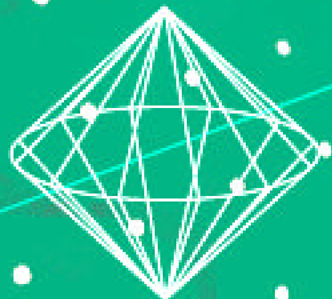
A PERSPECTIVE on PARTNERSHIP in Course Development



QA CPD

Introduction

This publication has been produced to coincide with the circulation of the NHS Trusts' Quality Assurance Framework for Continuing Professional Development (CPD) designed to establish sound high quality systems of in-house educational provision. It is however recognised that in certain areas there is much to be gained by Trusts working in partnership with other agencies to meet the CPD needs of their staff.

This short paper outlines the approach taken by one of Scotland's leading universities to devise a flexible system of curricular design to accommodate service needs. The key features of this approach emphasise quality in educational provision with the central aim being improved patient care. Both the professional and academic progression of the student is accounted for – an important consideration for many practitioners developing professional profiles and seeking academic recognition of their efforts.

This is but one example of partnerships in developing CPD initiatives. By approaching your local providers of education you may be surprised to find that several other models exist together with a willingness to "customise" curricular initiatives to meet the needs of service.

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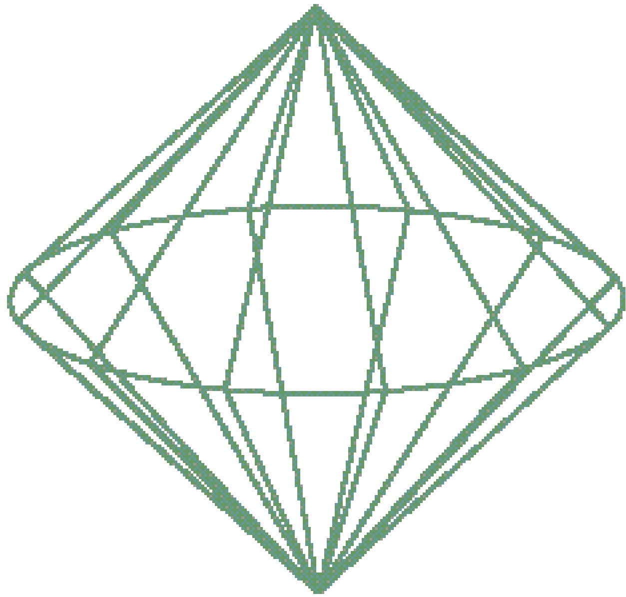


Getting together...

Imagine the scenario. You are working in an NHS trust. You identify, either formally or informally, an important unmet training need. You suspect that the topic you have concentrated on might have the makings of a full module or course, which could lead to academic accreditation.

So what do you do? Push on and try to get it together, all by yourself? Or do you look around to see who has the skills, experience and resources to help you realise your dream?

"...it's about valuing what each other can do, and complementing each other in the process"

Hopefully, you would be inclined to the latter course of action. And if you were, you could do with talking to someone like Lexy Tulloch.

Lexy is Director of Post-registration Nursing and Midwifery Education at the University of Dundee's School of Nursing and Midwifery. And part of her job is to be on the lookout for people at trust-level who have bright ideas for educational developments – and who need the backing of a higher education institution to get them on their way.

"We are now finding that some trusts are saying they want to work closely with a university to develop courses that are credible in content and delivery, and to open the door to academic credit", Lexy says.

This is a move that Lexy, and many of her colleagues in universities and higher education establishments throughout Scotland, welcome warmly. They believe that this co-operative way of working provides the best guarantee of quality education for nurses and midwives, and consequently more skilled nursing and midwifery for patients and clients.

It’s something that can benefit everyone:

For trusts, there is the satisfaction of having access to universities’ academic quality assurance schemes (see next article), ensuring the courses their staff attend are relevant and fit for purpose.

For students, there is the possibility of gaining academic credit along with up-to-date knowledge and understandings of their chosen subject.

And ***for universities***, there is the exciting potential of working in true partnership with clinicians, and seeing their joint efforts rewarded in improved patient care.

“There are enormous benefits for everyone in this kind of partnership”, says Lexy. *“The fact that these groups, who have such different expertise, are coming together to look seriously at professional education is incredibly exciting – it’s about valuing what each other can do, and complementing each other in the process.”*

But the partnership road is not a particularly easy one to go down, as the rigorous evaluation systems in place at the University (described in the next article) show. Lexy is aware of the potential pitfalls, but believes that where there is genuine respect for each other’s contribution, the chances of success are very high.

For Lexy and her colleagues in the higher education sector, the key thing is to make the development and delivery of programmes collaborative, with trusts and higher education institutions involved in the process – rather than have either (or both) going off on their own tangent without consulting each other.

“The system that seems to work best starts from the trust or organisation wanting to do a training needs analysis (TNA) of their staff”, she says. *“At that point, they have data on their education needs, and will hopefully ask an education provider to be involved in sorting out what can be done with it.”*

The education provider can discuss the interpretation of the data and, through a process of feedback and open discussion, the trust can decide how it wants to move forward. From there, the education provider can offer what is in their current portfolio of courses and modules; if that doesn’t fit exactly, and the spirit of partnership is strong, the module can be adjusted.

Alternatively, however, the trust might choose to carry out a TNA without educational provider input. They arrive at a decision on what they want, and only then approach the education provider. Available modules can be reviewed and rejected, and a request made by the trust to develop a new one from scratch. This might result in satisfaction all round, but not necessarily.

“It can be done in this way,” says Lexy, *“but I don’t feel it is the best use of resources.”* Far better, she feels, is the idea of moving forward in partnership.

“A few years ago”, she recalls, *“an organisation needed more nurses with specific training in post to meet patient needs. They tried recruitment, but it didn’t work. So they came to the School and looked at our modules.*

“One module fitted the subject they were concerned with, but the module descriptor didn’t quite provide what they wanted. So we asked them to identify their own standards of care expected for these patients. They did so, then met with the module leader.

“The organisation and the module leader matched the standards against the overall module outcomes, and it was clear that with some imagination and creativity, they could fit. All the module leader had to do was sit down and manipulate the content to suit the organisation’s needs – all our modules have indicative content, so they can be adapted relatively easily as service needs change.

"The good thing about it all was that nobody had to go back to the beginning and start from scratch. It saved time and money, and at the end of the day, the organisation got what it wanted."

Lexy believes this kind of model (Fig. 1) is one that can work in a variety of different settings, for people with a variety of different education needs.

"You can do that kind of thing quite a lot", she says. *"A university will be able to say whether it is possible to meet the organisation's needs or not very early, so that nobody's time is wasted. If they don't have the right module in the portfolio, they can build a new one from scratch – working in partnership with clinical staff from the organisation – or can broker for them with another education provider who can provide an appropriate module.*

"It's about making best use of limited resources – if we spend time duplicating things, what new developments are we not getting on with?"

"It's about making best use of limited resources – if we spend time duplicating things, what new developments are we not getting on with?"

It's a logic that seems hard to resist. Even more irresistible are the academic quality benefits a partnership between health service provider and higher education can bring.

"The key issue is quality", Lexy says. *"It's about persuading people that quality is important, and about the university being flexible enough to know that even when a well-tried system is in place, it has to be capable of being moulded to different circumstances.*

"Most people value what academics offer", she continues, *"and acknowledge that to get quality they have to go through some sort of system and engage in dialogue with the higher education sector."*

Lest anyone be unduly concerned, working in partnership with a higher education provider does not imply that you have been 'taken over'. True, a university which plans, assesses and validates a module will want to have their stamp on it and claim ownership – a situation which, they would justifiably claim, is an essential part of the quality assurance process. But where partnerships are genuine, a great deal of flexibility can be built in, without compromising quality.

One organisation Lexy is currently engaged with, for instance, has an experienced teacher heading up their effort, with a very good infrastructure behind her. The School is working with them to convert their programme into a package, and have no anxieties about progress because of the experience of the people overseeing it.

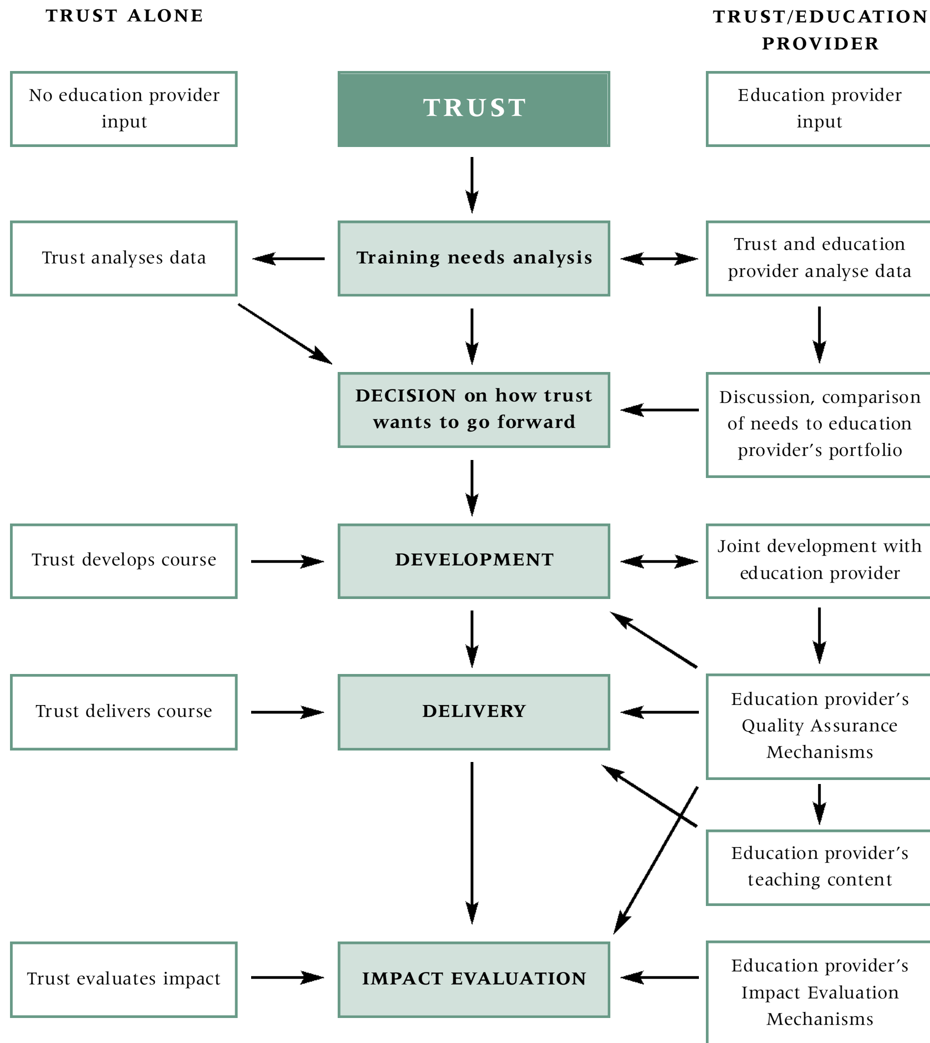
"Their understandings of the education and quality processes are very sound", Lexy says, *"but not all provider organisations have access to this kind of expertise at unit-level. For those who don't, the universities have much to offer."*

So, imagine the scenario. You are working in an NHS trust. You identify, either formally or informally, an important unmet training need. You suspect that the topic you have concentrated on might have the makings of a full module or course, which could lead to academic accreditation.

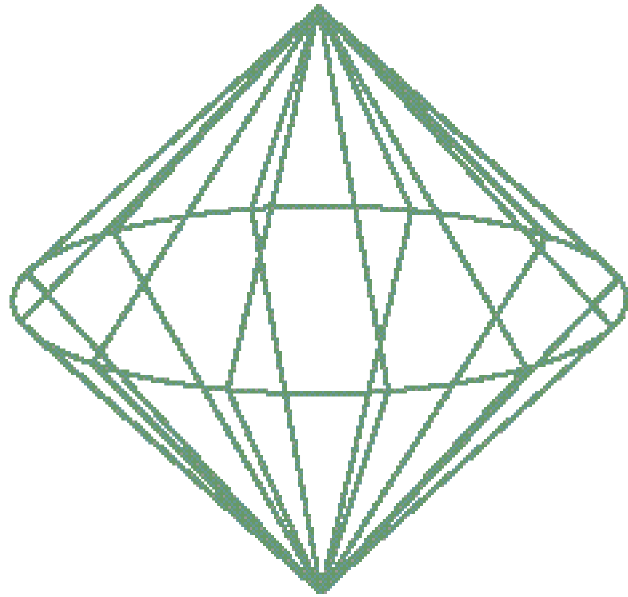
So what do you do?

Figure 1.

Alternative models of course design, delivery and evaluation: Trust alone, and Trust in partnership with Education Provider



Academic quality counts...



The process of taking an academically accredited module from idea to reality is a long and, at times, demanding one. But for Dundee University's Secretary to the School of Nursing and Midwifery, Jennifer Donachie, the benefits of the process can be found in the quality of the end-product.

"Students know that when they come to study at the University, they are going to attain a qualification which is highly valued in the market place – because the quality processes are so thorough and transparent", she says. The School has developed an Academic Planning Process which has been carefully designed to articulate with the University and NBS (Academic) Standards requirements.

"Through negotiation, we can often reach a common understanding of what's actually required"

It all starts with the idea for a course or module which would meet clinical and education needs, and which might be suitable for academic accreditation. Ideas can come from a variety of sources.

"The push needn't necessarily come from the trusts, or any other organisation looking for education provision", Jennifer says. *"It might come from academic staff who have been working with students and qualified nurses in the trust settings and identify a gap in our portfolio.*

"In fact, the majority of proposals we have received at the School of Nursing and Midwifery have come from our own staff, in collaboration with the trusts. But we are now seeing some proposals coming through from trusts direct, largely through the contact Lexy Tulloch has with them."

The School has designed a form to help proposers through the types of issues the Curriculum Initiatives Committee consider to be key in evaluating a proposal's claim to academic accreditation. The Committee sits twice annually, when it reviews all the proposal forms submitted during the previous period. Courses which require professional accreditation from the NBS, in addition to academic accreditation from the University, are reviewed once a year.

A large proportion of proposals will be accepted in principle for development but, inevitably, the Committee will find that it won't be able to recommend all of the proposals.

"It's not that the ideas aren't valid or necessary", Jennifer explains. *"It's just that we don't have the capacity to respond to everything, all the time. We need to prioritise.*

"For instance, at our last meeting, we didn't feel there was sufficient expertise at our disposal, either in the School of Nursing and Midwifery or the trust, to take one particular proposal forward. We have asked the proposers to go back and look at various other interventions they would need to take on board before re-presenting, at the next Committee meeting."

The Committee also finds that some individual proposals from different sources have much in common. It can then suggest a 'composite' proposal, which will hopefully meet everyone's needs.

"Through negotiation, we can often reach a common understanding of what's actually required", Jennifer says.

Jennifer's colleague, Senior Nursing Lecturer Bill Bruce, is closely involved in all steps of the process, and agrees with the need to set priorities at this early stage.

"In the absence of a sophisticated marketing analysis, you can't really estimate the number of students who will take up the programmes once they are developed", he says. *"So at this stage, we try to get a feel for the viability of a proposal, before we actually start doing anything else. But that's very difficult to do."*

Once the proposal has been approved by the Curriculum Initiatives Committee, it passes to the next stage of the process – The Management Executive Group (MEG).

"The Curriculum Initiatives Committee doesn't make the final decision", Jennifer explains. *"Rather, they prepare a report and make recommendations to the MEG, and it is they who will ratify the recommendations."*

The MEG makes the final decision, but at the same time the report is presented to the Academic Standards Committee, to give that committee very early notification of planned developments for the coming academic year. When these steps are completed, and the proposal is formally approved, the trusts and other interested parties are informed of the outcome.

"We aim at this point to work up a detailed programme of events leading to the eventual validation/approval – whether that will be through the University's Academic Standards Committee for courses which just require academic accreditation, or through committees jointly with the NBS for courses which also need professional accreditation", Jennifer explains.

"Then it is over to Bill, and the Curriculum Development Group."

The Curriculum Development Group, or CDG, is set up by Bill, drawing membership from across the School and also from trust-based practitioners. It is charged with designing the programme that will go forward for final approval and adoption.

Key at this stage is identifying a module or programme leader. *"My role is to facilitate the process, not to lead it"*, Bill says. *"It is vital that a specialist leads the CDG, taking responsibility for development of resources and delivery of the end-product.*

"So far, the leader has always been a member of School staff, but there has been some joint working recently with clinical staff. In the future, I have no doubt that clinical staff will take on the leader role."

The CDG decides and moulds the course or module curriculum, under the chairmanship of the identified leader. The process has varying lengths, but a straightforward academic programme not requiring joint academic/professional validation can be sorted out in three meetings.

"The first meeting establishes the boundaries of the development, and sets it in context", Bill explains. *"For instance, if it is within the specialist practice arena, we have to go through the UKCC guidelines, and the framework set up by the School for SPQ programmes.*

"We will then try to find out what people want from the programme. From that, we can work up a brief module descriptor and learning outcomes."

The second meeting is for teachers only, and aims to provide a draft of the module on the basis of the ideas presented. The ideas are circulated to the wider group and other interested parties, and the comments received are collated and returned to the third meeting, where final agreement on the content is reached.

"We've learned through experience that it is good to have an external examiner identified early, so the CDG can benefit from his or her advice as early as possible", Bill says. *"It is very useful to feed the advisor early drafts of the material, and incorporate comments into subsequent drafts. When the programme starts, he or she will consequently have a very strong understanding of what it aims to achieve."*

As things progress, Bill has to report to Academic Programme Committees (APC) on developments, as ultimately the course or module will cross their desk. A core APC exists, but once the course is approved, its own specific APC will be set up.

"It's important to get APCs involved at an early stage", Jennifer explains. *"In the overall academic standards framework within the University, it is the APCs which report into the Academic Standards Committee on an ongoing basis – the major committee in the whole annual monitoring process."*

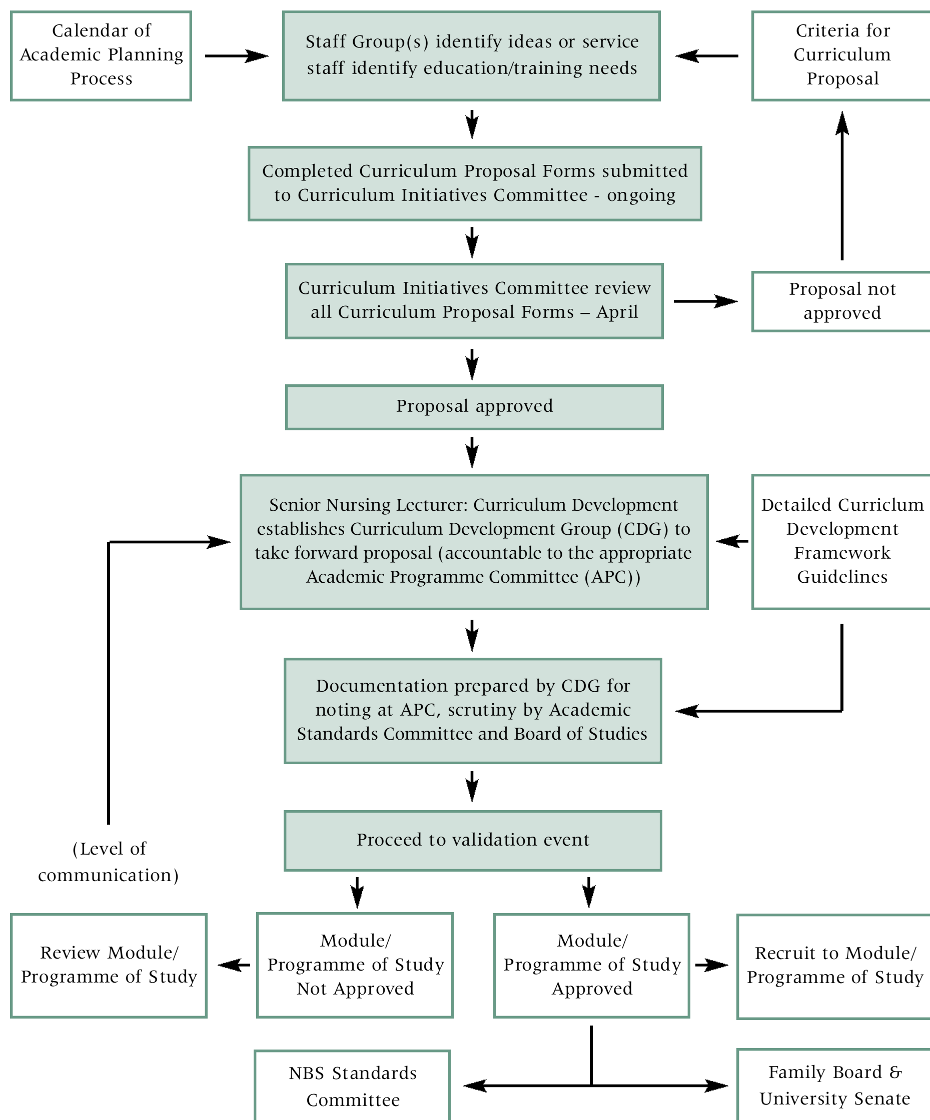
All of these checks and balances within the system are there to ensure that by the time the course programme arrives at the Academic Standards Committee, it is as blemish-free as possible.

"This is where the course gets the major scrutiny in the School", says Jennifer. *"If it is going to fail, it will fail here. But if we have done our work thoroughly beforehand, we shouldn't encounter any major problems."*

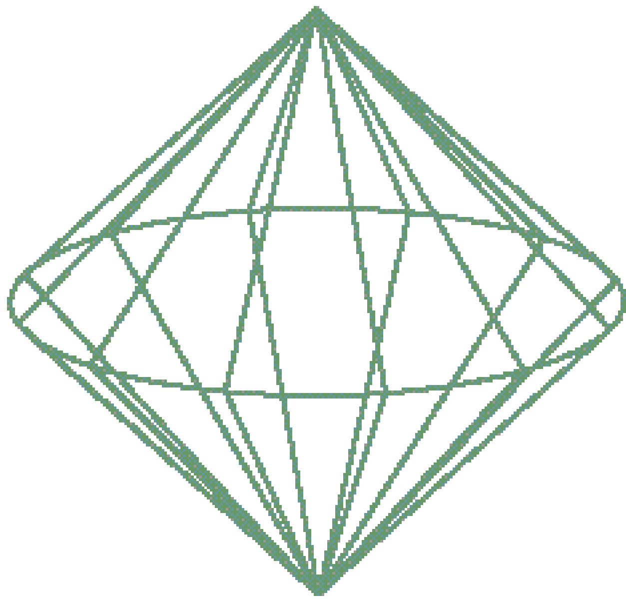
From there, the course will be fed on to the School's Board of Studies for ratification and finally recommendation to the Faculty Board, whose membership is drawn from staff of the University, trusts and other organisations. Once completed, the course is ready to run, and is added to the 'menu' provided by the School - but only if joint professional validation isn't being sought. If it is, it will be scrutinised by the NBS at a formal validation event before finally being presented to the NBS Standards Committee.

This awesomely impressive set of quality regulations and processes, which might take up to a year to complete, is typical of the kind of quality scrutiny a higher education institution will bring to bear on a neophyte course or module. And while it may seem prohibitive to people in trusts who have no more than the germ of an idea for an education development, the ultimate benefits of going down the road jointly with a higher education institution are very clear.

"We want to make sure that whatever award the student gets at the end of the day is a recognised, valued award", Jennifer says. *"We don't want to compromise the academic quality of the award by letting any of these processes slip. That can only be good news for everyone involved."*



The planning team will have input from service colleagues and, where appropriate, other Faculties, Schools and Departments.



A joint approach...

Rheumatology nursing is an important specialty area. And while there is only a small number of specialist rheumatology units in Scotland, with an equally small number of designated rheumatology nurse specialists, nurses in a variety of primary and secondary care settings will need specialist knowledge to manage the many patients with rheumatic diseases they come into contact with.

Yet there are no formal post-registration rheumatology training courses in Scotland. Nurses with an interest in rheumatology who wish to expand their education in the subject have to travel to England to access post-registration training.

"The responses gave us lots of information about the kind of training the nurses had already received"

It was this gap in education provision that encouraged Cecilia McQuade and her colleagues in the Scottish Rheumatology Nurses Forum to explore the options for designing and launching a module in rheumatology nursing.

"There was no rheumatology post-registration nurse education in Scotland", says Cecilia, a Rheumatology Nurse Practitioner at Cameron Hospital in Fife. *"Our research shows that some rheumatology units offer in-service programmes for staff. We also learn informally from our medical and nursing colleagues in wards and outpatient clinics, but I would like the opportunity to increase my knowledge of rheumatology away from the pressures of the clinical area."*

The Forum decided to do some market research to try and establish what level of demand there might be for such a course, and what sort of topics it should focus on.

"I met with colleagues from Glasgow and Inverness to develop a questionnaire", she says. *"We distributed the questionnaire to 300 nurses in Scotland working in diverse areas of practice both in hospitals and community, and 139 completed forms were returned.*

"The responses gave us lots of information about the kind of training the nurses had already received. We found that less than a third of the respondents had received any kind of in-house training, yet every single one of them indicated that they wanted the opportunity to update their rheumatology knowledge."

This suggested that there was a desire for a module or course among nurses in Scotland, with further questioning revealing the type of topics they were after. Cecilia and her colleagues felt they had sufficient evidence of interest to pursue the idea further – and decided that the best route would be to open discussions with a university.

"We talked about running the course ourselves, but because each of us has a large clinical commitment, we would have to take a large amount of time away from seeing patients, and this was not feasible", Cecilia explains. *"As we are not educationalists, we thought we should take the idea forward with people who are experts in designing and delivering courses."*

They were also conscious of the fact that any course would have to pass stringent quality tests to have value, and felt that a university would be in the best position to guide them through this process.

Cecilia approached two well-established universities in the first instance, and received a very encouraging response from Glasgow Caledonian University.

"Glasgow Caledonian were very impressive, and helped us refine the kind of content and level the course would need", she says. *"But we realised that to offer a single course in the west of Scotland would not meet the needs of nurses in other areas. That's when I approached Lexy Tulloch from the University of Dundee."*

Lexy contacted Bill Bruce, who took the idea forward on behalf of the University.

"Cecilia had strong ideas about what she wanted", Bill says, *"but wasn't sure at that time whether a practical or purely academic course would be the better option, or whether a single module would be enough, so she came along to have an informal chat with myself and Lexy."*

"At that meeting, we were able to identify that the best way forward was to develop a university-only validated module, as it was difficult at that early stage to identify a market for a full specialist practitioner programme in rheumatology."

This reflects the fact that rheumatology is a specialty which bursts out of the restrictions of the specialist unit, and closely reflects Cecilia's beliefs about how the course should be developed, and for whom.

"Nurses working in acute settings, outpatients departments and in primary care have regular contact with people with rheumatic diseases", she says. *"The rheumatology course needs to reflect the fact that people with rheumatic diseases are generally cared for in the community, and that when they are admitted it may be because of an acute medical problem, or for review of their medical treatment, or for rehabilitation.*

"Treatment room and practice nurses are an important group", she continues. *"Many specialist units share the care of rheumatology patients with general practices. GPs, treatment room and practice nurses organise blood monitoring clinics for patients. This shared care system allows the specialist unit to work with primary care staff to evaluate the safety and efficacy of drug treatments."*

On the basis of the discussions with Lexy and Bill, a proposal for a 20-ScotCAT points, Level 3 module was prepared, and it began its journey through the academic quality assurance structure described in the previous article. Currently, a module leader, Pat Gall, has been identified, and the course content is out for comment to specialist readers.

The course will become a module of the University of Dundee, and colleagues of Cecilia's are currently working with a university in the West of Scotland to produce a programme which will meet the needs of nurses there.

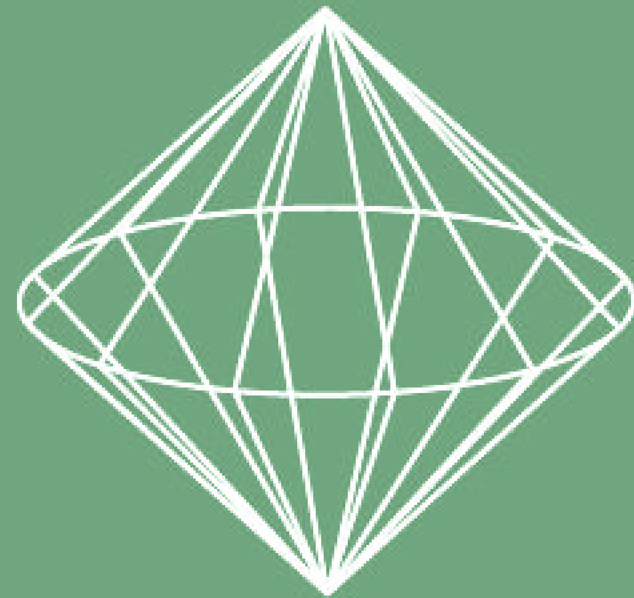
"Working with Dundee University has allowed us to develop an academically accredited, quality assured module", Cecilia says. *"What the students will get is a module which crosses the hospital-community interface and directly addresses the needs of nurses working with people with rheumatic diseases. It will also help build relationships among hospital, community and university staff."*

And just as Cecilia and her colleagues value the expertise and input of university-based staff, so the academics value equally the extensive knowledge of clinicians.

"None of us in the School can hope to stay up to speed with specialist issues", Bill says, *"but when we take on a module or programme at this level, there is a requirement to get up to speed with the literature and the strategy for development of the specialty.*

"Getting to know the key clinicians, and feeding off their expertise, is enormously valuable in this respect."

In rheumatology nursing, therefore, the joint clinical-academic approach to designing and delivering educational courses is clearly paying dividends. It demonstrates the value of exploring the potential of clinical staff working in partnership with their local higher education provider, emphasising the benefits of local collaboration in modular design and delivery.



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