

**Executive Summary: Evaluation
(and related activities) of a NHS
supported local delivery model
for non-credit bearing Multi-
professional Support for
Learning and Assessment in
Practice in Greater Manchester**



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Executive Summary

Background

HEE North West (HEE NW) is currently piloting for 12 months a partnership of Trusts within Greater Manchester to deliver non-credit bearing Multi-Professional Support of Learning and Assessment in Practice (MSLAP) programme in NHS, private, voluntary and independent settings under an agreement with the University of Bolton (UoB). Health Education England North West (HEE NW) have commissioned an evaluation of the model by the University of Salford School of Nursing, Midwifery, Social Work & Social Sciences (NMSWSS) to compare this model to different national HEE mentorship training delivery models and policies.

Evaluation Objectives

Ethical approval was gained from the University of Salford to explore the following:

1. To examine and synthesise the evidence base regarding the similarities and differences of the mentorship policies and the different mentorship training delivery models in healthcare, on healthcare organisations and on mentors
2. To critically explore the experience of non-credit bearing Multi-Professional Support of Learning and Assessment in Practice (MSLAP) programmes in NHS, private, voluntary and independent settings under an agreement with the UoB from the perspectives of key stakeholders (mentorship students, UoB and in-house programme delivery team, North West Practice Development Network)
3. Provide the evidence for HEE NW of what works well or not so well and what can be transferred to enable a consistent approach to building mentorship capability, capacity and quality across Sustainability and Transformation Plans (STP) within the sub-region Method of delivery: report

Evaluation Framework

A mixed methodology approach utilising literature review, an online survey questionnaire to mentors on the live register at University Hospital South Manchester, documentary analysis and interviews with key stakeholders provided the opportunity to critically explore the experience of the pilot programme from the perspectives of key stakeholders.

Findings

The initial literature review undertaken demonstrated how timely the findings of this evaluation are and this is because there is very little robust evidence that informs delivery models for mentor preparation.

An exploration of professional policy for practice learning and assessment demonstrates that the Nursing and Midwifery Council (NMC)(2008) and General Medical Council (GMC)(2012, 2014) both utilise the term mentor whilst the Health and Care Professions Council (HCPC) (2014) favour 'placement educator'. The NMC are the most prescriptive with their mentorship preparation requirements offering a very clear developmental framework, with 8 identified domains as the core components (NMC 2008). Commonalities for mentorship development across the professions could include a programme content that focuses on:

- Facilitation of learning and teaching
- Evaluation of learning/ supporting and monitoring educational progress/ guiding personal and professional development
- Creating and maintaining an environment for learning
- Recognising the context of practice that ensures safe and effective patient care through training

Commonalities for mentor/placement educator development provides the platform for all professional groups to be represented at the Practice Educator workshop which is the update provided for healthcare professionals (excluding doctors and dentists) who mentor/support students. This workshop is currently co- facilitated by PEF and University Link lecturers.

An internet search applying search terms associated with non-credit bearing mentorship identified nine programmes available across the UK (England, Wales and Scotland). Further programmes were identified through use of professional networks. This list was not exhaustive acknowledging that the non-credit bearing model is becoming an increasingly popular and cost effective method of mentorship programme design for many universities.

Adopting purposive sampling techniques (Creswell 2007, Silverman 2010) resulted in the identification of a range of multi-stakeholder groups whose views were instrumental in understanding the realities of the pilot programme and for influencing the future way mentorship programmes are designed and delivered: mentorship students, UoB and in-house programme delivery team, North West Practice Development Network). Thematic content analysis provided the rigorous data analysis framework

whereby links were made between the empirical data and the claims made by the researchers and resulted in the identification of the following three themes: 1. Vision for the Pilot Programme; 2. The MSLAP Programme; 3. Programme Delivery Realities.

The Pilot Model

UHSM hold a contract with UoB to deliver the in-house non-credit bearing mentorship programme and the programme is managed by University Hospitals South Manchester (UHSM) in-house programme team. The in-house programme team consists of five PEFs, two of these are the programme leaders. The programme is a UoB NMC validated programme. UHSM are contracted to deliver to a set number of students. The Trust can run the programme any number of times and at a time that best fits the Trust requirements.

The pilot model is an extension of the PEF led in-house MSLAP non-credit bearing programme that provides opportunities for Trusts with a smaller numbers of PEFs to offer non-credit bearing mentorship provision. The idea is that PEFs from these Trusts work in partnership as a larger in-house team at UHSM thus producing a programme delivery model that is both viable and sustainable for the multiple organisations that were previously seen as having unsuitable and unsustainable PEF infrastructures. Examples of these Trusts are

- Stockport NHS Foundation Trust
- Tameside Hospital NHS Foundation Trust
- Christie NHS Foundation Trust

This variation of the current contract between UHSM and UoB means that other pilot sites across Greater Manchester will consider the viability of the model for other universities and Trusts.

The pilot model is that UHSM become the lead healthcare institution in-house programme delivery team and develop and support the smaller PEF teams from the pilot healthcare organisations to contribute to the UHSM in-house programme. In return these PEFs will identify and send students from their Trusts onto the UHSM programme. There will also be places offered to students from the independent sector organisations, which will build the placement circuit outside the NHS and these students are identified by the North West Practice Development Network (NWPDN).

The pilot module includes the sharing of resources and curriculum validated by the NMC at the UoB. Support would come from the bigger team at UHSM, and UoB lead on the validation, quality assurance and moderation of the programmes.

The Reality of the Delivery of the Pilot Model

Evidence from interviews with key stakeholders identified a shift from the original pilot programme delivery model. This resulted in two out of the three pilot Trusts changing their delivery model from the larger UHSM delivery model concept to delivering their own in house UoB NMC validated programme. The immediate challenge created for one Trust was delivering their in-house programme with fewer than the four PEFs identified by the UoB as the required number to deliver.

Stakeholders clearly identified the perceived advantages of the pilot programme:

- Notion that non- credit-bearing mentorship would be cost effective and would appeal to the multi-professionals and not just nurses
- Delivery of the in-house programme as opposed to attending a university
- Library resources and PEFs available on site
- Raised awareness of the in-house support and make use of the PEFs much more regularly than some of the more experienced mentors

Perceived advantages of the MSLAP programme and Pilot Programme for the healthcare organisation included:

- People (organisation) really valuing having an in-house programme available
- Organisation could not sustain or maintain the quality and number of mentors that they have without this approach to mentorship development
- Cost, however need to look at the cost of people delivering the programme, there are the unseen costs which are not mitigated for
- Targeted approach to student recruitment, which meet needs of the Trust
- Provide mentorship development for the different kind of nurse who may not access the university programme , i.e. Adaptation nurses

What emerged from the findings of this evaluation are the key processes for successful programme delivery:

- In-house programme delivery team infrastructure in place – at least four PEFs to deliver in-house programme

- Have a good PEF team and a team that has the necessary teaching qualifications along with NMC recorded teaching status (or appropriate evidence of mapping against these standards)
- PEF continuing professional development related to teaching and learning and innovative pedagogies
- Robust quality assurance policies and procedures that are applied and measured
- Funding for sustainability
- Identify the right resources from the outset, i.e. IT infrastructure and adequate rooms
- Workload delivery models to balance MSLAP with the existing PEF outcomes

Importantly, extracted from the evaluation are the challenges identified. Each is summarised together with a proposed improvement and final recommendation

Challenges, Proposed Improvement and Recommendation

Challenge 1: *PEFs demonstrating the appropriate teaching qualifications and teaching skills required to deliver a quality programme*

Whilst not seemingly impacting on students (module evaluations are good), PEFs feel that they are not up to date with innovative pedagogies. Some PEFs provided evidence of their worries associated with not holding an appropriate teaching qualification and the impact of the quality of the programme delivery. The 2016-2017 Programme Plan, UHSM does not include any actions that provide the reassurance that PEFs continuing professional development needs will be met in the future. There is a lack of clarity regarding whose responsibility it is to ensure that PEFs have ample opportunity to update and develop their expertise (UoB or UHSM as in-house programme lead). A further challenge is the impact of the role of UHSM as lead team in preparing the smaller PEF teams to deliver the programme if they have not been provided with appropriate continuing professional development to enable them to fulfil the role.

Proposed Improvement: Whilst it is arguably the responsibility of individual PEFs to maintain their own professional development (NMC 2015) there is a need to ensure they are best placed to do so. PEF role in the delivery of the programme is synonymous with that of the teachers delivering the core programme at the UoB and it is ultimately the HEI that retains full responsibility in ensuring they have the correct qualifications and remain up-to-date in their teaching practice. Whilst the advertised programme cost per head of student is low, actual costs could be significantly higher if fully costed based on the required input from the validated HEI to ensure that PEFs have the most up to date teaching and learning theories to inform their teaching.

Recommendation: Contracting arrangements should clearly set out how on-going development will be addressed and by whom. Programme price should reflect the cost of development needs

Challenge 2: *Successful completion by student attending the programme and time spent marking*

The pass rate for the completion of the programme is low. Comparison of pass rates for UHSM for credit bearing and non-credit bearing programmes has not been made available. PEFs report on workload associated with the marking and second marking of the portfolio

Proposed Improvement: The 2016/7 Programme Plan for UHSM includes an action point relating to the need to improve the pass rates which have remained static at around 53% across cohorts however improved from September 15 cohort that was 31% (B4 Enabling student development and achievement).

Recommendation: UoB to work with in-house programme team to develop the strategies to increase the pass rate. Re-consider the UoB process for PEFs marking/assessing the portfolio and rationale for second marker (pass/fail marking criteria)

Challenge 3: *Dilution of PEF outcomes and potential role conflict, stress and burnout due to the added MSLAP delivery role expectation*

PEFs report that the MSLAP roles takes somewhere in the region of 40% of their time within their existing role. This calls in to question their ability to ensure that they are still able to provide the same level of support to the placement areas within their remit. Further to this it is conceivable that this may cause a degree of stress or frustration on the part of PEFs who are juggling the competing role demands. Direct teaching is not traditionally part of the core PEF role and seems very different to the main focus of their existing job outline.

Improvement: Exploring and implementing a workload model that supports PEFs sustain the MSLAP teaching role whilst achieving their wider PEF outcomes could prevent role ambiguity and potential role burnout. UoB recognise that there may need to be a different delivery model whereby the university teach with PEFs in the Trusts but there will be an associated cost attached to this delivery model. The implications and impact on future PEF recruitment who are not comfortable with the delivery and assessment of the programme but have a desire to work within the PEF role requires consideration.

Recommendations: Develop the PEF infrastructure and consider the “hidden” PEF role and costs associated with the in-house programme and this should include fully understanding the impact of its facilitation on PEFs achieving the range of PEF outcomes. Consider making the MSLAP role an optional component to the PEF role and this should be recognised within the PEF job outline. Consider models for non-credit bearing preparation which mitigate against PEF role ambiguity and burnout. This is due to potential role dissonance

Challenge 4: *Adopting and monitoring UoB quality assurance procedures to ensure the credibility of the in-house programme*

Due to PEF changes there is the perception by one PEF team that the in-house programme has not been running as tight as it could have and the impact of this is providing a course that is less credible than a university equivalent: *It has to be remembered that the pilot is a university programme.*

Improvement: Whilst HEIs have clear quality assurance in relation to processes, for example, admission, application of mitigating circumstances, it is important that they are consistently applied to the in-house programme.

Recommendation: Adhere to the UoB Quality Assurance Procedures to ensure the ongoing credibility and quality of the programme