Assessment & Learning in Practice Settings (ALPS)

Monitoring & Evaluation Group

Case study template

The following case study template will enable Group members to gather evidence of ALPS' activity and help members engage in reflective practice. This evidence will then be analysed in the context of a particular line of enquiry in the expectation of providing evidence of ALPS' impact.

The case studies might focus in on one or more of the following:
- a cohort of students', or an individual student's, journey involving a particular ALPS activity
- an individual academic, or a team of academics, involved in an innovative pedagogical approach brought about by ALPS
- changes to the student learning experience involving ALPS activity
- partnerships which have been built with different stakeholders to support activities undertaken by ALPS

Title of case study:		
Ethical approval processes and networking for ALPS (Focus: change process) 1 May 2007		
Institution:		
ALPS Core Team based at the University of Leeds		
Contact/main contributor:		
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Context:

Please describe the context in which the activity/intervention came about. In providing this description think about:
• what was the focus of the activity/intervention?
 	
A meeting was arranged (December 06) by the ALPS Core Team of senior members of the ALPS partner staff who are involved in research project ethics approval. These staff are variously the Chairs/members (all are now Chairs) of University, Faculty or School research ethics committees. The focus of the meeting was to:
 	
1. Streamline HEI ethical review of ALPS projects.
 	
    a. Explore the possibility of identifying a single HEI lead to review ALPS applications
 	
    b. Discuss the detail required for a single ALPS outline research programme for ethical review with amendments added as projects come online.
 	
2. Obtain permission to undertake a consultation exercise of the Communication Common Competency Map from Jan-March 07.
 	
3. Plan a strategy for gaining ethical approval of projects that involve NHS premises, personnel and/or service users.
 	
• what led up to it?

The need to identify a process identifying where ethical approval is required for ALPS activities. We are also aware that as the collaboration works over 5 HEIs and the NHS that we would need to rationalise, where possible, procedures for obtaining ethical approval, as well as clarify at what point we would need ethical approval and from whom.

- what options were considered?

The only other option was to apply individually for ethical approval at each partner site for each activity. This was considered too burdensome and to be avoided if at all possible.

Objectives:

- what were you trying to achieve?

➢ Streamline HEI ethical review of ALPS projects.

➢ Obtain permission to undertake a consultation exercise of the Communication Common Competency Map from Jan-March 07.

➢ Plan a strategy for gaining ethical approval of projects that involve NHS premises, personnel and/or service users.

Process:

- what actually happened?

At the meeting:
➢ Ethics Chairs/members outlined the process required for each partner site to approve proposals.
➢ In principal agreement reached that proposals could be spread across the five HEI committees in rotation; with the primary site undertaking close scrutiny of the application and the other four then applying a less resource-demanding approach.
➢ HEI approval would be required for a (specific) consultation with academic staff and students on a partner site
➢ Advice that NHS approval would be required for all consultations with practice staff, service users and carers
➢ Advice on the type of information and detail required for obtaining NHS approval

- what did you do and why?
Subsequent to the meeting:
➢ Had sufficient information to continue the discussion outside the meeting and take decisions on how to proceed. It was agreed amongst partners that the consultation was not a research but an audit activity, the latter not requiring ethical approval. The consultation went ahead.
➢ Agreement reached with partners that where practice staff, service users and carers were part of the partner's existing processes of curriculum development that these could be tapped into without requiring either HEI or NHS approval. These consultations went ahead.
➢ The ethics Chairs/members agreed that meeting as a group was useful and that they would continue to do so

- what worked well and why?
➢ Support form partner ethics Chairs/members
➢ Open discussion
➢ Having an actual example of what ALPS wanted to do

- what worked less well and why?
Discussions about ethics and ethical approval had been going on for quite some time in various ALPS meetings, and it had reached a point where the issue seemed so huge that it was extremely difficult to know where to start. The less-doing more-talking about it factor had certainly set in which had let to a certain amount of 'trepidation' from the partners about the whole ethical approval process.

This meant we had got to this point in the Common Competency work without having formed a clear idea of what we were going to ask of stakeholders (though we needed to work through process of first map to be able to do this).

Critical success factors:

- what made activity work well in practice?
- ➢ Open discussion with people with particular expertise (ie. the ethics Chairs/members
- ➢ Having an actual example of what ALPS wanted to do (up until then it had all been vague as to what and how we would undertake the consultation, and the type of questions we would ask)

Outcomes:

- what did you achieve?
- ➢ Networking partner senior ethics approval staff – thereby:
- establishing relationships
- understanding of ALPS work particularly its collaborative nature & (hopefully)
- facilitating ethical submissions for the future
- an understanding of where ethical approval is required for research purposes versus curriculum development and review purposes
- an understanding of where HEI ethical permission ends and where NHS permission begins

- what happened as a result?
  1. Specific consultation went ahead without the expected requirement for ethical approval (discussions were more informed & decisions could be taken more confidently)
  2. ALPS knowledge of ethical approval processes have increased
  3. Ethics Chairs/members have established a network and have had one meeting since December 06
  4. Ethics Chairs'/members' intention is to continue to communicate as a group
  5. Able to talk to an NHS contact with more knowledge about what they could do for us with reference to that part of the ethical approval process.

- was this what you anticipated?
We expected to gain more knowledge but 1. and 3. above were unexpected.
Comment from one Chair April 2007):
"I organised a meeting of this group for earlier in the year, but unfortunately, owing to the usual issues around AI, prior commitments, etc, plus one invite being lost, only one other member and I met, plus a rep from the MH RG consortium. Nevertheless, this was a productive meeting. I intend to try & arrange a further meeting, and have had contact with Janet about this. ALPS meeting acted as a catalyst for this and is probably important long term in promoting reciprocal agreements between institutions re: ethics agreements for multicentre projects which involve educational research not including NHS & therefore not requiring REC approval".

- what has been the impact of the activity on staff, students, practitioners, service users, carers, others?
- ➢ Raised profile amongst stakeholders of ALPS in that the consultations went ahead
- ➢ More confidence gained by ALPS staff in undertaking consultations and the basis as to why the decision had been reached
- ➢ Satisfaction that the consultations planned were able to go ahead – a tangible output for ALPS

Key lessons learnt:

- What have you learned?
- ➢ Talk to those involved in processes, informally as well as formally
- ➢ A need to focus the research applications, general information is not sufficient
- ➢ Large collaborative tasks need to be tackled in smaller, more manageable segments,

and it is possible to face these challenges more pro-actively; it is much better to get all those involved talking about 'doing' things around this.

- How has this learning been used to inform future developments?
  - ➢ A precedent has been set in that the consultations and the involvement of the various stakeholders has taken place without requiring ethical approval
  - ➢ Greater understanding on what does need ethical approval
  - ➢ Partners can use existing institutional processes for contributions from practice staff, service user and carers networks

Please return the case study to Trish Walker (t.e.walker@leeds.ac.uk) by
Tuesday 8 May in order that they can be circulated prior to the next workshop.

Thank you