



**Invitation to bid for funds (recurrent and capital) to establish Centres for Excellence in Teaching and Learning from 2004-05**

**Institution**, or lead institution for collaborative bid: **University of Leeds**

Leeds Metropolitan University,  
University of Bradford,  
University of Huddersfield,  
York St John College

**Partner institution(s)** (for collaborative bid):

**Head of institution**, or lead institution for collaborative bid: **Professor Michael Arthur**

**Contact person(s) (if changed from stage one bid)**

Name(s): Professor Trudie Roberts

Position(s) held: Head of the School of Medicine

Postal address: University of Leeds, Leeds, LS2 9JT

**Title of proposed CETL:** **ALPS (Assessment and Learning in Practice Settings) – A Flexible Approach to Student Support and Assessment<sup>©</sup>**

**Business plan approved by:** (to be signed by director(s) of finance/estates as appropriate)

Name (in block capitals) MS B S SMITH, FINANCE & COMMERCIAL DIRECTOR

MR D R SLADDIN, DIRECTOR OF ESTATES

**Equality of opportunities:** (confirmation that the proposed CETL conforms with all the institution's equality of opportunity policies, expectations and requirements; to be signed by relevant senior manager or equivalent)

Name (in block capitals) JUDITH RUSSELL, HEAD OF EQUALITY UNIT

**Funding level of stage two bid**

<b>Recurrent:</b>	£200,000	£350,000	£500,000 ✓	(please tick one box)
<b>Capital:</b>	£800,000	£1,400,000	£2,000,000 ✓	(please tick one box)

Please tick the appropriate box to indicate the level of recurrent and capital funds you are bidding for. Your recurrent and capital bids do **not** need to be at the same level. You are asked to indicate early in your stage two bid document if you have altered the funding levels (revenue or capital) from your successful stage one bid and to give the reasons and justification for the changes sought.

**Areas of specialist expertise**

We indicated to HEFCE by **Friday 1 October 2004** the areas of specialist expertise covered by the CETL to ensure that appropriate individuals with specialist knowledge were identified in the area of this stage two bid to provide a commentary on the specialist area for the assessment panel.

**Summary of bid** – see Stage 1

**Send six copies of stage two bids to the HEFCE at the address below, one of which should be unbound. For the bound copies, please use simple binding, such as comb binding. A copy of the completed cover sheet must be attached to the front of each copy of the bid.**  
**Send bids to: Carole Webb, CETL stage two, HEFCE, Northavon House, Coldharbour Lane, BRISTOL BS16 1QD**

## PART A RATIONALE AND FOCUS OF THE CETL

### A1. Partnership and Provision

A1.1 The proposed CETL, Assessment and Learning in Practice Settings (ALPS), is a regional consortium of distinctly excellent collaborating HEI partners jointly committed to enhancing the student learning experience. The partners have a strong track record of complementary activity and working together, recognised by the collaboration successfully achieving 'regional academic partner' status with the NHSU (February 2004)<sup>1</sup>. The HEI partners provide a range of programmes across the full spectrum of Health and Social Care (H&SC) courses. HEFCE funded programmes include Medicine and Dentistry at the University of Leeds, Pharmacy and Optometry at the University of Bradford, and Social Work across the four universities in the partnership. The NHS funded programmes cover Nursing, Midwifery, Dietetics, Podiatry, Audiology, Radiography, Clinical Physiology, Occupational Therapy, Speech and Language Therapy, Physiotherapy and Operating Department Practice. These are provided variously by the four partner universities and York St John College (YSJ), an accredited college of the University of Leeds. This range of professions and education levels on which the CETL will impact is far broader than any single institution can offer.

A1.2 The West Yorkshire Workforce Development Confederation (WYWDC), now part of the Strategic Health Authority, has been integral to this initiative from the outset, and forms the major link to clinical networks across the region<sup>2</sup>. The NHSU has committed time to ensuring the success of the vision outlined here and is an important strand in our dissemination strategy. All HEI partners can demonstrate how the focus of ALPS is central to their Learning and Teaching strategies which '*stimulate and support continued innovation in the delivery of learning and teaching*' (Leeds) and '*support and reward staff in developing learning and teaching*' (YSJ). Additional aims such as: '*Develop new collaborative links in the delivery of learning and teaching*', and '*Encourage and reward involvement in external learning and teaching activities e.g. recognise and share expertise from work with professional bodies*', specifically feature in this collaboration involving the NHS. Established excellent clinical<sup>3</sup> networks and forums with strong practitioner involvement will support future development and expedite implementation. Following feedback from the Stage 1 bid, we are further involving clinical colleagues in this continued development and planning of ALPS and supportive letters have been received.<sup>4</sup> Information has already been disseminated via learning and teaching newsletters for clinicians, and at network meetings. Strategic direction and organisational sign-up are guaranteed across the NHS partnership organisations, with opportunities in the independent, private and voluntary sector also ensured. These partnerships have contributed to the development of the bid and are already firmly committed to implementation of new models of working such as those described in the Education and Commissioning Strategy (WYWDC 2003) and Practice Placement Strategy (WYWDC 2004).

<sup>1</sup> <http://www.nhsu.nhs.uk/webportal/news/press/>

<sup>2</sup> Throughout the document, WDC references include the North & East Yorkshire WDC which also commissions with the partner HEIs and with which there is a strong relationship. A diagram of WDC networks is provided in Appendix 2.

<sup>3</sup> 'Clinical' throughout the document refers to 'clinical and social work'

<sup>4</sup> See list in Appendix 2

A1.3 Students are at the heart of our plans for further developing practice based learning, teaching and, particularly, assessment. Students have actively contributed to the strategic direction of ALPS through representation on relevant committees, focus and planning groups and by engaging in feedback systems. Student representative committees have supported the bid and will be closely involved in the development, with representation on the steering group, via the institutions' learning and teaching committees and within focus and planning groups on assessment. The partners have institutional mechanisms for involving the student body, and all are engaging their professional colleagues in the workplace in a student-focussed dialogue, in particular concerning assessment in practice settings. Similar issues are apparent across the various professions and a collaborative approach to embed and disseminate existing excellent practice and enhance the development of theory-based practice will promote and encourage working across professional boundaries. The underpinning research activity will enable students to develop and lead a wide range of innovative projects.

## A2. Rationale and Focus

A2.1 The rationale for this CETL is ***to ensure that students graduating from courses in H&SC are fully equipped to perform confidently and competently at the start of their professional careers.*** This will be achieved by building on existing excellence across the partners and by developing staff through identifying, rewarding and disseminating excellent practice.

A2.2 All students value assessment processes that accurately and fairly measure their capabilities and provide effective feedback as a basis for reflection. ALPS will enable students to collect a wide range of workplace mini-assessments, both formative and summative, comprising teacher, self, peer, and patient/client ratings to provide a comprehensive portfolio of clinical/social work competences. In the case of H&SC students, assessment must also measure students' fitness to practise and their progress towards professional registration/certification in order to assure public safety. ALPS will substantially enhance the reliability and validity of assessments in existing work-based settings and permanently change the culture of the organisations involved, in line with relevant strategic changes in workforce planning and the delivery of patient care (stemming from The NHS Plan, DoH, 2000).

A2.3 Provision for rewarding, recognising and motivating staff in the form of fellowships and 'sabbaticals' is outlined below. Groups of health and social work professionals will be encouraged and enabled to provide improved assessments of students' practice in the workplace which are well-grounded in pedagogical theory and which consistently measure students' competence, so that students and professional bodies can be confident that an assessor from any of the relevant professions will be equally able to assess common outcomes for any groups of students in practice settings. Inclusivity will enable existing excellence in defined subjects to expand laterally (across professions) and longitudinally (within programmes to influence pre-application and post-qualification life long learning in practice). The development of effective and creative assessment will enhance scholarship in education, focusing on the student learning experience and life long learning outcomes. This presents a means through which the status of teaching may be raised, teachers may come to teach more knowledgeably and the quality of teaching may be more explicitly measured (see Part C).

A2.4 ALPS is owned at the highest level among student groups, the HEI academic partners and NHS collaborators, and builds on good practice including staff learning and teaching (L&T) induction, planning and development. It articulates with, and supports, institutional L&T, human resource (HR) strategies and equal opportunities' policies<sup>5</sup>. The CETL Advisory Board is chaired by a Pro VC for L&T and the CETL is directed by Professor Trudie Roberts, Director of the Medical Education Unit at Leeds School of Medicine. One of her major interests, and areas of grant support, is assessment of professional competence.

A2.5 All partners' HR strategies aim to invest in well-supported and well-motivated staff and provide a comprehensive range of career development opportunities. The partners differentially provide for the award of University Teaching Fellow status, sabbaticals, teaching awards and special payments for significant achievements according to local practice. We have extensive evidence of teaching quality excellence, with 2 Professors in medical education, 3 University and 3 National Teaching Fellows (NTF), involvement in 7 FDTL4 (and 1 FDTL5) projects, and 3 TQEF university grants. Recent expenditure by the lead partner on medical, dental and healthcare teaching and clinical skills estate has provided state-of-the-art facilities.<sup>6</sup> The CETL will seek to exemplify and share good practice in motivating staff and rewarding teaching excellence. Over time this will link with staff and students in other professions where their workplace practice is assessed, for example in business, law and engineering. The strong identity of this CETL and its dissemination will enhance the national and international reputations of the institutions involved.

### A3. The Need for ALPS

A3.1 Currently, HEIs can find it difficult for some professional groups to provide the required number and quality of teacher assessments, mainly because the pool of academics available to be involved in these assessments has diminished. In many instances the individuals carrying them out are NHS employees who have minimal training and understanding of the process of reliable testing and of the use of assessment to drive learning. As full time clinicians, they also suffer from ever-burgeoning demands of clinical service. For newly qualified H&SC professionals, taking up their first post is often highly stressful. There are many publications reporting their feelings of lack of preparedness for the role they are required to fulfil. It would be difficult for a single profession to possess sufficient data or instruments to set standards for performance-based measures that reflect the full scope of an individual's clinical practice.

A3.2 We believe that the key to equipping these professionals for the real world is increased partnership between HEIs, students and stakeholder employers involving work-based learning, in particular the attainment of patient/client-centred clinical competence. Many of the competences required at graduation are shared across all H&SC professionals and recipients of that care are dependent on the smooth integration of these skills. The CETL forms a centre which draws together the collaborative uniprofessional expertise in workplace H&SC assessment and which can then disseminate good practice both within and across the institutions. By looking for commonality of purpose across H&SC education and sharing scarce resources to assess common outcomes, we can provide a more robust framework for the assessment of clinical competence and use this assessment to drive strategic learning.

<sup>5</sup> A full text of the Equality and Diversity policy for the University of Leeds can be found at <http://www.leeds.ac.uk/hr/equality/policy.htm>

<sup>6</sup> Two new 300-seat lecture theatres and 20 small group rooms for medicine, phantom heads laboratory for dentistry, new clinical skills centre for healthcare studies

A client-centred perspective on competence from the NHSU complements the traditional strengths within the HE partnership.

## **PART B THE CASE FOR EXCELLENCE**

### **B1. Introduction**

B1.1 Overall collaborative excellence is recognised in the regional partnerships and local collaborations such as the Leeds-based Health and Education sector partnership (HESP), the White Rose partnership and the recent award as a collaborative partner of the NHSU. The HESP partnership has been identified as the national exemplar of good practice for the developments of HESPs within the UK and was the only case study presented to a national joint HEFCE/NHS Chief Executives' meeting in January 2003.

B1.2 The CETL collaboration provides a rich portfolio of relevant evidence for excellence. The partners' average Subject Review score across their health and social care provision is 22.25 (sector average 21.28) with consistent strengths in Teaching, Learning and Assessment of 3.52 (sector average 3.46). Our 2001/2 Widening Access Ratings are above benchmark in 31 of our 40 benchmarks with 8 noted by HEFCE as significant and all HEIs have secured contract renewal with the NHS/WDC on the evidence of *'effective partnership working with health and social care providers'*.

B1.3 York St John College (YSJ) underwent Major Review by QAA of its provision in Physiotherapy and Occupational Therapy in May/June 2004. The report is yet to be published but the quality of the judgement categories have all been deemed 'commendable' – the highest category available to QAA reviewers.

B1.4 The awarding of a disappointing QAA score of 18 to medicine at Leeds (1998) was an important catalyst in finalising the new integrated curriculum. The new MBChB programme, now fully implemented, has been praised by both the GMC (2001) and the University's internal periodic review (2003). This, together with the revitalisation of the Medical Education Unit (MEU), including the appointment of two professors of medical education and the expansion of unit staff to 18, demonstrates Leeds University's commitment to high quality medical student education.

B1.5 All consortium members have evidence of curriculum development and implementation which demonstrates the benefits of shared learning experiences in practice settings and all now, in partnership with the NHSU, are developing Virtual Learning Environments to support flexible delivery of learning materials and assessment methods. Further recognition of excellence is evidenced by the institutions' support of innovative L&T projects. For example, members of Leeds University's health faculty were successful in gaining three of the five university grants awarded for projects focussed on assessment. Bradford University is one of the partners in an FDTL5 project on the impact of assessment feedback.

B1.6 All partners are committed to providing excellence in student experience and to providing students with high quality in student learning and training as evidenced by the areas set out below. CV's for academic clinical staff associated with ALPS (see Table 1)

were provided at Stage 1 and three NTFs are involved as core staff in this bid. The WYWDC is enthusiastic to promote the CETL throughout its clinical networks as described in para A1.2.

**Table 1 Core Staff associated with the development of ALPS**

*Leeds University:* Professor Trudie Roberts(TR)& Professor Deborah Murdoch Eaton(DME) (Medical Education), Dr Michael Manogue(MM) (Dental Education), Ms Jean Wilson (Radiography), Ms Margaret Lascelles (Nursing)  
*Leeds Metropolitan University:* Dr Brian Whittington (Health), Mr Ieuan Ellis (Nursing & AHP)  
*Bradford University:* Professor Jeff Lucas (Pro VC, L&T), Professor Peter Hartley (Education), Dr Gwendolen Bradshaw (Healthcare)  
*Huddersfield University:* Professor Sue Frost (Health), Dr Cathy Doggett & Mr Keith Ward (Nursing), Mr Gerry Rice (Social Care)  
*York St John College:* Ms Patsy Cullen (Director L&T), Mr Peter Gray (Occupational Therapy)  
*Clinical networks link:* Ms Kath Hinchliff, West Yorks WDC, Director of Commissioning  
*NHSU Link:* Dr Lynne Caley, Head of Learning Communities and Cultures

## B2. Curriculum Development and Implementation

B2.1 The School of Medicine, through Professor Roberts, is a partner in three national FDTL-4 projects: developing reflective portfolios, developing a national written assessment bank, and thirdly, developing tomorrow's leaders in Medical Education. Professor Murdoch-Eaton was awarded a personal chair in recognition of her work in developing the medical curriculum, together with a University Teaching Fellowship, and commended for innovation in student selected components (SSCs) by the GMC. She has now been awarded an NTF (June 2004). At the most recent GMC visit (January 2001) the School was praised for its overall progress *'we were very impressed with the progress which the School has made..... All those involved can be justifiably proud of this achievement'* and in the area of assessment, the University's internal periodic review (October 2003) reported that *'In their reports, the External Examiners for all the programmes expressed confidence that appropriate standards were being achieved for the awards made....the overview of performance based assessments and the alignment of the assessment process to the intended learning outcomes is clear and well documented.'* Professor Roger Green from Manchester medical school, one of the original 1998 QAA team, was purposely invited back as external reviewer for periodic review. He felt, *"this is a completely different course from the one in 1998 and if it had been this course that had been reviewed, a very high score would have been obtained."*

B2.2 In Dentistry, the recent GDC report (2004) commented *'Student progress file... we believe this is a valuable initiative'* and *'Taking forward the new curriculum proposal is firm evidence of a culture of quality enhancement within the School.'* The Leeds Dental Institute has been successful in gaining significant TQEF investment to re-design the undergraduate BChD curriculum. This was described as a flagship of curriculum innovation in the University of Leeds institutional audit (Feb-March 2004).

B2.3 At Huddersfield, the Dip HE (Nursing studies) programme is the result of the University being selected as one of the Government's 16 Demonstration Sites following the publication of the National Strategy for Nursing (1999), 'Making a Difference'. This demonstration site is a partnership between all local stakeholders. The practice skills elements of the curriculum stem from a project commissioned by the School in partnership with its stakeholders in service, which identified the skills required of the newly qualified nurse by employers. The

department hosts the FDTL-4 project 'Creating the Balance in the Nursing Curriculum' which is developing learning materials based on patient case studies. Senior lecturer Keith Ward, who is L&T consultant in assessment and readiness to practice to HEA subject network Health Science and Practice, holds an NTF award.

B2.4 In Leeds, the NMC Visitors' Monitoring Report, 2002/3, regarding the BSc (Hons) Nursing Mental Health and Adult Branch reported

*"A very strong partnership is evident between the two universities (UoL and Leeds Met) offering undergraduate nursing programmes and who use the same clinical practice circuit. This relationship has been cemented through the development of a pan-Leeds clinical assessment of practice."*

B2.5 Physiotherapy staff at Huddersfield, Leeds Met, and Bradford Universities, and York St John (YSJ) work collaboratively through a clinical placement group to coordinate all placements of students. The group has developed a joint clinical educators' course and a common assessment tool. At Leeds Met, the external examiners' reports (2001/02) confirm the area of excellence for Physiotherapy *'the standard of clinical education is very good ...very impressed by the standard of work'*.

B2.6 Since submission of the Stage 1 bid, other new developments which will support the work of the CETL and contribute to future excellence are: the West Yorkshire Collaboration for Occupational Therapy Education (WYCOTE); the development of clinical facilitator and link tutor posts for Dietetics at Leeds Met; the appointments, jointly with Leeds primary care trusts and mental health trust, of five practice learning facilitators to support placements in primary care and mental health; and the WDC-funded development of a single web-based clinical placement evaluation tool common to all H&SC students from all HEIs in West Yorkshire.

### **B3. Student Support and Student Feedback**

B3.1 For Medicine, the introduction of appraisals for all first and second year students and selected students in later years, together with the personal tutor system, was commended in the School's periodic review (2003). DME has been appointed to the newly created post of Director of Student Support. Her NTF award was for her innovative work in developing students' individuality through self-directed projects and the introduction of the formal appraisal system mentioned above which has already resulted in changes in study habits and approach to work in over 50% of students.

B3.2 The General Optical Council's Regulator (Nov 03) noted that in the Bradford Optometry course *'The University is proactive in nurturing the development of a student's ability...'*

B3.3 Radiography's professional body review for Leeds (March 03) highlighted *'The School has recently introduced lecturer /practitioners, who are based on the clinical sites. The role is evaluating very positively and is greatly appreciated by the students...'* and that *'the student-student mentoring scheme is particularly valued when students go into practice'*. The School of Healthcare at Leeds has multidisciplinary roles to support learning- the Director of Clinical Practice, and practice learning facilitators (see B2.6) based both in hospitals and primary care trusts.

B 3.4 At YSJ, in 2002, the School of Professional Health Studies was successful in its bid to be recognised as a Pilot Site for the Modernisation of Allied Health Professional Education.



The development of innovative approaches to support Occupational Therapy and Physiotherapy students during professional practice placements was a major element of the modernisation project. Both the Chartered Society of Physiotherapy and the College of Occupational Therapists have commended the School for the way in which it has developed cross professional visiting and support for the students of both professions during their practice placements.

B3.5 Regarding student feedback, the highest aggregate scores for student learning experience were achieved by the School of Health and Community Care at Leeds Met for the past four years. In recognition of this, the School won the University Chancellor's Award for Teaching and Learning, an unprecedented achievement for an award normally given to an individual teacher or project teams.

#### **B4. Assessment**

B4.1 Leeds Medical School has established an Assessment and Standards Board to ensure all assessments are rigorously reviewed in the light of learning theories and current research. TR has obtained a WDC-funded project to investigate the use of the Ebel standard setting method for MCQ and EMQs with collaborators from the US National Board of Examiners, to complement the partnership in the FDTL-4 project to produce a national question bank. In the predominantly clinical years, performance of clinical skills (history taking, examination of patients and technical skills) is measured by the use of objective structured clinical examinations (OSCEs) and the MEU has a national reputation in this area. TR and Dr Katharine Boursicot (KB) from Queen Mary, University of London, have been chosen by the LTSN-01 to run national workshops on the use of OSCEs and the training of OSCE examiners. TR has also been awarded an ILT (now HEA) small grant to study the effects of ethnicity on performance based assessments and, jointly with KB, an LTSN-01 grant to look at individual performance in OSCEs and standard setting in OSCEs. TR and KB have recently been awarded (Sept 04) a further LTSN-01 grant to use the mini-cex tool in work-based assessment. Leeds University has recently awarded the School a TQEF bid developing peer assessment to complement its FDTL-4 collaboration on reflective portfolios.

B4.2 Across the partners, emphasis is on using the right person to teach the appropriate area rather than only using teachers from the same discipline. For example, clinical educators from nursing backgrounds routinely teach and assess common clinical skills in the medical course and one (a trained midwife) has recently been awarded 'Teacher of the Year' by Leeds medical students.

B4.3 At Bradford University, *'Many good examples were seen of feedback to students on formative coursework and students expressed high satisfaction with the quality, constructiveness and timeliness of the feedback provided. External examiners expressed satisfaction with the assessment methods and judged them to be fair, imaginative and appropriate.'* (Pharmacy QAA Subject Review, May 00).

B4.4 Dr Michael Manogue, an NTF at Leeds Dental Institute, has recognised expertise in developing and assessing professional behaviours in dental students. He is using his fellowship to evaluate the criteria that define "good" dentists and the attributes of those applying for admission to dental school.

B4.5 The QAA Subject Review and the English National Board report favourably on the innovative courses in relation to assessment at Leeds Met:

*'The majority of assessment tasks are practice-orientated, and are appropriate to the stated aims and objectives. The School has developed innovative frameworks to assess the competence of pre-registration students and the clinical practice of its community courses.'* (QAA 1999)

*'Clinical syndicate groups involve service staff and assessor/lecturer liaison is very effective. Assessors of practice are impressive and work most shifts with students. Assessors are committed to supporting learning and have a good understanding of the professional assessor role.'* (ENB Annual Review Report 99-00)

B4.6 At Bradford, the QAA Subject Review for Nursing (1999) comments *'clearly identified marking grids setting out overall assessment criteria, are provided for each level of study. Tutors have the opportunity to give further assessment guidance orally. ...The School has effective procedures for marking, moderation and external scrutiny of students' work. External examiners have commented favourably on the consistency of marking and the fairness of the assessment process.'* While at Leeds University, the latest monitoring report from the NMC (2003) commented favourably on the *'seamless level of support to students with mentors and co-mentors'* (Return to practise programme) and commended *'the use of portfolios as a means of assessment'* (Midwifery degree programme).

## **B5. Widening Participation in Healthcare Education using User-Educators**

B5.1 All partners in the consortium have developed recognised work with users and carers. Leeds Met's NMC report (April 03) quotes *'to be particularly commended was the use of service users... the University's associate lectureship for the service users was excellent, and the rest of the country could learn from this.'*

B5.2 Following a strategic review (2002), Leeds University is establishing a post to take forward user involvement in nursing education. The Medical School's community newsletter linking reports of student learning activities across voluntary and community groups has been commended by the GMC. The MEU has funds from the WDC to enable more cultural and social diversity amongst individuals involved in training medical students. It has since secured an LTSN grant to develop mental health user input. Related work on cultural diversity won a BUPA communication award (2002) for innovative work in developing students' communication skills.

## **B6. Dissemination and Teacher Support**

Although the collaboration with respect to the NHSU is newly founded, partners have worked together in disseminating aspects of their good practice in work-based learning and assessment for some years. Examples include: the joint working with workforce confederations (WDCs) around the development of assessment of learning in the workplace, in particular the development of joint audit tools and new practice placements; the Leeds School of Medicine's Clinical Teachers' Day which provides NHS colleagues with lectures and workshops on modern assessment methods and innovative teaching tools, a similar day run by the School of Healthcare for nursing mentors, and University and School L&T bulletins, newsletters, web-sites, and lunchtime sessions.

## PART C PROPOSED DEVELOPMENT AND PLANNED IMPACT

### C1. Establishing the CETL

**C1.1 CETL involvement.** With its initial focus on student and staff support for assessment of work-based learning, ALPS will build on the infrastructure being set up across West Yorkshire and other parts of the region to increase and improve learning in practice placements for all health and social care professions. This CETL's focus will complement good practice being developed elsewhere.<sup>7</sup> The already strong linkages with HEA support networks nationally will ensure dissemination across other HE institutions (letter of engagement available). The active involvement of the WDC and NHSU strengthens the potential for dissemination to NHS employers and staff both locally and beyond.

**C1.2 Student numbers.** To deliver the vision outlined in Part A, this CETL will impact in the first two years on over 1000 students across all partner sites. Over five years this will expand to encompass over 9000 H&SC students and reach out to other professions (see Table 2).

**Table 2**  
Health and Social Care Undergraduate/Pre-registration courses (all years)

Course	Bradford	Huddersfield	Leeds	Leeds Met	York St John
Audiology			100		
Clinical Physiology			45		
Dentistry *			300		
Dietetics				190	
Diagnostic Radiography	90		165		
Medicine *	120		1400		
Midwifery	84	105	110		
Nursing	638	660	1200	346	
Occupational Therapy	20	20		20	410
Operating Department Practice		180			
Optometry *	332				
Pharmacy *	832				
Physiotherapy	158	120		163	180

<sup>7</sup> FDTL-4 project 'Making Practice-based Learning Work' at the Universities of Ulster, Bournemouth and Northumbria which has just reported its Phase 1 findings.

Podiatry		120			
Social work *	210	195	120	188	
Speech and Language Therapy				126	
<b>Total</b>	<b>2484</b>	<b>1400</b>	<b>3440</b>	<b>1033</b>	<b>590</b>

\* HEFCE funded

Other professions to link with include law, business and education

**C1.3 Reward for HEI partner staff and institutional commitment.** The ALPS CETL will reward staff, who have had, and will continue to have, significant impact on H&SC students' learning experience, particularly those who engage in the specific area of assessment. Reward strategies will be developed to reflect the 'unique' institutional reward mechanisms of the partners. Staff in the CETL will be encouraged to develop their expertise and undertake developmental activity which will enhance their portfolio for established and anticipated new developments in teaching-related promotion routes. The lead institution, in support of the CETL office, recognises its commitment to equality and diversity (see para D6).

**C1.3.1 Joint reward commitments.** All HEI partners are committed to staff reward and recognition, and have individual strategies for approaching this with some elements in common. (Detailed costings provided in Appendix 1).

- Secondment of staff to provide an identifiable CETL team
- Rewarding staff through teaching fellowships and teaching sabbaticals, enabling staff to develop into the new way of working. An initial two fellowships for each partner is suggested.
- Evidencing claims for promotion against explicit criteria to enable staff to be promoted on the basis of teaching alongside research.

**C1.3.2 The University of Leeds,** as the lead institution, in collaboration with its HR Director, has acknowledged its commitment to recognising and rewarding staff by incorporating specific reward mechanisms, in addition to those above, into its HR strategy<sup>8</sup>.

- Provide honoraria to recognise the additional responsibility of those who contribute towards the CETL.
- Use its Fund for Special Payments (FSP) scheme, available to provide one off bonus payments, to recognise excellent achievement by CETL staff.

**C1.3.3 Leeds Metropolitan University<sup>9</sup>**

'The University seeks to agree and implement new ways of emphasising the importance placed on excellence in teaching and to reward staff who demonstrate such excellence.... It will seek to continue to spread good practice and enhance individual performance via a centrally funded and monitored programme of academic development, drawing in staff from across the University'.

**C1.3.4 University of Bradford<sup>10</sup>**

<sup>8</sup> <http://www.leeds.ac.uk/hr/policy>

<sup>9</sup> Leeds Metropolitan University's HR strategy: [http://www.leedsmet.ac.uk/local/docs/strategy\\_02-04\\_v2\(a\).doc](http://www.leedsmet.ac.uk/local/docs/strategy_02-04_v2(a).doc)

<sup>10</sup> Bradford University's HR strategy : <http://www.brad.ac.uk/admin/personnel/HRstrategy/HRstrategy.html>

The HR strategy for developing and rewarding staff supports this CETL, in terms of: Secondment and sabbatical opportunities (D5), Annual promotions opportunities (R1), Discretionary awards scheme (R2) and the Chancellor's Award for Distinguished Teaching (R4).

#### C1.3.5 *University of Huddersfield*<sup>11</sup>

Huddersfield's HR strategy is being developed to ensure that staff receive appropriate reward and recognition to ensure a high quality student experience is maintained. The University is working towards a framework that will increase the range of individual staff benefits available to university employees eg. a single pay spine (Aug 2005); recognition of an individual's contribution to the University's goals through a reward framework (Aug 2006). The pay and benefits structures will seek to recognise and reward the contribution all staff make and will provide incentives for continuous improvements in teaching and learning.

#### C1.3.6 *York St John College*<sup>12</sup>

The HR strategy aims to provide funding for specific staff development projects such as '*development and dissemination of good practice in assessment*' which links directly to the CETL. In addition, it includes a key strategic aim to develop fair and transparent reward and recognition processes, ensuring these are aligned to College goals. Under this strategic aim, the College has agreed a specific objective in relation to the development of appropriate contribution based reward systems, considering in particular the reward and recognition of teaching staff.

### **C1.4 Reward for non HEI staff**

Although direct personal reward for NHS colleagues employed by NHS organisations would generally be inappropriate from HEFCE funding, ALPS aim is to incorporate the acquisition of assessment in practice skills within staff's career development. The pathway of Masters' courses developed across the HEI partners could be increased in coverage through the NHSU. The new Master in Clinical Education course at Leeds is over subscribed and provides a local route supporting clinical staff's development. Additionally, there is provision within Leeds University's HR strategy on recruitment and retention supplements to allocate funding to healthcare workers who undertake teaching as a major role within the CETL. The WDC will continue to provide £50K pa for a small grant scheme which is already successfully enhancing staff expertise in L&T in H&SC and is encouraging interprofessional working, and working between the NHS and HEI.

### **C1.5 Pedagogical theory underpinning the CETL**

C1.5.1 The cultural divide, which has previously been described as the 'theory practice gap', is narrowing but there is still an element of division between the theory provided by many HEIs and the practice required by employer stakeholders. The CETL's academic development of a body of practitioners will achieve mutual confidence in the assessment of clinical competence regardless of who assesses and who is being assessed. Involvement of patients and carers will provide the final element for complete professional assessment. Bringing employer stakeholders directly into the centre of the assessment of clinical competence will provide the students with a means of directly addressing areas of weakness by developing efficient and effective individual learning plans. Through repeated sampling of achievement, a map of an individual's progress will be obtained. This map of an individual's learning will be personal and portable so that movement through different healthcare

<sup>11</sup> Huddersfield University's HR Strategy 2004-2007: <http://www.hud.ac.uk/foi/ps/hr.htm>

<sup>12</sup> York St John's HR strategy: [http://www.yorks.ac.uk/Default.asp?Page\\_ID=739&Parent\\_ID=818](http://www.yorks.ac.uk/Default.asp?Page_ID=739&Parent_ID=818)

providers will not be a barrier to its continuation, allowing it to be used for the demonstration of past personal achievement and for future learning.

C1.5.2 In the last two decades the concept of learning has been reformulated based on new insights. There has emerged a greater understanding of how people learn, and particularly the social context within which learning happens. Effective learning is conceived as occurring when a learner constructs his or her own knowledge base that can be used as a tool to interpret the world and solve complex problems. This implies that learners should be autonomous and self regulating and that they need to be motivated to continually use and expand their knowledge and skill base. In effect, to become lifelong learners with the skills of reflection and self-efficacy, learners need to develop strategic learning behaviour, meaning they must master effective learning strategies. The role of effective feedback in improving learning is well established. Additionally learners need metacognitive skills to be able to use feedback to improve their learning and to be able to reflect on their own and others' perspectives.

C1.5.3 Changes in the philosophy of learning have led to a rethinking in the nature of assessment. H&SC educators have moved away from decontextualised tests examining irrelevant minutiae to authentic contextualised assessments. Clinical competence can be defined as *'the degree to which an individual can use the knowledge, skills and judgement associated with their profession to perform effectively in the domain of possible encounters defining the scope of professional practice'*.<sup>13</sup> The ultimate purpose of performance assessments must be to improve the standards of clinical care. The assessment of clinical competence is vital to providing students and their teachers with the confidence that they will be able to perform effectively in the next stage of their careers. Assessors are not only interested in how the individual performs in observed situations but also in generalising about the individual's ability to perform a variety of other tasks in a range of similar clinical situations, that is, estimating overall true clinical competence. The published literature shows that for work based assessments to be reliable and valid, multiple judgements need to be made of individuals by different assessors in a large sample of diverse clinical situations<sup>14</sup>.

C1.5.4 Valid assessment methods thus aim to reflect actual clinical practice. A student's competence profile should be based on multiple measures from a range of individuals, including peers, self, teachers and recipients of clinical practice. Assessment should be integrated into the learning process and equip the learner to be more effective in judging their own learning – so called "sustainable assessment". Such assessments judge against standards whilst not compromising future learning needs, and establish a basis for students to undertake their own assessment activities in the future. Research has shown convincingly that using assessment as a tool for learning, including good and well timed feedback, promotes the capacity for life long learning.<sup>15</sup> However, sustainable assessment requires the development of criteria and strategies that are not generally to be found in assessment protocols. Research is required to establish their validity and the impact that such measures would have both on the learner and on the organisation that employs them. Pedagogical research complementary to the CETL is described in Appendix 3.

<sup>13</sup> Kane MT (1992) The assessment of professional competence. *Evaluation and the Health Professions* **15**:163-82

<sup>14</sup> Williams RG, Klamen DA, McGaghie, WC (2003) Cognitive, social and environmental sources of bias in clinical performance rating. *Teaching and Learning in Medicine* **15**(4): 270-292

<sup>15</sup> Boud D (2000) Sustainable Assessment: rethinking assessment for the learning society. *Studies in Continuing Education* **22**:151-167

C1.5.5 Using the ideas of Boyer (1990)<sup>16</sup> we intend to pursue the scholarship of teaching through the CETL. Our core aims include a means through which the status of teaching may be raised, a means through which teachers may come to teach more knowledgeably and to provide a means through which the quality of teaching may be assessed. We propose to use the ideas of Trigwell and Shale<sup>17</sup> to develop staff involved in assessment.

<b>Scholars of Education ↔ Scholarly Educators ↔ Excellent Educators</b>
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Thus, improving the status of teaching and teachers will directly impact on the students' experiences of HEI learning.

### **C1.6 Education Research Group**

This will be set up within the CETL to undertake the activities suggested in Appendix 3. The group will be led by the CETL research officer together with others from each HEI and clinicians interested in the scholarship of education. This builds on the excellence in pedagogic research already developed across the consortium.

## **C2. Planned Activity**

C2.1 ALPs will deliver the impact objectives using two parallel initiatives. Firstly, to continue to roll out existing initiatives using some support funding from the CETL programme to assist in mapping and disseminating good practice, and secondly to agree and pilot the new 'tools' of student, mentor and assessor support using a rolling programme.

The guiding principles of our roll out strategy will be to

- maximise early engagement of all partner HEIs and professional courses.
- use practice learning environments to pilot the new 'tools' on students from as many professions as possible.
- use the new methods and assessment practices to replace existing arrangements so that the burden of assessment on students is not increased.
- where possible, pilot new methods on formative assessments on new students to develop confidence and competence and to minimise students being exposed to two assessment cultures.
- keep professional, statutory and regulatory bodies informed of proposed changes to 'approved' courses.
- use the lessons learnt from the Department of Health Common Learning Pilot Sites where similar 'roll out' issues were addressed.

<sup>16</sup> Boyer EL (1990) Scholarship reconsidered: priorities of the professionals. Princeton, NJ, Carnegie foundation for the Advancement of Teaching.

<sup>17</sup> Trigwell K & Shale S (2004) Student learning and the scholarship of university teaching. *Studies in Higher Education*, 29:523-536

- ensure compliance with equal opportunities statements such as that contained in placements contracts (UoL) *'The Provider should ensure that students are trained, appraised, examined and treated wholly on the basis of their aptitudes, skills and abilities in relation to their scheme of study'*.<sup>18</sup>

The total population of students by profession and HEI is set out in Table 2 above.

C2.2 In this way we will continue to reach out to significant numbers of students using existing strategies whilst learning and adapting from the pilot initiatives. Existing strategies have already been tried and tested across HEIs and in a significant number of placement learning environments but they are primarily uniprofessional techniques. Our current expertise at utilising such pedagogic processes across health and social care professional boundaries is limited and it is this strand of activity which will represent the bulk of our developmental work. We will also, over time, use more and more placement learning sites (wards, clinics, GP surgeries etc) to support different professional training programmes and some will be used as 'Beacon Placements' to actively disseminate 'lessons learned' and train others in the new techniques. ALPS will also engage more health and social care professions with the concept of the 'expert patient' and maximise their contribution to both learning and assessment.

**C2.3 In the first phase (Descriptive and Developmental, Years 1-2) the following activities will be undertaken**

- Mapping of areas of excellence in provision of work-based assessment already demonstrated across the consortium and consultation on ideas with students and employers.
- Using currently available documentation from the professional bodies and the expertise of collaborating partners, identify a series of standards at defined points in training for uni-professional competences.
- Develop the 'tools' including standards and framework for assessing generic clinical competence in the workplace.
- Pilot the tools in partners' placements under the principles described in C2.1
- Establish a body of healthcare professionals who are knowledgeable about adult learning theory and skilled in work-based assessment including generic training modules.
- Extend students' skills of self and peer review to help inform formative assessment.
- Establish simple training programmes that allow patients and carers to be part of the process of clinical competence assessment.

**C 2.4 In the second phase (Transformative, Years 3-5) the following activities will be undertaken**

- Analysis of results of phase 1 and publication of interim report.
- Continue with pilots and engage all universities with at least one programme.
- Extend definitive ALPS programme.

<sup>18</sup> From April 2005, UoL contracts will refer to the Equality and Diversity statement: 'The University of Leeds is proud to be a multi-cultural community. We value diversity and are determined to ensure:

- That we treat all individuals fairly, with dignity and respect;
- That the opportunities we provide are open to all;
- That we provide a safe, supportive and welcoming environment – for staff, for students and for visitors.'



- Embed ALPS programme in partner sites to encompass all H&SC programmes.
- Use experiences to equip H&SC students and practitioners with a richer understanding of the diverse range of learning situations with which they need to engage .

**C2.5 In the final phase (Evaluative and Embedding, Year 5 and onwards) the following activities will be undertaken**

- Overall evaluation of ALPS.
- Production of final reports, papers and dissemination materials.
- Workshops for H&SC professionals.
- Targeted briefings for high level stake holders.
- Liaison with other academics and professionals from other areas of HEIs to adapt our findings for application to other areas of professional education.

**C3. The Work Programme**

C3.1 An example of the development of the programme is shown below.

**Table 3. Activities to be shared across the partnership**

<b>Outcomes</b>	<b>Methods</b>
Develop a series of common standards for individuals at defined points of training with regard to generic clinical competences eg communication skills.	Documentary analysis from partners' courses Delphi technique using partners and national experts.
Identify a series of standards at defined points in training for uni-professional competences.	Using currently available documentation including QAA benchmark statements, GMC's Tomorrows Doctors, The New Doctor etc.
Using the above establish a coherent framework for assessing true clinical competence in the workplace.	Using the published literature and empirical observations in the partner institutions.
Extend and evaluate a series of work based tools which are reliable, valid, acceptable and usable for the workplace assessment of a wide range of healthcare professionals.	Using existing expertise in the partners and published literature, pilot studies in health and social education to develop a virtual assessment environment and a range of reusable assessment objects linked to student PDP. As part of these tools, there will be an integral element of feedback which will acknowledge adult learning theory and enable the student to develop strategic self directed learning.
Ensure that the tools that are developed are flexible so that they may be used repeatedly throughout an individual career to enable progress, both formatively and summatively, to be tracked.	Pilot the use of hand held personal digital assistants.
Delineate the extent of areas covered by work-based assessments and provide a holistic view of clinical competence for each profession.	Map assessments to desired clinical performance so that the limitations of work based assessment in the appraisal of overall clinical competence can be

	highlighted to allow other measures such as standardised clinical encounters and skills examinations to fill in the gaps.
Establish a body of healthcare professionals who are knowledgeable about adult learning theory and skilled in work based assessment.	Provide training events using existing HEI partners' expertise
Continue to develop students' skills of self and peer review to help inform formative assessment.	Using existing expertise informed by published evidence.
Establish simple training programmes that allow patients and carers to be part of the process of clinical competence assessment.	Using expertise from within HEI partners.
Disseminate the good practice developed as a result of the CETL throughout the health and social care education sector.	In partnership with Higher Education Academy, subject networks, and the NHSU.

C3.2 Students involved in the CETL will be involved from its inception via information strategies:

### Example of student leaflet

**Learning with ALPS**  
'Assessment and Learning in Practice Settings'  
– A Flexible Approach to Student Support and Assessment

ALPS for learning!  
ALPS for professional skills!  
ALPS for your career!

ALPS is the Centre for Excellence in Teaching and Learning (CETL) for first year student OTs at York St John.

ALPS at YSJ is part of a network of CETLs in universities across West Yorkshire whose aim is to provide health and medical students with an integrated approach to workplace learning and assessment.

ALPS is here to help you make the most of your professional training and deliver real benefits to patients.

ALPS brings together tutors, workplace mentors, patients and students as partners to ensure that you get a positive experience from your work placements.

ALPS will create a learning community for the region and will provide you with practical support during your placements, including a network of trained mentors, links to students at YSJ and other universities in the region, access to health libraries and a 'loan a laptop' service to help you keep in touch while you are away from College.

One of the most exciting things about ALPS at YSJ is its links to other ALPS CETLs in the universities of Leeds, Leeds Met, Bradford and Huddersfield which will be working in the same way with their own health, medical and social care students. This means that

health students across West Yorkshire will be guaranteed the same excellent standards of support, skills development and assessment and will be enabled to work in multidisciplinary teams - giving you a head start in your career.

ALPS will have its own e-learning website including all the information you will need whilst on placement, programme modules and a student learning forum, where your voice will count.

All first year OT students will automatically be members of ALPS. Find out more - come to the Phoenix building during Welcome Week to pick up your ALPS survival kit of personal organiser, a free book, 'Learning in the workplace' and your ALPS card, giving you access to learning resources across the region.

## C4. Impact on Staff Training

As part of this CETL, work place educators will be provided with extra training in the field of the adult learner. The CETL is expected to inform curriculum development for existing Mentorship in Practice modules offered by HEIs to a wide range of healthcare professionals. They will become expert teachers/educators. Those who wish to will be encouraged and enabled through development and mentoring by current expert academic staff to become scholarly educators/teachers (see para C1.5.5). They will be equipped to critically appraise new developments in education and use these in their own teaching. They will also be trained to evaluate these developments and provide leadership and expert advice to others

in their areas. Some of the educators may wish to undertake research within the areas of learning and teaching. This will be encouraged and fostered by the academic staff in the CETL. By presenting this 'menu of opportunities' to staff we feel that we will be best able to serve the needs of the largest number of individuals, thereby providing a tailored programme of development. As these staff move, their generic assessment skills will remain of value in new practice settings. The lead HEI partner's equality and diversity policy is promulgated via the clinical placement contracts, requiring provider organisations to ensure equal opportunities for staff and students regardless of gender, ethnic origin or disability.

## **C5. Integrating work with Patients and Carers**

Work with patients and simulated patients will form part of the work strands. West Yorkshire is fortunate in having a newly founded Simulated Patients organisation funded by the WYWDC which trains highly competent simulated patients from a wide range of backgrounds, who are involved in structured work across our HEI institutions. Plans are also in place for a research strand continuing the development of expert patients as teachers and assessors.

## **C6. Use of Technology**

C6.1 The CETL provides the opportunity to extend and share the existing excellence and expertise in e-learning and development of virtual platforms in the following areas

- Electronic portfolios to support learning and assessment at a distance.
- Using mobile technologies (including personal digital assistants) to support student learning and assessment in practice settings.
- Extending technologies to support learning and assessment across institutional boundaries and learning environments.

C6.2 The assessment tools will be developed so that staff and students can perform the assessment activity in the placement with instant recording of performance. We propose the piloting and use of PDAs for on-the-spot recording of work-based assessment episodes (costed into Appendix 1). This would reduce time for busy staff and enable students to receive feedback or results without delay.

## **C7. Impact and Dissemination of ALPS**

C7.1 The impact of the work done by this CETL will be maximised by a coherent and comprehensive plan of embedding core activities across the partner institutions, providing students who are better prepared for working as health professionals, tangible rewards for staff involved in high quality work-based education. A local, regional, national and international dissemination will enable the achievements and outcomes of this CETL to be shared not solely within the health education sector but across all HE areas utilising work placements.

C7.2 'Impact' is the extent to which the high quality activities and outcomes of this programme can influence policy and practice in the HE community as well as extend knowledge and theory for academics and researchers. The premise that impact can only

result if awareness is followed by uptake and policy development, shapes the construction of the communication and development plans for this CETL.

C7.3 Effective dissemination enabling the uptake of successful activities resulting from this CETL relies on a strategy for maximising early engagement, strong marketing and communication, and packaging the results in ways which facilitate adoption/assimilation of the findings/outcomes. Early involvement of high level champions and a wide range of multiprofessional stakeholders has been essential to our strategy to ensure that the programme achieves the highest possible profile and uptake in the HE community and with service colleagues. It will be compatible with the NHS Knowledge and Skills Framework.<sup>19</sup> The plan outlined below identifies the objectives, methods, stakeholders and timetable.

C7.4 The key feature of this CETL is the potential to transform work based learning and assessment from what is at the moment an unpredictable and highly variable experience into a learning experience of the highest quality which greatly enhances students' preparedness for postgraduate working, and which is transferable to other HE areas. Additionally, it is uniquely placed to provide multidisciplinary collaboration and research capacity building. The constituencies of learners will be very broadly based and include students and teachers from all health and social care areas and pedagogic researchers across higher and professional education.

C7.5 As the CETL programme teams are multidisciplinary there is an opportunity for iterative interdisciplinary working with the specific purpose of developing and sharing expertise, developing strategies for cross disciplinary collaboration and maximising the potential for dissemination across a range of academic and professional networks.

### **C7.6 Dissemination and impact objectives**

C7.6.1 Our objectives for effective dissemination and maximum CETL impact on policy and practice are to:

- Engage with multidisciplinary stake holders, including students, practitioners, teachers, patients, and policy-makers to maximise the relevance of this CETL by representing their perspective in the CETL and actively communicating outcomes in a variety of formats.
- Utilising face-to-face and personal communication with as many stakeholders as possible to personally involve them in the work of the CETL and to convey the purpose and findings of the work.
- Engage with the NHSU and HEA to form effective partnerships with related networks, stakeholder organisations and individuals who can inform and benefit from the CETL.
- Make use of the resources and reputation of the Higher Education Academy and the subject networks to support the CETL and contribute to its overall communication and impact strategy in health and other HE areas.
- Embed the outcomes of the CETL in member organisations through changes to policy, process and curriculum.

### **C 7.7 Dissemination and impact method**

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<sup>19</sup> 2004 Department of Health

C7.7.1 We will achieve a significant impact on clinical and social work L&T policy and practice by communicating the evidence/outcomes of the programme for: **awareness** (marketing information and publications); for **understanding** (involvement and engagement), and for **implementation/embedding** (policy development; participating sites; new sites which apply/utilise the approach/findings/outcomes). Uptake of the results by policy (eg statutory recommendations) will ensure longevity of good practice into the future.

#### C7.7.2 Early phase -concentrating locally and nationally (Years 1- 2)

- Complete the stakeholder analysis and invite key stakeholders onto the Advisory Board in order to engender understanding and ownership of the CETL outcomes.
- In collaboration with the WDCs (see para A1.2), identify and engage high leverage stakeholders (NHS Trusts, PCTs, Local Authorities/Social Services) by organising tailored briefings for each group.
- Methods to be used will include e-mail lists and a website as a means of internal project communication, information/resource collation and external dissemination which will be updated and maintained throughout the life of the CETL. They will be developed in conjunction with other national initiatives such as HEA, subject networks, JISC, NHSU or other national support services in order to ensure continuation of the information after the completion of the work of the CETL (continuation strategy) and avoid duplication.
- Internally, the Virtual Knowledge Park at the University of Leeds will provide a suitable platform for sharing developments and the research programme.
- Market the programme in a targeted way to identified stakeholders using recognised educational marketing methodologies (development of brand name, direct mail mailshots, e-bulletins, newsletters and publications), and via the relevant networks and organisations, including HEA subject networks<sup>20</sup> and NHSU.

#### C7.7.3 Mid phase (Years 3-5)

- Permanently affect implementation of good work based practice and related educational research capacity in the participating and closely connected sites by directly involving local researchers in the project. Train staff and use well-developed research methodologies, the efficacy of which can be documented for the benefit of the CETL.
- Work with cognate programmes and projects in partner and closely linked institutions to achieve synergy, minimise any duplication of effort and share best research practice.
- Maximise the number of people involved in completing questionnaire surveys and interviews, and feed results back.
- Produce a series of position statements, reviews and articles to be published not only in the research literature but also in influential opinion forming journals including the

<sup>20</sup> Medicine, Dentistry and Veterinary Medicine; Health Sciences and Practice; and Social Policy and Social work.

British Medical Journal and Times Higher Educational Supplement, Nurse Education Today and the Journal of Advanced Nursing.

- Market good practice guidelines and practical advice directly to HEIs and teaching committees in England, Wales, Scotland and Northern Ireland. Phrase in ways which inform decision making; help schools to understand ‘whether-to’ and ‘how-to’ use feedback.
- Contribute to and lead strategic debates in high profile situations to raise awareness of the findings.
- Run seminars with users to encourage them to learn to transform emergent findings into useful products e.g. designed communications.
- Host at least two national conferences (or jointly with other work-based CETLs) as appropriate to engage with practitioners and disseminate the results of the CETL (one will be in late phase).

**C7.7.4 Late phase (Year 5 onwards)**

- Publish a book on the process and results of the research underpinning the programme, encouraging a wide contribution to authorship.
- Present results at relevant conferences, seminars and workshops.
- Organise targeted briefings for high-level stakeholders.
- Provide accessible examples and illustrate best practice using text, audio and video, (such as video streamed from the website), to inform teachers and students and programme/curriculum planners.
- Contextualise/adapt the outcomes for a non-health and social care education audience, particularly other professional educators, and more broadly to education in general.

**C7.7.5 Continuous**

- Monitor effects of impact strategy on uptake of ideas and outcomes from CETL (with the assistance of the HEA).
- Update this communication and impact plan as a result of feedback from stakeholders.

**C 7.8 Critical audience for dissemination – Table 4.**

<b>Policy shapers</b>	
<b>Senior academics and policy makers</b>	These are likely to be represented on the CETL board or groups, and it will proactively use the methods outlined above to reach this critical audience.
<b>Networks and organisations</b>	There are many existing networks and organisations for which work based learning and assessment is an issue and on which the CETL would impact. For example, the Association for the Study of Medical Education (ASME), the Centre for the Advancement of Interprofessional Education (CAIPE), and the HEA subject networks. These organisations are likely to take up the guidance/good practice and disseminate it further as part of their own policies. These will be proactively engaged by the CETL using the marketing and dissemination methods outlined above.
<b>End Users</b>	

<b><i>Chairs of curricula and assessment committees, student support tutors:</i></b>	Change agents able to adopt good practice in relation to work based learning policy. Direct marketing of results of the programme, packaged in practical, usable formats designed to aid decision making, is intended to limit general initiative fatigue.
<b><i>Students/applicants</i></b>	The subjects for whom this programme and pedagogical research is critical to ensure their preparedness for their further work in the health and social care setting and for whom dissemination should become embedded.
<b>Research Community</b>	
<b><i>Principal investigators and project researchers</i></b>	Those directly involved in doing the pedagogical research, their line managers, the participating HEIs and anyone closely associated with this CETL. These are change agents who know the details of the programme and the emerging outcomes.
<b><i>CETL participants</i></b>	The subjects of the CETL, students and teachers. These individuals will be contacted with feedback/outcomes of the CETL programme in due course and will be involved in dissemination.
<b><i>Scholars</i></b>	Academics and researchers in other areas of HE. They will have a scholarly interest in the research and the research methods, as well as in the knowledge and theoretical understanding produced by the CETL.
<b>Other</b>	
<b><i>General public/patients</i></b>	The general public is increasingly educated about healthcare issues and entirely capable of researching personal illness. The results of this CETL will be of considerable interest to patients. Within this category there are networks and organisations which could become influential policy makers.

### **C8. The Value of ALPS to Students, Staff and other Stakeholders**

The benefits for, and impact on, students, staff and the HEI partners are summarised as follows:

#### C8.1 For students:

- assessing core competences in a more standardised way across professions will ensure that these are being developed and assessed to consistent levels.
- students will benefit from interprofessional and multiprofessional teaching to support their practice-based learning experience, providing a range of different professional perspectives on patient/client care.
- understanding of inter-professional working (IPW) will be raised and their competences that are essential for IPW will be effectively developed and assessed (these generic competences are emphasised in common benchmark statements recently published for consultation as 'Statement for Common Purpose').
- the aim of improving assessment will have provided more opportunities for interprofessional learning with peers in practice settings.

#### C8.2. For staff:

- Staff in the collaborating HEIs will have their excellent practice recognised and rewarded and can have the opportunity to progress their careers via scholarship and pedagogic research. Their expertise, where appropriate, will be recognised and rewarded by achieving University Teaching Fellow status or other teaching

awards such as the offer of sabbaticals and/or special payments for significant achievement.

- Staff who currently support and assess students in practice placements will have the opportunity to make changes in their own practice and in some cases change their career trajectory (para C1.4). The University of Leeds has policies in place to reward some NHS staff who contribute to specific teaching programmes.
- By undertaking assessments interprofessionally, staff who currently act as uniprofessional role models for students will be encouraged to reflect on their pedagogic approaches and this will enhance their own interprofessional patient focussed practice.
- The improved support and clarity of purpose for clinical educators will better prepare them to cope with the conflicting demands of workforce development and service delivery.

C8.3 For the HEI partners:

- The extension of learning communities across inter-professional boundaries can allow work-based best practice from sectors external to healthcare, such as the business sector, to have input.
- The implementation, evaluation and importantly, the embedding of best practice that will impact on each of the partner institutions.
- The partnership will develop a confidence and track record that will position its members to attract further 'business' that will enhance both learning opportunities and the development of health and social care practice.

## **C9. Management of the CETL**

The co-ordination and running of a large multi-centre CETL such as this necessitates strong management planning. Additionally, achieving maximum impact and integration of the outcomes requires strategic involvement of influential individuals and organisations. Ensuring cohesive implementation of the CETL in the five partners will involve a locally based co-ordinated team. The establishment of a strong ALPS Management Group under the leadership of Professor Roberts, the CETL Director, will be at the heart of the administration of the ALPS centre, further described in Part D below.

## **PART D BUSINESS PLAN**

### **D1. Introduction**

D1.1 The detailed business plan builds on the outline business plan submitted for ALPS as part of the stage one bid. The plan is cross referred and underpins Sections A-C of this stage two bid, incorporating the projected capital and revenue costs and includes how the general arrangements, risk and project management will be incorporated within ALPS.

D1.2 The Business Plan has three main purposes, communication, management and planning:



- Communication to attract recurrent ongoing investment in ALPS, particularly in relation to health related strategic partners
- As a management tool to monitor, track and evaluate the progress of ALPS against agreed timescales and milestones
- As a planning tool to address risk and overcome potential obstacles to implementation.

## D2. Summary of Strategic Investment (Capital and Revenue) to underpin ALPS

D2.1 The establishment of secure office space for the accommodation and clear identity of the central CETL team, will be complemented by designated leads at each HEI's Partner Site Implementation Group (PSIG).

D2.2 Staff for the operation of the centre include:

- A dedicated CETL Manager (Senior appointment)
- Clerical support (including one full-time administrator)
- Learning Support Development Officer (with a staff development background and ideally some knowledge of IT enablement of learning and teaching)
- Leads in each HEI, with some administrative support
- Research officer

Other staff will be seconded from their current positions across the five HEIs, and two external consultants will be commissioned, one national and one international.

D2.3 An IT network support, purchase of equipment and software are costed to support the delivery of assessment using mobile technological methods such as PDAs (para C6 and Appendix 1). Also included in the capital expenditure are the Virtual Knowledge Park, to facilitate dissemination, and costs for office refurbishment at each of the five partners to give a physical identity and improved working environment.

D2.4 The revenue costs for ALPS should be self supporting after five years, providing value for money, on the basis that existing income, enhanced by improved progression and retention, and cost efficiency gains, will fund new structures and methods to support and sustain practice based learning and teaching. The full economic costs of ALPS in the medium term will be part-funded by the CETL revenue premium funding and HEI partner contributions. Table 5 outlines the programmed investment for the first five years, signed up to by all of the HEI partners.

**Table 5 Strategic Investment**

	<b>2005/06</b>	<b>2006/07</b>	<b>2007/08</b>	<b>2008/09</b>	<b>2009/10</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Full Economic Costs	1,003	1,143	1,273	1,142	1,219
CETL revenue premium funding	500	500	500	500	500
Unfunded Full Economic Costs	503	643	773	642	719
Capital Expenditure	608	846			
CETL capital funding	608	845			
Unfunded Capital Expenditure	0	0	0	0	0

D2.5 A feature within the full economic costs for the collaboration, Schedule 1, Appendix 1, is the inclusion of a rewarding and developing staff fund, which is front-loaded, to support the diverse HR strategies of the partners (para C1.3). Criteria for the application of the fund will be developed by the management group for approval by the advisory board (see D3 below). Additionally, there is a range of dissemination activities to be undertaken in conjunction with the HE Academy Subject Centres, covering: workshops, e-journals, conferences, mini-projects and employer/professional body events. The application of the CETL revenue premium funding is demonstrated in Schedule 2, Appendix 1.

### **D3. Governance Arrangements**

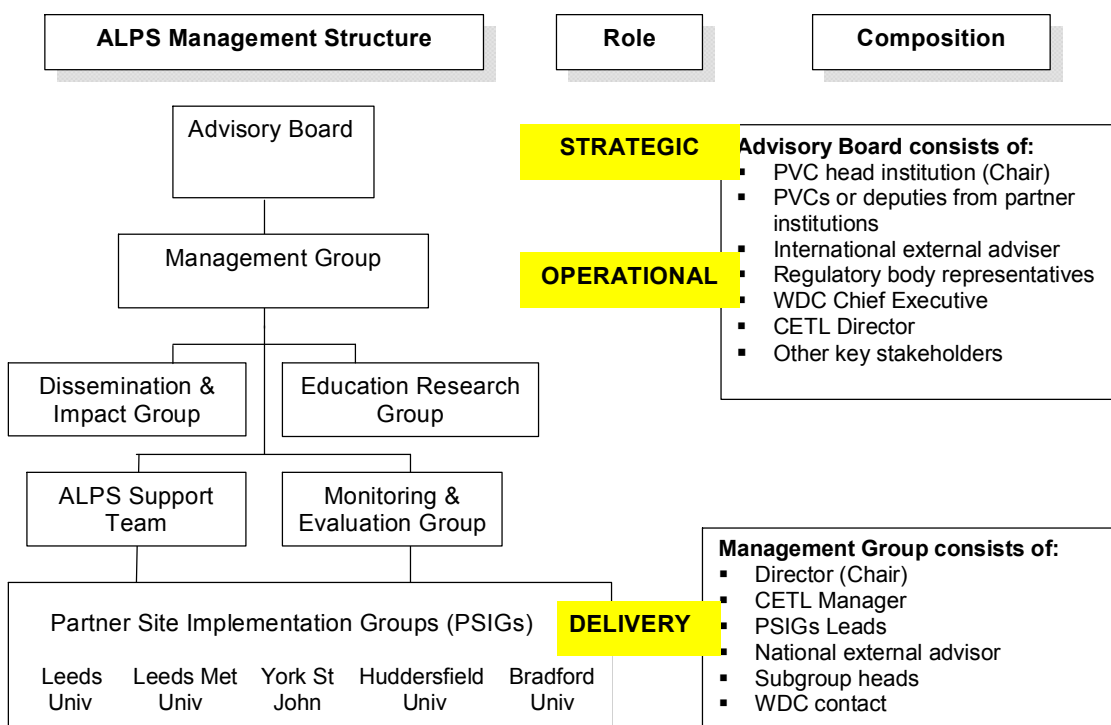
D3.1 The CETL supports HEFCE's model of good practice assurance framework by establishing robust arrangements for corporate governance. These responsibilities cover:

- An appropriate accountability framework encompassing management structures and priorities.
- Ensuring that the core and supporting processes are in place to produce the desired outcome.
- Having the necessary capabilities (i.e. leadership, knowledge and skilled staff).
- Regular monitoring and reviewing of the system of internal control.
- Ensuring effective communication and consultation within the organisation and with external stakeholders.
- Obtaining sufficient independent and objective assurance on the robustness of the organisation's policies and procedures.

D3.2 To support the governance arrangements, a joint advisory board (AB), meeting twice a year, chaired by the Pro-Vice Chancellor for L&T at Leeds University and incorporating key stakeholders including the NHSU and WDC, will oversee the development, delivery, monitoring and evaluation of ALPS and promote high level support and dissemination for the programme. Full terms of reference will be drawn up in consultation with all partners. Other members will be drawn from the regulatory bodies of the health and social care education providers covered by ALPS<sup>21</sup> and the HE Academy networks, and include an international external advisor. The Board will have representation from each partner at ProVC level. By adopting these arrangements, it is envisaged that ALPS will be viewed as part of, and not an add-on to, the wider organisational strategy within the partnership.

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<sup>21</sup> such as the General Medical Council, the General Dental Council, the Nursing and Midwifery Council, the Health Professions Council, the General Social Care Council.



D3.3 The AB will provide the academic voice for the CETL and, through the HE Academy network and the NHSU, assist in transplanting “best practice” to other areas of the UK. The CETL Management Group (MG) will report to the Board. The MG, chaired by the CETL Director, who will also sit on the Board, will include implementation leads from each partner HEI to ensure that all parties are linked to the CETL at the operational level. Other members of the MG will include the national external advisor, the leads from the other operational groups described below and the CETL manager. The MG will ensure effective management, coordination of activities of the various partner site implementation groups (PSIGs), delivery of ALPS outcomes and production of reports.

D3.4 In setting up four sub-groups reporting directly to the MG, led by academics in the partner institutions, we will ensure that the HEI partners have ownership of the CETL alongside strong central management. They will be

- The ALPS support team comprising the CETL manager and administrator, the learning support officer and the technical development/support.
- The Monitoring and Evaluation Group to oversee the quality management and evaluation of the activities and outcomes of the CETL.
- The Dissemination and Impact Group with responsibility for internal and external dissemination and the external impact.
- The Education Research Group led by the research officer with members drawn from the educationally research active members across the partnership.

D3.5 Partner Site Implementation groups (PSIGs) at each HE institution will be led by one of the co-applicants (see Table 1) and will include locally co-opted staff and students. The PSIGs

will be responsible for the implementation and delivery of the CETL outcomes on the intervention sites ie placement areas. For example, the Bradford PSIG will be responsible for the ALPS developments in student placements across the Bradford and Airedale primary, secondary and district care trusts.

#### **D4. Recognising and Rewarding Staff**

Comprehensive mechanisms for recognising and rewarding staff are embedded in the HR strategies of all HEI partners (para C1.3). An initial allocation of two teacher fellowships per HEI is costed into the CETL (Appendix 1). Additionally, staff and students will be able to bid for small project grants (£50K annually allocated by WYWDC.) The additional training and opportunities for academic study will enhance the career progression for NHS staff.

#### **D5. Benefits to Staff, Students and the HE Partnership**

These are described under para C8 and will accrue steadily as more staff and students are drawn in across professions and education levels. Capacity for building in pedagogic research (described in Appendix 3) is evidenced with allocation of costs to a research officer who will lead the Education Research Group.

#### **D6. Equal Opportunities**

The University of Leeds is committed to promoting and supporting equality and diversity throughout the range of its activities. Equality and Diversity statements have been agreed; policies and action plans are in place in line with HEFCE guidelines.<sup>22</sup> The organisation and operation of the ALPS CETL will follow the agreed policies of the University, as lead partner, and will, in particular, make every effort to ensure that:

- ALPS meets the NHS's particular commitment to equal opportunities and those of all its partners
- The ALPS website is WC3 compliant
- All materials are developed with diversity and accessibility in mind
- CETL staff will be encouraged to attend relevant training courses
- Workshops and conferences are fully accessible in terms of buildings and services.

#### **D7. Dissemination of Excellence within and beyond the Institutions**

A detailed plan for dissemination internally and externally is described in para C7 and costed in Appendix 1.

#### **D8. Investment in Continuing Practice: securing long term development of teaching and learning**

D8.1 After five years, following the suggested work programme and roll-out, the use of trained workplace assessors able to assess a range of students will be standard across the collaboration. The ongoing costs would not be expected to be higher than at present,

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<sup>22</sup><http://www.equality.leeds.ac.uk>

assuming sufficient investment continues to be made in staff development and training across the HEIs, the NHS and Social Services.

D8.2 Continued professional development (paras A2, A3 and C1.3) will be part of the CETL and will be integrated with staff training programmes across the consortium and jointly with NHS partners. After five years this would be expected to be well integrated with ongoing work in training in assessment across the institutions and professions.

D8.3 The WDC is very supportive of the CETL initiative (A1.2) and will wish to ensure that the achievements in changing assessment practices are embedded in placements across the locality. For undergraduate medicine, this can be achieved via the annual MPET funding contracts which require Trust and general practice staff to provide clinical placements to stipulated standards which include provision of student assessment. Similar placement criteria and standards are agreed for other professions.

D8.4 As referenced in A1.2, A2.4 and C1.3, the CETL will be well integrated into the HEIs Learning and Teaching strategies and HR strategies and will provide an excellent opportunity to reward and embed the good practices already developed in the field of assessment, and to continue to reward excellence following the five year period.

D8.5 The capital costs and office refurbishments needed have been signed off with estates and procurement staff at all partner HEIs and comply with partners' institutional strategies.

## D9. Activity and Success Criteria

Establishment of the CETL across the partnership requires a phased approach (paras C2–C5) with roll out of existing initiatives and embedding of innovation. The MG will agree detailed milestones and success criteria. Part C above provides detail on outcomes and an activity chart shared across HEI partners has been developed.

**Table 6 Draft activity overview for first two years (Phase 1)**

(Note: Some of these activities overlap)

Activity	Duration (months)	Responsible	Success criteria
Recruit/second CETL staff	3	Director and HEI partners	<b>Key posts filled</b>
Documentary analysis of current assessment provision and existing excellence	3	Director and AST	<b>Report to CETL MG by July 2005</b>
Agree common and uniprofessional standards for assessment timeframe	4	CETL MG	<b>Production of position paper on standards by Autumn 2005</b>
Evaluate a series of workbased assessment tools	5	AST	<b>Report and recommendations to CETL MG. Partners agree tools to use.</b>
Mapping of tools to assessments and highlighting areas not covered	5	AST	<b>Report to CETL MG. Partners ensure assessment areas not covered by tools addressed in courses</b>
Recruit and train healthcare	18 (&	CETL MG & Learning	<b>100+ trained H&amp;SC</b>

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professionals	ongoing)	Development officer	<b>professionals become CETL assessors</b>
Enhance students' peer and self assessment skills	9 (& ongoing)	AST	<b>Students more confident in these activities – evidenced by student feedback and analysis of Personal and Professional Development data</b>
Extend, develop and roll out programmes for patients and carers	17	AST	<b>100 patients and carers recruited and trained</b>
Pilot and early implementation of workbased assessment tools	3	PSIG	<b>Pilots successful and programme starts to roll out</b>
Monitoring and evaluation of descriptive phase	24	MIG	<b>Milestones met</b>
Early dissemination	24 (ongoing)	Mainly DIG but also AG/MG/AST	<b>Website set up, newsletters out, target briefing completed</b>
Annual reports	Ongoing	Director	<b>Report presented to AG</b>
Rewarding staff	Ongoing	CETL MG	<b>Small grants taken up, first fellowships filled by Dec 2005</b>

## D10. Monitoring and Evaluation Arrangements

D10.1 The CETL will participate in monitoring and evaluation activities as required by the institutions and funding bodies. A detailed evaluation strategy will be developed in the first phase of the project in full consultation with all relevant stakeholder groups. This consultation will follow current models of best practice and ensure that evaluation procedures cover all the necessary levels of outcome (defining levels as in appropriate theoretical models of evaluation such as Kirkpatrick's and subsequent elaborations e.g. Tamkin et al, 2002)<sup>23</sup>. This will ensure that we cover all the main impact targets, including both the immediate and long-term impact of the new practices on student and assessor behaviour and further levels up to the broad cultural change which this initiative will develop.

D10.2 The evaluation strategy will employ a range of methods to include: analysis of the outcome measures from specific assessments; quantitative and qualitative measures of the student experience; surveys of employer and other stakeholder views; and qualitative measures of cultural change. Expertise will be sought from the HE Academy and knowledge will be shared via the Virtual Knowledge Park. The national external evaluator will work with core staff to

- Identify and monitor appropriate indicators to fulfil the monitoring requirements
- Have full access to all documentation, staff and information associated with the CETL
- Provide formative advice on plans and reports
- Advise the CETL MG on any actions required to ensure progress against agreed targets and deliverables
- Document good practice in managing the CETL.

## D11. Investment Appraisal and Value for Money

<sup>23</sup> Tamkin P, Yarnall J, Kerrin M. (2002) Kirkpatrick and Beyond: a review of models of training evaluation (IES Report) Institute for Employment Studies

The investment appraisal demonstrates the financial benefit, Schedule 3, Appendix 1, in addition to the academic benefits, of sustaining the CETL beyond five years, with a projected improvement in the progression and retention of students from use of the new assessment methods. The function and form of the CETL structures after the first five years will be dependent on the evaluation of the beneficial impact and NHS funding from the WDCs and strategic health authority. Significant cost efficiency gains are potentially realisable by the NHS from the CETL in the form of reduced time taken for each student assessment; from 30 minutes to 15 minutes, for up to 30 assessments per year and for at least 9000 students. Additionally, there is potentially a release of consultant or other senior staff time from the practice based assessments. Value for money should be achieved through the governance and management arrangements in place and adherence to good practice, as described in Annex A of the CETL guidance notes.

## D12. Accountability and Audit

We acknowledge the possible need for HEFCE to audit the CETL and offer to use internal auditors/independent evaluation for review. The partners' internal systems will be expected to encompass the CETL within their usual audit cycles. Evaluation, monitoring and reporting activities are outlined above.

## D13. Risk Management

D13.1 The CETL Advisory Board (accountable lead – University of Leeds) will be responsible for establishing a system of internal controls and ensuring that the system is effective in managing risks. The guidance developed builds on the Turnbull report, directing the Board to a high level risk based approach for internal control and will review the effectiveness of the process on a quarterly basis.

D13.2 The main strategic and operational risks associated with the CETL were identified from a joint workshop of the CETL partners. These risks were then assessed against two main parameters - impact and likelihood, and were integrated into the following table:

**Table 7 Risk assessment**

AREA	RISK	IMPACT (1-5)	LIKELI- HOOD (1-5)	SCORE (I x L)	STRATEGY TO MINIMISE RISK
Change management	Institutions fail to build on complementary strengths and govern themselves as an effective partnership in a changing environment	3	3	9	a) NHS WDC, NHS trusts and academics extensively involved in the development and proposed implementation b) Joint stakeholders on governance committees c) Robust arrangements for assessment and evaluation
Change management	The capacity and capability of the partnership to effectively disseminate 'good practice' falls short of requirements.	4	2	8	a) Track record in working with WDC and subject networks b) Clinical outreach (clinical teachers' workshops, practice placements, teaching tools etc.) c) HE Academy, WDC & NHSU dissemination partners d) Strategy for pedagogic research (Appendix 3)
Monitoring and	No visible signs of improvement in the quality	4	1	4	Robust arrangements for monitoring and evaluation (D9)

evaluation	and delivery of assessments to health professions (employers and national bodies).				
Partnership/ Collaboration	Disagreement occurs between the HEI partners; key staff leave	5	1	5	NHS, WDC, NHS trusts, social services and academics across all HEIs extensively involved in the development and proposed implementation – CETL not dependent on small no. of staff
Partnership/ Collaboration	The HEFCE/NHS policy works in tandem rather than as an integrated approach.	3	2	6	NHS, WDC, NHS trusts and academics extensively involved in the development and proposed implementation
Partnership/ Collaboration	Potential changes to the role of NHSU as a result of the Wells report	1	3	3	Strong links with HE academy networks and WDCs will also enable widespread dissemination
Expectations	A lack of understanding of the ALPS vision at a cross institutional senior level, which raises unrealistic expectations of what the CETL will deliver	4	1	4	a) NHS, WDC, NHS trusts, social services and academics extensively involved in the development and proposed implementation b) Commitment across the partnership for new models of working c) Joint stakeholders on governance committees to enable clear communication
Impact on all health professionals	Coverage across all professionals is too ambitious using pedagogic processes across sectoral and professional boundaries	4	3	12	a) Phased programme of work (C2, C3) b) Development of work based assessors c) Individual development portfolios d) Programme of awareness, understanding and embedding e) Piloting of new tools f) Impact on 10,000 students
Culture shifts in working practice	Resistance of professionals to change working practices	3	1	3	a) Professional groups engaged in development, implementation and evaluation b) Programme of staff training & research opportunities for staff development c) Strong coordination for rewarding staff initiatives d) Marketing and dissemination strategy early, mid phase and late phase (C7) e) Strategies for target audience (C7.8)
Performance	The consortium and partners fail to secure the specific objectives of the core strategic aims and there is slippage in timescales for implementing the CETL	3	2	6	a) Robust governance arrangements: - Joint Advisory Board - Management Group - Partner Site Implementation Groups b) Delivery against hard and soft key performance indicators c) Monitoring and evaluation arrangements (D9)
Scope creep	Accumulation of small changes to the CETL's needs/focus/target group have a significant impact on successful delivery of the CETL's aims	3	2	6	Robust management structure to ensure scope remains within plan, while allowing for reasonable adjustments when necessary (D3)
Continuation	The activities feature as an "add on" to existing work rather than being embedded with mainstream funding and activity.	3	3	9	a) ALPS central to HEI L&T and HR policies b) Programme of awareness, understanding and embedding c) Professional groups engaged in development, implementation and evaluation



AREA	RISK	IMPACT (1-5)	LIKELI- HOOD (1-5)	SCORE (I x L)	STRATEGY TO MINIMISE RISK
Continuation	Recurrent costs not picked up beyond 2 years of the initiation of the CETL as a result of mismatch between partners priorities and views of stakeholders. Consequently there is a failure to embed continuation funding from HEFCE/DoH to deliver the strategic arm of the bid.	4	3	12	<ul style="list-style-type: none"> <li>a) NHS WDC, NHS trusts and academics extensively involved in the development and proposed implementation</li> <li>b) Commitment across the partnership for new models of working</li> <li>c) Joint stakeholders on governance committees</li> <li>d) Robust arrangements for assessment and evaluation</li> <li>e) ALPS central to HEI L&amp;T and HR policies</li> </ul>

D13.3 This risk strategy will be reviewed on a quarterly basis by the CETL Board. The approach taken on risk management ensures that:

- Senior management on the Board own and lead risk management.
- The environment and philosophy of the CETL encourages well thought through risk taking and innovation.
- Risk is closely linked to the objectives of the CETL.

**APPENDIX 1**

**COSTING AND FUNDING MODEL**

<b>Schedule 1</b>	<b>Full economic costs and sources of funding</b>
<b>Schedule 2</b>	<b>Application of CETL revenue premium funding</b>
<b>Schedule 3</b>	<b>Net present value of ALPS CETL</b>
<b>Capital funds</b>	<b>Building and equipment definition form</b>

## APPENDIX 2

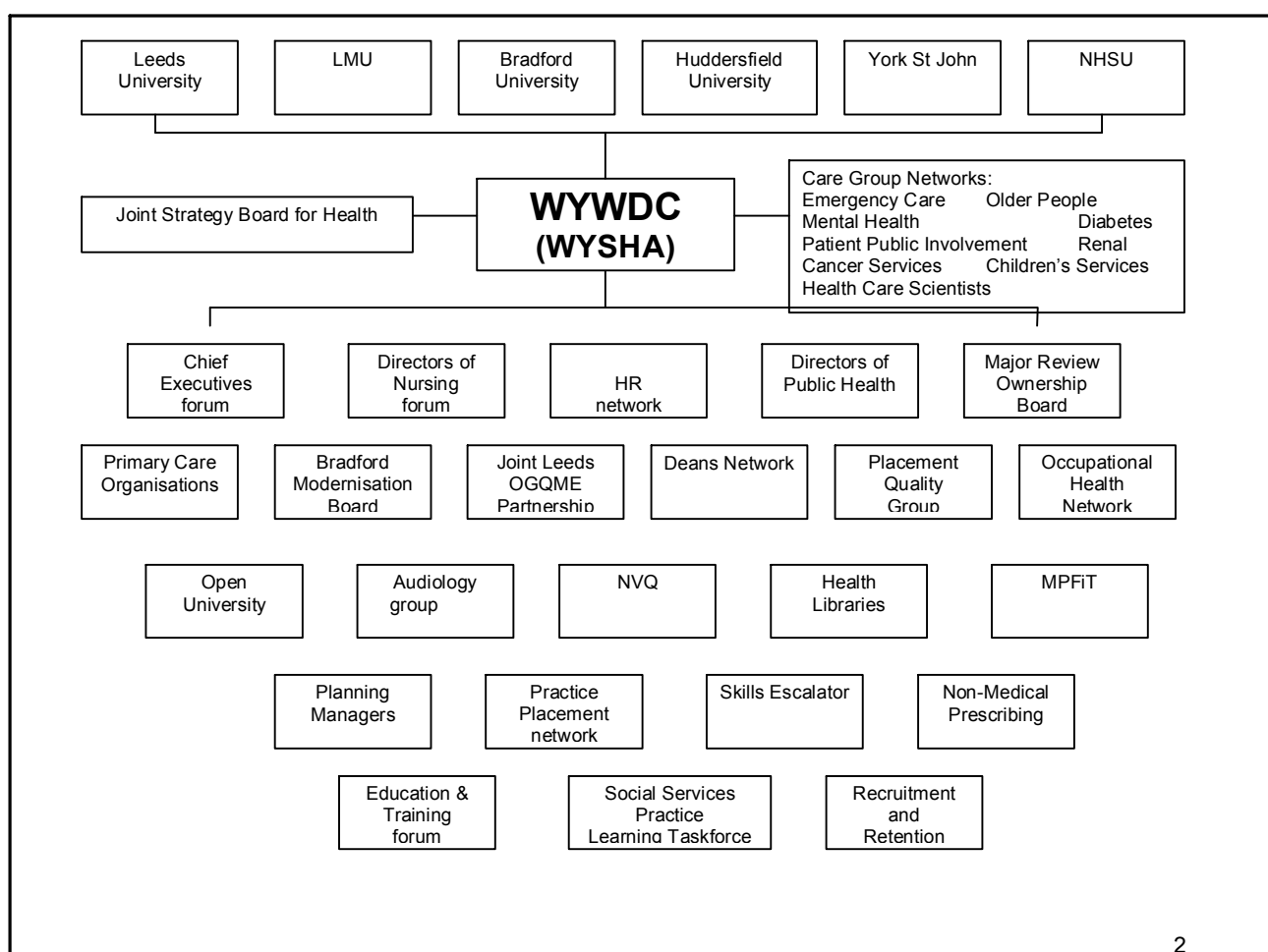
### 1. Letters of support received to date from:

- Leeds University Students' Union
- Leeds Metropolitan University Students' Union
- Huddersfield University Students' Union and Healthcare Student representatives
- Bradford Teaching Hospitals Foundation Trust
- South West Yorkshire Mental Health NHS Trust
- Airedale NHS Trust
- Quality Assurance of Healthcare Programmes Joint Steering Group (chaired by Director of Nursing, Leeds West PCT)

### 2. Letter of engagement from:

- LTSN-01 network, with whom Professor Roberts, proposed Director of the CETL, has worked extensively.

### 3. Diagram showing organisational connections for the West Yorkshire Workforce Development Confederation



**APPENDIX 3**

**Research and evaluation activity embedded within the CETL**

The first phase is described in the diagram below:

<b>Phase of CETL</b>	<b>Activities (see para C3.1 for a more detailed description)</b>	<b>Key concepts and theoretical underpinning</b>	<b>Research and evaluation to be undertaken</b>
First phase: Establishing framework	<ul style="list-style-type: none"> <li>Identifying standards for professional competences</li> <li>Mapping existing areas of excellence in work-based assessment</li> </ul>	<ul style="list-style-type: none"> <li>Approaches to work-based and experiential learning (including: 'constructive alignment in course design (Biggs); development of 'deep' learning and critical reflection)</li> <li>Assessment of professional competence (including critical approaches re the measurement of competency, e.g. Boyatzis, Barnett, Southgate)</li> </ul>	<ul style="list-style-type: none"> <li>Mapping the areas of professional clinical competence which can/should be the focus of work-based assessment</li> <li>Production of the common framework which can be used across professional groupings to include QAA benchmark statements for health professions</li> </ul>
First phase: Developing appropriate tools	<ul style="list-style-type: none"> <li>Adapting tools already available for assessing competence in the workplace</li> <li>Piloting tools with groups of students</li> </ul>	<ul style="list-style-type: none"> <li>Assessment as an important 'driver' and facilitator' of learning (e.g. Boud's concept of 'sustainable assessment')</li> <li>Importance of and the role of assessment feedback (e.g. Higgins' notion of students as 'conscientious consumers' and notions of 'feed forward')</li> </ul>	<ul style="list-style-type: none"> <li>Establishing methodology for long-term study of both student and practitioner groups</li> <li>Comparative study of pilot student groups with control groups to evaluate initial impact of programme</li> </ul>
First phase: Training the users	<ul style="list-style-type: none"> <li>Establish cadre of healthcare professionals</li> <li>Extend student skills in self and peer review</li> <li>Establish programme for patients and carers</li> </ul>	<ul style="list-style-type: none"> <li>Development of autonomous learners and reflective practitioners (e.g. Schon, Kolb)</li> <li>Models of critical reflection (e.g. Moon)</li> <li>Assessment feedback (as above)</li> <li>Learning communities (e.g. Wenger)</li> <li>Developing scholarship in teaching and learning (e.g. Boyer, Kreber)</li> </ul>	<ul style="list-style-type: none"> <li>Study of pilot student groups continues</li> <li>Long-term study of practitioners to investigate initial impact of training</li> <li>Analysis of the student skills development</li> </ul>

In the second phase of the CETL, the research will concentrate upon:

- Longitudinal study of the original pilot groups and the first cadre of healthcare professionals. This will investigate the long-term impact of these changes in practice and produce a developmental model of best practice. Using an action research model, the results of the investigations will be fed back into the CETL steering group on a regular basis to enable any necessary adjustments.
- Comparative studies of the impact of the programme on different student groups from different disciplinary backgrounds.
- The impact of being assessed by other members of the health care team on the team working ability of the students in this programme, using multi-level modelling and collaboration with other researchers in this area.

In the final phase, the results of the longitudinal studies will be collated into reports and dissemination materials, both for the continuing enhancement of the CETL and to enable external audiences to benefit from our progress. (See Part C para C7.7)

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