The Partnership Quality Assurance Framework for Healthcare Education in England: a consultation

Comments are invited on:

- The Approval process
- The ongoing quality monitoring and enhancement (OQME) process
- The evidence base
- The Approval and OQME Standards Template and associated documents

Contents

Glossary of terms

Accreditation of prior learning (APL)

This is a collective term which encompasses:

- Accreditation of prior experiential learning (AP(E)L) - demonstrable learning that has occurred through practice

- Accreditation of prior certificated learning (AP(C)L) - demonstrable learning that has occurred through completing a course of study leading to a certificate

- Learning outside formal teaching (LOFT) - used synonymously with APL to refer to learning done by applicants to a programme who may not hold minimum standard entry requirements but can account for that equivalent learning that might have taken place through AP(E)L or AP(C)L or both.

Action report

There are two action reports. The first is the initial action report. This is produced by the higher education institution (HEI) in partnership with its placement providers as a result of self-evaluation in stages 1 and 2a of ongoing quality monitoring and enhancement (OQME). Following the Annual Review Meeting (stage 3) the reviewers produce the final action report as explained in section 3.

Annual Review Meeting

The Annual Review Meeting forms the third stage of the OQME process. Its purpose is to verify the initial action report produced through self-evaluation. The aims of the Annual Review Meeting are to focus on quality enhancement and to meet the needs for quality monitoring of respective stakeholders.

Approval

Approval is the systematic process for arriving at decisions about the ability of a proposed programme to meet, over time, the requirements of the regulatory bodies, academic awarding bodies, education commissioners and service users.

Approval and OQME Standards Template

This is the set of standards for Approval and OQME that have been agreed across all stakeholders. The standards within the Approval and OQME Standards Template include those related to programmes and learning that take place in both campus and placement settings. The standards have been clustered into 10 aspects within the Approval and OQME Standards Template.

Campus or on site-based learning

This is a collective term for any planned or unplanned learning that occurs through learning activities that take place within the HEI or wherever classroom-based learning takes place.

Core quality specification

This is a term that refers to the components of the Partnership Quality Assurance Framework for Healthcare Education in England (the Partnership Framework) encompassing:

- the broad aspects within the Approval and OQME Standards Template
- the standards identified for each of the aspects, coded to specify where primary locus of responsibility lies; i.e. with the HEI, with the placement providers or joint responsibility.

Equity

Equity and parity are terms used in this document to refer to behaviours laid down in legislation including the Race Relations (Amendment) Act 2000, the Special Education Needs and Disabilities Act 2001 and the Human Rights Act (2002).

Exception reporting

This is a supportive commentary that is provided on an exception basis on the exception reporting sheet for each cluster of standards. Exception reporting highlights:

- where standards have yet to be fully met
- where standard attainment is at risk
- standards against which innovative approaches are being developed
- where there has been a change since a previous quality monitoring report.

Any exception reporting is cross-referenced to the standard to which the comment refers.

Education commissioners

Education commissioners (usually Strategic Health Authorities) are organisations that are responsible for strategically developing the local health services within their area, including the performance management of Primary Care Trusts and other NHS Trusts. This normally includes commissioning healthcare education from HEIs. Occasionally, individual healthcare organisations will commission healthcare education directly with an HEI.

Education institutions

This is a collective term for any institution that provides healthcare programmes and includes universities, colleges of higher education and further education and any similar institution providing higher education.

Lead education person

Within the placement provider organisations the lead education person should be the individual responsible for taking a lead and co-ordinating the quality of education provided for healthcare students within that organisation. This person should have the seniority to authorise that the standards have been met and make recommendations to the board or equivalent body.

Within the education institution the lead education person should be the individual responsible for taking a lead and co-ordinating the quality of education provided for healthcare students within that organisation. This person should also lead and co-ordinate the production of the action report in partnership with other colleagues and placement providers.

Local unit level
This relates to the self-evaluation stage (stage 1) of the process of OQME. Local units who complete the self-evaluation could be individual wards within a healthcare organisation, individual practitioners/health centres in the community that provide placement experiences or individual programme leaders within an HEI.

Placement providers
This is a collective term for all those organisations that provide placement learning opportunities as part of healthcare education programmes.

Practice-based learning
This is a collective term that refers to any planned or unplanned learning that takes place in practice placements.

Practice placement supervisors
This is the term used within the Approval and OQME Standards Template to refer to the named person in placement areas who works with the student while that student is in a particular placement area. Some places refer to this person as 'mentor' or 'preceptor'. This term is not to be confused with the Supervisor of Midwives, which is a statutory role for the overall supervision of midwifery practice, or clinical psychology.

Programme Development Group
This is the group that develops the programme for Approval.
(For recommended membership see Section 2.5.)

Programme providers
A collective term in the Partnership Framework that refers to all parties in the provision of healthcare education programmes, i.e. all HEIs, practice educators and practice supervisors. The term refers to all who provide elements of the curriculum and includes the learning that takes place on and off campus.

Regulatory body
This is a body established by Parliament to provide self-regulation of a professional group and whose remit is to protect the public through standards and regulation of education and practice. Examples of regulatory bodies are the Nursing and Midwifery Council, the Health Professions Council and the General Social Care Council.

Self-evaluation

Self-evaluation is the process by which the HEI and its partner placement providers review their own performance against the standards in the Approval and OQME Standards Template. This includes signing off to indicate achievement of standards and engaging in exception reporting where standards have not been achieved, where there is risk of them not being achieved or where there is evidence of good practice in relation to a particular standard.

Subject benchmark statements

These provide means of describing the nature and characteristics of programmes of study and training in healthcare. Subject benchmark statements have been produced in most of the healthcare disciplines and are used for a variety of options including:

- as an important external source of reference when new programmes are being designed and developed for Approval
- as general guidance for articulating the learning outcomes associated with the programme.

Consultation questions 1 and 2 (see section 6) relate to the glossary.

Acronyms

These acronyms will be used throughout this document.

Acronym	Full explanation
AHP	Allied health professional
AHPF	Allied Health Professions Federation
AP(E)L	Accreditation of prior (experiential) learning
BPS	British Psychological Society
CHI	Commission for Health Improvement
CV	Curriculum vitae
DH	Department of Health (England)
EU	European Union
FE	Further education
FHEQ	Framework for higher education qualifications (QAA publication)
GMC	General Medical Council
GSCC	General Social Care Council
HE	Higher education
HEI	Higher education institution
HPC	Health Professions Council
IT	Information technology
IWL	Improving Working Lives
NHS	National Health Service
NMC	Nursing and Midwifery Council
OQME	Ongoing quality monitoring and enhancement
PDG	Programme Development Group
QA	Quality assurance
QAA	Quality Assurance Agency for Higher Education
SHA	Strategic Health Authority
WDC	Workforce Development Confederation
WDD	Workforce Development Directorate
WTE	Whole time equivalent

Section 1: Introduction and background to the Partnership Quality Assurance Framework for Healthcare Education in England

1.1 Introduction

There are six sections to this document as follows:

1.2 Background

The DH has been working closely with education commissioners; education providers (education institutions and placement providers); the NMC; the HPC; and service users, to develop one shared framework for healthcare education that is robust and meaningful, and intended to reduce the administrative burden on education providers.

The Partnership Quality Assurance Framework for Healthcare Education in England (the Partnership Framework) has been developed as a result of collaborative working between these stakeholders over a period of time. The collaborative arrangements included:

- national working groups - established to discuss, debate and formulate detailed proposals on the key elements of the Partnership Framework (for membership of these working groups please see Annex 3)

- local reference groups comprising all stakeholders - to secure the engagement and ownership of the Partnership Framework by the wider healthcare education community and to make sure that their views are reflected

- expert groups - set up to capture specific expertise of key stakeholders

- a consultation event involving students and service users

- a consultation event with education commissioners, service providers and education institutions addressing placement learning.

Table 1 (page 2) illustrates the principles underlying the development of the Partnership Framework and how these have been addressed.

Table 1: Underlying principles and how these have been addressed

Principle	How?
Streamlining and reducing the burden to stakeholders	• Reporting by **exception** following self-evaluation against the Approval and OQME Standards Template • One Annual Review Meeting shared by all stakeholders, as appropriate • Use of a shared evidence base which uses existing data sources as far as possible
Recognition that healthcare providers are joint providers of healthcare education	• Identification of primary responsibility through colour coding of the Approval and OQME Standards Template • Self-evaluation against the identified standards
Meeting all stakeholders' needs	• A shared framework which allows stakeholder participation appropriate to their needs
Approaches lead to quality enhancement, while meeting diverse stakeholder quality monitoring requirements	• One shared action plan produced from the OQME Annual Review Meeting
Aligns with Standard Model Contract in England	• Subject to ministerial approval, a schedule within the Standard Model Contract

The new Partnership Framework seeks to consolidate a number of existing processes by which monitoring and Approval information is obtained by external bodies. Currently, many bodies are engaged in collecting largely similar information, although in different ways and at different times. This leads to an onerous burden for staff who provide education. The Partnership Framework will enable this information to be gathered in a co-ordinated way through an agreed process and against shared standards, thereby reducing the burden of bureaucracy on both education institutions and practice learning providers[1].

The Partnership Framework is made up of five elements as follows:

- Benchmark and quality standards
- Programme Approval
- OQME
- Major Review and
- The evidence on which conclusions and judgements are based.

[1] Better Regulation Taskforce Report 'Higher Education: Easing the Burden'
Joint Cabinet Office Regulatory Impact Unit/DH Report on reducing the bureaucratic burdens of inspection activity in the NHS

This Partnership Framework, depicted in figure 1 below, currently applies to both pre-registration programmes and programmes of learning beyond registration.

As a result, the Partnership Framework will be an integral part of the new Standard Model Contract between education commissioners in England and education providers. The contract includes:

- a Learning Development Agreement between education commissioners and placement providers
- a national Partnership Agreement between educational institutions and placement providers (see figure 2 page 5).

Figure 1: The Partnership Quality Assurance Framework for Healthcare Education in England
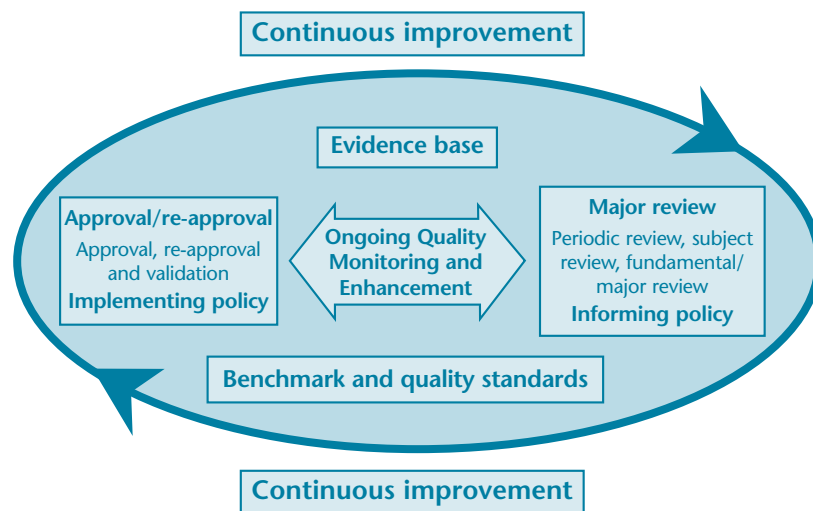
The five elements, in detail, are:

Benchmark and quality standards - these include all the criteria that are used to assess and measure standards and outcomes of professional education programmes (e.g. regulatory body requirements; subject benchmark statements produced by the QAA; NHS National Service Frameworks; EU directives; the Code of practice for the assurance of academic quality and standards in higher education produced by the QAA; the FHEQ.

Benchmark and quality standards element is not part of this consultation.

Approval - the purpose of Approval is to ensure a systematic process for arriving at decisions about the ability of a proposed programme to meet, over time, the requirements of regulatory bodies, academic awarding bodies, education commissioners and service users. This element of the Partnership Framework consists of agreed shared standards and processes that can apply to different systems for health and social care. Approval applies to both pre-registration programmes and programmes related to learning beyond registration.

OQME - this is a process by which education commissioners and regulators satisfy themselves that the quality of education programmes provided by the education institutions and placement providers is maintained and improved in the interim period between:

- Approval and the first Major Review, and
- between one Major Review and the next.

It includes all activity that previously occurred on an ongoing basis (e.g. internal annual monitoring by educational institutions, including practice placement audits, contract monitoring by education commissioners and annual monitoring by regulatory bodies).

OQME takes place continuously but is formally monitored annually. The majority of standards will be reviewed annually, with some designated for less frequent review. In exceptional circumstances, evidence of a serious failing to maintain a given standard may require immediate review and action.

OQME is based on a set of standards within 10 categories or aspects. Seven of these aspects are shared with the elements that make up Major Review, although the nomenclature varies slightly.

Major Review - this is the periodic process by which a team of external reviewers assesses healthcare education provision against a number of reference points. The term Major Review encompasses what was previously known as QAA Subject Review together with education commissioners' Fundamental or Contract Review and regulatory bodies annual review. A streamlined process for Major Review, which includes scrutiny of practice as well as theoretical education, was prototyped in 2002. Following positive evaluations and some refinements, the QAA is now reviewing all NHS-funded healthcare education programmes on behalf of the DH, the NMC, the HPC and education commissioners. These Major Reviews will take place between 2003 and 2006.

Major Review is not part of this consultation.

Evidence base - evidence is the information on which conclusions and judgements for Major Review, Approval and OQME are based. The evidence base underpins Major Review, Approval and OQME and addresses the 10 aspects that have been identified as shared themes to the Partnership Framework.

In this document we are inviting comments on:
- **the Approval process**
- **the OQME process**
- **the evidence base**
- **the Approval and OQME Standards Template**

Consultation question 3 (see section 6) relates to the above section.

1.3 Relationship between the Partnership Framework and the Standard Model Contract

The Partnership Framework will form an integral part of the Standard Model Contract, which is being developed in partnership with stakeholders. There are three sets of partnerships forming, subject to ministerial approval, that together ensure the total education needs of students are met (see figure 2 below). The elements of the contract are the:

● contract between the SHA and the HEI

● Learning Development Agreement between the SHA and the placement provider organisation

● Partnership Agreement between the HEI and the placement provider organisations

● minimum HEI/SHA data set

The Partnership Framework will underpin all of these documents.

Figure 2: Standard Model Contract and model agreements - key partnership relationships
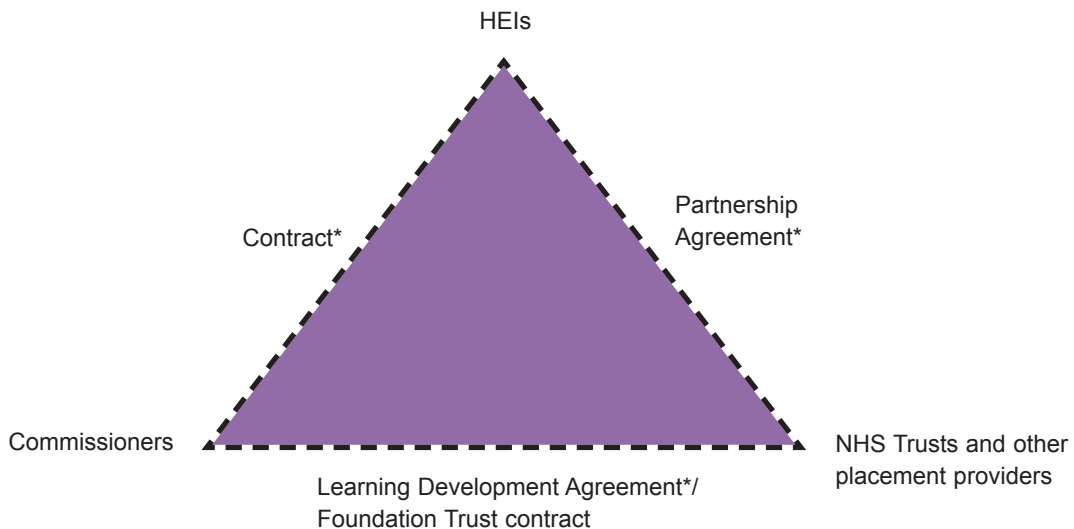
*National quality specifiation using the Partnership Framework and the national minimum data set

Figure 2 above demonstrates the nature of the partnership between education commissioners, the education institution and placement providers through the new Standard Model Contract, local Partnership Agreements and the Learning Development Agreement.

All partners in the relationship will use the national quality specification and an agreed minimum data set. Quality assurance, contract monitoring and management will all take place through the OQME process within the Partnership Framework.

Consultation question 4 (see section 6) relates to the above section.

1.4 Approval and OQME standards and process protocols

Through the local and national working groups a set of standards for both OQME and Approval has been identified. This set of standards is known as the Approval and OQME Standards Template and is shared by all the key stakeholders. The template includes standards that are to be monitored as part of OQME and standards that are monitored as part of the process of programme Approval. The standards that are identified include those related to programmes and learning that takes place in both education institutions and placements.

The standards have been clustered into 10 aspects as follows:

1   management and organisation

2   effective use of resources

3   curriculum

4   learning outcomes

5   student selection, progression and achievement

6   student support

7   learning and teaching

8   assessment

9   quality enhancement and maintenance

10 values, equalities and diversity.

Seven of the above aspects are shared with the elements of the Major Review process, although the nomenclature varies slightly.

The standards form the basis of programme Approval and OQME. The standards could eventually inform Major Review after the Approval and OQME prototypes have been completed.

Process protocols have been written on how to undertake Approval and OQME. Each process protocol provides guidance for undertaking programme Approval and OQME. Both the standards and the process protocols are for both education institutions and placement providers, thereby recognising the role that each plays in the provision of quality healthcare education.

1.5 The consultation

This consultation is a final opportunity for all stakeholders to comment on and confirm that the Partnership Framework meets the needs of all those engaged in approving, monitoring and enhancing the quality of healthcare education. Responses to the consultation will be given due regard by the DH, partners and stakeholder representatives.

The consultation is aimed at confirming the following elements of the Partnership Framework:

- the **process** for **OQME**
- the **process** for **Approval**
- the **evidence base**
- the **standards** which are shared by these first two elements (the **Approval and OQME Standards Template**)

It is important to understand that Major Review has already been confirmed by a previous consultation exercise. Major Reviews have already started and will occur until 2006. In addition, 11 subject benchmark statements produced by the QAA, currently exist and a further six subject benchmark statements are being developed, along with an overarching Health Professions Framework. It is anticipated that consultation on benchmarking work will take place later in 2004.

Prototypes utilising the Approval and OQME processes and shared standards will take place between Autumn 2004 and Spring 2005. These processes and standards will be evaluated and, following completion of the evaluation, revisions will be made. Full roll-out will commence in 2005.

The consultation questionnaire can be found in section 6 (pages 64 - 85). Please use this questionnaire to return your responses.

1.6 Summary

The Approval and OQME processes are designed to reduce the burden of previous quality assurance arrangements and achieve streamlining of current, multiple quality monitoring arrangements. Current arrangements often result in a number of different stakeholders separately undertaking their own approval and quality assurance activities for education within any one academic year in both the HEI and placements. These new arrangements for Approval and OQME are intended to reduce duplication of effort by joining up the processes of the commissioners/funders of healthcare education, the education providers and the regulators. The new Partnership Framework seeks to eliminate duplication of effort and reduce the burden of regulation, while at the same time increasing the contribution to educational improvement.

At the moment, the Partnership Framework applies to nursing, midwifery, health visiting and allied health professional education programmes, but it is anticipated that this will be extended in the future.

Section 2: The process protocol for programme Approval

2.1 Introduction

Approval is the process of validation and accreditation that leads to decisions about whether a programme is approved so that it can be launched, or is re-approved/re-accredited so that it may continue. Currently there is no period set for re-approval, however regulators are agreed that re-approval may be required in particular circumstances, for example, if:

- there are major changes to a programme
- material issues arise from annual monitoring, and/or
- concerns about a programme are raised from visits or monitoring processes.

Through the systematic process of Approval, decisions are made about the ability of the proposed programme to meet, over a period of time, the requirements of:

- regulatory bodies
- education providers
- health and social care providers
- service users
- education commissioners, and
- prospective students.

Consultation questions 5 and 6 (see section 6) relate to the above section.

2.2 Four core areas within the Approval process

The Approval process is designed to answer four key questions:

- Is there evidence of an accountable system to sustain the provision?
- Does education, training and assessment meet the requirements for the award, the requirements of regulators for professional practice, the requirements of commissioners and the needs of the student?
- Do the providers' systems and processes operate in a fair, just and open way?
- Is there evidence that the providers' quality assurance systems meet the requirements of the Partnership Framework for OQME and Major Review?

Consultation question 7 (see section 6) relates to the above section.

2.3 Approval standards

The standards for the Approval process are contained within the Approval and OQME Standards Template (see Section 5). The standards for Approval are designed to address the four key questions identified above. Some of the

standards are solely within the remit of the Approval process while other standards apply to both Approval and OQME.

Any Approval event for NHS-funded programmes must demonstrate achievement of the Approval standards. These standards represent:

- relevant regulatory bodies' requirements
- academic requirements
- the requirements of education commissioners through the Standard Model Contract or any other contractual arrangements.

2.4 The Approval process

The process of Approval of NHS-funded programmes will include:

a   an Approval Panel that is required to make a set of judgements about the programme proposal submitted by the PDG

b   judgements about the proposed programme's ability to meet the quality standards of Approval identified in the Approval and OQME Standards Template within the Partnership Framework

c   evidence of partnership working between practice learning providers and educational institutions, demonstrating quality learning environments in all spheres

d   evidence of achievement of the Approval standards. These need not routinely be submitted by the PDG to the Approval Panel. However, this evidence should be made available for inspection, if requested, by the Approval Panel.

2.5 Recommended membership of the Programme Development Groups (PDGs)

The following are recommendations about membership of PDGs for NHS-funded programmes:

- representation from the education institution 'host' faculty, department or school
- expert/professional advice, e.g. professional body representative as appropriate to the provision
- service users
- representation from the education commissioner
- representation from local service management/practice learning providers
- representation from students (in cases where there is a comparable pre-existing programme in the education institution).

Consultation question 8 (see section 6) relates to the above section.

2.6 Recommended membership of the Approval Panel

The following are recommendations about membership of the Approval Panel for the approval of NHS-funded programmes:

- representation from the regulatory bodies appropriate to the provision (e.g. NMC; HPC; GSCC etc, also the local supervisory authorities, when applicable)
- representation of the appropriate office within the education institution granting the academic award
- external professional peer expertise as required
- other external expertise as required, e.g. external higher education expertise or external commissioning expertise.

Consultation question 9 (see section 6) relates to the above section.

2.7 Outline of the Approval process

There are three broad stages to the Approval process:

Stage 1: Commissioning decision

a   A decision is taken to commission a new health professional programme of education and training. This decision involves representatives of health services and the education provider. The commissioning authority at the time of writing is the Workforce Directorate of a SHA or a WDC.

b   In cases where the qualification leads to eligibility for entry to a professional register, the education provider and the commissioner together formally notify the appropriate regulatory body.

c   Educational institutions, notifying their intent to develop an AHP or healthcare scientist programme, should seek advice from the HPC regarding curriculum guidelines, which will cross-reference to the HPC's Standards of Proficiency and Standards of Education and Training (see figure 3, page 11).

Stage 2: PDG convened

The commissioner and the education provider jointly convene a PDG utilising:

- curriculum guidelines developed jointly by the HPC and the professional body
- NMC documents detailing programme specific requirements
- subject benchmark statements and the Code of practice produced by the QAA
- other points of reference.

Figure 3: Stakeholder roles in approval of AHPs and healthcare scientist programmes

HPC
Register
Standards of Proficiency
Standards of Education & Training
Standards of Conduct,
Performance & Ethics
Curriculum Guidelines*

Programme Providers
Quality Framework
Benchmark Statement
Institutional Resources
Award Frameworks
Placement Arrangements

Professional Body
Membership Requirements
Curriculum Guidelines*
Learned Society
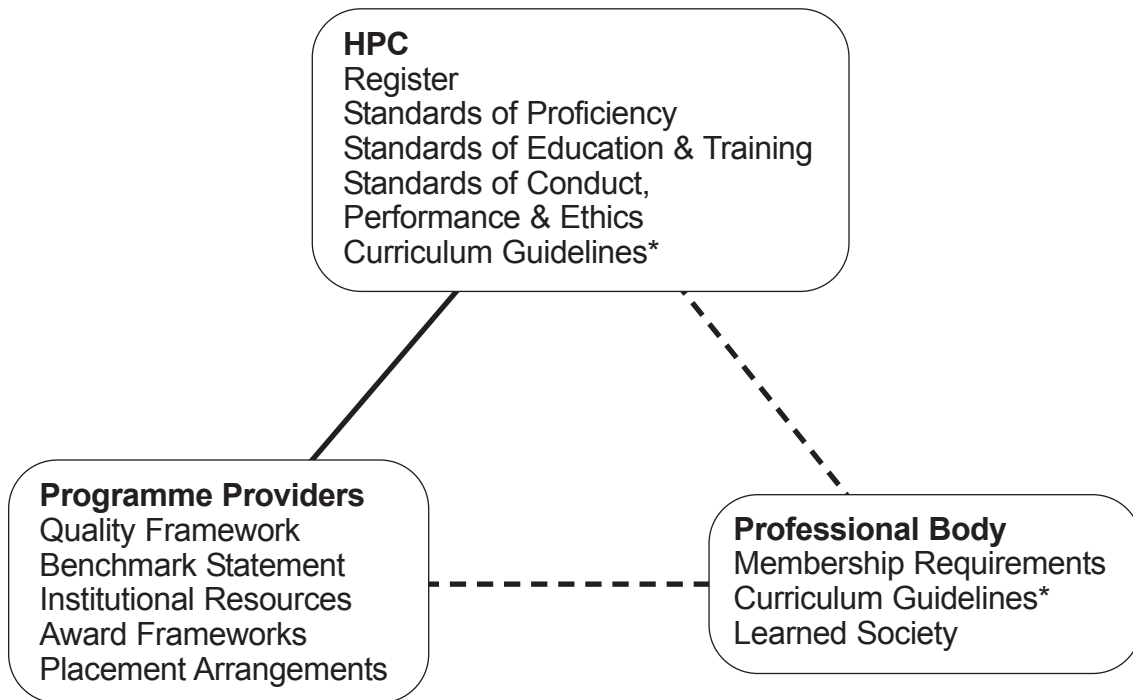
Key:

Denotes mandatory relationship ————

Denotes discretionary relationship (see introduction above) – – – – –

*Curriculum guidelines developed jointly in partnership

Stage 3: Approval event

a   The education provider leads and co-ordinates the Approval event in consultation with the regulator(s) e.g. HPC and/or NMC, where appropriate.

b   Responsibility for writing the report of the Approval event will lie with the programme providers in agreement with the HPC/NMC where appropriate.

Consultation question 10 (see section 6) relates to figure 3.
Consultation questions 11 and 12 (see section 6) relate to the whole Approval section.

Section 3: The process protocol for undertaking OQME including the final action report

3.1 Introduction

This process protocol is intended to provide detailed guidance for the process of OQME of healthcare education. The process outlined within this protocol has been developed in accordance with the overall vision of 'Streamlining Quality Assurance in Healthcare Education: Purpose and Action' (DH 2003). The responsibility for the quality of learning and its enhancement rests with all stakeholders within the context of nationally agreed standards, which both inform and are informed by policy for healthcare.

Meeting the standards, identifying good practice and developments, action planning and taking action should take place on an ongoing basis rather than only as part of the formal annual monitoring process. When this occurs as part of the culture of an organisation, the workload for quality monitoring is likely to reduce.

The need to maintain rigour, equity and transparency underpins the OQME process. Therefore a guiding principle of the process is that a robust quality assurance system should encompass:

- self-evaluation and
- peer evaluation and
- external evaluation.

Judgements for all of these need to be supported by appropriate evidence. Suggestions about the nature of evidence in OQME appear in section 4.

The central focus of quality monitoring and enhancement is the student experience and learning journey, so a process modelling this approach is universally applicable and acknowledges the diversity and range of learning journeys and environments.

Both the end product and the process are intended to be simple, transparent, universally applicable and relevant to all stakeholders, meeting the needs of stakeholders to ensure fitness for practice, purpose and award. The process places equal value upon quality monitoring and enhancement, making sure the latter includes identification of innovation and good practice.

3.2 The principles underpinning OQME

The principles underpinning OQME are:

- meeting standards, identifying good practice and developments, action planning and taking action, should take place on an ongoing basis rather than simply as part of the annual formal monitoring process

- self-evaluation should take place against agreed standards from the shared Approval and OQME Standards Template. These standards recognise the integration of learning on site, at educational institutions and in practice settings, but are explicit in identifying the primary locus of responsibility

- self-evaluation at local level should be authorised by each organisation
- the focus should be on **exception reporting** (e.g. good practice, problems and risk assessment)
- self evaluation should result in an **initial action report** which the Annual Review Meeting should then consider in depth
- self-evaluation should be subject to rigorous **verification** in the Annual Review Meeting, which should include the relevant stakeholders who wish to attend
- verification may identify serious concerns. Immediate action will need to be taken promptly involving all relevant stakeholders
- discussion at the Annual Review Meeting should result in a **final action report**, which is shared and agreed by all stakeholders. Each stakeholder should then present this report in an appropriate format to its own board/committees.

3.3 The four stages of the OQME process

The process is composed of four key stages each of which, in turn, contributes to the overall judgement.

The four stages are:

Stage 1: Self-evaluation within the local learning environment

Internal self-evaluation drives this first stage in the OQME process and is undertaken against the standards in the Approval and OQME Standards Template.

The standards recognise the integration of learning at education institutions and placement settings but are explicit in identifying the primary locus of responsibility. They are colour-coded to indicate where one partner has the primary responsibility for a particular standard or where there is shared and equal locus of responsibility. Partners should work together to complete the internal self-evaluation, especially where responsibility is equal. Within each local area, there should be an identified person responsible for completing this document.

The self-evaluation stage requires the named person in each locality (educational institution or placement provider) to consider each standard (or cluster of standards) within the Approval and OQME Standards Template that is within their primary locus of responsibility. At this stage the named person within the education institution might be a programme leader for a specific programme. The local unit may be a programme or a cluster of programmes. In placement provider organisations the named person could be a ward or department manager or an individual healthcare practitioner in a community/primary care setting. For these placement providers, a local unit may be a ward or department within an acute or long term care setting or a practice placement with an individual healthcare practitioner. The named person undertakes a self-evaluation of the individual/local learning environment

and makes a judgement as to the extent to which the cluster of standards applicable to that area has been attained. While each placement provider should undertake self-evaluation, it is the responsibility of the education institution to ensure that this has taken place.

Local self-evaluation results in a signature from the named person indicating that there is evidence that the standards are met in that local environment. If standards have not been met, a supportive commentary is provided, on the reporting sheet for each cluster of standards, on the basis of **exception reporting**.

Exception reporting also highlights:

- where standard attainment is at risk
- standards against which innovative approaches are being developed or there is good practice
- where there has been a significant change since a previous quality monitoring report.

Any exception reporting should be cross-referenced to the standard to which the comment refers.

'Innovative approaches' refers to new and successful approaches to learning, including indicators of what makes them successful, and/or learning approaches that are working well or are commendable. This also includes innovative, shared solutions to problems or challenges and statements to show where there has been demonstrable improvement.

It is not necessary for either education institutions or placement providers routinely to produce and supply evidence with the local self-evaluation report but it should be available for scrutiny if requested.

The local self-evaluation process takes place at any relevant points within a year, but evaluation against all relevant standards must be documented at least once a year.

In summary, stage 1 of OQME requires:

- self-evaluation of the local learning environment against the appropriate standards from the Approval and OQME Standards Template
- a signature against each standard, or cluster of standards, indicating that they have been met
- exception reporting - commenting on the appropriate sheet:
    a progress that has been made against concerns identified in previous action reports and/or from Major Review/Approval
    b areas where there has been significant change or development
    c examples of good practice/innovations being developed
    d where standards have yet to be fully met
    e where standard attainment is at risk.

Each local unit's self-evaluation report should be sent to the lead education person in their own organisation (education institutions/placement provider) and copied to the main link in the education institution.

Stage 2a: Authorisation at organisation/institution level

This stage builds upon, and consolidates, the local self-evaluations completed within stage 1 through the production of an overall organisation/institution self-evaluation against the standards in the shared Approval and OQME Standards Template.

The lead within the education institution and/or the relevant placement provider undertakes to complete a self-evaluation for the organisation on the Approval and OQME Standards Template that is based on the individual local self-evaluations, signing off the standards that have been met and acknowledging the reported exceptions. In the long term it will also include any actions that have been taken following recent Major Review/Approval or from the previous year's OQME final action report.

As at the local level, the organisation self-evaluation might be supported by the identification of key evidence sources - both quantitative and qualitative evidence - so an audit trail is possible. This might include evidence from other quality review processes that address educational issues, e.g. CHI and any successor organisation, action plans, IWL, libraries accreditation. Where innovations and good practice have been identified, a note of the evaluation and dissemination strategy should be provided.

This part of the process does not require a report to be written. It only requires a signing off that the appropriate standards have been achieved and a comment on the Approval and OQME Standards Template on an exception reporting basis where:

- there are examples of good practice with stratagies for their dissemination
- there has been significant change since the last report
- standards that are at risk have suggested action(s)
- standards that have not been attained have suggested action(s).

Meeting the standards, identifying good practice and developments, action planning and taking action should take place on an ongoing basis throughout the year. By the time the annual review takes place, therefore, most problems will have already been identified and actions commenced to rectify them.

The placement providers sign off the Approval and OQME Standards Template at Board level, or equivalent. This activity in healthcare provider organisations can be linked with the CHI action planning process and meetings, as appropriate, and should be part of the organisation's performance management and clinical governance processes. The education commissioners have a role in assisting education institutions to ensure that placement providers complete a signed Approval and OQME Standards Template and are taking appropriate actions.

Once the organisation-wide Approval and OQME Standards Template has been completed and signed, the lead education person in each of the placement provider areas forwards that placement provider's signed Approval and OQME Standards Template including any exception reporting, to the education institution lead person whose responsibility it is to collect the equivalent documentation from within the HEI and then prepare the initial action report (stage 2b).

The initial action report should be submitted to the lead education commissioner at least three months before the Annual Review Meeting. The lead education commissioner disseminates the initial action report to all stakeholders (notably other commissioners and other regulatory bodies) who wish to attend the Annual Review Meeting. Each stakeholder is responsible for undertaking an analysis of the initial action plan prior to the Annual Review Meeting and indicating issues that they wish to be included in the agenda.

Stage 2b: Production of the initial action report

There will be one overall summary initial action report produced annually by each education institution, in partnership with placement providers, which will:

- address the whole provision
- encompass both campus and practice-based learning
- reflect the areas of significant exception reporting.

This completed initial action report is submitted to a named person within the lead education commissioner at a date mutually agreed by the stakeholders and forms the basis of the subsequent stages of the OQME process.

In summary, stages 2a and 2b require:

- local self-evaluations to be undertaken by completing the Approval and OQME Standards Template. These are sent to the lead education person within each organisation
- the designated individuals in the placement provider organisations and education institution to produce a signed Approval and OQME Standards Template with exception reporting. These should reflect all of the local completed Approval and OQME Standards Templates in these organisations and should be sent to the lead person in the education institution
- the lead person in the education institution to produce one initial action report, reflecting all the completed Approval and OQME Standards Templates, in partnership with the placement providers, using exception reporting. This report will also identify an initial plan to address any concerns identified through exception reporting and/or dissemination of good practice.

A suggested template for the initial action report can be found in Annex 1.

Consultation question 14 (see section 6) relates to the above section.

Stage 3: The Annual Review Meeting

The completed initial action report will be used as the basis for a periodic (normally yearly) joint stakeholder Annual Review Meeting to verify the initial action report.

The aims of the Annual Review Meeting are to focus on quality enhancement and to meet the need for quality monitoring by respective stakeholders. It therefore needs to accommodate each stakeholder's requirements for quality monitoring.

The Annual Review Meeting takes place at a date agreed between the lead education commissioner, other commissioning regulators (if required), the education institution and placement providers. The event should be kept as contained as possible while ensuring rigour and appropriate representation of all stakeholders. The meeting should provide opportunity for dialogue between all stakeholders based on the initial action report in order to:

- address any issues pertaining to regulation if required
- confirm and agree a final action report which includes a plan to address quality enhancement activity for the next year
- identify good practice and how to disseminate this
- consider actions or recommendations from other elements of the Partnership Framework e.g. Major Review/Approval
- identify any common concerns and agree a plan for resolution of these
- take stock of current activity against the standards and address standard attainment.

Any stakeholder that requires an annual quality assurance meeting with the education institution should use the Annual Review Meeting for this purpose. The HPC will only need to visit the education providers annually in exceptional circumstances. However, if the HPC does visit it will endeavour to join the meeting that is already arranged by the lead education commissioner with the other stakeholders.

The Annual Review Meeting is co-ordinated and chaired by the lead education commissioner responsible for quality assurance in collaboration with the lead for each education institution and with representatives from all stakeholders. Regulators and other commissioners may choose to attend or not, or may wish to delegate this to another one of the stakeholders. Representation at the Annual Review Meeting by individuals from placement providers should be at an appropriate senior level within their organisation, able to represent all appropriate professional and healthcare specialities.

When setting up the Annual Review Meeting the lead education commissioner needs to consider that other lead education commissioners may be planning and undertaking their Annual Review Meetings with their education institutions at the same time. A degree of sensitivity, liaison and co-ordination is required so that partners and regulators do not find themselves needing to be at two Annual Review Meetings at the same time.

The Annual Review Meeting should address all contracted provision as defined in the Standard Model Contract. However, other healthcare education provision outside the contract can be addressed if stakeholders agree. The lead education commissioner, who coordinates the Annual Review Meeting, ensures that the agenda for the meeting allows appropriate time for each profession/programme/contract to be addressed as required. The chair needs to ensure that time is managed well and that the interests of all stakeholders are addressed in the agenda. The agenda should reflect issues identified in the initial action report. Pertinent issues that are on the agenda should be fed back to the education institution and placement providers well in advance, to ensure that there are no surprises on the day of the Annual Review Meeting. Guidance notes for setting the agenda will be available.

The outcome of the Annual Review Meeting is the production of a **final action report**.

No further monitoring meetings should routinely take place other than to address **key issues** arising from the action report. Stakeholders should ensure that there are adequate structures/opportunities for dialogue in place to ensure that each item of the final action report is delegated to the most appropriate local committees/groups to ensure that the report is being progressed appropriately. Examples of good practice, achieving standards and planned developments should be agreed as 'ready to be shared' and then published widely. This is an integral part of the action report: to seek out and disseminate best practice.

In addition, the education commissioners and regulators may require opportunities to see and discuss evidence in a targeted and proportional manner as appropriate to the self-evaluation against the Approval and OQME Standards Template. Education institutions and placement providers are not required routinely to produce evidence to support the attainment of the standards. However, if stakeholders require, such evidence in support of OQME can be requested and will need to be made available prior to the Annual Review Meeting. If there are causes for concern from the regulators, they may wish to involve a representative in the Annual Review Meeting.

In summary, stage 3 requires:

- production of an initial action report (in stages 2a and 2b)
- convening of the Annual Review Meeting by the lead education commissioner, with stakeholders invited
- conducting the Annual Review Meeting as a dialogue based on the self-evaluation action report.

Consultation questions 15 and 16 (see section 6) relate to the above section.

Stage 4: The final action report

The Annual Review Meeting will result in a final action report. The final action report is signed off by the education commissioner and by the executive officer, or equivalent, of both the education institution and placement providers.

All stakeholders share this action report. The action report should be submitted to the respective boards/committees of all stakeholders. Stakeholders might wish to customise the action report for their own purposes. The final action report will also go to the DH or its agents for use in identifying national trends/issues/solutions.

The report will serve several purposes. It will:

- serve as the annual report for the education commissioners, NMC, HPC, regulatory bodies and education institutions

- inform education providers (education institutions and placement providers) of the quality of their provision against standards, specifying the extent to which they have fulfilled their responsibilities as education providers and the actions required to ensure compliance with the standards, maintenance and enhancement

- highlight and celebrate areas of innovation and good practice for dissemination and wider adoption.

The report may be used to inform other reports that address healthcare education as part of their focus.

Stakeholder judgements will inform the OQME process in the subsequent year. The education commissioners and regulatory bodies, in conjunction with the education providers (education institution and placement providers), will monitor the final action plan. This may, in certain circumstances, require a quarterly or six-monthly meeting, depending on the nature of the final action plan, but this is not expected routinely to be the case. Where such more frequent monitoring meetings are required, the focus of these meetings will be only on issues from the action plan e.g. unmet standards. If such meetings are required a Visitor, or equivalent, from the relevant regulatory body will be invited to attend, if appropriate.

If Major Review is planned for any given year, the OQME process will not take place, as Major Review will replace this activity for that year. In Major Review, the review team will have access to the recent action reports and the actions that have been taken as a result of OQME. This will form an important part of the evidence for Major Review.

The template for the final action report for the OQME process is found in Annex 2 and includes:

1 **A summary sheet**. The purpose of the summary sheet is to list the actions that are to be taken cross-referenced to the number of the relevant standard. This summary sheet is for quick reference only so as to act as an aide memoire. It identifies, against the standard, the action that needs to be taken, and whether it is the responsibility of the education institution or one or more placement providers, and a review date. The summary sheet should also contain the date and time of the Annual Review Meeting and who was in attendance.
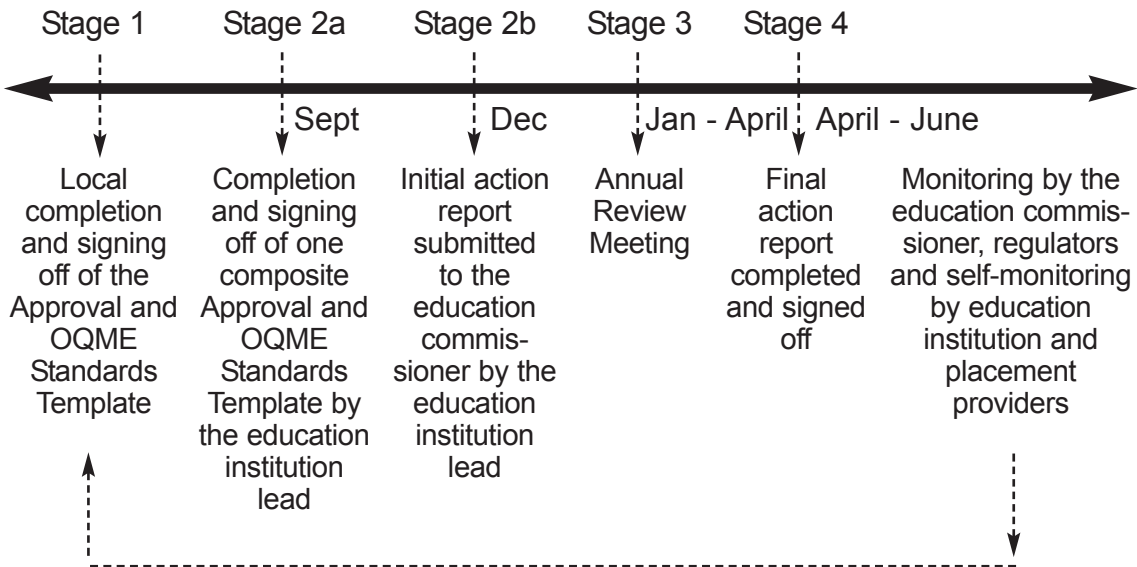
2 **The action plan**. This is the comprehensive list of actions required, based on the exception report, and is written as headings with a brief explanatory text. The action plan template provides for:

- an explicit statement of each action that needs to be taken (what is to be achieved) mapped to a particular standard within the Approval and OQME Standards Template. This can be divided into three sections, for example:

  a   regulatory body actions

  b   areas for development/at risk areas that require action

  c   areas of good practice for dissemination

- an indication of why the action is be taken, for example:

  a   good practice that needs to be disseminated (standards against which innovative approaches are being developed)

  b   a standard that has not been met and therefore an area for development is identified

  c   where standard attainment is at risk

  d   where there has been a significant change or development since a previous quality monitoring report (e.g. previous annual monitoring review, Major Review, Approval or CHI report)

  e   regulatory body requirements that have not been met.

- an indication of who is responsible for ensuring that each action is taken and where that responsibility lies (e.g. the education institution, placement providers)

- an indication of how success is to be measured (what evidence is needed)

- a review date, timescale or schedule for reviewing the progress of each action

- a signature section where all relevant stakeholders sign/countersign the action plan.

Consultation questions 17 and 18 (see section 6) relate to the above section.

3.4 Suggested timing of the stages of the OQME cycle

Figure 4 below is a suggestion of how the cycle of the four stages of the OQME might work.

Figure 4: Suggested timing of the four stages of OQME

Stage 1	Stage 2a	Stage 2b	Stage 3	Stage 4	
	Sept	Dec	Jan - April	April - June	
Local completion and signing off of the Approval and OQME Standards Template	Completion and signing off of one composite Approval and OQME Standards Template by the education institution lead	Initial action report submitted to the education commissioner by the education institution lead	Annual Review Meeting	Final action report completed and signed off	Monitoring by the education commissioner, regulators and self-monitoring by education institution and placement providers

The dates and sequencing of all these activities will be agreed locally. So long as the agreed cycle is followed and all parties agree the dates well in advance, it is perfectly acceptable to keep to the four stages within any given timeframe. The timeframe may change slightly from year to year, especially if Major Review is taking place. In the year prior to Major Review it is sensible to plan the OQME processes so that the final action report (stage 4) informs Major Review.

To meet the needs of all stakeholders, the optimum date for the Annual Review Meeting is likely to be between January and June, with an associated December deadline for completion of the initial action report (stage 2b).

Consultation question 19 (see section 6) relates to the above section. Consultation questions 20 and 21 (see section 6) relate to the whole of section 3.

Table 2: Responsibilities of all potential partners in the Approval and OQME processes

Process / Partner	Approval			OQME			
Partner	Commissioning decision	PDG convened	Approval event	Self-evaluation	Organisation authorisation/initial action plan	Annual Review Meeting	Final action report/policy change and dissemination
Education institution — Local programme lead	Inform appropriate regulatory body, if required, of intention to plan programme	Convene PDG; Design programme	Attend Approval event; Commence programme once approved	Assess programme against Approval and OQME Standards Template (red section); Work with placement providers to assess standards (green section); Exception report		Attend Annual Review Meeting, if required, and have evidence prepared	Ensure pertinent action points are implemented; Disseminate best practice and put in place any lessons learned
QA lead		Inform regulator	Convene Approval event; Write report, in agreement with regulator		Gather all completed HEI and placement assessments and exception reports and prepare initial action report	Attend Annual Review Meeting and have evidence prepared	

Table 2: Continued

Process	Approval				OQME		
Partner	Commissioning decision	PDG convened	Approval event	Self-evaluation	Organisation authorisation/initial action plan	Annual Review Meeting	Final action report/policy change and dissemination
QA committee (or equivalent)		Internally accredit programme			Consider initial action report and authorise any action as required		
Local student supervisor			Be prepared for visit by regulator, if required	Assess placement against Approval and OQME Standards Template (blue section) Exception report			Ensure pertinent action points are implemented Disseminate best practice and put in place any lessons learned
Education lead	Ensure workforce plans are completed	Nominate member(s) for PDG		Work with education institution to assess standards (green section) Prepare exception report	Sign off organisation-wide Approval and OQME Standards Template	Attend Annual Review Meeting if required and have evidence prepared	Ensure pertinent action points are implemented Disseminate best practice and put in place any lessons learned

Table 2: Continued

	Process	Approval				OQME		
Partner		**Commissioning decision**	**PDG convened**	**Approval event**	**Self-evaluation**	**Organisation authorisation/initial action plan**	**Annual Review Meeting**	**Final action report/policy change and dissemination**
Board/Executive						Consider organisation-wide Approval and OQME Standards Template		Consider final action report and authorise any action as required
QA lead			Nominate member(s) for PDG, if required	Attend Approval event	Attend Approval event	Ensure placement providers complete Approval and OQME Standards Template to agreed timetable	Chair Annual Review Meeting	Prepare final action report Monitor implementation of final action report
Lead education commissioners/SHA /other commissioners		Determine need for increased numbers Tender for Award pro-gramme						
Regulator				Attend Approval event, if appropriate	Attend Approval event		Attend Annual Review Meeting, if required	Ensure implications of final action report are understood by regulator

Table 2: Continued

Partner	Process	Approval			OQME		
	Commissioning decision	PDG convened	Approval event	Self-evaluation	Organisation authorisation /initial action plan	Annual Review Meeting	Final action report/policy change and dissemination
		Ensure curriculum guidelines in place and regularly updated	Nominate member(s) to examine and consider			Determine need to attend Annual Review Meeting and nominate member(s) if required	Monitor implementation of final action report as pertinent to any protection of the public issues
QA team, or equivalent							
DH							Disseminate best practice nationally

Make recom-mendations about any required policy change |

Following consultation, the amended approval and OQME processes will be tested by prototype review. Consultation question 22 (see section 6) relates to table 2.

Section 4: The evidence base for the Partnership Quality Assurance Framework for Healthcare Education in England

4.1 Purpose

The purpose of the evidence base for the Partnership Framework is to:

a   provide a set of shared, transparent, measurable data, acceptable to all stakeholders that can be used to:

- give validity to statements and thus invite confidence in claims
- allow consistent judgements to be made against quality standards
- allow improvement and enhancement of quality standards to be measured

b   suggest appropriate sources of qualitative evidence which might be used to support/verify claims

c   ensure commonality/consistency of the evidence base for the Partnership Framework.

Consultation question 23 (see section 6) relates to the above section.

4.2 Introduction

The evidence base for quality assurance is an integral part of each core element of the Partnership Framework, i.e. Approval, OQME, Major Review. It includes all the information and data offered by the educational providers (in education institutions and in practice settings) in support of their self-evaluation and, in the case of Approval, for use by the Approval Panel in order to verify the quality of provision.

Some essential data (mainly quantitative) will be prescribed. This is referred to as core evidence. Other evidence can take a variety of forms and suggested examples are given. However, these suggestions are not exhaustive and should not be taken as the only examples. Education providers should use **existing evidence** (including other relevant reports arising from review activities, for example, CHI visits to NHS Trusts) to demonstrate that they meet the quality standards and not develop documentation in order to satisfy reviewers. The judgements upon which the action reports or Approval Panel decisions are made will be informed by an analysis of this evidence. Education providers **must supply** the core evidence.

The Approval and OQME Standards Template is built around ten key aspects:

1   management and organisation

2   effective use of resources

3   curriculum

4   learning outcomes

5   student selection, progression and achievement

6   student support

7   learning and teaching

8   assessment

9   quality enhancement and maintenance

10 values, equalities and diversity.

All these aspects will require evidence to be available to show that standards have been achieved.

4.3 Suggested evidence base for Approval and OQME (as appropriate)

4.3.1 Core evidence

Quantitative data (NB: Approval will require prospective data only)

Statistical data relating to student recruitment and progression (as in the data to be specified in the Standard Model Contract)

- Contract numbers
- Starters
- Transfers in and out of the programme
- Interruptions
- Discontinued per programme
- Completers
- Numbers remaining in training
- Numbers for which course approval is sought or given

Demographic data on students

- Age
- Ethnicity
- Gender
- Disability
- Highest qualification on entry
- Domicile

Achievement data

- Exit qualifications including degree classifications

Employment/further study statistics

- NHS
- Other healthcare

- Social care
- Education
- Further study
- Other

Staff

- WTE teaching staff significantly contributing to each programme, including type of teaching staff

Practice learning

- Number and type of practice learning opportunities (placements) used
- Number of current assessors/mentors available per practice learning episode (placement)
- Number of students using each practice learning opportunity (placement)

Qualitative evidence

- Programme specifications
- Approval documents/verifications of Approval
- Definitive information given to students about the programme (e.g. student handbook)
- Strategic plan/business plan
- External examiners' reports
- Summary of student evaluation of provision
- Education commissioner's strategic plan of placement provision

4.3.2 Additional evidence

Reviewers will expect suitable forms of other evidence to be available in order to ensure that the provision meets the quality standards. Other evidence might include the following:

Examples of additional evidence specific to the educational institution

- Institutional audit reports
- Previous annual final action reports
- Previous subject review/Major Review reports
- Reports of internal reviews and re-approval exercises
- System for monitoring minor modifications
- Reports of education institution's own QA activities, e.g. teaching assessment
- Recruitment strategy
- Prospectus
- Publicity/marketing material

- Student application forms
- Selection criteria/composition of selection panels, if appropriate
- CVs of teaching staff
- Staff development records
- Institutional curriculum documents, curriculum review reports
- Relevant modular structures and collaborative arrangements
- Timetables showing planned, cancelled or rescheduled sessions
- Module descriptors/assessment that reflects academic level
- Faculty/school/department assessment procedures
- Records of examination boards
- Records/analysis of performance and rates of achievement in relation the entry qualifications
- Timetables showing preparation for practice sessions
- Records/confirmation of students' hours of theoretical learning
- Details or examples of APEL and/or credit rating arrangements and systems
- Records of exit interviews with students
- Equipment lists
- Library audit report
- IT audit report
- Strategy for special needs provision

Examples of additional evidence specific to practice learning (placements)
- Local Supervisory Authority Practice reports
- CHI reports (where relevant)
- Policy developments in Trusts/workforce directorates of SHAs/WDCs
- Staff and student feedback on practice learning (placement)
- Evidence of interprofessional learning in placements, e.g. plan of learning opportunities on placements
- Evidence of feedback during practice experience, e.g. assessors reports of students at intervals
- Arrangements for preparation and update of mentors/assessors/ supervisors reports
- Practice assessors/supervisors reports
- Learning resources audit report

Examples of additional evidence relevant to learning both education institution and practice settings

- Curriculum planning team membership and records of minutes
- Curriculum content demonstrably mapped against subject benchmark statements, national policy frameworks, FHEQ and professional requirements
- Membership and records of assessment boards
- Record of students hours of practice experience
- Practice assessment documents
- Previous accreditation/Approval/monitoring reports by regulatory bodies
- Programme providers' research and development strategies
- Equal opportunities policies
- Database of assessors who have undergone appropriate preparation and updating
- Assessor development strategy
- Practice learning/placement audit reports
- Employers' feedback
- Strategy for updating curricula
- Learning and teaching strategy
- Strategy for teaching assessment/peer observation
- Clarity of how practice learning contributes to the final award
- Arrangements for training/support and monitoring of examiners
- Evidence of partnership working in promoting student achievement/reducing attrition
- Information about the appeals system as given to students
- Strategy for managing practice learning/placement management
- Records of skills laboratory usage
- Written information given to students about support mechanisms
- Student feedback questionnaire analysis
- Helicon accreditation of libraries