Education and Training Committee

QUALITY ASSURANCE FOR PROFESSIONAL HEALTHCARE EDUCATION

from the Secretary

for information

Executive Summary

The attached letter from DH (England) will be remitted to the Approvals PLG, but all members of the Committee may like to see it as a progress report on the work DH (England) is carrying out in its " partnership " initiative.

Mr Peter Burley
Director of Education Policy
Health Professions Council
Park House
184 Kennington Park Road
London, SE11 4BU
3rd July 2003

Dear Peter

Quality assurance for professional healthcare education

As you are aware, the Department of Health (DH), the Nursing and Midwifery Council (NMC) and the Health Professions Council (HPC) are working in partnership with NHS workforce development confederations (WDCs), higher education providers and other stakeholders to streamline and make more effective quality assurance processes for professional healthcare education. . Partnership working arrangements have been established to take forward this work with the aim of achieving consensus or, at minimum, broad support across stakeholders. As part of these arrangements, national and local working groups have therefore been established to discuss, debate and formulate detailed proposals on the development and implementation of the key elements of the framework.

An important part of this process will be to ensure that, at key stages of the development of the framework, stakeholder organisations are satisfied with the development of the different strands of work and there is agreement to take the work forward. This will be necessary at different points for different elements of the framework. A point is now coming for the 'ongoing quality monitoring and enhancement' (OQME) and 'approval' elements of the framework where agreement is needed before work can sensibly proceed to the next stage.

Thank you very much for offering, at the DH/ Statutory Body Alliance meeting on the 29th April 2003, to take a briefing pack on the **'Ongoing quality monitoring and enhancement'** and **'Approval'** elements of the developing quality assurance framework for healthcare education to your organisation for discussion and comment, with a view to gaining support to progress.
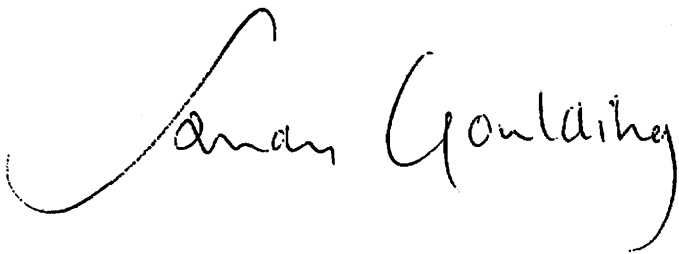
Enclosed are the following:
- An introduction to the Quality Assurance Framework
- Work so far on the approval element of the QA framework (Appendix 1)
- Work so far on the ongoing quality monitoring element of the QA framework (Appendix 2)

QH LHD

I would be grateful for your response by the week of the 21st July so that the work can be further developed through the partnership working arrangements.

If you would like further discussion or information please do not hesitate to contact Linda Burke (for ongoing monitoring) or Filao Wilson (for approval).

With best wishes

Yours sincerely

Sandy Goulding

Cc Marc Seale, Chief Executive, HPC

Introduction to the Quality Assurance Framework

1. The Department of Health (DH), Nursing and Midwifery Council (NMC) and the Health Professions Council (HPC) are working in partnership with NHS workforce development confederations (WDCs), higher education providers and other stakeholders in England to streamline and make more effective quality assurance processes for professional healthcare education.

2. Five elements are identified as forming the quality assurance framework.

Continuous improvement

Continuous improvement
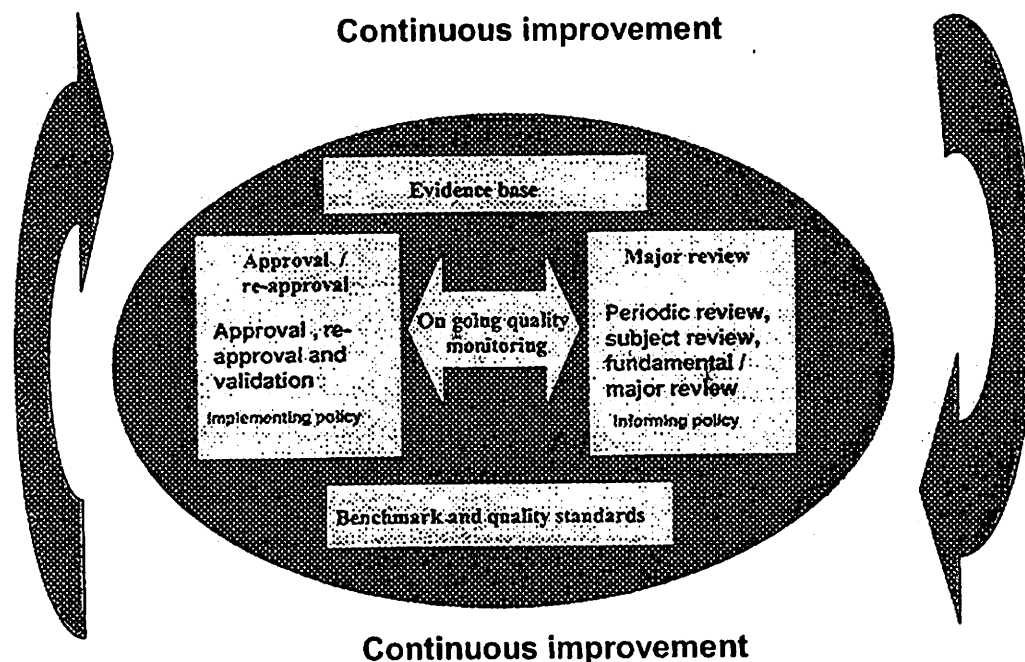
3. **Major review.** This is the periodic process by which a team of external reviewers assesses educational provision against benchmarks and other reference points. The term 'major review' is meant to encompass what are variously known as QAA 'subject review', WDC 'fundamental or contract review' and professional and regulatory body review. A streamlined major review process, which includes scrutiny of practice as well as HEI-based learning, was prototyped in six education providers during 2002. Following very positive evaluations and refinement of the major review process, the Quality Assurance Agency for Higher Education (QAA), on behalf of DH, NMC, HPC and WDCs, will review all NHS-funded professional healthcare programmes during the academic years 2003-06.

4. **Ongoing quality monitoring and enhancement.** This is the process by which education providers and external stakeholders satisfy themselves that the quality of educational programmes is being maintained and improved. It includes all activity that occurs on an ongoing basis, eg practice placement audit by higher education institutions, contract monitoring by WDCs and annual monitoring by professional bodies. National and local working groups have agreed that the scope of the project for this element of the quality assurance framework is to develop a core quality specification that is shared

by the key stakeholders and includes the learning that takes place in both campus and practice based settings. This will take place between January 2003 and March 2004.

5. Approval and re-approval. Processes of validation and accreditation lead to decisions as to whether programmes are approved so that they can be launched or are re-approved or re-accredited so that they may continue. The national working group, chaired by Norma Brook, President of the HPC, has outlined the scope of the approval element of the quality assurance framework as follows: to engage partners in specifying common principles and protocols for an inter-professional approval process, that will apply to different systems of health and social care education across the UK.

6. Benchmarks and quality standards. These include all the criteria used to assess and measure standards and outcomes of healthcare programmes, for example regulatory and professional body requirements, QAA published subject benchmark statements, NHS national service frameworks, higher education codes of practice and the HE qualifications framework published by QAA. A further contract has been let by DH to QAA to:

- Establish agreed selection criteria for the benchmarking of profession specific healthcare education
- Further develop the existing 'health professions framework' in order to establish an agreed 'overarching health professions framework
- Develop new profession specific benchmark statements for healthcare education

Professor Mike Pittilo, Pro-Vice Chancellor, University of Hertfordshire is chairing a national working group that is overseeing the benchmark project.

7. Evidence base. Evidence is the information on which conclusions and judgements are arrived at. The evidence base includes data, information and audit tools used to underpin quality assurance processes. The aim, for this element, is to scope the opportunities for a shared evidence base for all quality assurance processes.

8. Partnership working arrangements have been established across NMC, HPC, HEIs, WDCs and DH to take forward all of the work outlined above. The aim is seek to achieve consensus or, at minimum, broad support across stakeholders. National working groups have been established to discuss, debate and formulate detailed proposals on the development and implementation of the key elements of the framework. As well as working groups for each element, there is an overarching Key Stakeholder Forum that seeks to maintain the strategic direction, focus and coherence of the quality assurance framework. There are also specific strategic groups (i) between NMC, HPC and DH and (ii) between representatives of NHS organisations and DH. An expert group is being established to capture the expertise of those allied health professional [AHP] bodies that have traditionally been partners in programme approval and QA monitoring. Local cross stakeholder reference groups have also been established to secure the engagement and ownership of the framework by the wider healthcare education community and

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to make sure their views are reflected. In addition, consultation events with students and users will take place.

9. Further information about the development of the Quality Assurance Framework including details of the membership of all groups is available on the DH website www.doh.gov.uk/hrinthnhs/learning. Or you can contact the DH QA (Education) Team via Vicky Jamieson, (vicky.jamieson@doh.gsi.gov.uk, Tel: 0113 254 6275)

APPENDIX 1: The approval element of the quality assurance framework

Approval is the process by which education providers and external stakeholders make consistent judgements about the ability of programmes to meet the requirements of:

- Professional regulatory bodies, for fitness to practise;
- Higher education institutions, for fitness for award;
- The NHS and service users for fitness for purpose;
- Workforce Development Confederations [in England] and other UK funding agencies for healthcare education.

Work from the national working group is progressing well. The working group has produced an early draft of the principles that should underpin approval processes for healthcare education and training. These principles will form the basis of an inter-profesional protocol designed to apply to the different higher education funding systems and to the different health and social care systems in the four UK countries. The draft protocol will be further refined by the working group at its September meeting when it will be circulated for discussion and comment with a view to gaining agreement to progress.

APPENDIX 2: The ongoing quality monitoring and enhancement element of the quality assurance framework

Ongoing quality monitoring and enhancement is the process by which education providers and external stakeholders satisfy themselves that the quality of educational programmes is being maintained and improved. It includes all activity that occurs on an ongoing basis in both campus and practice based settings, eg practice placement audit by higher education institutions, contract monitoring by WDCs and annual monitoring by professional bodies.

Work from the national working group and the reference groups in relation to the ongoing quality monitoring and enhancement element is progressing well and has produced the following:

2a. The scope of the ongoing quality monitoring and enhancement project
2b. A vision for the development of the ongoing quality monitoring and enhancement project within two years
2c. A draft of the key aspects of ongoing quality monitoring and enhancement
These are attached for comment with a view to gaining support to progress
2d. A draft of the timescales in which it is intended that this work will be developed in relation to other elements of the QA framework.

APPENDIX 2a: The scope of the ongoing quality monitoring and enhancement project
To develop a core quality specification that: • Can be used for ongoing quality monitoring and enhancement of healthcare education and is shared by the key stakeholders   • Includes the learning that takes place in both campus and practice based settings   • Integrates qualitative and quantitative aspects of ongoing quality monitoring and enhancement   • Links and articulates with major review and approval processes   • Identifies standards for healthcare programmes in both campus and practice based settings   • Makes explicit where the primary responsibility for each element belongs eg in campus or practice based settings   • Focuses on good practice, quality improvement and enhancement in healthcare education   In addition the intention is to make recommendations about structural aspects that appear to facilitate the delivery of good practice in the ongoing quality monitoring and enhancement of healthcare education

APPENDIX 2b: Vision for the development of the ongoing quality monitoring and enhancement process within three years
• There will be one, new ongoing, core quality monitoring specification and process which will meet the needs of all stakeholders for ongoing and annual review of healthcare education provision.
• The specification will encapsulate all aspects of ongoing quality monitoring and enhancement but make explicit and transparent issues which apply primarily to learning in practice based settings and those which relate primarily to campus based settings
• The specification will comprise one set of aspects, standards and evidence indicators. This will be used for all environments where healthcare education occurs and address all aspects of the student's journey and experience.
• The specification and process will encompass elements of both monitoring and enhancement. It will incorporate self assessment, peer and external review
• Reviewers/ visitors will be recognised by HEIs, WDCs, NMC & HPC to undertake ongoing monitoring (and other elements of the QA Framework) on their behalf
• The specification will replace existing ongoing and annual monitoring tools and processes, although it may incorporate many features of existing good practice

APPENDIX 2c: Aspects of ongoing quality monitoring and enhancement (DRAFT)

This paper outlines the broad aspects of healthcare education that need to be addressed within the process of 'Ongoing quality monitoring and enhancement' of healthcare education.
These have been identified by:

- Extensive analysis of the quality tools, specifications and documentation used by the main stakeholders involved in the quality assurance of healthcare education
- The national working group which has been established to develop a core quality specification for the ongoing monitoring and enhancement of healthcare education that is shared by the key stakeholders and includes the learning that takes place in both campus and practice based settings
- Local reference groups (or workshops) that have been established to ensure the engagement and ownership of the framework by the wider healthcare education community and to make sure their views are reflected within this process. These were organised by each WDC and the first round of these has taken place between January and May 2003. They included participants from trusts and HEIs and from across professions

Participants were encouraged to think as broadly as possible with a view that, later in the development of the specification, it would be possible to assess what other reviews (for example CHI, IWL) already address.

There was a considerable degree of consensus with respect to the key aspects of the ongoing quality monitoring and enhancement process.

Aspects of ongoing quality monitoring and enhancement of healthcare education
A number of principles should underpin all of these aspects: • The process addresses each stakeholder's needs • The process aims to address fitness for practice, purpose and award • The process aims to ensure there is continuous improvement and enhancement of the quality of healthcare programmes • The emphasis within each of the elements is on the student experience as a lifelong learner • Each aspect addresses the learning that takes place in both campus and practice based settings, although some might be the primary responsibility of one partner • Each aspect integrates both qualitative and quantitative aspects of OQME • Each aspect articulates with the major review and approval processes • Each aspect focuses on partnership between trusts, WDCs/ SHAs and universities, and includes stakeholder involvement and participation

ASPECT of OQME	COMPONENTS
1. Management	Of the institution Programme management Place of health programmes in overall institution

	business plan Commitment to health from institution leaders Leadership within health programmes/ faculties Place of health programmes in overall strategy Integration of Health in overall structure Organisational development Legal issues (e.g. health and safety Equal opportunities, honorary contracts, insurance) Formal agreements, policies & procedures Risk management Occupational health Management of practice placements Accreditation structure Management of practice / campus interface
2. Effective use of resources	Staff resource Staff development Learning environment Physical resources/ accommodation IT and library resources Learning resources Programmes are efficient and provide value for money
3. Curriculum	Design & Development Involvement of service, students, users & carers in curriculum design, development & evaluation Flexibility: reflecting government policy, local health needs & needs of patients & service Inter-professional elements Varied modes of delivery Appropriate levels reflected
4. Learning outcomes	Programme and module aims Intended outcomes
5. Student progression & achievement (including recruitment, retention, entry & attrition)	Student management First destination information Arrangements for admission and induction Entry/selection criteria Selection processes Management of wastage/ attrition Recruitment strategy / processes Relationship with FE/schools/employers Access routes Transition management (to new role, job etc)
6. Student support	Student welfare Pastoral support Mentor support and role Link lecturer support and role Child care Family friendly policies
7. Learning & teaching	Development of skill set for fitness for practice/purpose/ award

	Quality/suitability of the learning environment Lifelong learning Preparation of educators/clinicians Competence & credibility of educators Relationship between research/scholarly & teaching
8. Assessment	Strategy Student performance Verification of assessment/standards Appropriate levels reflected Clarity, rigour, validity, consistency Weighting theory & practice APL
9. Maintaining & enhancing quality	Internal monitoring systems Evaluation systems Audit of academic and practice learning environments Staff support & development Research & development Team development
10. Equity, equality & valuing diversity	

Documents analysed

Quality Assurance Agency (QAA)

- QAA/DoH (2001) *Prototype Handbook for Academic Review of Health Professions Programmes)*
- QAA (2001) *Code of Practice*
- QAA (2001) *Subject Benchmark Statements.*

Various press releases and pages from the QAA website

Higher Education Quality Council (HEQC)

- HEQC/NHSE (1996) *Improving the effectiveness of quality assurance systems in non-medical health care education and training.* HEQC/NHSE
- HEQC (1994) *Learning from audit.* HEQC
- HEQC (1995) *Managing for Quality: stories and strategies.* HEQC

Department of Health (DoH)

- HEQC/NHSE (1996) *Improving the effectiveness of quality assurance systems in non-medical health care education and training.* HEQC/NHSE
- ENB/DoH (2001) *Placements in Focus.* ENB/DoH
- HSC 1999/072, *Non Medical Education and Training (NMET) Good Contracting Guidelines*
- DoH/UUK (2002) *Funding Learning and Development for the Healthcare Workforce. DoH/UUK*
- DoH (2001) *Student attrition from NHS-funded health professional education programmes.* DoH
- National Audit Office (2001) *Educating and training the future health professional workforce for England.* NAO
- DoH (2001) *Working Together; Learning Together: A framework for lifelong learning for the NHS.* DoH
- DoH/HEFCE (2001) *Strategic Alliance for Health and Social Care.* DoH/HEFCE

- DoH (2002) *Requirements for Social Work Training*

Nursing and Midwifery Council (and its predecessors)
- ENB/DoH (2001) Placements in Focus. ENB/DoH
- ENB (1999) Programme Requirements. ENB
- UKCC (2001)/NMC (2002) Requirements for Pre-Registration Nursing Programmes. NMC
- UKCC (2001)/NMC (2002) Requirements for Pre-Registration Midwifery Programmes. MNC
- ENB (1997)/NMC 2001 Guidelines for External Examiners. NMC
- ENB (1997)/NMC (2002) Requirements for Education Programmes. NMC
- Various quality assurance fact sheets and guidelines for NMC Visitors from the Visitor training programme and from the NMC website (notably QA fact sheets 1, 3 and 7).
- Council briefing papers related to their proposed quality assurance model
- The majority of the NMC documents related to quality assurance in nursing and midwifery education are those that were produced by the UKCC and ENB prior to 2002 and have been reviewed and adopted by the NMC after April 2002.

Health Professions Council (and its predecessors)
- NHSE (2000) *Meeting the Challenge: a strategy for the allied health professions*
- CPSM (2001) *Quality assurance procedures and their context for the Boards and Council at CPSM for the allied health professions: volumes 1, 2 , 3 & 4*
- *Local placement guidelines for the London Region (*for dieticians, undated and source of paper unknown)
- CSP (2002) *Curriculum Framework for Qualifying Programmes in Physiotherapy*
- CSP (2002) *Validation Procedures for Qualifying Programmes in Physiotherapy*
- CPSM/OTB/COT (1997) *Validation and Periodic Review in Occupational Health Therapy Education*

Workforce Development Confederations (WDC's)
- Framework for the Core Elements of Business Plan Agreement between the WDC/SHA
- Business and Investment Planning – 2003/2004 (source unknown)
- MPET Budget (NMET Stream) Quarterly Performance Summary Report (first quarterly monitoring exercise undertaken without Regions acting as collation point) – DH, 2002
- WDC Guidance, "Functions of a Mature Confederation," (DH 2001)
- Workforce Development Confederations: functions, accountabilities and working relationships (Department of Health)

In addition various papers from several confederations and their partner HEIs related to arrangements for practice placements, learning in practice and audit of placement areas were analysed

Medical Education
- Draft Business Plan agreement between the WDC's and the Deanery(2002)
- *Tomorrow's Doctors* (2002)

- GMC (2002) *A New System for Quality Assuring Basic Medical Education.* GMC (Based on the document *The New Doctor*)
- Three reports and information papers related to ongoing quality monitoring of medical education from three medical Deaneries
- NHS (2002) *Unfinished Business: Proposals for reform of the senior house officer grade*
- Academy of Medial Royal Colleges/COPMeD (UK) (2000) *A guide to the management and quality assurance of postgraduate medical and dental education*
- DoH (2001) *Postgraduate Medical Education and Training.*

British Psychological Society
- BPS (2000) *Quality Assurance Policies and Practices for Postgraduate Training*

BPS (1996) *British Psychological Society Membership & Qualifications Board*
Feedback from reference groups with all WDCs

APPENDIX 2d: Proposed timing of the development of the 'Ongoing quality and enhancement' and 'Approval' elements of the QA Framework (DRAFT)

	Sep-03	Feb-04	Jun-04	Mar-05	Jun-05	Jun-06	Sep-06
MR	Roll Out Begins	Evaluation Commences					
OQME / Placements		Specification Complete Plan Pilots Commission Evaluation	Pilots Commence	Pilots Complete Refine Methodology	Commence Roll Out	Evaluation	Review Integration Weighting & Intensity of MR, OQME & Approval Elements
Approval		Specification Complete Plan Pilots Commission Evaluation	Pilots Commence	Pilots Complete Refine Methodology	Commence Roll Out	Evaluation	