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Annual Review Trends Report 2003-04

Major Review of Healthcare programmes

The Quality Assurance Agency for Higher Education

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Contents

Executive summary

Reviewers

- Nominations from both practice and academia in speech and language therapy, audiology, orthoptics and operating department practitioners have been sparse.
- There is considerable scope to increase representation from minority ethnic groups and from those with disabilities. Of the 364 nominees to date, 74 per cent were female and 92 per cent were white. There were no nominees who declared a disability within the meaning of the Disability Discrimination Act 1995.
- Two hundred and forty-four reviewers have so far been trained. The training has been very well-received, with over 98 per cent of participants giving it a 'very good' or 'good' grading.

Briefings and workshops

- Five self-evaluation document (SED) workshops have been held, with 150 participants attending. Of these, around 70 per cent were from higher education institutions (HEIs) but only 30 per cent came from Strategic Health Authorities (SHAs)/Workforce Development Confederations (WDCs).
- The SED workshops have been highly evaluated by those attending, with 96.25 per cent of respondents giving an overall grading of 'very good' or 'good'.
- Five briefing days for major review facilitators (MRFs) and practice review facilitators (PRFs) have been held, with 127 participants attending. Sixty-three participants were from academic settings and 44 from SHA/WDCs.
- The briefings were highly regarded by participants, with around 91 per cent of respondents grading them as 'very good' or 'good'.

Reviews

- Eleven major reviews have been conducted so far. In addition, the six prototype reviews conducted in 2001-02 were converted to major review and their reports published without further visits.
- The evidence is that the 2 days+2 days+1 day model works best as there is insufficient time for digestion of evidence, evaluation and reflection in the other models.

Communication and roles

- Communication and effective working relationships, particularly between the Review Coordinator and the HEIs and SHA/WDC through the MRF and PRF are of fundamental importance.
- MRFs and PRFs have made a significant contribution to the success of major review. The role of the PRF is a particularly difficult one to fulfil and it is important that the PRF is vested with the authority to represent all the placement providers and SHAs/WDCs involved.

The self-evaluation document

- There is some scope, overall, for the quality of SEDs to improve. While some are evaluative, self-critical and well referenced, too many tend to be very descriptive, long-winded and have inadequate referencing. A common deficiency in many SEDs is a lack of attention to practice and inadequate referencing to the practice and academic infrastructures.

Publications

- A significant development this year has been the publication, in March 2004, of the consultation document 'The Partnership Quality Assurance Framework for Healthcare Education in England'. This consultation focused on the developing areas of the Framework, not major review, as this is already tested and agreed.
- A major channel of communication and a useful source of guidance for all stakeholders are the newsletters published quarterly by the Quality Assurance Agency for Higher Education (the Agency) on behalf of the Department of Health (England) (DH) and its partners, and available on the Agency web site. To date three newsletters have been issued.

Judgements/outcomes

- Reports clearly suggest that a most encouraging start to major review has been made. Review teams have expressed full confidence in both academic and practitioner standards in all provision so far reported on. At the same time, all the elements of the quality of learning opportunities have been judged to be 'commendable' in all but one provision.
- Good practice reflected in academic and practitioner standards, and in the quality of learning opportunities, has been evident in a number of areas of provision. Fewer examples of good practice were reported in student progression than in other features. There were fewer weaknesses in learning resources than in other areas.

Documentation

- A major problem has been poorly presented and sometimes inaccurate or incomplete data. It would be useful if all providers preparing for review have achievement and progression statistics available in the forms requested - in the SED, during the review and in the report.
- The amount of documentation, including student work, required by review teams should be strictly proportionate to its significance in verifying and validating what is claimed in the SED. The use of electronic storage and accessibility of information, for example through CD-ROMs and access to intranets, should be more widely considered.

Top tips summary

Preparing for review

- Spread the good word! Let practice colleagues know how worthwhile major review is, and how rewarding it is, both personally and professionally.
- Both sides of the partnership equation need to be represented and involved at SED workshops - come in provider pairs!

Major review in operation

- Keep looking in the the Agency's web site for any changes to the Handbook or other documentation.
- Put the context, geography and some detail in respect of placements in the SED.
- Make sure that students are in the HEI and/or in practice during the period when the timing of major review is agreed.
- Clearly specify at the outset which programmes are pre-registration and which are post-registration/qualification.
- Follow up vital email communication with hard copy letters and telephone conversations.
- For healthcare education providers, limit the amount of documentation to the essential minimum.
- For reviewers, when involved in major review, check at least every other day for messages in the team folder.
- Reflect the SHA/WDC and the health and social care placement providers much more throughout the SED.

Conclusions and evaluation

- Use the published guidance on the quantitative data requirements in the SED, during the review and in the review report.
- Make sure that the implications of the major review timeline are fully understood in terms of work and holiday commitments.
- Ask for, and provide, only that documentation that is strictly necessary and provide as much of it in electronic form as possible.

Chapter one
Introduction

1.1 The Handbook for major review of healthcare programmes (the Handbook) (paragraph 96) states that 'at the completion of each annual schedule of reviews, an annual report of emerging trends will be produced and published'. The main purpose of such reports is to record the findings of review teams and to promote good practice, focusing on learning gained about academic and practitioner standards, and quality of learning opportunities. The reports will also be able to provide commentary on profession/education-specific issues in the healthcare professional areas.

1.2 This first review trends report has, however, a slightly different focus. Although major review has begun, and is proving to be effective and successful, only a few providers have been reviewed and only seven reports published. The year has been one of preparation and development, as well as consolidation of the partnership between the Quality Assurance Agency for Higher Education (the Agency) and the stakeholders. This report therefore concentrates on this early phase in major review. Where possible, however, it will delineate those learning points that have emerged from review so far in order to assist the healthcare programme providers in preparing for review and/or reviewing healthcare programmes. Top tips have been identified to help the reader identify areas for action in preparing for major review.

1.3 It is important that this report is read in the context of a number of key developments and overarching considerations. First and foremost, major review is the periodic peer review of programmes of nursing, midwifery and allied health professions in England. It is one element of a Partnership Quality Assurance Framework (Partnership Framework) developed by the Department of Health (England) (DH) in partnership with the Nursing and Midwifery Council (NMC), the Health Professions Council (HPC) and Workforce Development Confederations (WDCs)/Strategic Health Authorities (SHAs). The Agency was awarded a contract to implement major review for 2003-06. The major review method has been developed within a culture of partnership, with all parties contributing to its evolution and refinement. The early methodology was tested by six prototype reviews carried out in 2001-02 and the methodology revised as a result of the experience gained in these reviews as well as though the findings and recommendations of two evaluation reports commissioned by the DH.

1.4 Secondly, major review does not stand alone. It is a component and integrated part of the Partnership Framework first outlined in 'Streamlining quality assurance in healthcare education' (DH 2003). It is part of an overall strategy to streamline the quality assurance mechanisms that encompass healthcare provision. Hence, it seeks to build on existing internal as well as external quality assurance arrangements and to avoid unnecessary and wasteful duplication. For example, in the year of major review the NMC annual monitoring will be incorporated into major review, with a NMC visitor/reviewer as part of the review team and utilising the evidence base gained by the team. Moreover, major review replaces the quality element of fundamental/contract review carried out by the SHA/WDC. There have been discussions with the HPC in respect of a closer alignment of its quality assurance procedures to major review within the context of the evolution of the Partnership Framework.

1.5 Thirdly, the prime purpose of major review is to provide the public with the assurance and confidence that the students and trainees who successfully complete healthcare programmes are competent and safe practitioners. But another essential focus is on the identification and dissemination of good practice, whether it is in the academic or practice setting. Major review reports will be a vital source of evidence for those providing healthcare programmes to review, improve and enhance standards and quality.

1.6 Finally, although major review as a process is at an early stage of implementation, much already exists that is of potential benefit to the sector. The Agency publishes a quarterly newsletter on behalf of the DH and its partners. Subject benchmarks now exist for many of the healthcare professions. The Handbook remains the single most important document for preparing for review. The Agency has published an executive guide to major review as well as 'Frequently asked Questions'. All these documents are available on the Agency's web site, www.qaa.ac.uk.

Chapter two
Preparing for review

2.1 The year has seen considerable activity in preparing for review. The nomination, selection and training of reviewers from higher education institutions (HEIs) and practice have been major priorities. Altogether, 364 nominations were received. One hundred and thirty-two nominations were received from National Health Service (NHS) Trusts and SHAs/WDCs, and 232 from HEIs. The Agency and its partners are concerned about this imbalance and have striven to encourage more nominations from practitioners. The imbalance is seen clearly in nursing, where only 72 out of the total of 184 nominations were from practice, and in physiotherapy and radiography (five out of 18 and nine out of 23 respectively).

2.2 There has also been some concern about the disappointingly few nominations from particular professional areas. For example, nominations from both practice and academia in speech and language therapy, audiology, orthoptics and operating department practitioners have been sparse and these specialities are still needed. In clinical psychology a dearth of nominations was partly addressed through the good offices of the major review Steering Group and the professional body concerned - the British Psychological Society.

2.3 The Agency would like to place on record its appreciation of the efforts made to encourage nominations from practice settings as well as its gratitude to the NHS Trusts that have released staff for major review. The fees for being a reviewer can be paid either directly to the practitioner/academic or to the employer. At the same time, it is appropriate to restate a fundamental principle of major review, and that is its focus on practitioner standards and the quality of learning opportunities in practice, as well as its focus on the academic setting. Without an adequate representation from practitioners on review teams, this becomes more difficult to achieve. The DH and their partners, and the Agency would wish to endorse the many statements it receives from practitioner reviewers that attest to the personal and professional benefits accruing from being a reviewer. It hopes that many more practitioners and employers will see the value of such opportunities in enabling a sharing and enhancement of practice.

Top tip - spread the good word!
Let practice colleagues know how worthwhile major review is, and how rewarding it is, both personally and professionally .

2.4 Many HEIs have responded very positively to the call for reviewers and some have even nominated up to a dozen reviewers. At the time of writing, 17 out of the 92 eligible institutions have not, however, submitted any nominations.

2.5 The Agency has adopted the recommendations in the Code of Practice published by the Equal Opportunities Commission and the Commission for Racial Equality that employers should regularly monitor the effects of selection decisions to assess whether equality of opportunity is being achieved. For major review, this monitoring has related to the selection of reviewers from nominations. It should be noted that application/nomination forms for major review do not ask for any information regarding dependents, marital status, nationality, sexual orientation, religion or colour. It should also be noted that selection for training from nominations is strictly carried out through an anonymised screening process against the person specification in Annex B of the Handbook. To date, only two applications have been rejected, entirely on grounds that one or more of the essential criteria for selection have not been fulfilled by the applicant.

2.6 The monitoring of nominations for major review reveals the following profile. Of the 364 nominees to date, 74 per cent were female and 92 per cent were white. There were no nominees who declared a disability within the meaning of the Disability Discrimination Act 1995. Clearly there is considerable scope to increase representation from both minority ethnic groups and from those with disabilities.

2.7 Training of reviewers began in September 2003 and continued until March 2004. In total, 13 three-day training events took place in a number of venues across England. Two hundred and forty four reviewers have so far been trained.

2.8 The training has been very well received. Seventy three per cent of trainees graded the training as 'very good' overall, 25.5 per cent graded it as 'good' and 1.5 per cent (three respondents) graded it as 'adequate'. No respondent graded the training as 'unsatisfactory'.

2.9 Individual sessions were also generally very highly graded, with all sessions receiving at least 75 per cent of 'very good' or 'good' ratings, and only a handful of 'unsatisfactory' grades recorded against individual sessions. Trainees respond particularly well to those sessions that simulate review activities, such as meetings with staff and students, and meetings of the review team. Feedback indicates that, in these sessions, trainees are developing their skills in gathering, analysing and sharing evidence, and being part of a review team. Trainees also appreciate the opportunity to test evidence and arrive at credible, valid judgements that are then publicly scrutinised. The training is also highly evaluated for the insight it gives into the partnership between the DH, NMC, HPC, WDC/SHAs with the Agency, the NHS, HEIs and other stakeholders. Finally, trainees stress their growing confidence as reviewers and the clear sense in which there is a mutual respect and sharing of knowledge between practitioners and academics.

2.10 Trainees generally evaluated the overnight work activities, involving the drafting of evaluative report sections, less favourably than other sessions. One reason for this is the initial lack of confidence that many trainees have in relation to writing within a new and challenging context. Another reason, which came through in early evaluations particularly, was a lack of clear guidance from trainers as to what was required. This was quickly redressed in subsequent training sessions. The session immediately preceding the overnight work was adjusted accordingly, to provide more guidance and assistance. Encouragement was also given to trainees to work in pairs or groups to share evidence and preparation. These changes helped to ensure that overnight writing tasks became less daunting and more fruitful.

2.11 In fact, the response of trainees to writing tasks has been generally very positive and it is abundantly clear how much progress and development takes place over the three days of training. Writing, as evaluated by the Review Coordinators and the Agency staff conducting training sessions, becomes sharper and more evaluative, with clearer referencing to, and better support by, valid evidence. It would be too sanguine to suggest that there are not some trainees who still need to write more cogently and clearly, but the general quality of writing, at least on training, is good.

2.12 An important part of the preparation for major review has been the provision of self-evaluation document (SED) workshops. The purpose of these is to provide briefing and guidance on how to write a clear and evaluative SED that will facilitate the review process. Of crucial significance is the expectation that the workshops will be attended by both partners in the review process, the HEI and the SHA/WDC. However, out of the 150 participants attending, only 30 per cent were from the SHA/WDCs; this is partly due to the fact that SHA/WDCs may well have more than one major review, unlike most of the HEIs. The workshops have been well evaluated, with over 96 per cent grading them 'very good' or 'good' and 3.75 per cent (three respondents) giving a grade of 'adequate'. No respondent judged the workshop to be 'unsatisfactory'. The most highly graded individual session was the one on 'how to plan and prepare to write the SED', but all individual sessions received at least 84 per cent of 'very good' and 'good' grades. A commonly expressed view was that it was extremely valuable to have a the Agency and Review Coordinator perspective on what constitutes an evaluative and well-written SED. Participants were also appreciative of the efforts made to foster close working relationships between academically and practice-based colleagues. A common request was for the Agency to publish a model or exemplar SED. The Agency is giving some consideration to this, but would not wish to suggest that there is only one model for drafting a SED or to be too prescriptive. The essence of a SED is that it is written by those who are involved in the particular provision and is generated by the unique experience of that provision. The Agency believes that the guidelines in Annex D provide clear guidance for those writing SEDs and that it would want to encourage flexibility and creativity in the writing of SEDs within the parameters set within Annex D.

Top tip - both sides of the partnership equation need to be represented and involved at SED workshops - come in provider pairs!

2.13 A further component in the preparation phase of review has been the running of briefing sessions for major review facilitators (MRF) and practice review facilitators (PRF); see Annex E of the Handbook. Five workshops were held between October 2003 and June 2004. In total, 127 participants attended these workshops. Sixty-three participants were from academic settings and 44 from practice.

2.14 Again, the workshops were highly regarded by participants. Around 91 per cent of respondents graded the briefings as 'very good' or 'good' and around 9 per cent judged them to be 'adequate'. Participants generally welcomed the opportunity to explore the different facets of the MRF and PRF role and to meet with the Agency as well as with fellow facilitators from

across England. Many expressed the clear sense in which their confidence in taking on the role had been enhanced as a result of the briefing. Much mention was made in evaluations of the benefits of joint working between MRFs and PRFs in the group work sessions. A beneficial by product of the national briefings has been the establishment of a PRF network, to enable a sharing of experience and a channel of communication for PRFs. The partners and the the Agency welcome this development.

Chapter three
Major review in operation

3.1 To date there have been 11 major reviews. One report has been published and is available on the Agency web site. Other reports are at different stages of evolution but all will be published during the autumn term 2004. In addition, the six prototype reviews conducted in 2001-02 were converted to major review and their reports published without further visits.

3.2 All but three reviews have been conducted on the 2+ 2+ 1 model, whereby two consecutive days are spent on the review at the beginning, two further days are programmed some two or three weeks later, followed by a final day some two/three weeks after that. Days one and four are spent in meetings and reviewing documentation, while days two and three are spent visiting placements. Day five is spent by the review team discussing and deciding on overall judgements. However, one review involved a 2+3 arrangement and two of the smaller reviews were carried out on a 2+2 basis. In all these cases, there was no break between the end of review activities and the period spent coming to judgements. Review Coordinators and reviewers felt that this left insufficient time for adequate digestion of material and mature reflection The 2+2 model is clearly time constrained, with again too little time for reflection and for the analysis of new material and evidence from placement visits. The general view is that the 2+2+1 model works best.

3.3 The good practice, and some of the weaknesses, emerging from the reviews are outlined in chapter five. This chapter concentrates on the operational issues that have been apparent to the Agency staff and Review Coordinators in their early experience of reviews.

3.4 In essence, the overwhelming impression is that major review works. This may seem trite, but it is worth saying nonetheless. Major review is a new and challenging undertaking for all concerned - the DH, NMC, HPC, the Agency, reviewers, Review Coordinators and the HEIs/WDCs/SHAs. Provision is often complex and multilayered. Review teams can be large. Practice visits to a wide range of placements need to be organised and executed efficiently and sensitively. There are many meetings and, despite an encouragement to the sectors to avoid amassing too much documentation, there is still much to read and digest. A lot of evidence has to be considered and valid judgements arrived at within a relatively short time frame. Effective communication is of the essence particularly given the fact that teams are off site between days two and three and between day four and five.

3.5 The role of the NMC visitor/reviewer has generally worked very well, this is a very visible part of the streamlining process as the SED acts as the report from the HEI, there is not a separate annual monitoring activity and the NMC visitor provides a report based on the evidence gained by all the review team. The Review Coordinators and the visitor/reviewer have worked well together in the production of the respective reports. Initial logistical problems have now been addressed and it is expected that communication between all the parties will be very effective in 2004-05. There is no distinct role for HPC Visitors in the major review process.

3.6 All reviews have been successfully carried out. A major reason for the success of the operation so far is the close adherence by all participants to the Handbook. It cannot be stressed too much that this document provides the definitive guidance for major review, whether it be in terms of reviewers operating the method or meeting the needs of the HEIs and WDC/SHAs preparing for review. In particular, the use of Annex D, 'Guidelines for producing self-evaluation documents for major review and for reviewers', has proved to be of fundamental importance in providing clear guidelines and signposts for all those involved in the process. Its main value lies in the sense in which it provides a common framework for the organisation of evidence and a common agenda for the analysis and evaluation of standards and quality.

3.7 As with all documents and processes in major review, the Handbook and its implementation are continuously being monitored and reviewed. This year a number of changes have been made, mainly in Annex E, to further clarify the role of the PRF. These have been published on the the Agency's web site.

Top tip - keep looking in the Agency's web site for any changes to the Handbook or other documentation.

3.8 The operation of major review suggests strongly that there is some scope, overall, for the quality of SEDs to improve. Some are clearly written, well referenced and evaluative, as well as having the virtue of conciseness. Others tend to be very descriptive, long-winded and have inadequate referencing. A good SED will provide a clear agenda for the review team to follow during the review and where the evidence is clearly signposted. A poor SED can inhibit the process of review by obscuring, rather than illuminating the evidence for standards and quality that reviewers need. Some providers still seem unconvinced that honest, self critical

review of provision will endear itself to review teams rather than an uncritical eulogy. A common deficiency in many SEDs is a lack of attention to practice and inadequate referencing to the practice and academic infrastructures. The better SEDs have clear and detailed evidence of the SHA/WDC and the partner health and social care providers context within which the contracted provision is sited. They also have clear and visible evidence that the SED has been drafted with the full and active involvement of practitioners. Good practice is evident in those SEDs that have maps showing the geography and pattern of health and social care in the locality, and descriptive detail about the Trusts, Primary Care Trusts and other health and social care settings that provide placement learning. Good practice is also evident in those SEDs where student achievement data and progression data are clearly set out in accordance with the data guidelines and are evaluated accordingly in the text.

Top tip - put the context, geography and some detail in respect of placements in the SED.

3.9 Effective communication is of paramount importance within major review. This begins with communication at the outset between the Agency and the HEI and WDC/SHA in agreeing dates for review and determining the scope of provision.

Top tip - make sure that students are in the HEI and/or in practice during the period when the timing of major review is agreed.

Top tip - clearly specify at the outset which programmes are pre-registration and which are post-registration/qualification.

3.10 Communication between the Review Coordinator and the HEI/WDC/SHAs through the MRF/PRF is also of fundamental importance. The arrangements for the review need to be clearly established and communicated swiftly, and any subsequent changes agreed by all parties and recorded. An overdue reliance on email, as well as being rather impersonal can sometimes lead to problems, with institutional and NHS firewalls occasionally inhibiting messages getting through. On the other hand, sometimes the transmission of evidence material is better done through electronic means rather than large quantities of paper being posted to recipients.

Top tip - follow up vital email communication with hard copy letters and telephone conversations.

Top tip for healthcare education providers - limit the amount of documentation to the essential minimum.

3.11 Communication between the Review Coordinators and reviewers, and between the review team is heavily reliant upon the use of the Agency's Academic Reviewer Communication Service (ARCS) web folders. This has generally worked well, although at the present time review team members need to proactively engage with ARCs on a regular basis to check for messages as the security of the system does not allow direct transmission to their home or office email system.

Top tip for reviewers - when involved in major review check at least every other day for messages in the team folder.

3.12 It is important that the Review Coordinator does not exclude the PRF and MRF from the loop of communication. Although the MRF and PRF do not have access to the team folder on ARCs, it is important in the interests of transparency as well as the promotion of good working relationships that the Review Coordinator keeps both the MRF and PRF informed, promptly, about any issue or request for information posted into the team folder.

3.13 A significant contribution to the success of major review so far has been made by MRFs and PRFs. The relationship between the Review Coordinator and the MRF/PRF is clearly vital to successful and effective review. This relationship needs to begin early into the process, with contact made before the preparatory meeting and with both the MRF and PRF playing an active role in this meeting. The experience to date has been almost entirely positive. In the reviews conducted so far, all parties have appreciated how important it is for the MRF and PRF to be kept informed throughout the process of emerging issues. Equally, it is vital that the MRF and PRF are able to respond appropriately, by either commenting where they can on such issues or facilitating a response for either the HEI or practice setting.

3.14 The role of the PRF can be a particularly difficult one, as s/he needs to act as a conduit for a sometimes complex array of professional disciplines and Trusts/agencies, and sometimes different SHAs and WDCs. It is to the substantial credit of those individuals involved that this role has been carried out with good sense, sensitivity and efficiency. It is important that the PRF is vested with authority to speak on behalf of health and social care providers and the WDC/SHAs and that s/he has the experience and confidence to

do so. Again, the Agency and the partners and stakeholders would wish to re-iterate their determination to ensure that major review is as much about practitioner standards as it is about academic standards. The PRF role is fundamental to the achievement of this intention, providing a significant mechanism for capturing and reflecting practice in the major review process. Preliminary evaluations from early reviews would suggest that the practice dimension still needs a higher profile and it is hoped that the PRF role is seen by all to enable this.

3.15 The inadequate reflection of practice in the major review process is indeed of concern to the Agency and to Review Coordinators. Practice needs more emphasis from the beginning, with the drafting of the SED, throughout the process in the selection of evidence for scrutiny and in the judgement and report writing at the end of the process. For example, many SEDs are still written from an essentially HEI perspective, with insufficient content and references that derive from the practice setting. An example of this would be the section on the quality of learning resources: all too often there is a wealth of information about campus-based library and information, communication technology (ICT) resources, but next to nothing on the learning resources students and trainees can access on placement. Often there is much information about the University or College: its mission, student numbers, organisation etc, but very little about the NHS trusts and other placement providers that provide practice learning opportunities or about the WDC/SHA organisational context. It is also the case that Review Coordinators, with the help of the MRF and PRF need to encourage more engagement by all reviewers with the practice dimension in their scrutiny of evidence and in coming to judgements.

Top tip - reflect the SHA/WDC and the health and social care placement providers much more throughout the SED.

3.16 Clearly, practice placement visits constitute one of the most significant sources of evidence about standards and the quality of learning opportunities in the practice setting. Arrangements for visiting practice placements have generally worked well, with a good and representative range of placements set up and visited. In most cases the pattern of visits for at least day two of the review is proposed by the HEI/WDC and often a draft proposal is also made for day three. Reviewers have generally accepted the sample of visits arranged for them without changes for day two. They have then generally sought minor changes in the patterns of visits for day three, in the light of emerging areas of interest and/or to secure a more representative sample of practice settings.

3.17 The Agency would like to record its gratitude to the NHS trusts and other placement providers, managers and staff who have greatly facilitated these visits. It is recognised that in some localities and in some professional areas, resource constraints can inhibit the establishment and maintenance of as wide a range of placements as providers would wish for. However, reviewers have been generally impressed with the quality of placements and placement learning and have had access to an appropriate sample of placements in virtually all areas. The exception is access to general practice surgeries, where it has sometimes proved difficult for reviewers to gain access to community healthcare settings.

3.18 Reviewers have found placements visits to generate generally robust and valid evidence of standards and quality. The reviewers have found it extremely beneficial to see the practice environment, related learning resources and to talk to students/trainees and their mentors/ practice teachers in hospital and other health care settings. Occasionally there has been a slight tendency for managers to assume that reviewers require a grand tour of all the facilities and to see all the wards and theatres etc. This should be tactfully discouraged. What reviewers need to see are the practice learning opportunities and to talk to those actively involved in the promotion of student learning and achievement. It would be helpful if this could be made clear when practice placement visits are arranged and in the messages that go out to Trusts and practice settings from the WDC/SHA and HEIs. Again, the PRF can fulfil a very useful role here.

3.19 It is not just practice itself that has received insufficient attention by providers in major review so far. There is in general a lack of adequate and appropriate attention to the external policy environment. For example, few providers refer in their SEDs to provision taking account of NHS policies, such as 'Improving Working Lives', or to national service frameworks. Insufficient reference is made to professional and regulatory frameworks and requirements. In the conduct of review itself, reviewers sometimes neglect to address fully these policy and statutory frameworks in their consideration of evidence and in their judgements and writing.

3.20 There is also more scope for a greater reflection of the Academic Infrastructure in the review process, again from the beginning in the

SED and in the actual operation of review and the reporting of review outcomes. Subject benchmarking, programme specifications, The framework for higher education qualifications for England, Wales and Northern Ireland, and the Code of practice for the assurance of academic quality and standards in higher education (Code of practice), published by the Agency could all do with a higher profile in major review. It is, for example, disappointing that so few providers have given anything other than scant attention to the Code of practice section on placement learning and that a few review teams do not explicitly utilise this in their scrutiny of provision.

Chapter four
Working with partners and stakeholders

4.1 As mentioned in chapter one, the year has witnessed a consolidation of the partnership between the DH, NMC, HPC and the SHA/WDCs and the Agency that is at the heart of major review. This partnership takes many forms and is instrumental in moving forward major review in a number of crucial ways. Of major significance is the work of the Major Review Steering Group, formed in 2003 from the original working group. Comprising representatives from the NHS, DH, SHA/WDCs, NMC, HPC, Universities UK, Standing Conference of Principals and allied health professional bodies as well as representatives from HEIs and the Agency, the major role of this group is to oversee the implementation of major review and to make recommendations to appropriate stakeholders as necessary to enable the smooth rollout of the method.

4.2 The Steering Group has met three times, in November 2003 and in March and June 2004. It receives reports and feedback from partners and stakeholders, and acts as a forum for discussion on matters arising out of the implementation of major review. It has been an extremely useful and effective vehicle for the communication of information and ideas. It has fulfilled many important roles, for example in devising strategies and facilitating responses to the lack of nominations from particular professional areas. It also provides a vital channel of feedback from stakeholders that help the Agency to monitor and enhance the review process.

4.3 A significant development this year has been the publication, in March 2004, of the consultation document 'The Partnership Quality Assurance Framework for Healthcare Education in England'. This sets out in some detail how the principles of streamlining and integrating existing methods of quality assurance will work in practice. The consultation document is a vivid exemplification of partnership in action, with all the stakeholders in healthcare education working together to produce a shared framework that will be not only robust but will reduce the administrative burden on education providers. In the formulation of this framework, the DH has worked with its partners to ensure that quality assurance becomes a holistic and cost effective process. The Agency looks forward to facilitating the implementation of the prototypes of Ongoing Quality Monitoring and Enhancement (OQME) processes, the Approval processes, the evidence base and the standards during 2004-05, that are an essential part of that process.

4.4 On behalf of the DH, NMC, HPC and SHAs, the Agency organised a national conference in April 2004 that was attended by over 300 delegates. Gratifyingly, around half the delegates came from practice. The conference explored a number of key areas, including the implications for the preparation and continuing professional development of healthcare practitioners, the five elements of the framework including major review, OQME and the Approval process, the proposed standard model contract and the relationships between the subject benchmarks and the emerging health professions framework. The conference was well received by delegates, with 89 per cent rating it as 'very good' or 'good'.

4.5 The Agency staff and the DH Quality Assurance team have been very active this year in giving presentations on major review across the country. In total, the Agency delivered 14 such presentations. Audiences have been a mixture of stakeholders and have had good representation from both practice and academic settings. The presentations have been designed to assist in the preparation for major review, to dispel the myths, and to provide a forum for discussion and feedback on any issues arising out of major review for the participants. They have proved to very helpful both to those preparing for review and to the Agency.

4.6 A major channel of communication and useful source of guidance for all stakeholders are the newsletters published quarterly by the Agency on behalf of the partners and available on its web site. To date three newsletters have been issued.

4.7 Through all these methods and channels, the Agency strives hard to keep in touch with stakeholders. It believes that effective communication has been established but there is always scope for improving on this. The Agency continues to value feedback from its partners in major review to enable it to fulfil its intention to continuously monitor and evaluate the impact on healthcare education providers and to enhance the value and effectiveness of the method.

Chapter five
Judgements and reports

5.1 Reports have now been published, and are available on the Agency's web site, for the six conversions from the prototype reviews and for the one major review that has been completed to date. Other reports are in various stages of drafting.

5.2 Reports clearly suggest that a most encouraging start to major review has been made. Review teams have expressed full confidence in both academic and practitioner standards in all provision so far reported on. At the same time, all the elements of the quality of learning opportunities have been judged to be 'commendable' in all but one provision. In this instance, student progression and learning resources were judged to be commendable but in the case of two specific pre-registration programmes, student progression was approved and in the case of one pre-registration programme, learning resources also received an approved judgement.

5.3 Good practice reflected in academic and practitioner standards has been evident in a number of areas of provision. Although it is too early to identify any trends as such, there are encouraging indications of some good practice that is common to more than one provider.

5.4 For example, in a number of reviews it has been noted how successfully staff research informs the curriculum and underpins the development of curricula that meet the needs of modern health service delivery in particular discipline areas. This is often linked to the active involvement of health professionals in curriculum planning and development and good working relationships between academic and clinical staff. Though this is by no means universal, reviewers have generally been impressed with the extent to which the professional expertise and knowledge of practice partners are being utilised in updating the curriculum.

5.5 Related good practice is the effective use, evident in many of the reviews, of link lecturers and tutors to support mentors and practice facilitators in both the delivery of a practice-based curriculum and the rigorous and appropriate assessment of students in practice. Practice learning is being successfully and effectively promoted in many other ways. In one such example, the use of practice development nurses is providing an effective facilitation of student learning and attainment in clinical placements. In another example, the placement learning model adopted by one branch in nursing offers students a focused experience of user involvement and collaborative working in a range of settings.

5.6 Preparation for mentors and assessors is cited as good practice in some reviews; one example of this being the production of a midwifery mentor preparation pack, including a worked example of assessment. A similar piece of good practice occurred in another review in midwifery and health visiting, where the triangulation interview between the student, mentor and link tutor that completes the assessment of practice document was cited by students as a particularly effective way of verifying achievement at each stage. Generally, a very positive picture is emerging of the effective use of mentors and practice assessors, who are being appropriately prepared to assess practice and who provide constructive feedback that aids the development of students in practice. Only in a few instances are reviewers commenting that mentors and assessors have inadequate preparation.

5.7 Good practice in the provision of continuing professional development (CPD) activity and part-time, in-service provision has attracted some positive comment. For example, in one review involving occupational therapy and physiotherapy, this was a salient feature in promoting and cementing relationships between the HEI and its SHA/NHS partners and in ensuring that practice-based staff had a wide range of opportunities to up-date their professional skills and knowledge. This, in turn, enabled an effective partnership in curriculum renewal. It also aided the professional development of practice staff that could provide appropriate currency in their mentoring and teaching of students/trainees in practice.

5.8 Generally, reviewers are finding that students and practice staff are receiving clear and comprehensive information about intended learning outcomes and curricula. In one example of good practice, a student programme handbook was exemplary in its design and layout, demonstrating quite clearly what the students can expect to gain from the programme in both academic work and practice.

5.9 Similarly, students and practice assessors are receiving generally good information about assessment criteria and the operation of assessment instruments. However, the provision of feedback to students on their formative assessment is sometimes problematic. In a number of reviews, feedback to students, on their academic as well as their practice work, is not as prompt, or as informative as it might be. There is clearly considerable scope for

improvement here and the good practice cited in one review could be a useful pointer. In one post-registration programme in nursing, the written feedback to students is described as 'high quality'. It enables students at all levels of achievement to ascertain precisely what they had to do to improve and/or maintain their performance, as well as to understand exactly how their work had met, or had not met, the stated criteria.

5.10 Interprofessional learning is not commonly a strong feature of the provision so far reviewed. Indeed, many reports are suggesting that this is a weakness in curriculum design. A common feature of many reviews so far has been the perception of review teams that there is much interprofessional teaching but not enough interprofessional learning. There are exceptions to this: in one review, good practice is noted in a common foundation programme where the modules represent an impressive regional initiative to promote interprofessional learning.

5.11 Reviewers are also finding good practice in the quality of learning opportunities. For example, in learning and teaching, the use of clinical practice facilitators/practice educators to teach students in the clinical areas and assist in developing and maintaining an optimum learning environment in placement settings is being reported upon in a number of reviews. The effective use of problem-based learning is also coming through as good practice in many areas. Further examples of good practice noted are the well embedded, direct contributions to teaching sessions from service users and carers, the role of Trusts in developing and supporting the clinical practice facilitator role and the significant contribution of the clinical practice facilitators to student learning in placements. Finally, the creative use of technology to enhance learning and teaching is a positive feature in some provision.

5.12 In student progression, areas of good practice, so far noted, include the effective collaborative arrangements between some HEIs and clinical staff at placement locations to generate good support mechanisms for students; the quality of student handbooks, which often provide explicit guidance detailing the support available to students, including counselling services and support for those with special needs; and the many different initiatives being taken to widen participation and to reach out into unrepresented communities to recruit students into the health professions.

5.13 In learning resources, reviewers are finding good practice in the use of virtual learning environments, with the use of such platforms as Blackboard cited as particularly effective. In one example of good practice, there is a dedicated site on Blackboard for clinical placements to which practice placement facilitators have access and which is well used by these clinically-based staff to communicate with students and enhance the quality of placement learning. Reviewers are finding the level of library and ICT resources available in the HEIs to be generally very supportive of learning and teaching. There is less evidence in reviews so far conducted of a generally high level of resourcing in the clinical setting; although there are many specific examples of good practice in respect of some of the specialist wards, theatres and equipment that students benefit from in some provision. However, in some reviews there is evidence of a shortage of specialist placements in some disciplines.

5.14 In the maintenance and enhancement of standards and quality, good practice is evident in many areas in respect of good partnerships between the HEI and the SHA/WDC in the review and development of programmes. This includes the active involvement of the health and social care placement partners in the formal quality mechanisms established for health care programmes, as well as the use of more informal processes. For example, in one area the setting up of an allied health professions discussion forum in the region has promoted lively and fruitful debate about the quality of placement learning among other matters. In one example of good practice, the problems identified, through quality monitoring, of a shortage of appropriate placements in one professional area has resulted in the setting up of regional coordination and cooperation to resolve the problem.

5.15 As stated above, while it is too early in the implementation of major review to draw too many conclusions or to see any long term patterns or trends emerging, there are a few interesting observations to be made about the judgements so far reported on. For example, it is interesting that less good practice was reported in student progression than in other elements. There were fewer weaknesses in learning resources than in other areas and less than might have been expected, considering the breadth and diversity of placements. The maintenance and enhancement of standards and quality sections have very few reported weaknesses.

Chapter six
Conclusions and evaluation

6.1 From a Agency perspective, major review has begun well, but there a number of areas where both Agency officers and Review Coordinators feel there is room for improvement. As stated in previous sections of this report, there is still scope for raising the profile of practice in major review. More reviewers from practice are needed, practice needs greater emphasis in SEDs and reviewers need to engage more with evidence from practice in their deliberations and judgements.

6.2 The importance of clearly written, evaluative SEDs that are well referenced has also been reinforced through the experience of major review in operation. Feedback from Review Coordinators would also suggest that there has been poorly presented and sometimes inaccurate or incomplete data, in SEDs, in annexes and in the data complied for the tables that will appear in the report. Greater consistency in the presentation and use of data will, it is hoped, emerge when national datasets are agreed and operated. Meanwhile, it would be useful if all providers preparing for review have achievement and progression statistics available in the form that is required for Tables 1, 2 and 3 in the report and that this is ready for the preparatory meeting. Guidance has already been issued about the data needed in the SED, during the review and in the report.

Top tip - use the published guidance on the quantitative data requirements in the SED, during the review and in the review report.

6.3 Major review is recognised by the Agency as being demanding, of time and commitment, for reviewers, as well as for HEI, SHA/WDC and clinical staff. While most reviewers have set aside sufficient time and space in their diaries to fulfil their commitments to the reviews they are contracted for, there have been occasional problems in this respect. All reviewers need to be fully aware of implications of the time line for major review that is included in their training pack. This requires, over a defined six-week period, a number of tasks at various stages of review, including reading the SED, preparing and revising initial commentaries, writing notes and sharing evidence through the team folder, drafting report sections and judgements and commenting on draft reports. It is therefore necessary for reviewers to ensure that, within that six-week period, these tasks can be undertaken without work and holiday commitments inhibiting the meeting of deadlines.

Top tip - make sure that the implications of the major review timeline are fully understood in terms of work and holiday commitments.

6.4 A fundamental principle of major review is that it does not impose undue burdens on providers. In particular, the amount of documentation, including student work, required by review teams should be strictly proportionate to its significance in verifying and validating what is claimed in the SED. Reviewers sometimes ask for more than they really need and sometimes providers supply more than is needed. Obviously, an evaluative SED, with good references cited, will obviate the need to have superfluous documentation awaiting reviewers. Also, all concerned need to take a very hard look, at the preparatory meeting, at what the minimum requirement is. The use of electronic storage and accessibility of information, for example through CD-ROMs and access to intranets, should be more widely considered. Anything that provides easy access to existing information and cuts down on the need to produce needless amounts of paper are welcome refinements of major review.

Top tip - ask for, and provide, only that documentation that is strictly necessary and provide as much of it in electronic form as possible.

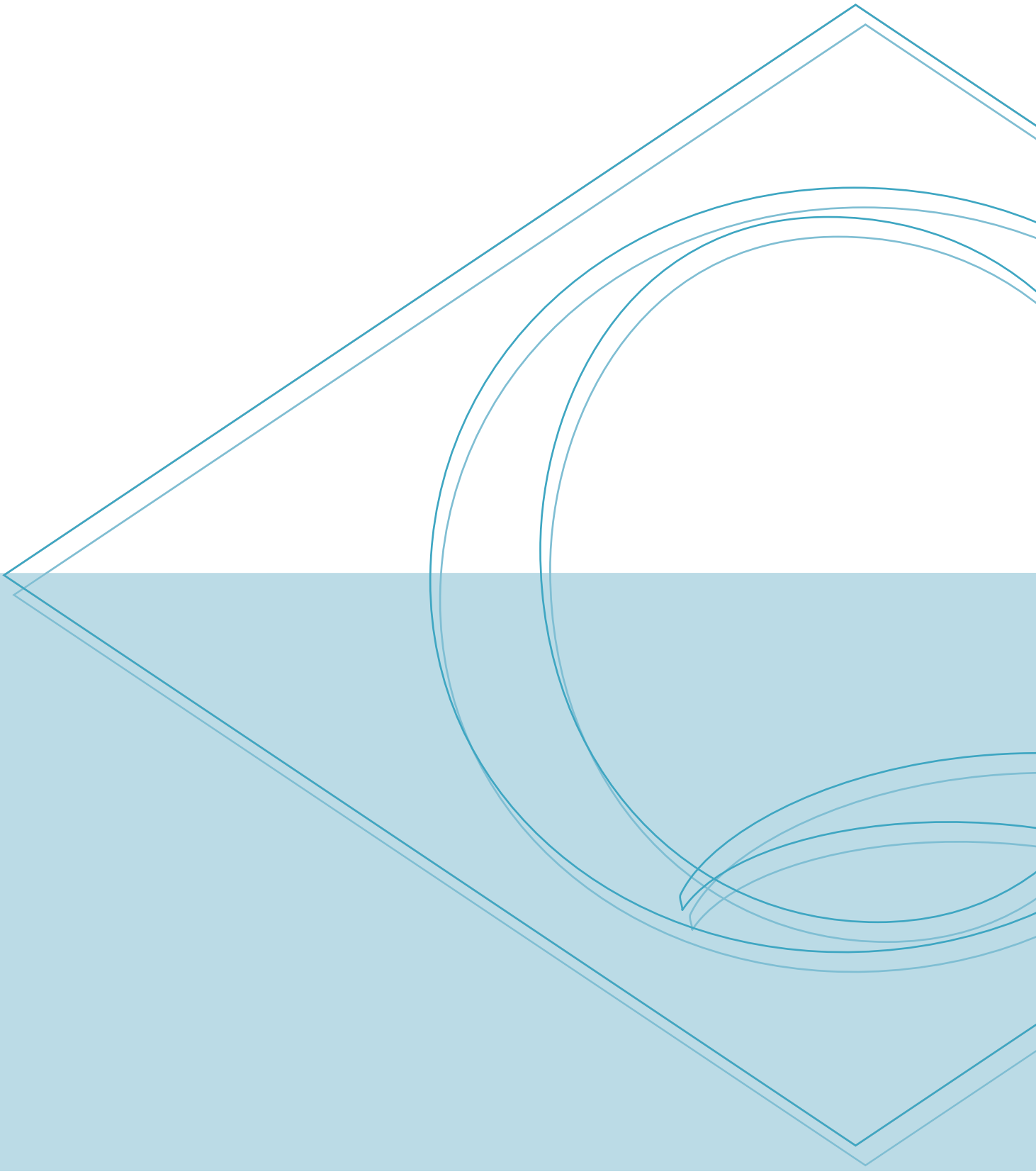
6.5 An emerging issue from the operation of major reviews so far is the sheer number of 'strengths, good practices and weaknesses' that are being reported on. This clearly has considerable implications for providers in formulating their action plans. It is important that this task is not made difficult by the action plan having to address a long list of strengths and weaknesses that have only marginal significance. The Agency, through the Review Coordinators conducting reviews, needs perhaps to emphasise that what should be reported by review teams are key strengths and weaknesses, as well as good practice.

6.6 Finally, major review is in its early stage of implementation. Though the DH, NMC, HPC and the SHA/WDCs with the Agency are confident that it is already fulfilling its purpose and achieving its goals, it recognises that it needs careful nurturing and monitoring. The Agency, therefore, hope that individuals and organisations involved in major review will continue to come forward with comments and suggestions as to how major review can be made more effective and successful.

Appendix

Acronyms

ARCS	Academic Reviewer Communication Service - hosted by the the Agency
CPD	Continuing professional development
FHEQ	The framework for higher education qualifications for England, Wales and Northern Ireland
HEIs	Higher education institutions
HPC	Health Professions Council
ICT	Information, communication technology
MRF	Major review facilitator
NHS	National Health Service
NMC	Nursing and Midwifery Council
OQME	Ongoing Quality Monitoring and Enhancement
Partnership Framework	The Partnership Quality Assurance Framework for Healthcare Education in England
PRF	Practice review facilitator
The Agency	Quality Assurance Agency for Higher Education
SED	Self-evaluation document
SHA	Strategic Health Authority
WDC	Workforce Development Confederation



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