an informed understanding of the review method.
- The review co-ordinator should hold a "clarification" session with the relevant subject staff at the end of each day.
- The oral feedback of the results to the institution, at the end of the review, should be maintained.
- Exemplary features should not be part of major review. Effective recognition and dissemination of good practice should replace this category.
- The section " summary of practice" in the review report to be removed as it detracts from the integral nature of practice to the learning process and so the judgements on standards and quality.

QAA Steering Group

Key questions for comment and suggestions

1. The handbook will need more reference to the WDC involvement in
    a. the production of the SED, and
    b. the review activity

2. The involvement of NHS Trusts, other service providers and clinical staff, is also essential. Is there additional guidance needed in the review handbook and if so, what?

3. Additional guidance for the preparation of documentation. Examples will be student assessments including practice documentation and handbooks.
    a. What other documentation do you consider WDCs sand HEIs could provide to strengthen the evidence given to the reviewers? Eg CHI/CHAI reports?
    b. Are there other clinical documents which could be identified and requested?

4. The role and purpose of the Practice Review Facilitator (PRF) needs clarification.
    a. Do you consider there continues to be a role for a PRF?
    b. If so, what should be the functions undertaken by the PRF?

5. The purpose of visiting practice is **not** to achieve a 'sample'. The choices of clinical areas are driven by the SED.
    a. How can this link be more visible for the HEIs and WDCs?
    b. The SED could be required to describe the clinical areas supporting the provision
        - is this feasible?
        - suggestions on how to present the context of service provision for review teams.
    c. Review teams need to be able to identify additional clinical areas to provide evidence for verification of SED claims. How might this be achieved?

6. For HEI briefings -
    a. would a shared briefing of HEI plus lead WDC representative be helpful?
    b. a one day briefing addressing the SED and the review visit is planned. Suggestions for additional content/issues?

7. "Good practice" will replace 'exemplary features'.
    a. Suggestions for how this might be recognised and documented?
    b. How can the handbook make it clear the term is not about standards of practice but academic standards and quality of learning?

8. Any other comments?

University of Southampton | Hampshire and Isle of Wight NHS Workforce Development Confederation | University of Portsmouth

The New Generation Project

www.mhbs.soton.ac.uk/newgeneration

Validation and Review

One of the major issues that must be considered is how the Higher Education Institutions (HEIs) and the various Professional and Statutory Bodies (PSBs) will approve the proposed changes resulting from the introduction of the Common Learning Programme (CLP).

All of the health and social care related programmes are subject to a diverse range of external scrutiny to ensure that they are both '*Fit for Award*' and '*Fit for Practice*': each programme has to be able to meet both the educational and the professional training requirements. That is to say that each programme of study has to be able to demonstrate that it is able to meet the requirements of the National Qualifications Framework educational outcomes for that level of award (e.g. Diploma, Honours level degree, Masters level degree etc) and to meet the professional training requirements of the relevant PSB. Within a programme of fixed duration there will always be some tension between the needs of Education and the needs of Training. This is not a new problem, but several recent changes at national level have brought this tension back into focus.

The introduction of the CLP as part of the New Generation Project requires us to revisit the relationships between the HEIs and PSBs in order for all partners to develop a system in which they all have confidence, but which can be delivered in an effective and affordable way.

The challenges

The introduction of the CLP in October 2003 directly impacts on 10 professions in two HEIs.

Diagnostic radiography	Medicine
Midwifery	Nursing
Occupational therapy	Pharmacy
Physiotherapy	Podiatry
Social work	Therapeutic radiography

We wish to ensure that the introduction of more explicit interprofessional education in some areas does not decrease the confidence in each of the profession-specific programmes on offer. The challenge is to develop a transparent process to assure continued confidence in the quality of each professional programme. The final process must be operable by the New Generation partners and able to be delivered nationally as all profession-specific programmes introduce Common Learning by 2004 as required in *"Working together – Learning together"*.

The analysis

The traditional method of ensuring all the stakeholders with an interest in a profession-specific programme are satisfied with the content, mode of delivery and so on has been to have a conjoint validation. Typically, in such a conjoint validation there are representatives of the HEI, PSB(s), employers (e.g. WDC) and external academic advisors. In practice, conjoint validation is designed to ensure that all the stakeholders are involved in the curriculum design stage of a programme and that suitable learning outcomes are agreed. There is less emphasis on the mode of delivery of the programme. A conjoint validation, by its very nature, cannot evaluate the effectiveness of output of a programme that has yet to run.

Question: How realistic would it be to continue with a model of conjoint validation extended to include

each PSB involved with the ten professions?

It is perhaps sensible to separate the input, design stage of consultation about curriculum design from the evaluation of the quality of output of a professional programme and suitability for professional registration. Of course, in quality terms, it is important that these two processes are linked together. The question is more about the level of engagement of the various stakeholders into the three areas of a pre-registration programme: curriculum design (input), delivery (process) and fitness for practice (output).

The content of the CLP of the New Generation Project has been derived from the nationally agreed benchmark statements for the health and social care programmes. Nationally, a wide range of stakeholders was involved in the determination of these benchmark statements. Consequently, they all accept the benchmarks. As you will be aware the common themes that occur in each of these profession specific benchmarks has been identified and incorporated into the four CLP units. Hence, in terms of content, the CLP modules should be acceptable to all. It is our premise that delivering this material in an interprofessional manner will not detract from the existing profession specific requirements, whilst providing a value-added interprofessional dimension.

Our analysis has shown that the aims and learning outcomes of the programmes are unaffected. The change in the mode of delivery, however, provides a clearer focus on those covered by the CLP together with providing the value-added interprofessional perspective.

As the aims and learning outcomes of the programmes are unaffected these changes are regarded as minor changes by the HEIs: able to be agreed at Faculty-level.

Question: Do the regulators share the conclusion that the changes in the CLP are changes to delivery, giving a value-added effect, rather than major change in QA terms?

Question: How can we facilitate the involvement of the relevant stakeholders at the right time in the quality cycle? Are the PSBs more concerned with issues of output rather than process?

It is recognised that some of the professions covered by the New Generation project are due for their periodic re-validation in 2003. Once all stakeholders agree the CLP it is vital that that it is not subject to unilateral change. Any change that may need to take place to modules within the CLP has to be agreed by all stakeholders.

Question: How can we facilitate the re-validation events without compromising the CLP for all the professions?

Quality Assurance in the future

As interprofessional education becomes more prevalent steps need to be taken to provide annual QA processes that enable systematic evaluation and curriculum development. The processes need to be responsive to the needs of the interprofessional curriculum whilst allowing adequate time for consultation with, and agreement from, the various profession-specific programmes. We are working up a model for the annual monitoring of the CLP within the New Generation Project and would welcome comments from our regulators.

Ian Giles
August 2002