Skills for Health
Better Skills
Better Jobs
Better Health

in partnership with

NHS

NURSING & MIDWIFERY COUNCIL

DH Department of Health

Major review trends fact sheet (2003-06)

What is this fact sheet about?

This fact sheet accompanies the final annual trends report for Major review. A quality assurance review method that looked at all National Health Service (NHS)-funded healthcare education in England. It provides a concise summary taken from the final review trends report 2003-06 which is available on the Quality Assurance Agency for Higher Education (QAA) website www.qaa.ac.uk/health/majorreview/default.asp

The fact sheet is designed for practitioners, students, managers and academics involved in healthcare education to learn about the key findings of Major review. It looks at all of the 90 reviews that were carried during the review period.

QAA was awarded the contract by the Department of Health (DH) and its partners, to develop, implement and manage Major review from 2003 to 2006. Responsibility for the contract was passed to Skills for Health (SfH) in 2004 under a service-level agreement.

The Major review method was developed in partnership with the DH/SfH, the Nursing and Midwifery Council (NMC), the Health Professions Council (HPC) and strategic health authorities (SHAs)/workforce development confederations (WDCs), with input from higher education institutions (HEIs), NHS healthcare Trusts and the voluntary and independent health sectors.

What was Major review for?

The full **history** and context of Major review is outlined in detail in the final review trends report. In brief, three groups of key stakeholders previously employed different approaches to quality assurance: WDCs, professional, statutory and regulatory bodies (PSRBs) and education providers.

The **purpose** of Major review was to provide the public with the assurance and confidence that the students and trainees who successfully complete healthcare programmes are competent and safe practitioners who are fit for employment as healthcare professionals.

What was the process?

Each Major review began with a self-evaluation document (SED) produced by the HEIs with their SHA and placement partners (the providers). The reviewers asked questions about the SED and identified areas that needed more explanation or further investigation, or could be considered to be good practice. Each review included visits to placements, discussions with staff and students, and consideration of documentation.

At the end of a review the reviewers wrote a report, which included some areas of strength, weakness and good practice, highlighted as bullet points. The providers then had to write an action plan to say how they would address each of these points, which was published as part of the report. All reports from Major review can be found on the QAA website: www.qaa.ac.uk/reviews/reports/healthReviews.asp

QAA

A small team of review coordinators (CRs) was engaged by QAA to lead the reviews. The CR worked with a team of reviewers, drawn from academic and practice backgrounds, to carry out the review activities and to write the report. A member of staff from the HEI reviewed, known as the Major Review Facilitator (MRF), and a member from the SHA, known as the Practice Review Facilitator (PRF), helped to coordinate review activities and visits to placement areas on behalf of the providers.

What was reviewed and what were the outcomes?

- There were 90 reviews of NHS-funded healthcare education in England, including six prototype reviews.
- There were 15 healthcare disciplines under review:
  - Audiology
  - Clinical psychology
  - Dietetics
  - Health visiting
  - Midwifery
  - Nursing
  - Occupational therapy
  - Operating department practice
  - Orthoptics
  - Paramedic science
  - Physiotherapy
  - Podiatry
  - Prosthetics and orthotics
  - Radiography
  - Speech and language therapy
- The reviewers had confidence[1] in the academic and practitioner standards achieved across all 90 reviews. Out of all the programmes reviewed, only one received a judgement of limited confidence[2], and only one programme received a judgement of no confidence[3].
- The reviewers found that the quality of learning opportunities was commendable[4] in more than 90 per cent of the provision looked at. The quality of the remaining programmes was approved[5] and no programmes were found to be failing[6].
- A total of 269 reviewers from either an academic or practice background took part in the reviews.
- Major review was successful in acknowledging that student learning takes place on-campus and in practice: visits to practice made up 50 per cent of a review.
- Major review confirmed that healthcare programmes ensured that students who successfully completed their programmes were fit for practice, purpose and award.
- Evaluation of all the reviews showed that 95 per cent of those involved in Major review were satisfied that the reviews were conducted well and according to due process.

[1] confidence judgement - reviewers were satisfied with current standards and with the prospect of those standards being maintained into the future

[2] limited confidence judgement - reviewers considered that standards were being achieved currently but had doubts about the ability of the HEI and partner placement providers to maintain them into the future

[3] no confidence judgement - arrangements were inadequate to enable standards to be achieved or demonstrated

[4] commendable judgement - the provision contributed substantially to the achievement of the intended outcomes, with most elements demonstrating practice that was good

[5] approved judgement - the provision enabled the intended outcomes to be achieved, but improvement is needed to overcome weaknesses

[6] failing - the provision made a less than adequate contribution to the achievement of the intended outcomes; significant improvement was required urgently if the provision was to become at least adequate

What did the statistics say?

Major review reports contain three tables that list data produced by the HEI/SHA(s):

Table 1 the number of students that successfully complete their programmes of study

Table 2 where students, on pre-registration programmes, are employed once they have successfully completed their programme

Table 3 the number of students that are recruited to programmes and how many drop-out or transfer to another programme.

Due to the different ways data were gathered and presented by the HEIs/SHAs, it was not possible to conduct do a direct statistical analysis across the tables, but it is possible to pick out some key facts. The figures below give a broad overview of the data. More detail on each discipline and level of study is available in chapter 4 of the final review trends report.

- Students on healthcare programmes:
  - 65 per cent are enrolled on nursing programmes, including health visiting
  - 27 per cent are enrolled on allied health professions programmes
  - 8 per cent are enrolled on midwifery programmes.
- Students studying for professional registration:
  - 73 per cent are enrolled on pre-registration programmes
  - 27 per cent are enrolled on post-registration programmes.
- Students studying on each type of programme:
  - 43 per cent are enrolled on diploma programmes
  - 42 per cent are enrolled on degree programmes
  - 7.5 per cent are enrolled on postgraduate programmes (including professional doctorates)
  - 7.8 per cent are enrolled on continuing professional development, return to practice or other short programmes.
- Completion rates:
  - the average completion rate across all disciplines is 97 per cent
  - for clinical psychology, dietetics, health visiting, orthoptics, podiatry, speech and language therapy, the average completion rate is 99 per cent
  - for nursing (96 per cent), audiology (96 per cent), operating department practice (95 per cent), the completion rate is lower than the average for the provision reviewed, but are still very high overall.
- Employment rates following completion of studies:
  - Over 50 per cent of students go on to be employed locally
  - 19.5 per cent are employed outside the locality
  - 4.4 per cent are unemployed
  - 1.5 per cent go on to further study
  - For around 20 per cent of students, their destination is recorded as unknown.

- Non-completion rates (students who leave the course mid-way):
    - overall, the withdrawal/discontinuation rate is 13.4 per cent
    - programmes in midwifery, operating department practice, orthoptics, podiatry and radiography have the highest number of students not finishing their programmes of study (non-completers)
    - programmes in audiology, clinical psychology, dietetics, health visiting, physiotherapy and speech and language therapy have the lowest number of non-completers.

Strengths, weaknesses and good practice identified in the reports

Strengths, weaknesses and good practice are included in the Major review reports as bullet points at the end of the relevant section, and are used as the basis of the action plan.

Key **strengths** found in the provision reviewed include:

- partnerships that work effectively together to plan, develop and implement the curriculum
- students who are achieving their learning outcomes, are fit for purpose and are well prepared for employment in the NHS
- teaching and assessment methods which are effective in promoting the integration of theory and practice through some innovative methods
- interprofessional learning that is well supported in practice
- a vast array of high-quality resources to support learning and teaching.

Key aspects of **good practice** include:

- placement facilitators who perform a significant role in supporting mentors, practice educators and assessors who, in turn, support students in placement areas
- the widespread use of problem-based and enquiry-based teaching methods to develop critical and analytical skills in students
- some providers who offer different or innovative placement opportunities on-campus or in non-traditional settings
- post-registration and continuing professional development (CPD) curricula that are well designed and incorporate work-based learning effectively.

Frequently occurring **weaknesses** include:

- a lack of sufficient mentor or practice assessor training, updating and support in some provision
- limited opportunities in some disciplines for service-user and carer involvement in curriculum development and/or delivery
- feedback to students on assessment, which was not always timely, consistent or useful
- high withdrawal rates on some programmes and strategies to improve retention that are not always effective.

What were the action plans for?

Education providers completed an action plan to respond to all the strengths, weaknesses and areas of good practice identified in their Major review. This action plan was then published by QAA as part of the review report. The providers are expected to follow up the action plan and check that it has been completed in their annual monitoring procedures.

The analysis of all 90 action plans showed that many providers responded in similar ways in order to enhance the strengths, share good practice and address their weaknesses. The most common types of responses are outlined below:

- **the production of new, or enhancement of existing documents,** involving the evaluation, updating and improvement of the documentation for students and/or staff
- **specifically-designed events,** including a range of activities largely for recruitment or induction purposes, although some were for dissemination of good practice, policies and guidelines or changes to the curriculum
- **use of information technology to enhance communication or to share information** through the use of virtual learning environments, email and websites
- **use of committees and working groups, or liaison and collaboration between different groups or organisations** to disseminate good practice, encourage contributions from employers and service-users, to update materials and take forward specific activities in curriculum development
- **staff development activities** to address identified training needs and enable attendance by both academic and practice staff
- **the allocation or improvement of resources** including staffing, student support, learning resources and access to these when on placement.

So what was good about the Major review process?

The comments below have been drawn from the evaluations of all Major review activities.

- Major review was a success: it achieved its aims fully, and numerous areas of strengths and good practice have been identified.
- It encouraged positive developments in partnership working between HEIs, practice placement providers and SHAs.
- It raised the profile of quality assurance of education in Trusts and placement areas.
- It stood the test of time and was able to adapt to the changing environment, while ensuring consistency across all the reviews.
- The visit model for the reviews of two days in the HEI, two days in practice and one day to determine the judgements, over a period of six weeks, worked well.
- The ability to differentiate judgements ensured that all the provision was not penalised if there was a difficulty in just one programme.
- Bullet points within the report enabled strengths and good practice to be celebrated as well as to identify weaknesses.
- Some streamlining was possible: incorporating NMC annual monitoring; working with the HPC and the British Psychological Society in relation to their monitoring and approval processes; sharing evidence from other QAA review methods and ensuring only one QAA review took place for each provider at one time.
- The pivotal role of the CR in managing the reviews which was integral to their success.
- The MRF and PRF ensured the integrity and efficient management of each review on behalf of the providers.
- The review teams worked in an open, friendly and professional way.
- It encouraged interprofessional working in the review teams in conducting the review and writing the report. The teams found it highly beneficial to learn from each other in this way.

And what were the challenges in the process?

- Five days of review spread across a six-week period was both demanding in terms of travel, and balancing review work with the day job.
- The review model had limited ability to take account of differences in the size and complexity of the provision. All provision was reviewed with the same intensity.
- For some reviewers there was a long time between training and their first review, which caused some anxiety, although updates were provided by email.
- A large amount of evidence was available which was not always well signposted, focused or targeted on the claims made in the SED.
- There was a lack of common definitions and presentation of student data for the tables in the review reports.
- The geographical location of practice placements was often widespread.
- Post-registration and CPD programmes were often less visible in the review reports.
- There were differences in language and terminology used by the professions reviewed.
- Major review took place in a rapidly changing healthcare environment.

Thoughts for the future

These thoughts are drawn from the review reports and all evaluation activities around Major review. They are detailed more fully in chapters 5 and 6 of the final review trends report.

- It is important to build on the success of Major review. In the challenging times ahead, with changes to the funding, roles and structures in healthcare education, it is important to retain effective quality assurance processes which incorporate some external checks.
- There is now an opportunity to develop a review process that is proportionate to the size of the provision, level of risk and previous performance.
- Any new process should ensure that both academic and practice elements continue to be reflected equally.
- Any new process must find a way to take account of interprofessional programmes which span a number of different disciplines.
- Judgements need to be expressed in language which is more commonly used and understood.
- More detailed feedback could be given to providers on the findings of the review before the report is drafted, so they can implement changes sooner.
- Major review has helped to establish strong partnership working between providers which should be supported by any new quality assurance processes.
- Major review has trained a large number of reviewers and facilitators from HEIs, SHAs and practice areas who now have considerable expertise which should not be lost.
- There should be continuing work with PSRBs, SHAs and SfH to make every effort towards more streamlined quality assurance processes.

And finally…

QAA would like to thank all those who have contributed to the successful development, implementation and conclusion of Major review over the three-year cycle.

We couldn't have done it without you….