

quality of provision and standards of awards are being safeguarded. Individual HEIs have developed their own internal quality assurance processes and procedures to ensure, in the context of healthcare, that programmes lead to graduates or diplomates who are *fit for award*.

11. Quality assurance of healthcare education comes under the auspices of a number of key stakeholders and therefore the demands on HEIs can be significant. Thus the need to rationalise the evidence base required by the different stakeholders and reduce the duplication of effort required to assure quality and practitioner standards has been recognised⁸. The DH is committed, in partnership with the HPC, NMC, and WDCs, to integrate existing standard setting mechanisms and streamlining quality assurance processes in nursing, midwifery, health visiting and allied health profession education⁹. A first step was to examine the possibility of developing a comprehensive approach to the assurance of standards and quality for NHS funded higher education provision in England. Building on the internal quality assurance arrangements of HEIs, while recognising stakeholder requirements and recognising the significant element of learning in practice that takes place.

12. The DH commissioned the Agency, an independent body with charitable status¹⁰, to develop and organise a process to review health profession programmes. Throughout the planning, implementation and evaluation of the prototypes, key stakeholders of the DH, NMC, HPC and WDC representatives have been actively involved. This has been achieved through regular meetings of different types and focus. The HEIs and WDCs, with the NMC and HPC have had a formal monitoring role through the QAA Steering Group. In addition the DH has held a series of meetings with the WDCs. The Agency has found this ongoing feedback and commentary a significant contribution to the learning from the prototypes.

The prototype reviews

13. Six institutions were invited, by the Agency, to participate in the prototype reviews. Institutions were identified in consultation with the DH to ensure that there was a balance across institutions – in terms of size and complexity of provision, type of provision, WDCs and Professional Statutory Regulatory Bodies (PSRB)s. The following institutions/lead WDCs agreed to take part in the project:

- Kingston University/ St George's Hospital Medical School, South West London WDC
- University College Northampton, Leicestershire, Northamptonshire and Rutland WDC
- University of Plymouth, Devon & Cornwall WDC
- Sheffield Hallam University, South Yorkshire WDC

⁸ Pope, R. (2002) *Evaluation of the Implementation of the Quality Assurance Framework and Standards for approval of Higher Education Institutions and Programmes*. Research Highlights. English National Board for Nursing, Midwifery and Health Visiting.

⁹ Department of Health (2002) Human Resources Directorate, Learning and Personal Development Division, <http://www.doh.gov.uk/hrinthenhs/learning.htm>

¹⁰ Quality Assurance Agency for Higher Education (2001) *Quality Assurance in UK higher education: a brief guide*, Gloucester: QAA, p3

- University of Teesside, County Durham & Tees Valley WDC
- University College Worcester, West Midlands Central WDC

14. The programmes reviewed covered 7 of the 11 subject benchmark statements: Health Visiting, Midwifery, Nursing, Occupational Therapy, Physiotherapy, Podiatry (Chiropody), and Radiography. It was not possible for programmes in the following subject benchmark areas: Dietetics, Orthoptics, Prosthetics and Orthotics, and Speech and Language Therapy to be reviewed.

15. The six HEIs represented a range of city/rural settings and had previously been subject reviewed, the provision judged to be in good order. Two HEIs represented a range of provision within nursing, midwifery and health visiting, two presented a range of allied health professions provision across four of the seven professions, and two represented mixed nursing, midwifery, health visiting/allied health professions. In total 70 programmes were reviewed, of which 54 were pre-registration programmes at Diploma/Degree level and 26 were postgraduate. In total some 8000 students were registered on the programmes reviewed.

16. The review method was based on the *Agency's Handbook for Academic Review (2000)* with appropriate amendments/additions to take account of the nature of healthcare education including the integration of practice into the provision and the need for mixed teams of reviewers from higher education and practice backgrounds. A prototype handbook was developed and used throughout the project: *Prototype Handbook for Academic Review of Health Profession Programmes (19 November 2001)* and can be found at: <http://www.qaa.ac.uk/public/acrevhbook/NHSHandbook.pdf>.

17. The reviews were conducted between February and July 2002, the average length of visit (initial meeting – to judgements meeting) being approximately 8.7 weeks and review teams spent up to five days (or equivalent) at the institution looking at both campus based and practice placement provision. Throughout the reviews the Agency provided visit support.

18. The size of the review teams ranged from four reviewers on the smaller, less complex provision to eight on the large and complex provision. Each team was managed by a non-healthcare specialist review coordinator.

19. The reviews addressed two inter-dependent areas:

- **Academic and practitioner standards:** concerned with the appropriateness of the intended learning outcomes (in relation to relevant subject benchmark statements, the qualifications framework and the overall aims of the provision); effectiveness of curriculum design and assessment arrangements (in relation to the intended learning outcomes); and the actual achievement of students;

- The quality of learning opportunities in a subject: concerned with the effectiveness of teaching, learning resources and academic support wherever and however delivered, in promoting student learning and achievement.

The joint responsibility of higher education institutions and placement providers for establishing, monitoring and maintaining effective practice environments was considered by the teams and commented on in the review report. The review team also gave consideration, where it impacted at subject/discipline level, to the ways in which the institution ensured the maintenance and enhancement of standards and quality at institutional level.

20. Where a programme is specifically interprofessional, making judgements about standards specific to a discipline/benchmark area was potentially problematic. Where, for example, a health studies programme was accessed by one profession in particular, the programme narrative and judgement was included in that profession/discipline area. Interprofessional learning was examined thoroughly within the review and specific reference made in the reports.

21. In reaching judgements about academic and practitioner standards and the quality of learning opportunities reviewers looked at a number of different areas (figure 1).

Figure 1

<p>Academic and practitioner standards</p> <p>Reviewers make one of the following judgements on standards: Confidence, which may be expressed as limited confidence; or no confidence</p> <p>A separate judgement will be made for each benchmarked area.</p> <p>Quality of learning opportunities</p> <p>Reviewers make one of the following judgements for each of three aspects of learning opportunities: commendable, (which may include exemplary features); or approved; or failing.</p>	<p>To reach this judgement, reviewers look at:</p> <p>learning outcomes; the curriculum; student assessment; student achievement.</p> <p>The three aspects of quality of learning opportunities are: teaching and learning; student progression; learning resources and their effective utilisation.</p>
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Evaluation approach - data sources

22. The evaluation is based on the established QAA evaluation framework (2001) and draws on a number of different sources of data:

- The Agency standard evaluation questionnaires with a further section addressing the additional elements of the prototypes
- The Agency training evaluation forms

- Visit support monitoring logs
- Minutes/notes of meetings
- Oral feedback from all participants
- The Agency web folders
- QAA Feedback Seminars with participants from the prototypes – 9/17 September 2002
- Visit/review reports [NB individual reports remain confidential until commencement of major review in October 2003. A composite report will be developed for information purposes].

23. The evaluation questionnaire was sent to the three key groups involved in each review: the review co-ordinators, the subject specialist reviewers and the HEIs in partnership with the WDCs. The revised questionnaire invited responses on both the academic and practice provision.

24. To ensure both partners in the provision had opportunity to feedback two 'institutional' questionnaires were sent to each HEI. It was suggested that one could be forwarded to the relevant WDC to complete. A joint HEI/WDC response on a single questionnaire was accepted. In total 48 questionnaires were sent out and 47 returned (97.9% response rate).

25. Quantitative data was analysed by calculating the mean score for each question and disaggregating the data by type of respondent, prototype, type of reviewer, and prototype by type of respondent. Levels of satisfaction could be derived from these scores because each question was written in a positive manner and the rating scale based on agreement with the statement.

26. The feedback seminars were the second stage of the Agency's evaluation framework and enabled the debriefing of subject specialist reviewers, review co-ordinators, subject leads and the subject review facilitators¹¹ (SRFs)/ placement review facilitators¹² (PRFs). The seminars provided a brief presentation on the data collected to date by the external evaluator and the Agency evaluation. The remainder of the seminar was spent utilising small group activities to test if the data collected and the initial analysis was accurate and representative, to identify any further issues and to enable participants to make recommendations for commencement of major review.

27. All qualitative data were transcribed and coded using Cluster Analysis.

¹¹ A nominated member of staff from each institution to provide effective liaison between the team of reviewers and the subject staff and to ensure that the team obtains accurate and comprehensive information about the educational provision and its institutional context (*Prototype Handbook for Academic Review of Health Profession Programmes* – 19 November 2001, p56)

¹² A nominated member of staff from each WDC to provide effective liaison between the WDC, placement providers, HEI and review team via the SRF. Ensuring that all placement providers understand the review process and the visits to practice placements.

28. The following sections outline the results of the evaluation process by examining overall perceptions and then analysing in more detail specific issues that have been raised. The report outlines the main recommendations and indicates areas where further refinement and work need to be undertaken.

Evaluation results

29. Overall analysis of the quantitative data indicated that there was a high level of satisfaction in the review method, process and outcomes, with similar patterns of response seen when the data is disaggregated by type of respondent, type of reviewer, and prototype.

30. The responses from the institutions provided a positive statement and suggested that the experience of the prototype review method was a major improvement to the previous subject review method (1998-2000) and that the methodology did not cause them any major concerns. Some of the review co-ordinators and subject specialist reviewers indicated some areas where further work and training were needed if the review method was to meet the targets set in the revised handbook.

The Handbook

31. The Prototype Review Handbook provided the focal point for the reviews and was the common frame of reference for all participants. Review co-ordinators used the handbook to guide reviewers through the process, highlighting the relevant annexes during the visits and ensuring that the questions posed in annex E were used as an *aide-memoir* during all the judgement meetings.

32. All respondents considered it important that there should be a specific handbook that would form the basis of the review method used in major review. Such a document would:

- ensure that the review process was distinct from the Agency's other review methods;
- demonstrate clearly the value and importance of assessing educational provision in the class room and in practice;
- enable further refinement of the prototype handbook.

Schedule of visits

33. There was unanimous agreement, from all the sources of data, that the model used for visits, consisting of visits on five different days, was both difficult and unworkable. The model caused a significant amount of time to be spent travelling and reviewers considered sequential visits made the process disjointed. They found it difficult to 'keep the information live during periods away from the institution' (reviewer). One suggestion is that gaps between meetings should be shortened with the review completed over a four-week period. However, this would increase the intensity on the reviewers and limit the time on the reflection on information and knowledge.

34. The difficulty of arranging dates was evident in correspondence between the review co-ordinator and the institution, between the reviewers and review co-ordinator and recorded at meetings of the QAA Steering Group. It was especially difficult for practitioner reviewers who had clinical obligations for treating patients. The flexibility in agreeing dates led to some reluctance by line managers to release staff and some reviewers undertook visits in annual leave time. Given the considerable benefits to the practice placement, efforts should be made to release staff.

35. It is suggested that a preferred approach would be for, all participants to choose from two models of 2+2+1 day or 3+2 day arrangement. Dates would be fixed, with reviewers and review co-ordinators being aware of these at the point of acceptance into the review pool. The model with allocated dates could be offered to institutions. This would enable reviewers, academic staff, practitioners, HEIs and WDCs to protect those dates well in advance.

36. To provide sufficient lead in time the date for the submission of the SED should be two months prior to day one of the review. This would enable the review team to consider both the SED and further documentation that might be requested before the initial meeting.

37. The programme for each day will be decided at a suitable point in the process and will be SED driven. Dates for the placement visits would be allocated and agenda and meeting schedules for the first day would be agreed at the preliminary meeting.

Self-Evaluation Document

38. The basis of the review method is the self-evaluation document (SED). This is prepared by the institution prior to the visits and enables them to review, in an analytical and critical way, the education programmes that are being offered. Feedback from the participants in the prototype indicated that the SED provided a suitable entry for a detailed, efficient and rigorous analysis of the provision. Reviews were more successful where all partners had been involved fully in the discussions leading to the writing of the SED, as well as in the discussions about the logistics of the review. Two institutions had explicit arrangements for their SED to be 'signed off' by an agreed representative group of WDC/Trusts. Given the significance of the SED it was noted that there should be sufficient scope and space both to outline the provision and offer a critical analysis.

39. The level and quality of the evaluation within the SED varied, with those submitted from institutions that had requested feedback from the Agency being notably stronger. Additional guidance could be provided on the SED in the handbook and for it to continue to be the focus of the SRF briefing. The review teams made effective use of the institution's SED and other advanced documentation.

Preliminary meeting with HEIs

40. For all but one of the prototype reviews the preliminary planning activities between the review co-ordinator and the institution were useful in preparing for the review. The meeting provided a valuable opportunity for the institution to update the review co-ordinator on

changes to the SED and place the provision in context. The preliminary meeting was used to map the range of meetings and the personnel required at the initial meeting.

41. The meeting provides an opportunity for personal contact with the key players, which is valuable if confidence in communication and transparency are to be established. It enables the review co-ordinator to outline procedures and give guidance on how the review will be conducted and what can be expected from the institution, the SRF and the PRF.

42. The role of the PRF, although not always clear, is important in keeping the review team, and those working in the placements, informed of the procedures that needed to be followed. There is clearly a need for specific training for those who take on the role of the PRF, and for further clarification of the range of activities and responsibilities expected in such a role.

Provision of documentation

43. One area identified by the review co-ordinators requiring further development is the guidance given to institutions about the provision of supplementary documentation. Documentation should be kept to the minimum, specific requests may be made by the review team.

44. The range and type of student work made available is another area where respondents required additional guidance. Student work is a crucial form of evidence for reviewers. There should be a broad enough sample to enable reviewers to look at each programme and the modules that are provided. The range should be a representative one, placed in context of the total assessment regime.

45. The responses from the HEIs/WDCs indicate that there was some confusion about the best ways to provide information. The institutions provided documentation in a number of ways, including institutional intranet, web pages, CD-Roms and paper copies. Each displayed varying degrees of usefulness and cost implications. Ideally documentation should be available in the institution and should be 'live' in the context of provision.

Visits to practice placements

46. In every prototype, reviewers visited practice areas deemed appropriate to provide evidence to support the claims in the SED. The most common practice was that HEIs and their partners were invited to suggest a range of suitable areas, which would help the review team reach judgements on standards and quality in the professions/disciplines in the provision. The team would have sufficient to choose from, this gave some element of control. The reviewers had the opportunity to ask to see additional areas and some did. Many reviewers found these visits to practice essential to the process. A few considered that they could have gained as much evidence through the documentation and practical resources on campus. The benefits of the visits were not always balanced against the demands on the reviewer's time. However the majority found the visits to practice an essential part of the review and that this was a significant improvement for those reviewers who had participated in the subject reviews in 1998 – 2000.

47. During the prototypes, the reviewers were increasingly encouraged to go into practice areas in pairs, each reviewer being from a different profession. This was found to work well, with useful insights and questions being asked by the non-discipline specific reviewer(s). It was also found that there are significant similarities in the questions reviewers put, for example, about resources across professions/disciplines. However the specialists needed to see their specific resources/practice in order to evaluate and judge highly subject specific elements of the provision in practice and in theory.

48. A reviewer from one specialism can inform the rest of the team of the specialist issues, all team members took these issues on board when the teams reached the judgements. It would however be advantageous to have a 'pool' of specialist reviewers available. In the event of a particular actual or potential problem, or best practice the team, via the review co-ordinator and the Agency, could call upon a specialist advisor. This would ensure that where needed the team making judgements would have the advantage of the input from two specialists.

49. There was an expectation that since the observation of practice teaching had been included as an annex in the handbook, this would take place. The reviewers were neither encouraged nor discouraged from observing teaching in practice or on campus. However the rationale for observation must be to verify or support evidence that the institutions are not already assuring the quality of the teaching of their staff. Peer observation of teaching is becoming standard practice in campus activities. The expectation in the future may well be that HEIs and their partner providers will also be able to evidence methods of quality assuring teaching in practice as well as on campus. This would call into question whether the observation of teaching needs to remain as a possibility, both on campus and in practice.

50. The reviewers had been prepared in their training to draw upon the Placements in Focus (DH/ENB 2001) guidance and principles, no specific proforma was provided. The reviewers were encouraged to develop their skills in documenting evidence from the practice visits. As the prototypes progressed, more structured guidance was provided by the review co-ordinators based on a format generated by the reviewers in early prototypes. This guidance and structure should be developed and incorporated into future reviews. However the reviewers need the flexibility to use their professional judgement and this should be maintained. The guidance should help reviewers to be clear about the aims for the practice visits and the structure for reporting on their evidence to be shared with the rest of the team.

Judgements

51. In every prototype the judgements made by review teams were robust and consistent with the dialogue. All agreed that the various categories of judgement were set out clearly in the letter of notification, when it was received, and that it was possible to relate this to the different programmes and pathways.

52. The reviewers, in coming to judgements, had used a broad range of external references. References included documents produced by the Agency, the professional bodies, regulatory bodies and NHS policies on practice.

53. One concept that caused discussion at the judgement meetings was the difficulty in aligning the judgement 'commendable' (provision contributes substantially to the achievement of the intended outcomes, with most elements demonstrating good practice) with the use of the term 'commendable' in common language (praiseworthy). However, review co-ordinators reminded all reviewers of the criteria for each level of judgement.

54. A strength of the methodology was the broadness of the judgement categories that enable the review teams to take into account the action that is being taken (identified in the SED) to remedy any shortfalls. Another strength is the ability to distinguish between mode, level and/or programme so that discrete judgements can be made between different subjects and programmes concerning the standards and/or quality of learning opportunities.

55. Institutions found the provision of informal oral feedback after the judgements very useful and it is suggested that it should be retained for major review.

Exemplary features

56. Within the 'commendable judgement' reviewers had the opportunity to identify any specific features of the provision that were exemplary. To be deemed 'exemplary', a feature had to:

- represent sector-leading best practice; and
 - be worthy of dissemination to, and emulation by, other providers of comparable programmes; and
 - make a significant contribution to the success of the provision being assessed.
- Incidental or marginal features do not qualify for designation.

57. Exemplary features were considered in the prototype reviews. In each case the review team took a significant amount of time to reach an agreement. Whilst the criteria to assess the submitted or identified exemplary feature were robust, the whole process was difficult, and divisive in terms of the expectations of the institutions and the outcome of the review teams deliberations. If exemplary features are to be retained, the criteria and process should be clarified with the institutions/WDCs and realistic expectations set.

58. The review teams and the QAA Steering Group agreed that it would be more helpful to focus on the dissemination of good practice. This could be undertaken in a number of different ways including highlighting good practice within the review report and the production of an annual 'trends report'. Such a report would outline the good practice found during the reviews and how the feature could be utilised by other practitioners. Further thought will need to be given to what constitutes good practice and the procedures for identification should be

explained clearly to the review teams and institutions. The characteristics underpinning good practice should be noted in the handbook.

Reports

59. The draft reports followed an agreed format. Each benchmarked area received a separate judgement and narrative. The documentation worked well in most instances. However further guidance needs to be provided to the review teams on how to ensure that the sections are not repetitive in content and actually focused clearly on the discipline, separate external reference points and outcomes.

60. Some reviewers had not appreciated the iterative process in producing a review report and the need to respond and provide commentaries promptly to the review co-ordinator's requests. In the training there needs to be more emphasis on this aspect of the role of a reviewer. This should include practical guides on how to keep all the confidential evidence on the web folders and any documentation safely until the report is finalised.

61. Commentaries on visits to practice, whilst balanced and evidence based, lacked appropriate constructive criticism in the early days of the prototypes. As the reviews proceeded a template was developed through reviewer experience and was used to good effect. The template provided a structure for the commentary on learning in practice.

62. Reviewers demonstrated clear understanding of PSRB requirements in the provision studied. However the reviewers did not always differentiate appropriately between statutory regulations and professional body requirements in the reports. Report writing has also taken account of the NHS Trusts and hence WDCs role in the provision of placements and the need to ensure fitness for purpose.

63. The summary of practice section was designed to summarise the comments on practice placements that are present throughout the report. In the prototypes, separate comments came to be written by reviewers, which were not initially in the main sections of the report. This separate summary could be deemed to challenge the integrated philosophy embedded in the review process, that practice and theory are not separate components. There should be consideration as to whether it should be retained. If it is found to be helpful to retain this summary, the training of review co-ordinators and reviewers needs to include guidance on how to ensure comments on practice are generated in relation to standards and quality of the whole provision.

64. A composite report will be prepared from the six prototypes to be disseminated for discussion; the actual reports remain confidential until Autumn 2003. It is considered that there is clear reference to all external reference points, including the statutory and professional requirements, the employer's perspective and the partner placement providers. The reports aim to document the judgements in relation to fitness for purpose, fitness for practice and fit for award.