Executive Summary

The notes and papers from this event show the direction the exercise is taking and also act as a briefing for members attending events in December.

Notes from the DoH / NMC / HPC " Regional Partnership Workshop " :
" Getting Down to Business "

[Peter Burley and Carol Lloyd were attending for HPC and Rona Howard (from COT) and Carole Pembrooke (from BAAT) for AHPF]

1. **INTRODUCTION BY DoH**

    1.1   An open debate was needed about Quality Assurance (QA).

    1.2   This was a five way venture between :
    - HPC
    - NMC
    - DoH / WDCs
    - HEIs
    - QAA.

    1.3   The aim of the day was to develop a communications strategy between the stakeholders.

2. **Responsibilities of the Stakeholders**

    2.1   **HEIs**

    " Fitness for award " (and academic progression and duty of care to students),
    Delivery of courses and their assessment and standards,
    Research (split with DoH),
    Long view,
    Academic credibility for the institution, course, and graduate,
    Placements (split with WDCs).

    2.2   **WDCs**

    Implementation and integration of workforce planning (and training needs analyses) and development (including CPD),
    Placements,
    Fitness for Purpose,
    Commissioning process,
    Monitoring HEIs (particularly via " attrition "),
    Involvement of users in curriculum design,
    Visioning the workforce,
    Shared approach to HR policy (" Better Working Lives "),
    Promote patient, carer, and student in-put to course,
    Manage the multi-professional education and training budget locally, and
    CPD (for NHS staff).

2.3 DoH

Funding and value for tax payers' money,
Transmission of policy from Ministers and Parliament,
Cross border and national issues,
Research,
Current focus.

2.4 QAA and HEFCE

National standards and initiatives in HE to support HE and to provide consistent, transparent and comparable standards. The full engagement of QAA and HEFCE to the DoH QA work was still to be established. Long view.

2.5 Regulators and Professional Bodies

Agents of change,
Development of competences,
Multi-professional issues,
Fitness for practice,
Maintenance of public confidence,
Post-registration QA.

2.6 Common Issues between Stakeholders

Communication and liaison,
Sharing good practice,
Consistency between stakeholders,
Shared responsibility for quality derived from the Subject Benchmarks.

2.7 General Comments

Strategic Health Authorities had not yet made an impact and Regional Health Authorities seemed to have dropped out of the picture. The Commission for Health Improvement and Audit was not even mentioned. Other stakeholders felt that the AHPF needed to communicate and publicise its members' roles and remits more clearly. Streamlining and cross fertilising were key targets to look to and there was fear that HPC and NMC having to re-invent all their procedures could lead to re-invention of round wheels as square ones, and more complex and less collaborative arrangements.

3. Presentations

DoH, NMC, HPC, and a representative HEI made presentations on their perception of QA and their locus. These showed how the various modernisation agendas had been followed through from the NHS Plan.

How different in terms of legal status and relationship with HEIs are visitors from external examiners ?

4. Main Issues and Challenges Identified

The challenges of representing all stakeholders and in what form.

Communication channels – the previous systems having broken down and not been replaced.

How to manage misbehaving students (uniquely in nursing which is floundering without the previous " indexing " arrangements).

Challenges of CPD.

Need for a common vocabulary for QA.

Complexity v. coherence in clinical placements.

Interprofessionalism and barriers to its development.

Consistency needed across QA systems. Any given course might attract 12 external accreditations a year, each different. A combined audit tool was needed.

Leadership in QA was needed.

Complexity of funding streams.

Adverse impact of competition between HEIs.

Adverse impact of unmanaged change.

5. What the Future for QA Should look like

Streamlined,)	
Accountable,)	
Consistent,)	
Flexible,)	
Agreed time scales,)	
Effective, }	one QA body with one model adaptable and
Patient-focused,)	applicable to every situation
Common vocabulary,)	
Transparent,)	
Inclusive,)	
Evidence-based.)	
Multi-professional.)	

Use Subject Benchmarks as point of departure.

Names and known individuals responsible for QA should be identified.

Professions which were unregulated (but were professions) to be included.

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National audit tool for placements (and on a multi-professional basis).

A super-regulator should replace the existing different health regulators.

National user / carer / consumer input needed for coherence and consistency.

There should be a single quality contact for each HEI.

The DoH QA team should run a QA mail-base system and DoH was running a " postal project " with WDCs.

NURSING & MIDWIFERY COUNCIL

Regional Partnership Workshop

'Getting Down to Business'

Wednesday 6 November 2002
The Leeds Club, Leeds

Agenda

Time	Item
9.30 – 10.00	**Arrival and Coffee**
10.00 – 10.10	**Introduction by Co-Chairs** Linda Burke and Roger Thompson
10.10– 10.30	**Organisation specific group work** 1) HEIs 2) NMC/HPC/Professional bodies 3) DH and WDCs
10.30 – 11.00	**Feedback**
11.00 – 11.15	**Coffee**
11.15 – 12.15	**Presentations** DH – Linda Burke and Ruth Howkins NMC Garth Long HPC Peter Burley WDC Kath Hinchliffe, West Yorks WDC HEI Paul Keane, University of Teesside
12.15 – 1.00	**Q & A Session**
1.00 – 1.45	**Lunch**
1.45 – 2.00	**Group A** **Five current issues and problems**
2.00 – 2.30	**Feedback**
2.30 – 2.45	**Group B** **'Vision'**
2.45 – 3.00	**Tea**
3.00 –3.30	**Feedback**
3.30 – 4.00	**Communication Structure**
4.0	**Close**

(DH) *Department*
of Health

Update on prototype reviews of nursing, midwifery and allied health professional education

Background

The Quality Assurance Agency for Higher Education (QAA), under contract with the Department of Health (DH) in England, has conducted six prototype reviews of NHS funded programmes of nursing, midwifery and allied health professional education in six higher education institutions, prior to full roll out 2003-06. The Department of Health is working in partnership with the Nursing and Midwifery Council (NMC), the Health Professions Council (HPC) and NHS Workforce Development Confederations (WDCs) to facilitate the development of this new streamlined and integrated approach to quality assurance.

Reviews have taken place at:

- University College Worcester: nursing and midwifery
- University of Plymouth: nursing, midwifery and health visiting
- University of Teesside: physiotherapy, occupational therapy and radiography
- University of Kingston and St George's Hospital Medical School: physiotherapy and radiography
- Sheffield Hallam University: nursing, occupational therapy, physiotherapy, radiography and health visiting
- University College Northampton: nursing, midwifery, podiatry and occupational therapy

The NHS in England will spend almost £3 billion from a central budget in 2002/2003 on the learning and development of healthcare staff. Through contracts between workforce development confederations and higher education institutions (HEIs), this money directly supports pre-registration training of many healthcare staff, including nurses, midwives and allied health professionals. It also supports some post registration development of staff. NHS trusts are co-providers of professional programmes of higher education through the provision of practice placements.

Quality assurance regimes for NHS funded provision derive from the remits of the following stakeholders.

- Professional and statutory regulatory bodies who are responsible for ensuring that programmes prepare newly qualified practitioners who are fit for practice

- WDCs (previously education and training consortia) who are responsible for judging whether programmes prepare staff who are fit for purpose
- Education providers, with degree awarding powers, who are responsible for ensuring that programmes lead to graduates, or diplomates, who are fit for award.

In the past, where an education provider has offered programmes in more than one professional area, the different stakeholders have deployed their own quality assurance processes for each programme – in the form of approval, re-approval, ongoing monitoring as well as major review.

A number of factors have combined to create the opportunity to sharpen the focus of quality assurance of NHS-funded nursing and allied health professional programmes including:

- The NHS Plan and Modernisation Agenda with their emphasis on a health service designed around the patient and the critical importance of the NHS and partnership working
- The increasing importance of inter-professional education and training as one of the means by which the workforce can be better developed to deliver patient-centred care
- The establishment, in April 2002, of the Nursing and Midwifery Council and the Health Professions Council with the remit to regulate membership of the professions and protect the public. The Councils are required to collaborate, wherever reasonably practical, with employers, other regulators, education providers and others
- Concerns expressed by universities and, more recently, NHS trusts about the burden of quality assurance activity placed on them
- The advent of benchmark statements for higher education programmes. In 2000/2001, the Department of Health contracted the QAA to produce benchmark statements in health related subjects. Stakeholders worked collaboratively to develop benchmarks for healthcare educational programmes covering eleven professions (nursing, midwifery, health visiting, dietetics, occupational therapy, orthoptics, physiotherapy, podiatry (chiropody), prosthetics and orthotics, radiography and speech and language therapy). The eleven sets of benchmark statements have been produced to a standard format and within an emerging shared health professions' framework.

Methodology for prototype review
The prototype reviews have been based on existing QAA academic review methodology (Handbook for Academic Review 2000) but addressed the criticisms of past methods in that they:
a) Included scrutiny of practice placements as well as HEI-based learning
b) Focused on a wide range of multi-professional healthcare education provision and gave standard judgements for each profession benchmarked area
c) Incorporated key policy initiatives from the NHS, such as National Service Frameworks
d) Operated on behalf of the stakeholder groups identified above.
In common with QAA methodology, reviews used benchmark statements, the QAA Code of Practice and the QAA Framework for Higher Education

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Qualifications as external reference points. In addition, statutory requirements were also used to inform the process.

The prototype reviews have been based on the principle of peer review. Each prototype review started when an education provider evaluated, in a self-evaluation document, their provision, both theory and practice, in the identified healthcare programmes. This document was submitted to the QAA for use by a team of reviewers who sought evidence to enable them to report their judgements on academic and practitioner standards and the quality of learning opportunities. Evidence was gathered over several days during an average eight week period, through meeting academic and support staff, practitioners, students and WDC staff, scrutinising students' assessed work, reading relevant documentation, examining learning resources and visiting practice placements.

Making judgements
The range of judgements that reviewers utilised when they completed a review are summarised below. The judgements on the quality of learning opportunities in each aspect encompassed both theory and practice.

Academic and practitioner standards Reviewers made one of the following judgements on standards: - Confidence (a judgement that is made if reviewers are satisfied with current standards and with the prospect of those standards being met into the future) - Limited confidence (a judgement that is made if standards are being achieved but reviewers have doubts about the ability of the institution to maintain them into the future) - No confidence (a judgement that is made if reviewers feel that arrangements are inadequate to enable standards to be achieved or demonstrated) A separate judgement was made for each benchmarked area	To reach this judgement, reviewers looked at: - Learning outcomes - The curriculum - Student assessment and - Student achievement
Quality of learning opportunities Reviewers made one of the following judgements for each of three aspects of learning opportunities: - Commendable (which could include exemplary features) or - Approved or - Failing	The three aspects of quality of learning opportunities are: - Teaching and learning - Student progression - Learning resources and their effective utilisation

> *Summary of practice*
> A section of the review report summarised the positive issues and points for consideration in relation to practice based learning from the sections on 'Academic and Practitioner Standards' and 'Quality of Learning Opportunities'.
>
> *Maintenance and enhancement of quality and standards*
> Reviewers also reported on the degree of confidence they had in the HEI's ability to maintain and enhance quality and standards in the subjects under review.

The review teams

Review teams were made up of a mix of academics, practitioners and employers and were each led by a review coordinator. The aim was for each team to have two people from each profession - one practitioner and one academic. In the experience of QAA, teams with more than eight members have been found to be significantly less effective.

Review reports

Reports arising from the prototype reviews remain confidential until the full roll out commences in Autumn 2003, when they will be published. This is to ensure that participating HEIs are not disadvantaged if significant amendments are made to the methodology which might lead to a return visit to the education provider if requested. A composite report will, however, be published to enable key stakeholders to contribute to evaluation and refinement of the review process.

Evaluation of the prototype reviews

Two evaluation studies have been undertaken, a QAA internal evaluation and an external evaluation led by Professor Jeff Lucas.
Preliminary evaluation findings indicate that:
- The prototype reviews have been, in the main, effective in bringing together stakeholders to address fitness for purpose, practice and award in one process
- The balance of practitioners and academics in review teams has brought a 'real world' perspective to the process. Practitioners have made a full contribution and described their experience as 'open, collegiate and interactive'
- Evidence is emerging of the positive involvement of WDCs in the preparation for the reviews and in the review process itself, especially as far as the quality of practice based learning is concerned
- Reviewers have found self-evaluation documents (SEDs) to be appropriately structured and helpful, although, in some instances, more evaluative data could have been presented
- Whilst flexibility in the structure of the review process was important, some problems were experienced arranging suitable dates for reviewers. This will be addressed before full roll out
- The reviews have facilitated a streamlined approach to quality assurance.

Next steps
Following completion of the evaluations, revisions to the methodology and the handbook will be made, and there will then be full roll out of reviews during the period 2003-06, when all NHS funded programmes will be reviewed. Before this, a consultation exercise will take place with key stakeholders to consider the following issues in light of evaluation data and experience of the prototype reviews

- Schedule of review activity
- Post review protocols i.e. development of action plans
- Methodology
- Reference material
- Reports
- Criteria for selection, recruitment and training of reviewers
- Composition of review teams and access to specialist advice
- Amendment of the handbook
- Identification of education providers for the first year of the three year cycle.

Information will be disseminated by the Department of Health via updates and briefings, and regional workshops will be held to facilitate implementation of the major review process.

In partnership with WDCs, NMC and HPC, the DH is currently in the process of procuring a new contract for the forthcoming roll out of the major review programme.

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(DH) Department of Health

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Quality Assurance – Education

Context

The NHS is a major funder of higher education amounting to nearly £1billion. Largely through contracts between local NHS workforce development confederations (WDCs) and education providers, the NHS funds tuition costs, as well as student support costs, for pre-registration diploma/degree programmes in nursing and midwifery and degree programmes for allied health professions (physiotherapy, occupational therapy, radiography and others). Contracts also cover some post-registration programmes. Through the provision of practice placements, NHS trusts are co-providers of professional programmes of higher education.

Quality assurance

Previous quality assurance regimes have derived from the remits of the following stakeholders.

- Professional regulatory bodies have been responsible statutorily for ensuring that programmes are adequate to prepare newly qualified practitioners as *fit to practise*;
- Antecedents to WDCs (*education and training consortia*) have been responsible for judging whether programmes are suitable preparation for staff to be *fit for purpose*;
- Education providers (with degree-awarding powers) have been responsible for ensuring that programmes lead to graduates, or diplomates, who are *fit for award*.

Where an education provider has offered programmes in more than one professional area, the different stakeholders have deployed their own quality assurance processes for each programme – in the form of programme approval, ongoing monitoring and/or major review.

Policy developments

A number of factors have combined to create the opportunity to sharpen the focus of the quality assurance of NHS-funded nursing and allied health professional programmes:

- The advent of benchmark statements for higher education programmes
- The NHS Plan and Modernisation Agenda with their emphasis on
  - a health service designed around the patient
  - the critical importance of the NHS workforce and its development, and,
  - partnership working.

- The DH publication of 'Working together, learning together – a framework for lifelong learning for the NHS' (November 2001) establishing a programme for modernising learning and development, and setting out a plan for bringing together the strands of activity that comprise lifelong learning in the NHS

- The skills escalator – the NHS strategy for enabling staff to develop their skills and take on new roles

- The increasing importance of interprofessional learning as one of the means by which the workforce can be better developed to deliver patient-centred care

- The establishment of local Workforce Development Confederations coterminous, from April 2002, with newly formed strategic health authorities

- The manifestation of partnership in the membership of workforce development confederations which include education provider representation

- The establishment, in April 2002, of the Nursing and Midwifery Council and the Health Professions Council with their remits to regulate membership of the professions with the main objective of safeguarding the health and wellbeing of patients. The Councils are required to collaborate, wherever reasonably practical, with employers, other regulators, education providers and others

- Concerns expressed by universities and, more recently, NHS trusts about the burden of quality assurance placed on them

- The publication in July 2002 of the Department of Health's HR strategy 'HR in the NHS Plan'

- Innovative projects which are currently being piloted in health care education, such as the common learning project, the modernisation of learning and personal development for nursing, midwifery, allied health professionals and scientists.

Establishment of the DH QA Education Team

In a continuing effort to streamline, integrate and to make the impact of external quality assurance on educational provision more meaningful, the Department of Health has appointed a new quality assurance team (the DH QA Education team) within the Human Resources Directorate. The DH QA Education Team will work with the relevant stakeholder groups - WDCs, regulatory and professional bodies, education providers and across the Department itself, to establish a shared framework for the quality assurance of healthcare education. In the first instance, the DH QA Education Team will focus on NHS-funded professional education, i.e. nursing, midwifery and allied health professional programmes.

The DH QA Education Team has a distinctive role in that, by working across stakeholders, the team is able to gain an overview of the multiple systems and processes that are currently in place. The team aims to act as a catalyst to facilitate change by working in partnership with stakeholders to enable the quality assurance of healthcare education to become more effective and efficient, thereby reducing the burden of unnecessary duplication in quality assurance requirements. The team will also act as a resource to the different

stakeholders, and will endeavour to ensure that national policy addresses local need and that both stakeholders' views and the outcomes of quality assurance inform national policy.

Vision of quality assurance for healthcare education

A shared framework for the quality assurance of healthcare education will contribute to a health service designed around the patient through ensuring that:
- Responsibility for the quality of learning and its enhancement becomes standard practice for all stakeholders
- Learning experiences and outcomes are quality assured within the shared framework to agreed national standards
- The shared framework reflects policy for healthcare ·
- The outcomes of quality assurance inform policy for healthcare and for healthcare education.

Principles that underpin quality assurance of healthcare education
- The patient's experience is central to learning
- Professional integrity is respected whilst the need for interprofessional education is recognised as essential
- Quality assurance is integral to the culture of learning in healthcare where ever it is provided
- Quality assurance encompasses self-evaluation, peer evaluation and external evaluation
- Quality assurance processes are rigorous, fair and transparent
- The criteria against which quality assurance judgements and outcomes are arrived at rigorous, explicit and acknowledged by all stakeholders
- Judgements and outcomes from quality assurance processes will result in improvements in healthcare education
- All quality assurance processes are based on the best available evidence
- All quality assurance processes are effective, efficient and, where appropriate, shared, avoiding duplication of effort

Elements of quality assurance processes are inter-dependent and together support continuous improvement to healthcare education.

Work so far
Benchmarking
In 2001, under joint chairing by Professor Dame Jill MacLeod-Clark and Professor Mike Pittilo and through The Quality Assurance Agency for Higher Education (QAA), stakeholders worked collaboratively to produce benchmark statements for healthcare educational programmes covering eleven professions (nursing, midwifery, health visiting, dietetics, occupational therapy, orthoptics, physiotherapy, podiatry, prosthetics and orthotics, radiography, speech and language therapy). The eleven sets of benchmark statements have been produced to a standard format and within an emerging shared health professions' framework.

Prototype reviews

The production of benchmark statements has paved the way for the six prototype reviews that have been undertaken during the 2001-02 academic year. The reviews have been undertaken by the QAA under contract with the Department of Health, acting in partnership with NMC, HPC and WDCs, and working closely with the education providers concerned and representatives from national higher education organisations. Reviews use the benchmark statements and reflect key policy initiatives such as national service frameworks. In addition, reviews now include scrutiny of practice placements as well as higher education based learning.

Following an external evaluation and the QAA internal evaluation, any necessary revisions to the methodology will be made. There will then be a full roll out of reviews during the period 2003-06 when all NHS funded programmes will be reviewed.

Future work for the DH QA Education Team

Future work will include the following:

* Roll out of major reviews for 2003-06
* Production of further benchmark statements for other professions
* Development of a generic benchmark statement for practice placements
* Further development of a common overarching health professions benchmarking framework
* An examination of the opportunities for streamlining programme approval and re-approval
* An examination of the opportunities for streamlining in-year programme monitoring
* An examination of the opportunities for a shared evidence base for all quality assurance processes
* An examination of the opportunities for streamlining QA processes with related HEFCE-funded programmes eg pharmacy and medicine.

All of this work will be undertaken in collaboration with the stakeholder groups.

The challenging agenda identified by the DH QA Education Team was produced as the result of many discussions with the different stakeholders who were invited to bring their thoughts and perspectives to the DH QA Education Team in a series of meetings. Stakeholders have been of the view that the team should continue to work in the way that it has begun and it is intended to do this by listening, sharing, informing and brokering to bring about solutions that can satisfy stakeholders' requirements and that build understanding and trust. Consultation and discussion will be welcomed and the team will continue to invite comment, debate and feedback.

04/11/02

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(DH) *Department of Health*

DEPARTMENT OF HEALTH QUALITY ASSURANCE (EDUCATION) TEAM
Quality assurance: professional healthcare education

PARTNERSHIP WORKING ARRANGEMENTS

The Department of Health (DH), through partnership working, is seeking to ensure consistent, integrated quality assurance processes and outcomes inform the development and delivery of patient-focused learning.

Vision

A shared framework for quality assurance of healthcare education will contribute to a health service designed around the patient through ensuring that:

- Responsibility for the quality of learning and its enhancement becomes standard practice for all stakeholders
- Learning experiences and outcomes are quality assured within the shared framework to agreed national standards
- The shared framework reflects policy for healthcare
- The outcomes of quality assurance inform policy for healthcare and for healthcare education.

Partnership working

The DH Quality Assurance (Education) Team has been working with, and will continue to work with stakeholder groups including Workforce Development Confederations (WDCs), regulatory and professional bodies, education providers and the wider Department of Health (DH) to establish this shared quality assurance framework.

Purpose of the paper

The purpose of this paper is to set out the rationale, focus, membership, terms of reference for the networks of stakeholders who will make up the partnership working arrangements for quality assurance for professional healthcare to facilitate the development of an integrated quality assurance framework for education and training.

Purpose of the Partnership Working Arrangements

The Quality Assurance (Education) Team is seeking to initiate, through working with partners, working arrangements that will enhance the development of each element of the quality assurance process. At the same time maintaining a streamlined and integrated approach to all quality assurance processes for education and training within the wider health and social care agenda.

Principles that have informed the development of the group structure are:

- Stakeholders should be represented in the most appropriate group(s);
- Each group should have a clear purpose;
- Communication between the different groups are identified;

- Each element of the quality assurance framework is developed as part of a coherent whole;
- Existing groups/networks are utilised and/or developed where appropriate.

Partnership Working Arrangements (Appendix 1)

The structure includes:

The Key Stakeholder Forum

A forum for key stakeholders to discuss at a strategic level on a six-monthly basis, the elements and their interrelationship within a coherent quality assurance framework aimed at meeting the requirements of all key stakeholders across the health and social care agenda. The forum will play a critical role in ensuring the delivery of a shared, streamlined and integrated quality assurance framework.

The NHS/DH Alliance

An internal group to the NHS, providing a forum that will identify and represent the quality assurance needs of the NHS/DH and underpin the delivery of a shared, streamlined and integrated quality assurance agenda. This group will meet on a four-monthly basis.

Statutory Bodies/DH Alliance

A forum for statutory bodies and the DH to work in partnership in setting up the new shared, where appropriate, quality assurance processes. This will be a continuation of the current Strategic Group that was formed in April 2002. This group will meet on a four-monthly basis.

Working Groups

These groups will discuss, debate and formulate detailed proposals on the development and implementation of the key elements of work. It is anticipated that these groups will meet on approximately four occasions. The key elements are:

- Major review
- On-going quality monitoring
- Approval
- Benchmarking
- Evidence-base

As each of the working groups will be responsible for a different element of the shared framework, precise membership will vary with the exception of the major review and ongoing quality monitoring working groups. It is felt that their work is so closely linked that it would be advantageous if membership of the working groups is the same.

As the quality assurance framework develops, membership may be reviewed/amended in order to reflect the area of work.

Reference Groups

Reference groups will be made up of representatives of an individual WDC or clusters of WDCs. They must include representation from trusts and the quality leads for both nursing/midwifery and the allied health professionals for higher education. They will provide informed opinions of the quality assurance models, processes and their implications for WDCs, which have the responsibility for ensuring fitness for purpose at a local level.

Expert Groups

These groups will be convened because of their specific expertise. These may be existing groups or individuals may be invited to become a member of an expert group. They will operate as virtual groups.

In the first instance two expert groups will be established:

- Participants in the prototype review exercise;
- Placement group.

Membership of Groups

In order to engage as wide a perspective of knowledge and ideas as possible, it is suggested that where the same organisations are represented in different groups, alternate individuals be identified as members.

KEY STAKEHOLDER FORUM

Purpose

To discuss, agree and review the strategic direction for the development of an integrated quality assurance framework.

Function

To provide a forum for statutory bodies, WDCs, higher education and DH representatives to work in partnership to discuss and identify the issues related to quality assurance of education and training. To identify how these issues may be resolved within a shared, streamlined and integrated quality assurance framework.

Membership	
DH: Head of Quality Assurance Branch of Learning and Professional Development (LPD) Senior Quality Assurance Co-ordinators	(1) (4)
WDC: Chief Executive Officers Director of Quality	(4)* (4)*
Nursing and Midwifery Council	(2)
Health Professions Council	(2)
General Medical Council General Dental Council General Social Care Council	(1) (1) (1)
Higher Education Institution Representatives UUK SCOP	 (2) (2)

Terms of Reference

- To agree the strategic direction for a shared quality assurance framework
- To agree an implementation plan for a shared quality assurance framework
- To suggest areas of responsibilities for implementation
- To identify resource implications
- To discuss recommendations from the Working Groups related to the key elements of quality assurance

  - major review
  - ongoing quality monitoring
  - benchmark and quality standards
  - approval
  - evidence base

- To receive feedback from the NHS/DH Alliance and the Statutory /DH Alliance
- To communicate recommendations across the DH, WDCs, HEIs and service providers

* One from each DHSC Region

DRAFT

NHS/DH ALLIANCE

Purpose

To ensure that key relationships are maintained at a strategic level to underpin the delivery of a shared, streamlined and integrated quality assurance agenda.

Function

To provide a forum for representatives of the NHS to discuss and identify the issues related to quality assurance of education and training from the perspectives of service, users and the community. To identify how these issues may be resolved within a shared, streamlined and integrated quality assurance framework.

Membership	
DH: Head of Quality Assurance Branch – LPD Senior Quality Assurance Co-ordinators WDC Project Manager	(1) (4)
WDC: WDC reps with minimum of 2 from practice	(8)*
Service Representatives via WDC	(4)
2 Patients / Users Student Representative for Independent Sector	(2) (2) (1)

Terms of Reference

- To identify key issues relating to the quality assurance of education and training from the service, user and commissioning perspective
- To discuss and recommend how these may be resolved within a shared quality assurance framework
- To discuss the recommendations of the working groups related to the key elements of quality assurance:

  - major review
  - ongoing quality monitoring
  - benchmark and quality standards
  - approval
  - evidence base

- To make recommendations regarding the key elements to the Key Stakeholder Forum
- To communicate recommendations from the Key Stakeholder Forum to constituent members

*   Two from each SHSC Region

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STATUTORY /DH ALLIANCE

Purpose

To ensure key relationships between the statutory bodies and DH are maintained at a strategic level to underpin the delivery of a shared, streamlined and integrated quality assurance agenda.

Function

To provide a forum for the statutory bodies and the DH to work in partnership and to discuss the feedback of the Key Stakeholders Forum, in relation to the strategic direction and implementation of shared quality assurance processes where appropriate, for pre-registration and post registration education funded by the DH.

Membership	
DH: Deputy Director of Human Resources Head of Learning and Personal Development Division Head of Quality Assurance Branch of LPD Senior Quality Assurance Co-ordinators Head of Health Professions Regulation	(1) (1) (2) (1)
Nursing and Midwifery Council	(3)
Health Professions Council	(3)

Terms of Reference:

- To receive and discuss feedback from the Key Stakeholder Forum
- To identify key issues relating to the quality assurance of education and training from the statutory bodies and the DH perspective
- To discuss and identify how these issues might be resolved within an integrated quality assurance framework
- To feedback to the Key Stakeholder Forum

DRAFT

WORKING GROUP FOR MAJOR REVIEW

Purpose

To advise on the development and implementation of integrated quality assurance processes in relation to major review and to create ownership by involving key stakeholders in the process of major review roll-out.

Function

To provide a forum for the statutory bodies, WDCs, higher education, the DH the service providers to discuss, debate and inform the decision making process in relation to major review. To be used as a sounding board, to seek opinions and to provide feedback to the Key Stakeholder Forum.

Membership	
Representative from organisation who has contract for roll-out of Major Review	(1)
Senior Quality Assurance Co-ordinators	(2)
WDC	(4)*
Higher Education Institutions	(4)
Nursing and Midwifery Council	(2)
Health Professions Council	(2)
Independent sector	(1)
Practice placement managers	(2)
Service providers	(2)

Terms of Reference

- To discuss and debate the process of roll-out of major review
- To formulate detailed proposals for implementation of major review
- To discuss and debate feedback from the Key Stakeholder Forum in relation to major review
- To discuss and debate feedback from reference groups for major review
- To provide feedback to the Key Stakeholder Forum

*   One from each DHSC Region

DRAFT
WORKING GROUP FOR ON-GOING QUALITY MONITORING

Purpose

To advise on the development and implementation of quality assurance processes in relation to on-going quality monitoring implementation and to create ownership by involving key stakeholders in this process

Function

To provide a forum for the statutory bodies, WDCs, higher education, the DH the service providers to discuss and debate and inform the decision making process in relation to on-going quality monitoring. To be used as a sounding board to seek opinions and to provide feedback to the Key Stakeholder Forum

Membership	
Senior Quality Assurance Co-ordinators	(2)
WDC	(4)*
HEI	(4)
Nursing and Midwifery Council	(2)
Health Professions Council	(2)
Service providers	(2)
Placement Representatives	(2)
Independent Sector	(1)

Terms of Reference

- To discuss and debate the process of on-going quality monitoring
- To formulate detailed proposals for the integration of the processes of on-going quality monitoring
- To identify further areas of work necessary in relation to quality assurance of clinical placements
- To discuss and debate feedback from Key Stakeholder Forum in relation to on-going quality monitoring
- To discuss and debate feedback from reference groups for on-going quality monitoring
- To provide feedback to Key Stakeholder Forum

Similar models of working groups will be developed for Approval and Benchmarks and Quality Standards

*   One from each DHSC Region

DRAFT

REFERENCE GROUP (WORKFORCE DEVELOPMENT CONFEDERATION)

Purpose:

To engage the stakeholders that are involved in operationalising policy to ensure relevance and ownership

Function:

To provide support and informed comment in relation to recommendations from the working groups around the key elements of quality assurance processes and their impact on the role of WDCs at a local / regional level.

Membership:

Individual WDCs or clusters of WDCs will arrange, organise and facilitate the organisation of these groups. Membership will therefore be variable depending on the structure of the WDC and the roles individuals take within each WDC.
Suggested membership would include:
* Quality leads of contracts from higher education
* Individuals responsible for practice placements from higher education
* Education leads from trusts

Terms of Reference:

* To meet on a regular basis to discuss and debate elements of the quality assurance process in relation to the function of the WDC
* To discuss and debate the elements in relation to the shared quality assurance framework
* To test the suggested models and processes
* To provide expert and informed opinion to the working groups
* To disseminate information to other stakeholders
* To engage other stakeholders in the quality assurance framework

EXPERT GROUPS *(These are virtual groups)*

Purpose:

To inform the development of the quality assurance framework by providing specific expertise and knowledge related to an area of work.

Function:

To utilise the experience of group members and their work to inform the discussion and debate on an identified element of the quality assurance framework.
The membership of each expert group will be constituted dependent on the area of work. The first two groups will be related to the prototype review and the practice placement work.

Terms of Reference:

* To engage in discussion and debate in order to inform the development of an integrated approach to quality assurance for practice placements
* To utilise their expertise to inform the work of the OQM working group
* To utilise the identified communication channel for this work.

DRAFT

WORKING GROUP FOR BENCHMARK STATEMENTS

Purpose

To advise on the development and implementation of integrated quality assurance processes in relation to benchmark statements and to create ownership by involving key stakeholders in:

- the development of further benchmark statements
- development of a common overarching health professions benchmark framework

Function

To provide a forum for the statutory and professional bodies, WDCs, higher education, the DH the service providers to discuss, debate and inform the decision making process in relation to benchmark statements. To be used as a sounding board, to seek opinions and to provide feedback to the Key Stakeholder Forum.
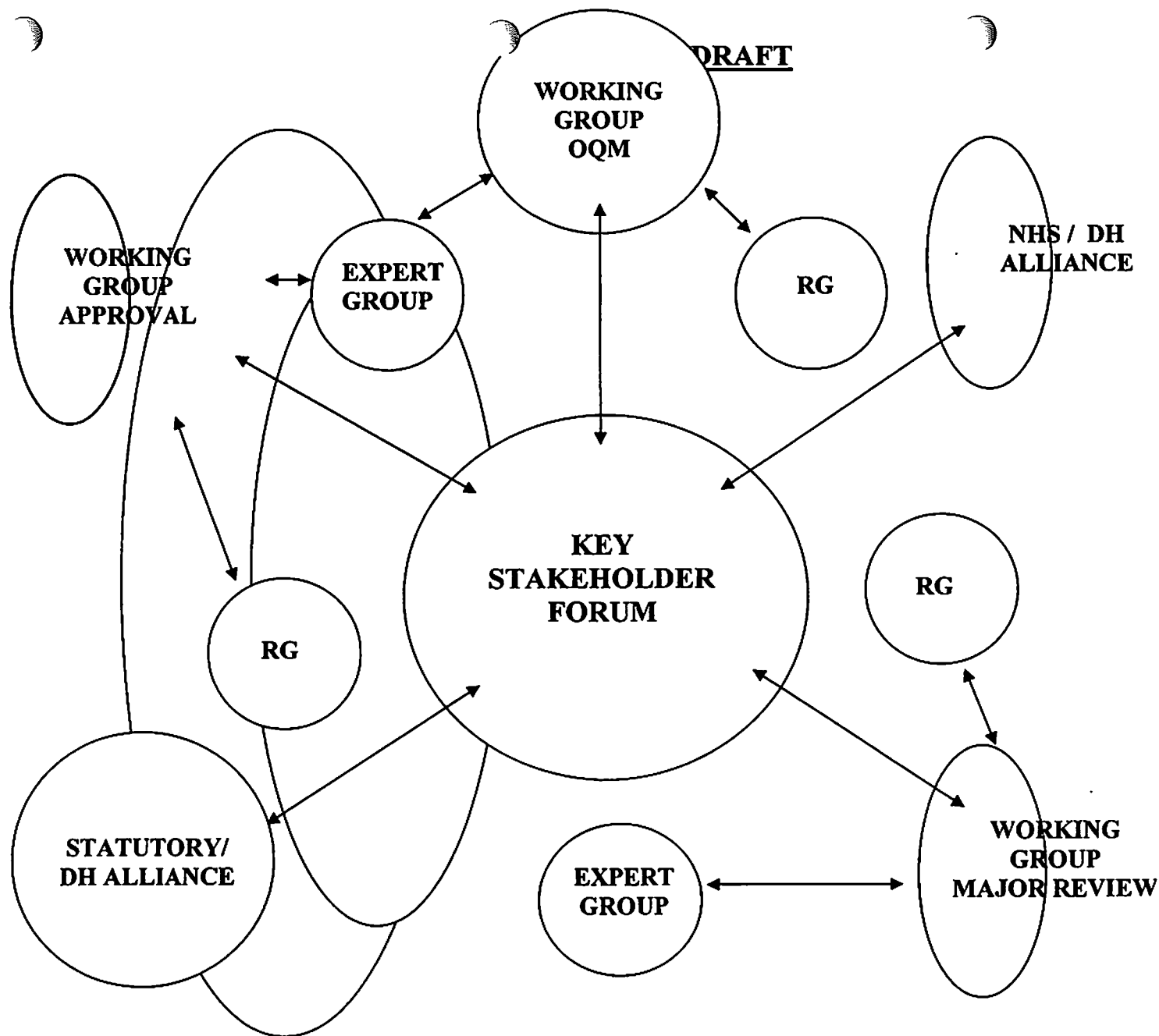
Membership	
Representative from organisation who has contract for benchmark statements	(1)
Senior Quality Assurance Co-ordinators	(2)
WDC	(4)*
Higher Education Institutions	(4)
Nursing and Midwifery Council	(2)
Health Professions Council	(2)
Practice placement managers	(2)
Service providers	(2)
Professional bodies ? role of professional bodies in this group or expert group	

Terms of Reference

- To discuss and debate the development of benchmark statements
- To formulate detailed proposals for implementation of benchmark statements
- To discuss and debate feedback from the Key Stakeholder Forum in relation to benchmark statements
- To discuss and debate feedback from reference groups for benchmark statements
- To provide feedback to the Key Stakeholder Forum

*   One from each DHSC Region

PARTNERSHIP WORKING ARRANGEMENTS

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RG = Reference Groups

Judy Hall
28 October 2002
(Draft)