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30 January 2002

Learning and Teaching Support Network Subject Centre Medicine, Dentistry and Veterinary Medicine
LTSN-01 2nd Mid-year review report 1/8/01-31/01/02

Dear Richard,

Please find enclosed a copy of the 2nd Mid year review report relating to the *Learning and Teaching Support Network Subject Centre Medicine, Dentistry and Veterinary Medicine*.

This report details the activities and progress made during the period from 1/8/01 to 31/01/02 as requested in LTSN Network Briefing 01/13.

Yours sincerely,

Dr Megan Quentin-Baxter

Centre Manager

cc

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Signed and agreed on behalf of LTSN-01 by Professor RK Jordan (LTSN-01 Director)

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Learning and Teaching Support Network Subject Centre Medicine, Dentistry and Veterinary Medicine

Planning and Reporting Documentation

Higher Education Funding Council for England, Scottish Higher Education Funding Council, Higher Education Funding Council for Wales and Department of Higher and Further Education, Training and Employment for Northern Ireland

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1 Scope and Purpose of this Document

As advised in 01/13, this document contains:

- An evaluative progress report for the period 1 August 2001 to 31 January 2002 set against specific targets and activities in our 2001-02 operational plan.
- Our final expenditure statement for 2000-01.
- A report on any significant changes to the strategic plan submitted in June 2001.
- A report on any significant changes to the operational plan for 2001-02.
- A report on any significant changes to our 2001-02 budget.

This document has been compiled from consortium documentation, prepared by the Centre Co-ordinator and Manager, commented on by the Director, Liaison Officers and Learning Development Officers at each site, and signed off by the Director. It will also be distributed from the web site. Reflective elements seek to answer the questions outlined in 01/13 (Appendix 1). A glossary of terms can be found in Appendix 2.

2 LTSN-01 Strategic Plan

6.1 LTSN-01 Mission Statement

The LTSN-01 has been contracted to provide professional educational support to the teachers, students and practitioners of its individual constituent disciplines so as to enhance the quality of educational provision throughout the UK and transfer good practice in an effective and cost efficient way.

6.2 LTSN-01 Strategic Aims

- SA1. To be the primary information and advice resource for all Medicine, Dentistry and Veterinary Medicine staff involved in learning and teaching [LTSN S1].
- SA2. To promote, transfer and broker good and innovative learning and teaching practices including those that meet the diverse learning needs of the constituency student population in order to promote the personal and professional development of students and foster the development of caring, knowledgeable, competent and skilful graduates who broadly understand health and disease and who are able to benefit from subsequent education and adapt to future developments in practice [LTSN S2 and S4].
- SA3. To facilitate the interpretation and understanding of UK needs in relation to the enhancement of the quality and effectiveness of all aspects of learning and teaching (draw locally and from abroad), and to foster life-long learning and the continuing professional development of practitioners [LTSN S2 and S7].
- SA4. To pro-actively respond to change in higher education, prioritise core business and promote a culture of research in priority areas identified during consultation with the constituency [LTSN S2, S5, S6 and S7].**
- SA5. To work in an open and transparent way which is accountable to the constituency directly and through the appropriate LTSN management structures, and as part of a coherent and integrated network of centres with the position and capacity to support the delivery of learning and teaching related to national policy objectives [LTSN S3 and S6].
- SA6. To develop and sustain effective relationships and partnerships with appropriate stakeholders to ensure a co-ordinated and coherent UK-wide approach to enhancing learning and teaching activity in the constituency [LTSN S5].

6.3 LTSN-01 Strategic Objectives

- To promote the LTSN within institutions, and the HE sector more widely, so that all key staff involved in learning and teaching are aware of, and have access to, the resources provided by LTSN [SA1].
- To identify the generic and subject-specific needs of the constituency [SA1].
- **To build an accessible and evaluated knowledge-base by accelerating research into and access to the extensive body of knowledge which already exists and adding value to existing educational resources to ensure that the range resources now available is properly exploited to support and enhance the student learning experience [SA1, SA2 and SA4].**
- To promote and disseminate models of best practice in the management and support of students' learning, the development of skills, and the inculcation of attitudes appropriate to professional reflective practice based on up-to-date evidence-based theory and practice [SA2].
- To provide advice and guidance on the implementation and evaluation of change, and helping the constituency to manage major change processes [SA2].
- To generate new initiatives aimed at enhancing the quality of the subject specific educational experience; for example, the impact of reflective learning and personal development planning, and of health informatics and telemedicine will be of particular significance to the evolution of the undergraduate and postgraduate curricula [SA2 and SA3].
- To promote and facilitate faculty and professional development and work with the professional bodies to promote approaches designed to address the changing needs of the constituent professions, particularly those pertaining to continuing professional development, clinical governance and standards of practice [SA2 and SA3].
- **To ensure that learning and teaching may be informed by the accrediting bodies and the quality assurance subject review benchmarks by facilitating the understanding/implementation of subject benchmarking, statutory body recommendations [SA3 and SA4].**
- **To identify and promote innovation and build capacity in the sector by seeking funds, facilitating networks and collaboration [SA4].**
- **To inform the continuing development of medical, dental and veterinary education through the development and implementation of a pro-active pedagogic research and development agenda based on the priority outcome areas identified through the initial consultation with the constituency [SA4].**
- To actively promote innovative national initiatives and policies/strategies, such as outcomes of projects, and those envisaged by Dearing¹ (e.g. resource-based learning, student-centred learning) [SA5].
- To establish strong links with the Generic Centre (GC) and the Technologies Centre (TC), and cognate subject centres such as Bioscience and Health Sciences and Practice in recognition of the wider healthcare education agenda, and to benefit from interdisciplinary activities [SA5].
- To provide an evaluated, high quality UK-wide service by ensuring that the strategic aims of the subject centre map to the strategic aims of the network as a whole; developing plans and regular reporting arrangements, and evaluating the effectiveness of the subject centre with the constituency [SA5].
- To develop and sustain effective relationships and partnerships with appropriate stakeholders within the constituency [SA6].

Bold indicates key priority areas 01/08/01-31/07/02

¹ *Higher Education in the Learning Society: Report of the National Committee of Enquiry into Higher Education* (1997) HMSO and NCIHE Publications, London

3 Reflective Mid-year Review 1st August 2001 - 31st January 2002

6.1 Strategic Level

This has been a period of consolidation around our plan (based on our needs analysis in year one), during which we have delivered a strategy to prioritise our core business (seen in bold above). We have seen a significant increase in all of the quantitative monitoring signs, such as enquiry figures, constituency visits and web logs, and a shift in our qualitative indicators, such as depth of consultation (assessment), quality of replies to enquiries. We are confident that we have moved into a new, more trusting relationship with our NPCs.

There has been increased external interest during the reporting period in widening participation, student retention and employability. The LTSN-01 is considering its response to these national 'needs' and other more specific issues, such as shared learning (interprofessional education), in line with our policy of proactive planning and reflection. Methods for capturing and sharing experience in widening participation through increased medical student numbers² and other national projects³ are under consideration, and it is valuable to see how other SCs respond. Wide scale engagement of undergraduate schools with these issues will be a focus of attention over the next six months.

The most striking external impact to take place during the reporting period was the HEFCE and DEL call for proposals under phase four of FDTL (Appendix 3). Over 240 enquiries and 100 attached documents were considered by LTSN-01 staff, which occupied at least one staff member full time for approximately 5 weeks (not counting the administrative contribution to the 'Town Meeting' and subsequent maintenance of mailing lists and website). Placing a high priority on this was central to our objective of 'building capacity in the sector'. Unfortunately, a small number of project proposers made contact with the LTSN-01 very late (or, in two cases, not at all) which limited our ability to respond to specific requests for assistance. This was frustrating as many of the projects which were seen late by staff of the LTSN-01 were very useful projects, which might have benefited from further attention in areas such as their dissemination strategy, but meaningful changes were not possible in the time available.

The LTSN-01 has actively sought external funding on behalf of the constituency and in partnership with others during the reporting period (PPP Healthcare Medical Trust, rejected; ALDEBARAN (EU), second stage; EUMAL (EU), first stage; EMADIN (EU), first stage; JISC X4L and contribution to FAIR, in preparation; contribution to JISC-NSF, in preparation; ESRC TLRP3 in preparation). Newcastle, together with Northumbria and Teeside were successful with a Department of Health Interprofessional learning project.

FDTL4 has also had a major influence on the implementation of the LTSN-01 subject specific projects. We were successful with securing support in 2001 based on recognising complexity, pedagogic research, and learning and teaching development. Recognising complexity is a long-term development which has progressed as anticipated. We decided to wait with pedagogic research and learning and teaching development until after the results of stage 1 of FDTL4 in order to maximise potential impact of this funding, and use the mini-project funding strategically to complement FDTL4 projects. General strategic plans are in place which will be finalised following the outcome of stage 1 FDTL4.

Our work on new Statutory Guidelines and subject benchmarks has an emphasis in the second part of the year. The subject Benchmarks (thought to be completed) are due to be published on 22 March 2002. We are planning work around the national benchmarks such as a joint meeting with the BDA for dental NPCs on 26th February 2002.

In line with our strategic objectives we have developed our relationship with the Generic Centre by becoming involved in several generic projects. The Generic Centre website lists the following Generic Themed Projects, under two headings: **Network Initiatives**: Assessment, Continuing Professional Development, Curriculum, Part Time Teacher Initiative, Peer Observation of Teaching, Personal Development Planning, Problem Based Learning, QAA Guidance, Subject Benchmarking, Virtual

² HEFCE (2001). A thousand more doctors to be trained each year, <http://www.hefce.ac.uk/News/HEFCE/2001/medical.htm> .

³ University of Southampton (2002). University receives £50,000 for 'widening participation' projects, <http://www.soton.ac.uk/~pubaffrs/02018.htm> .

Learning Environments. **For Subject Centres:** Online Learning and Teaching Event, Learning for Employability, CPD Publications, Key Skills, Support for Subject Centres, QAA Benchmarking, The Imaginative Curriculum, Understanding Brokerage Project, Helping Subject Communities Build PDP. This list misses some apparent areas such as Linking Teaching and Research.

We are pleased to see the increase in productive outcomes from projects, such as the Assessment project, but we have a remaining concern over a tendency for some projects to operate in compartments and would welcome more joined up activity. For example, there are at least two projects on CPD which meet separately and have different functions. Interviewers from the GC did not seem to have accessed our annual reports, or other GC work on the same theme e.g. the theme PDP also occurs within the generic projects on assessment and CPD. There can also be inadequate time allowed to respond, resulting in missed deadlines and possibly renegeing, which damaging to projects and demoralising to us.

We have engaged with cognate subject centres, in particular, Bioscience, Health Sciences and Practice, and Psychology. Our work with Health Sciences and Practice and Social Work and Policy has been potentiated by establishment of leading edge common learning initiatives sponsored by the NHS (to be announced). With one project at located in London and one in the Northeast, and many potential 'shared learning' FDTL4 project proposals, this cluster is well placed to facilitate joined up thinking in the shared learning agenda.

Building the knowledge base is still taking longer than hoped. We are currently reviewing our strategy for collecting 'best practice' which, when planning to make the information public, is painstakingly slow. It is planned to record 'best practice' in a database for access by LTSN-01 staff only to see if this results in more entries. LTSN-01 has worked closely with BIOME (RDN hub) and cognate SCs in order to identify synergies, and three LTSN-01 staff are trained BIOME cataloguers. Some records are now shared between BIOME and LTSN-01 using an RDN-like OAI interface, and issues of BIOME collections will be examined in the coming period. BIOME is seen as a means to access digital learning resources from projects such as Bristol Biomedical Image Archives and MAAS, IWF Knowledge and Media⁴ and newer EASA2002 LTSN-01 is investigating how this impacts on the dynamic uptake of reusable learning objects/resources from MLE/VLEs which is the focus of a one day workshop at the Association of Medical Education in Europe next year. Many constituent sites are actively engaged with technology support for learning and teaching, and seeking support and advice for strategic planning from the LTSN-01. It is central to the strategy of new concepts in education⁵. This was an area which was not played up during our first year in order to establish differentiation from the activities of the CTI, and which is now becoming a significant issue for the subject centre. LTSN-01 has also contributed substantially to the discussion seeking greater interoperability between LTSN SCs.

In order to become involved in systematic review of educational research, it appears that you have to be already involved in systematic review of educational research. Despite strong links with the group seeking 'best evidence education' (through our Steering Group chair) it has been difficult for us to be accepted into the established process, which is normally approached from the perspective of clinical research. Despite delays we are confident that our strategy to break into this area will eventually be successful.

LTSN-01 has not yet undertaken any 'site visits' due to a concern that the potential impact of these must be maximised, and it was not entirely clear how to take this forward. We welcomed a chance to learn from others' experiences. However, the Director and Centre Manager have given 'invited presentations' and taken part in a number of meetings during the reporting period, the most notable was a presentation by the Director to 140 internal delegates at the invitation of the Vice Chancellor of the Wales College of Medicine, Cardiff. Such opportunities are clearly important to the strategy of ensuring that impact is maximised.

Despite the time taken to establish the groundwork for progressing our key strategies we are pleased with results during the reporting period. Our strategic aims are accurate and relevant to the work of the LTSN-01, and will be reviewed again following the next reporting period.

⁴ <http://www.iwf.de/> .

⁵ SHEFC (2001). Scottish universities consider "virtual medical school", <http://www.shefc.ac.uk/content/library/press/2001/prhe1301.html> .

4 LTSN-01 Mid-year Review Against the Operational Plan 1st August 2001 - 31st July 2002

The operational plan has been established for year two by identifying the activities necessary to implement the strategic aims and objectives.

Subject Centre Name: LTSN-01 Medicine, Dentistry and Veterinary Medicine		Template Completed By: Dr Megan Quantin-Baxter					
2000-2003 Strategic Plan Aim and Outcome	August 2001 - July 2002 Target (Evidence of Success)	2001-2002 Activities to Achieve Target from Operational Plan	Target Date	% Complete (12 months)	Progress Towards Outcomes (% indicates increase over the last period)	Evaluative Comment	Resource Used (fte staff have 110 days)
[SA1] The LTSN-01 effectively marketed through NPCs to reach staff in all institutions (more than 'flyers'), by increasing the content on the website, useful email bulletins, engaging the constituency and visits.	Raise awareness of the LTSN-01 to the next level of key learning and teaching staff beyond NPCs. (Increased uptake of the website, increased enquiries.)	Complete and circulate 2 nd 'flyer', increase content on website, increase 'turnover' of new information on website, increase the relevance of information in email bulletins, broker access to new information, allow dynamic linking to information on website.	July 2002	60	<ul style="list-style-type: none"> • 10,000 copies of 2nd 'flyer' printed and dissemination begun. • 14 health informatics articles commissioned by NHSIA for use on their eCommunity and the LTSN-01 website. • 450 events, 206 funding opportunities, 306 past projects, 135 news, 200 video titles, 23 FAQ and 131 best practice, 435 definition database entries. • 4 LTSN-01 email bulletins circulated, content settled to highest relevance. Increased use of LTSN-01 mailing list. • 513 enquiries (42%). • 65% increase in visits and 231% increase in hits to the LTSN-01 website (compared with July 2001 weblogs, Appendix 4). • Circulation of key documents to NPCs such as GC <i>Assessment Series</i> and SFEDA publication <i>Innovations in Teaching Clinical Medicine and Dentistry</i>. • One to one meetings with key individuals and invited to present at various conferences, workshops and awaydays (Appendix 5). • Contact details of 32 medical and dental staff development officers collected. • Contact details of 37 constituency Pro-VCs with responsibility for T&L collected. • Access to full Visible Human dataset secured (12 months). • Mini project to make BEME guides accessible on LTSN-01 website commissioned. • Dynamic linking RSS feeds of events and news through interoperability work with BIOME and cognate SCs. 	All activities initiated and on target for 100% completion by July. New staff are trained in data entry and maintenance. Email bulletins are carefully screened to ensure high content quality. Missing bulletins were replaced with email consultations on MAAS and FDTI4. More enquiries handled routinely by all staff. Good increase in uptake to the website (disproportionate increase in hits is due to University of Newcastle search engines), new web design planned for 2002. Initial work to form networks of staff development and Pro-VCs to complement the NPC network is in place.	Two days per week between the Centre Co-ordinator, Centre Secretary and Info Officer/ C&IT Manager

2000-2003 Strategic Plan Aim and Outcome	August 2001 - July 2002 Target (Evidence of Success)	2001-2002 Activities to Achieve Target from Operational Plan	Target Date	% Complete (12 months)	Progress Towards Outcomes (% indicates increase over the last period)	Evaluative Comment	Resource Used (fte staff have 110 days)
<p>[SA1] Documented results of evaluation of needs either with each LTSN-01 report, or separately (e.g. year one consultation document).</p> <p>The national agenda monitored, and response to any national consultations on behalf of the constituency.</p>	<p>Understanding and documentation kept up-to-date with changing needs in coming year. (LTSN-01 influencing national agenda based on real and documented evidence of need.)</p>	<p>Continue monitoring needs of the constituency using informal feedback mechanisms, respond to national consultations.</p>	<p>July 2002</p>	<p>On-going, up to date</p>	<ul style="list-style-type: none"> Responded to national statutory body consultations. Joint meeting on 'quality' with BDA in February 2002. Monitored FDTL4 project proposals, results of consultations regarding other funding opportunities (JISC and TLRP3). Response to GC generic themed projects. Increase ratio of telephone vs electronic enquiries from members of constituency (wider ranging discussion). Consultation on the use of VLEs in medical education (with Julian Cook, ILART) http://www.ltsn.bris.ac.uk/jules/jtap-623.pdf. 	<p>LTSN-01 records to be evaluated and re-vamped to provide more useful data on needs of constituency. Many of the telephone calls to the office were related to FDTL4.</p>	<p>Less than half a day per week of: Liaison Officers, Directors</p>
<p>[SA1, SA2 and SA4] Readily accessible content available over the web; added value and relevance to existing catalogued information; extension of existing content of databases and access to the most valuable learning and teaching resource for MDV.</p> <p>Brokered access to educational materials, publications and resources from non-web based existing sources, publishers and societies.</p> <p>Established e-community mechanisms allowing discussion and debate.</p> <p>All outcomes of past and present programmes identified and briefly documented.</p>	<p>Expand the knowledge base.</p> <p>Broker access to at least one previously inaccessible resource by suggesting widening participation, 'group discount', free trial periods, and other marketing methods, etc.</p> <p>Interactive tools on website. At least one subject discussion on website.</p> <p>To identify and broker access to educational materials, publications and resources from existing sources, publishers and societies. (Increase in content on website, continued 'ease of access' to information.)</p>	<p>Work with existing subject gateways to maximise 1. Interoperability, 2. search specificity, 3. Relevance, and enable subject centres to contribute content. Commission comment and review of resources, (add to knowledge base).</p> <p>Identify and catalogue publishers, societies and commercial groups with potentially valuable resources that are in some way restricted.</p> <p>Establish e-community software. List past projects and programmes on the website.</p> <p>Work with others to document past projects and programmes. Administer access permissions where necessary.</p>	<p>July 2002</p>	<p>50</p>	<ul style="list-style-type: none"> BIOME and LTSN-01 interoperability contract agreed and 3 LTSN-01 staff trained in BIOME cataloguing. OAI sharing of some data records with BIOME; some information management and end-user planning. Publication of the URL Starter Pack of free, on-line learning resources (reviewed by students). SC representation on metadata and educational content CETIS working groups. Hosted LTSN interoperability workshop (November). Report delivered to network. Gastroweb contacted to make potentially valuable resources more widely accessible by constituency. Commercial interests currently preclude access. RCS approached for case materials. 'Add Comment' facility in video database (200 entries), constituency add video titles, eCommunity software not yet established. 184 entries in past projects database. See cognate work. Implementation of Athens access to LTSN-01 website investigated but not implemented. 	<p>This represents key areas of development for LTSN-01. Papers prepared based on this activity. Commissioning reviews will take precedent in final 6 months, if other interoperability issues are able to catch up lost time.</p> <p>Plans to introduce e-community software to be implemented following redesign of LTSN-01 website. Site will comply with accessibility standards.</p>	<p>15 days Centre Manager, plus 30 days Info. Officer/C&IT Manager</p>

2000-2003 Strategic Plan Aim and Outcome	August 2001 - July 2002 Target (Evidence of Success)	2001-2002 Activities to Achieve Target from Operational Plan	Target Date	% Complete (12 months)	Progress Towards Outcomes (% indicates increase over the last period)	Evaluative Comment	Resource Used (fte staff have 110 days)
[SA2] Institutions, departments and academic/clinical tutors will have access to 'best practice' in the constituency and from elsewhere in the HE sector; high quality research outputs; and enhanced skills to interpret evidence.	Significant increase in content available on website listing best practice. Regular dissemination via enquiry service and other dialogue. (Number of documented items, constituency contributing to knowledge/awareness.)	Expand 'best practice' database. Promote high quality research. Train LTSN-01 staff in research process. Run workshops or develop document to enhance constituency skills. Use experts to assist with the identification and cataloguing (and possibly summarising) existing systematic reviews in educational research. Encourage the concept of <i>best evidence education</i> in UK HE and to promote a culture of the use of evidence by individuals and institutions. Actively disseminate BEE processes Identify areas of need and commission systematic reviews of existing literature. Commission appropriate reviews/evaluation.	July 2002	30	<ul style="list-style-type: none"> • Entries in best practice database up 44% on July 2001 (131 entries). • JMCK agreed to be a reviewer for PBL systematic review and involved in ongoing training in systematic review. • JMCK attendance at BEME workshop (see Appendix 5). • Students reviewed entries in the URL Starter Pack for relevance to undergraduate courses. • 10 reviewers secured to assist with evaluation of video titles (MAAS project). • Joint LTSN-01/BDA meeting arranged. 30 delegates expected from 15 dental schools. Outcome will include 45 new examples of best practice for LTSN-01 database. • OSCEs for Vets course hosted by LTSN-01. 10 members of constituency attended. • Teaching Personal and Professional Development workshop co-hosted by LTSN-01 (61 attendees). • Work continues on the LTSN-01 partially funded systematic review of PBL; initial FAQs on MCOs, and Outcomes-based education. • New miniproject to summarise Best Evidence Education (BEME) guides for the LTSN-01 website (from Dundee). 	Documenting 'Best Practice' is more difficult than anticipated. Constituents willing to share experiences, difficulties arise when trying to document it adequately for the external website. Website altered to allow external/internal view. Excellent attendance at PPD workshop (by invitation only). Establishing process of how to disseminate most effectively has taken a long time.	40 days of Subject Liaison Officers, Learning Dev. Officers

<p>2000-2003 Strategic Plan Aim and Outcome</p> <p>[SA2 and SA3] Innovation and experimentation in learning and teaching is identified, promoted and documented, new methods are informed by as much existing background as possible.</p>	<p>August 2001 - July 2002 Target (Evidence of Success)</p> <p>Best practice database supplemented with innovation, linked (dynamically where possible) to supporting literature. (Innovation identified and listed.)</p>	<p>2001-2002 Activities to Achieve Target from Operational Plan</p> <p>Commission at least 7 mini-project proposals in order to facilitate networking, dissemination of the outcomes of existing studies and to pump prime innovation. Document each mini-project and publish on the website. Introduce a scheme for 'idea of the month', (perhaps in conjunction with existing journals or our website). Involve students via special study options. Keep abreast of journal literature. Summarise where necessary. Produce on on-line web form for declaration of interests and facilitate partner-seek.</p>	<p>Target Date</p> <p>July 2002</p>	<p>% Complete (12 months)</p> <p>30</p>	<p>Progress Towards Outcomes (% indicates increase over the last period)</p> <ul style="list-style-type: none"> • Completion of mini-project to create an image database of clinical cases (see Error! Reference source not found.) • Student selected option offered at Newcastle in 2001-2002 was not filled. Difficult to implement elsewhere as SSO is a long process, need to time when to contact the constituency. • LTSN-01 subscribes to Medical Education, Medical Teacher, Active Learning in Higher Education, British Educational Research Journal, Review of Educational Research, American Educational Research Journal and THES. BEME guides to be summarised (see below). • FDTL4 resource web page allowed submission of partner search details from c70 individuals. • Introduced Site of the Month – URLs of free, reviewed on-line learning resources. • Useful materials and contacts from various European/International conferences. LTSN-01 manages Slice of Life JISCmail list. • LTSN-01 co-ordinating the judging of entries in the Medicine (Dentistry, Veterinary, Nursing and Subjects Allied) category of EASA 2002. 	<p>Evaluative Comment</p> <p>Experience of project managing to completion one mini project has identified need to modify LTSN-01 processes (clearer contracts, more contact with PI). New round of mini-projects to be announced in 2002, following announcement of stage 1 of FDTL4. Partner searches were manual rather than database driven due to time constraints and lack of staff. Prioritise web form design for future work.</p>	<p>Resource Used (fte staff have 110 days)</p> <p>15 days of all staff.</p>
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<p>2000-2003 Strategic Plan Aim and Outcome</p> <p>[SA2 and SA3] Ensure that all key staff involved in teaching have access to subject specific L&T professional development, and membership of ILT as appropriate.</p> <p>A clear understanding of the issues pertinent to the postgraduate sector, continuing professional development and standards of practice.</p>	<p>August 2001 - July 2002 Target (Evidence of Success)</p> <p>Identify postgraduate courses in L&T. Communication channel via staff development officers is established. (Increased interest in postgraduate courses/ qualifications in L&T.)</p>	<p>Host workshops to raise awareness of new teaching methods, work with local staff developers to supplement SD programmes.</p> <p>Plan to develop appropriate interactive self-learning tutorials for others within or outside the immediate constituency.</p> <p>Explore the transferability of resources across the subjects in the constituency, at the undergraduate/postgraduate interface and investigate opportunities for sharing.</p> <p>Identify and catalogue a selection of resources which might be relevant to wider uptake from subject specific, undergraduate and postgraduate sources.</p> <p>Raise awareness of CPD for learning and teaching. Inform constituency of work of ILT.</p>	<p>Target Date</p> <p>July 2002</p>	<p>% Complete (12 months)</p> <p>30</p>	<p>Progress Towards Outcomes (% indicates increase over the last period)</p> <ul style="list-style-type: none"> • Involvement in Generic Centre CPD project - design of CPD research questionnaire (Paul Drummond). • FDTL4 project in 'leadership' in education which proposed a mentoring process for future educational leaders. • Workshops hosted/co-hosted (OSCEs for Vets, Personal and Professional Development, see above). • Face to face meetings with medical and dental staff developers and presentations given to departments, including representatives of the Northern Deanery who run a postgraduate certificate in medical education, presently under consideration for conversion to a distance learning course. • The transferability of postgraduate material in undergraduate courses has been an issue in the MAAS project. Clinical material is in danger of being out-of-date so this is a major undertaking. • Publication of the URL Starter Pack (see above). 	<p>Evaluative Comment</p> <ul style="list-style-type: none"> • These are longer term endeavours which need to be implemented well. Will work well in conjunction with new FDTL4 and JISC projects, possibly assisted by LTSN-01 mini-project funding. 	<p>Resource Used (fte staff have 110 days)</p> <p>15 days - Events organised by SC Co-ordinator, contributed to by other staff.</p>
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2000-2003 Strategic Plan Aim and Outcome	August 2001 - July 2002 Target (Evidence of Success)	2001-2002 Activities to Achieve Target from Operational Plan	Target Date	% Complete (12 months)	Progress Towards Outcomes (% indicates increase over the last period)	Evaluative Comment	Resource Used (fte staff have 110 days)
[SA3 and SA4] Dissemination of information about subject review benchmarks and statutory requirements, response to consultation opportunities on behalf of the constituency, national workshops for raising awareness and assisting with implementation.	Constituency informed about new QA processes. (Constituency responding to needs of QA process.)	Document constituency response to subject benchmarks, host national workshops to raise awareness of implications. Promote awareness of technology based monitoring systems aimed at reducing administration in quality monitoring. Document 'best practice' in administrative processes for quality monitoring. Assist the constituency to interpret and publish the results of educational research and on-going quality monitoring.	July 2002	50	<ul style="list-style-type: none"> See below. Benchmarks will be published on 22 March 2002. A national meeting co-hosted by LTSN-01 and BDA planned for February 2002 to raise awareness of benchmark implications. Similar meetings planned for later in the year. Many demonstrations and presentations on the use of C&IT in teaching and learning (e.g. SSI-CMC; NLE). JMcK has held discussions with Newcastle, Leeds, Birmingham and Bristol on how to interpret and publish the use of existing educational monitoring data. 	Efficient way to disseminate good practice via demonstration. Demands unpaid input from host institution staff but they reap benefits in profile enhancement and potential collaboration.	20 days, Director, Subject Liaison Officers, external advisors to the SC.
[SA4] Raised awareness across the sector of the opportunity presented by change agents, response to national consultation strategy.	Response to benchmarks and statutory documents completed, and any other change agents arising. (Responses lodged on behalf of the constituency.)	All aspects of the work of the LTSN-01.	July 2002	80	<ul style="list-style-type: none"> Response made, on behalf of constituency, to national consultations on GMC "Revised Guidance on Undergraduate Medical Education", GDC "First Five Years" and RCVS "The Future of Veterinary Education and Training". 	Constituency also feedback via institutional responses.	As above.

2000-2003 Strategic Plan Aim and Outcome	August 2001 - July 2002 Target (Evidence of Success)	2001-2002 Activities to Achieve Target from Operational Plan	Target Date	% Complete (12 months)	Progress Towards Outcomes (% indicates increase over the last period)	Evaluative Comment	Resource Used (fte staff have 110 days)
[SA4] Increased funding available to the sector to pursue educational research and development.	Some bids submitted. (Increased funding/research in the sector.)	Discover funding opportunities to support educational development, document sources of existing funding, facilitate collaboration and production of bids, write bids on behalf of constituency. Produce a 'gap analysis' where funding is needed. Seek new funding from publishers, charities or commercial bodies to 'sponsor an idea' or 'adopt a mini-project' in education.	July 2002	80% more than expected	<ul style="list-style-type: none"> Continued 'fundop discovery' which involves understanding and précis complex funding opportunities. Most attractive fundops are advertised in the email bulletin. LTSN Executive/JISC RDN Strategy for Developing an RDN/LTSN Interoperability Framework, (Submitted). PPP Healthcare Medical Trust, Strategy for Developing an Resource Discovery Network/Learning and Teaching Support Network Interoperability Framework. (Rejected). EU Minerva: ALDEBARAN, the network for digital resources and active learning in healthcare (Second Stage). EU eContent: EUMAL: bid submitted, European Medical Archives Learning Resources - a portal for digital audio visual learning resources in the area of science, culture and education. (In progress). EU eContent: EMADIN Educational Media Archives Distribution Network (In progress). Assisted with the development of at least 18 FDTL4 bids. 3 very small contracts to LTSN-01 (Error! Reference source not found.) List of potential sponsors compiled and advice sought from local business management advisors who have advised caution so as not to overlap with University. 	Considerable effort has gone into this endeavour in order to increase capacity in the sector.	80 days of Liaison/Learning Dev. Officers, Centre Manager, Info Officer/C&IT Manager
[SA4] Promote educational research and grow the capacity of the sector to conduct high quality research; feed results into best practice above.	Collaborations and networks formed. Dialogue about large scale research opportunities. (Larger, more robust research projects.)	Foster collaborations, facilitate access to funding to support research, promote and support research on a large scale. Contribute to/co-ordinate research where appropriate. Encourage constituency (those contracted or involved) to publish and present at conferences. To facilitate the practical production of evaluated exemplar resources and examples of best practice (e.g. assessment).	July 2002	60	<ul style="list-style-type: none"> 67 attendees of FDTL4 town meeting held to facilitate collaboration and production of bids. FDTL4 resource page on LTSN-01 website to facilitate partner searches and bid writing (1412 visits to end of Jan). (Topics covered elsewhere.) 	Important brokerage activity.	See above.

2000-2003 Strategic Plan Aim and Outcome	August 2001 - July 2002 Target (Evidence of Success)	2001-2002 Activities to Achieve Target from Operational Plan	Target Date	% Complete (12 months)	Progress Towards Outcomes (% indicates increase over the last period)	Evaluative Comment	Resource Used (fte staff have 110 days)
[SA5] Fully informed constituency of national initiatives, briefed to take advantage of new opportunities arising from national strategies. National policy initiatives, outputs of existing programme and projects taken up by the constituency.	To have facilitated access by NPCs to the majority of relevant strategies. Identification of the majority of relevant 'projects' to the sector, within and outwith the constituency, some dissemination. (Representation of the constituency at a national level. The outputs of some projects investigated by NPCs and other key LT staff.)	Notification of new national issues, facilitated access, summaries provided, facilitated action in response to opportunities. Dissemination via the website of existing relevant projects. Facilitated uptake where appropriate.	July 2002	60	<ul style="list-style-type: none"> Development of Projects Database, for rapid identification of relevant projects. This was used extensively during FDTLA submission period. Notification of constituency of ESRC TLRP, JISC, PPP Healthcare Medical Trust opportunities, news and events. LTSN-01 Director honorary member of RCP. LTSN-01 is actively involved in three TLTP3 projects: Pharmacology (TLRPs), ASTER (small group teaching) and Networked Learning for Medicine and Health Sciences. 	LTSN-01 takes this activity very seriously and notifies the NPCs of only those important issues which are of direct consequences.	10 days of Director, Liaison/Learning Dev. Officers, Centre Co-ordinator
[SA5] Effective informed and complementary activity which builds on parallel work in the sector and avoids duplication of effort. An agenda to promote interdisciplinary activities is developed.	Raised awareness of past effort. Active R&D agenda. (Complementary activity arising and supported by LTSN-01. Active participation in interdisciplinary R&D.)	Dissemination of knowledge of 'best practice' and work elsewhere (website access to information), facilitated support for gaps, strengths, etc. Identify parallel but not otherwise obvious resources, such as maps, which could be used to enhance existing resources.	July 2002	40	<ul style="list-style-type: none"> Increased communication with people networks such as ASME, UMISLG, AVTRW, ADEE, AMEE, DentEdEvolves, CLIVE. Knowledge of 'best practice' gathered during informal communication and disseminated via the website and answers to enquiries. Resources in the Arts and Humanities have been identified. Working with C-SAP on mini project funded by C-SAP on Arts and Humanities in Medicine. Discussed relationship of Performing Arts with Medicine with Palatine. 	Initial needs analysis strategy was effective to ensure that staff of LTSN-01 are aware of strength and interest areas in the constituency. Interdisciplinary agenda is planned to increase in the next 6 months as new projects come on line.	10 days of Liaison/Learning Dev. Officers

2000-2003 Strategic Plan Aim and Outcome	August 2001 - July 2002 Target (Evidence of Success)	2001-2002 Activities to Achieve Target from Operational Plan	Target Date	% Complete (12 months)	Progress Towards Outcomes (% indicates increase over the last period)	Evaluative Comment	Resource Used (fte staff have 110 days)
[SA6] A network of high level contacts (NPCs) is maintained; high level representation on and regular meetings of the Advisory Board; regular communication with other key stakeholders.	Maintain current network, communication with other stakeholders. (Regular communication with all NPCs is considered useful and supportive.)	Replace 'absent' NPCs, remind the Deans of the work of the NPCs, develop support systems to assist NPCs to undertake this role. Host regular meetings of the AB.	July 2002	Up to date.	<ul style="list-style-type: none"> Regular communication with all NPCs via JISC mail lists (LTSN-01NPC@jiscmail.ac.uk, and subject specific NPC lists) and through individual email and telephone. Recruitment of 2 NPCs: Barts and Queen Mary School of Medicine and second NPC to support existing NPC at Imperial College, London. Replacement of 2 NPCs due to long term illness and change in job role. Contact made with two new medical schools. NPCs expected to be nominated once Deans have taken up post. Circulation of literature to assist knowledge of teaching and learning (SEDA, Assessment Series). Inaugural meeting of the AB held. Invitations to high level events. Attendance of meetings by LTSN-01 Director allows liaison with UK Medical, Dental and Veterinary Deans. 	LTSN-01 has worked hard to ensure that communication with NPCs is informative, beneficial and carefully monitored to prevent information overload for NPCs. Deans/NPCs do not yet see it as their 'network' of NPCs. FDTL4 and other funding opportunities has been beneficial.	10 days Director, Centre Co-ordinator
[SA6] AB well informed of the work of the LTSN-01, ambassadors for LTSN-01.	First meeting is completed and at least one more arranged. (AB is familiar with work of the LTSN-01.)	Copy relevant documents and materials to the AB; communicate regularly with AB.	July 2002	50% as expected	<ul style="list-style-type: none"> All members of the AB have received a copy of the LTSN-01 annual report which includes details of the Network's strategic plan and the SC's strategic and operational plan. All members of AB are included on LTSN-01 JISCmail list. Regular one to one contact with the AB via the Director at national meetings. 	AB supportive of the LTSN-01, and actively seeking ways to assist. Informal communication takes place between the Director, Liaison Officers and members of AB. Environment of transparency established. Completion of annual report is extensive task, AB contribution to be sought next year.	6 days of Centre Manager, Centre Co-ordinator
[SA6] Define role of & appoint External Evaluator. Publication on the website of all reports including evaluators' reports each year, detailing the work and impact of the LTSN-01; from oversight of the internal evaluation and directly evaluating our utility to the constituency. Regular reports documenting progress against the strategic aims and objectives (SMART).	Appoint evaluator, action the evaluation plan. Secure some feedback in relation to the service. (Transparency of the service offered by LTSN-01 is known by NPCs.)	Finalise contract and appoint evaluator, conduct internal monitoring, complete regular LTSN-01 reports for the Directorate, upload all reports to website.	July 2002	40	<ul style="list-style-type: none"> Evaluator appointed (Jen Harvey), attended evaluators meeting in Lancaster in September, and initial meeting with LTSN-01 staff held in November 2001. Copy of the LTSN-01 annual report and other documentation forwarded to external evaluator. Logging of all enquiries in electronic diary currently being transferred to enquiries database. Annual report completed and submitted to directorate and PDF version uploaded to LTSN-01 website. Base line information included in the last annual report. 	External evaluator invaluable for identifying monitoring methodologies,	15 days of Centre Co-ordinator

6.1 Operational Level

LTSN-01 is meeting all of its operational targets. There are some activities, such as site visits, which are still under discussion within the SC to ensure that the impact of these can be maximised. Some items are completed, some fall in the latter part of the year and some are genuinely behind schedule (discussed in strategic issues above).

As the relationship builds with the constituency it is easier to provide information (messages to the NPCs are currently painstakingly crafted and checked to ensure clarity, that the purpose and actions appear at the top of the message, and that they are succinct with an opportunity for SC staff to telephone to discuss further if asked for) in a format and frequency that they are able to cope with. Our communication skills are increasing as we learn more and simple routines becomes second nature. The only areas unable to be managed to schedule are those which were generally unplanned, such as some activities requested by the GC.

The staffing of LTSN-01 (Appendix) has been adjusted to reflect the changes to the workload (appointment of a Centre Co-ordinator (SMY) who has taken responsibility for much of the administrative work of the Centre, and reduction of the post of Secretary to part-time (DS)). Two new staff, a replacement for the Veterinary Medicine Learning Development Officer (SLM) and a new Dental Learning Development Officer (to be appointed) will assist the Veterinary Medicine and Dental Liaison Officers (ADS, RSH) with subject-specific support. Our Learning Development Officer (JMCK) has taken the lead in 3 major strategic L&T activities (assessment, ESRC TLRP3 and systematic review), and is increasingly deputising for the Centre Manager (MQB). Our Information Officer/C&IT Manager (SH) is progressing the knowledge base. Adequate staff development and induction/appraisal are essential against this changing background. Staff development opportunities are embedded in all of our experiences, and some experiences are deliberately planned to raise staff abilities to respond, such as strategically targeting systematic review experience. We work hard as a group to feedback, and plan to make this more transparent by placing written reports of events attended on the LTSN-01 website. Some internal staff development activities, such as an intensive Assessment workshop on Blueprinting, Standard Setting, Combining Marks, Generalizability Theory, Item Writing, Progress Testing, Assessing Knowledge Skills and Attitudes, and 'clinic' are planned for LTSN-01 staff. Policies of staff development will continue until staff are up to speed with relevant issues.

6.2 Significant Changes to Operational Plan?

There are no significant changes to the operational plan.

Appendix 1: Key Questions to Answer from Briefing 01/13

The reporting aspect of the framework (both annual and mid-year review reports) is about checking that your plans are being implemented as intended with a strong focus on reflection and review, and a view to making appropriate changes to your plans. The key to reporting is to benchmark progress against what you have said you will do in your strategic and operational plans.

Key questions to answer at a strategic level are:

- What changes have taken place in the environment within which you operate, including subject discipline needs and national policy issues?
- What barriers to success have you encountered?
- How appropriate are your strategic aims? Do these need adjusting in light of new information?
- What progress has been made towards longer-term outcomes? Do these need adjusting?
- How effective have your broad strategies been? Do you have new information that leads you to believe these should be adjusted?

Key questions to answer at an operational level are:

- Have you done everything you said you would: your events, meetings, your contacts, all your activities?
- Have you managed all this to schedule?
- Are things costing what you thought they would?
- Are your staffing structure and operating systems/processes working well? Are they appropriate for what you are trying to deliver?
- Is the amount of time allocated to different activities turning out to be as expected and is the planned sequence of activity turning out to be appropriate?
- Do you have the right balance of staff to get all the various tasks done and are they allocating the proportion of time they should

Appendix 2: Glossary of Terms

AB	Advisory Board
ADEE	Association for Dental Education in Europe
AHIS	Animal Health Information Specialists
ASME	Association for the Study of Medical Education
AVTRW	Animal Veterinary Teachers and Research Workers
BDA	British Dental Association
BDJ	British Dental Journal
BEE	Best Evidence Education
BIOME	JISC Biomedical 'Hub' including AgriFor, VetGate, OMNI, Natural Selection and BioResearch
BMA	British Medical Association
C&IT	Communication and Information Technology
CAIPE	Centre for the Advancement of Interprofessional Education
CDDS	Council of Deans of Dental Schools
CETIS	Centre for Educational Technology Interoperability Standards
CHMS,	Council of Heads of Medical Schools
CHVS	Committee of Heads of Veterinary Schools
CME	Continuing Medical Education
Cognate centres	Similar (related) subject centres such as Bioscience and Health Sciences and Practice
CPD	Continuing Professional Development
CTI	Computers in Teaching Initiative
D	Dentistry
DEL	Department of Employment and Learning, Northern Ireland
DfEE	Department for Education and Employment (now Department for Education and Skills)
DHFETE	Department for Higher and Further Education, Training and Employment for Northern Ireland
EASA2000	European Academic Software Awards 2000
EC	European Commission
FDTL	Fund for the Development of Teaching and Learning
FE	Further Education
FMCC	Faculty of Medicine Computing Centre
GC	Generic Centre
GDC	General Dental Council
GKT	Guy's, King's and Thomas'
GMC	General Medical Council
HE	Higher Education
HEFCE	Higher Education Funding Council for England
HEFCW	Higher Education Funding Council for Wales
HS&P	LTSN subject centre for Health Sciences and Practice
ILT	Institute for Learning and Teaching
IMS	Instructional Management System
JISC	Joint Information Systems Committee
L&T or LT	Learning and Teaching
LD	Learning Development

LTSN	Learning and Teaching Support Network
LTSN-01	LTSN subject centre for Medicine, Dentistry and Veterinary Medicine
M	Medicine
MDV	Medicine, Dentistry and Veterinary Medicine
MSA	Medical Students Association
NCT	National Co-ordinating Team
NHS	National Health Service
NHSIA	NHS Information Authority
NPCs	Nominated Primary Contacts
OMNI	Organised Medical Network Information
PBL	Problem Based Learning
PDP	Personal Development Planning
PVC	Pro-vice Chancellor
QAA	Quality Assurance Agency
RAE	Research Assessment Exercise
RCP	Royal College of Physicians, London
RCVS	Royal College of Veterinary Surgeons
RVC	Royal Veterinary College
SC	Subject Centre
SCHIN	Sowerby Centre for Health Informatics at Newcastle
SHEFC	Scottish Higher Education Funding Council
SMART	Specific, Measurable, Achievable, Realistic and Time-related
SSO	Special Study Option
TC	Technologies Centre (JISC)
TLT	Teaching and Learning Technology
TLT	Teaching and Learning
TLTP	Teaching and Learning Technologies Programme
UMSLG	University Medical Schools Librarians Group
V	Veterinary Medicine
Vetgate	Veterinary Gateway
Virtual Classroom	MLE / NLE for the NHS

Appendix 3: Example of FDTL4 Generic Advice

Dear all,

For those who are still drafting FDTL4 proposals please note some of the areas which might be causing difficulties for writers. We have had quite a few enquiries which might have been solved by a close look at the HEFCE 01/60 call for proposals, and there are some areas which people are having difficulty interpreting.

This information is based on enquiries, and a general perception in the LTSN-01 office of how things are going. Unfortunately, it is not possible to collate a 'summary of areas of difficulty' until you know what they are, and I appreciate that some project proposers have impending internal deadlines. I hope that this is still in time to be of some use to proposers.

From recent enquiries that we have noticed that people *seem* to have picked up the national FDTL4 AIMS such as: 'securing the widest possible involvement of institutions in the take up and implementation of good practice' (paragraphs 3 and 35), and that the project should also be focused on enhancing or 'seeking to improve the student learning experience' (Annex C (d)).

I am not so sure that everyone has noticed the four bullet points in paragraph 35 about elements to consider in a dissemination/continuation strategy!

You might find it helpful to photocopy your copy of the HEFCE 01/60 call for proposals, take at least 6 different coloured highlighter pens and HIGHLIGHT in a different colour everything in the call that looks like a STEER on management, evaluation, dissemination, continuation, costings and pedagogy/priorities. INCLUDE the section on 'Stage 2 detailed bids' but NOT the Annexes including Annex C. You will now have a list of reflect back to the reviewers in your proposal.

Broadly construct your proposal while simultaneously reading Annex C of the call. This is the *Reviewers Checklist* and you need to pick up as many brownie points as possible here. You can interpret the structure (you don't have to follow the 12 points in that order) as long as you clearly cover each point. If you have addressed each section in Annex C properly then you will be bulging out of the word limit so if you are feeling comfortable about words, then you have probably not addressed all 12 points in sufficient detail (they all have equal weighting). From the coloured pen exercise, reflect any STEERs back that you think are relevant (such as project management and reporting from 58-62, overall FDTL4 programme evaluation, dissemination headings) in the appropriate section. Revisit all other Annexes such as the subject specific priorities.

General Points:

- * Throughout your proposal, reflect HEFCE language back at them, cross reference within your document to avoid repetition.
- * If you are a consortia, why THIS consortia? Why is the project more than the sum of the parts?
- * Don't spend AGES on the intro/background. The reviewers KNOW the national subject specific and generic priorities, they want to know how you propose SOLVING these problems and effecting institutional change (why should they give YOU up to 250K?).
- * Be specific, give examples, keep it simple: quote from relevant documents to set the scene (INCLUDING your subject review report and/or the QAA subject overview report, and your Institutional Strategy - very few proposals that I have seen link well to their institutional strategy!).
- * Do your homework: reviewers will have QAA subject overview reports, HEFCE supporting documentation and relevant websites available (such as the NCT www.ncteam.ac.uk, past projects and accessibility information, see Annex D of the call) so make sure that you have referenced appropriate docs/sites, quote briefly from them but don't waste words, build on their framework.
- * Staff expertise: links with (learn from) postgraduate sector? Non-HEFCE/DEL funded institutions? Such as Deaneries, Royal Colleges/Professional Bodies, NHS activity? You can learn from these areas, and allow them to learn from you, but can't fund activity in this area unless it is essential to the successful outcome of the project. What staff development do you need either for project staff, or for those participating/ affected

such as teaching / mentoring staff? The process for delivering staff development and adequate costing is generally not well addressed.

* Outcomes: these should be MEASURABLE and TIMED - don't write yet another bunch of open-ended aims. 'Outcomes' is about PRODUCTS (deliverables), including intangible ones such as 'change'. You could include outcomes as part of your project plan if appropriate. Note that Annex C is very specific about how they want to see outcomes written, and that the NCT publishes guidelines about project management on their website.

* Accessibility: what specific access problems do YOUR students have? What do the statutory guidelines say? How is your project informed by (or will inform) your institutional accessibility strategy? Say that you will take expert advice as appropriate, and plan to PAY for this consultancy if necessary (1K over the lifetime of the project?). Look at the sites mentioned in Annex D and contact any particularly useful people.

* Acknowledge uncertainties, limitations, risks or unknowns that your project might have to overcome.

* Your project method / plan should set the scene for the reader to expect each of the costs detailed.

* Costs: No surprises here please! Everything should have been mentioned/indicated in the method / plan. If you have asked for staff, mention them earlier in 'staffing'. If you are buying out existing staff, say how the money will be spent to support their work on the project. If you have costed a conference, mention it in dissemination. Remember to include the 1K per year required for project staff to attend the NCTs annual conference (Annex B paragraph 10), and things like meetings of your Steering Committee / Advisory Group (some these people like to travel first class and it all adds up if you intend to meet 3 times per year). Dissemination costs vary hugely, depending on the project. However, see paragraphs 3 and 35 of the call and consider whether your dissemination costs are high enough. [Ask yourself: How would the reviewers react to a 250K project proposing 50K of the budget to effectively 'disseminate for understanding and implementation' (paragraph 35) existing materials and expertise (to all schools) from a national priority area for which the lead site is an internationally renowned expert?]

* Therefore: less is more. A tightly focused idea meeting real need; good quality partners; widespread, embedded dissemination; meeting national priorities (but only a COUPLE of them as indicated in Annex C (I)); VALUE for MONEY. Don't try to take on too much. If funded, you should be able to enjoy this project!

Please accept my apologies if this advice also seems obvious or repetition. It is a generalisation from several enquiries and all projects have their strengths and weaknesses, but these seem to be commonly difficult areas and most are real examples :).

LTSN-01 are aware of the proposed projects who have contacted us that you need a letter which we have prepared. We are SUPPOSED to see and keep a copy of a final version of each stage one bid before this letter is forwarded to you :).

I hope that this is in some way helpful. Please do not hesitate to contact us if we can be of further assistance.

Megan

Dear Ms Howls

You will have by now received at least 18 Fund for the Development of Teaching and Learning phase four project proposals representing Medicine, Dentistry and Veterinary Medicine.

My Director Professor Jordan has asked me to contact you with brief feedback on the process from the perspective of our subject centre's involvement. We were surprised at the number of proposals put forward from our sector which exceeded our initial estimates, which I expect will be common across all subject areas.

Following our town meeting on the 9th November (attended by 75 participants) we used our website and email to keep the constituency informed of the development of potential projects and project areas. Nine out of 12 topics areas emerging during the afternoon discussion groups at our town meeting were worked up to full project proposals, some topic areas represented by multiple bids. We observed (subjectively) a high correlation between project partners and the participants in the discussion groups that formed on the afternoon of our town meeting.

During the development of project proposals we responded to in excess of 240 enquiries (by telephone and email). These were from consortia clarify facts, requests for suggestions in relation to dissemination and accessibility, and non-bidders wishing to communicate with developing project areas.

We have offered broad advice to everyone who has contacted us or forwarded us copies of their project proposals, and detailed advice on specific issues. This was able to be fairly comprehensive up until the final week, during which we received copies of a minority which we were not previously aware of. It was easier to be confident of the dissemination strategies of the project proposals which we received earlier, however we maintained the same letter text provided for all project proposals, including very late submissions.

FDTL4 has been a major workload for the subject centre (at least 8 weeks of senior staff (working with bids) and clerical (email, organisation and website) time), which we hope has been reflected in the quality of the submissions to the funding councils. However, we would like you to note that we have not been able to give advice entirely evenly, which is directly correlated with the amount of time remaining until the deadline from when proposers first contacted us. Where bids did contact us early we offered generic and specific advice. We wish to be fully transparent about this.

We would like to wish you well with the next stage of the process.

Megan

cc Prof Reg Jordan

Appendix 4: Web Site Access Logs

Figure 1. Simple web logs for the LTSN-01 web site, broadly illustrating uptake by Kilobytes (KBytes), Visits, Pages, Files and Hits. Image captured on 23 January 2002. There is an anomaly in the amount of material downloaded in December 2001 and January 2001, although the daily average of visits continues to rise steadily.

Summary by Month										
Month	Daily Avg				Monthly Totals					
	Hits	Files	Pages	Visits	Sites	KBytes	Visits	Pages	Files	Hits
Jan 2002	11447	5237	10230	92	1277	1794504	2118	235300	120471	263288
Dec 2001	9060	4026	8176	70	1353	1964415	2194	253456	124820	280883
Nov 2001	3012	1446	1453	91	1672	915539	2755	43602	43400	90378
Oct 2001	2519	1113	1154	80	1448	754715	2498	35783	34528	78092
Sep 2001	1367	523	421	38	1359	286345	1141	12657	15711	41020
Aug 2001	1292	723	737	42	1165	211163	1331	22862	22418	40070

Breakdown of the top ten visits by URL for December 2001 (31 days).

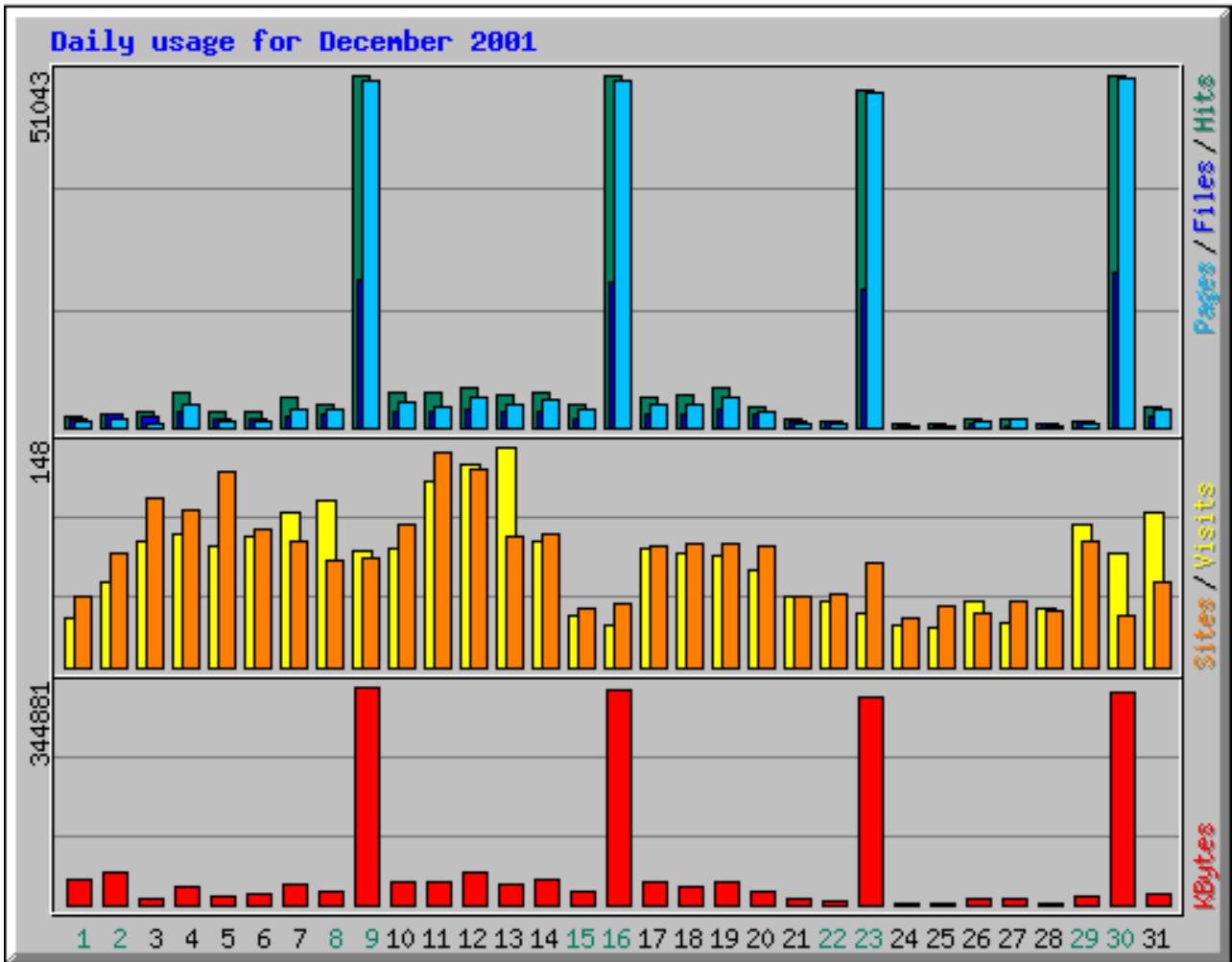
2396*	/resources/video/search	Video digitisation database
2389*	/resources/video/add_comment	Video digitisation database
1022	/	Home page
669	/resources/faq/search/search	FAQ database
506	/resources/faq/search	FAQ database
306	/resources/l_and_t_resource_pack/	Learning and Teaching pack
230	/resources/events/events.rss	Events database
183	/resources	Resources page
193	/resources/meetings/FDTL4/FDTL4_addname	FDTL4 resource page
122	/resources/best_practice/search_all	Best practice database
120	/index.html	
115	/resources/links/links.html	Links database

* anomaly

The massive increase in 'hits' in December 2001 may be partially attributed to search engines which are now fully indexing the site, as seen by the weekly peaks in Pages Files Hits during December. Visits is a more accurate statistic.

There are 322 links to <http://www.ltsn-01.ac.uk/> (as at 31 January 2002).

Figure 2. Detailed web logs for December 2001 showing a weekly increase in the Pages Files Hits weblogs, attributed to search engines such as the University of Newcastle 'Webinator'. 'Visits' is unaffected by this trend.



Appendix 5: Dissemination Activities

LTSN network events

- Quentin-Baxter, M., and Hardy, S. (2001). Meeting with Project Officer from Generic Centre to familiarise them with the work of LTSN-01, Newcastle, August.
- Drummond, P. (2001). Participation in Generic Centre CPD Advisory Group Focus Group meeting, Birmingham. October.
- Quentin-Baxter, M. (2001). Attendance at the 'Part time tutors initiative' meeting ran by the Generic Centre, York. October.
- Cotterill, S. (2001). Participation in Generic Centre PDP Meeting, Birmingham. October.
- Jordan, R.K. (2001). Participation in Subject Centre Directors' Away day, Lancaster. October.
- Harvey, J. (2001). Participation in LTSN evaluators workshop, Lancaster. October.
- Quentin-Baxter, M. (2001). Participation in Brokerage Meeting run by LTSN Generic Centre, London. December.
- Quentin-Baxter, M. (2001). Participation in ESRC-TLRP3 Meeting run by representative of Imperial College, London. December.
- McKendree, J. (2001). Participation in ESRC/TLRP3 meeting run by the LTSN Generic Centre, Birmingham. December.
- Quentin-Baxter, M. and McKendree, J. (2002). Attendance at LTSN workshops on primary contacts and departmental visits, Warwick. January.
- Quentin-Baxter, M. (2002). Network Management Meeting, York. January.
- Hardy, S. and Young, S (2002). Meeting with Executive Communications Manager to discuss LTSN communication strategy, Newcastle. January.
- Quentin-Baxter, M. and Hardy, S. (2002). Interoperability sub-group meeting, Leeds. January.

Hosted/Facilitated Events

- Quentin-Baxter, M. and Spencer, J. (2001). Co-hosted a workshop 'Teaching personal and professional development', Durham, September.
- Spencer, J. and McConnell, J. (2001). Co- hosted LTSN-01 workshop 'Objective Structured Clinical Examinations for Veterinary Medicine', Edinburgh, October.
- Jordan, R.K., Quentin-Baxter, M., Hobson, R., McKendree, J., McConnell, J and Young, S. (2001). Hosts LTSN-01 FDTL4 Town Meeting, Newcastle, November.
- Quentin-Baxter, M., McKendree, J., Hardy, S. and Young, S. (2001). Hosts of the LTSN interoperability workshop to discuss network strategy, Newcastle, December.

Publications and Presentations

- Hobson, R. (2001). Invited speaker at the Central Committee for University Dental Teachers and Research Workers of the British Dental Association annual meeting, London, September.
- Jordan, R.K. and McKendree, J. (2001). Invited speaker and participant in the Royal Veterinary College's curriculum review away day, London, September.
- Quentin-Baxter, M. (2001). Presentation of a paper entitled 'Virtual learning environments - a learner centred review' at the AMEE annual conference 'Medical education and standards at a time of change', Berlin, Germany, September.
- Quentin-Baxter, M. (2001). Invited attendee of the British Council run week long conference 'Educating the remote learner: approaches to distributing advanced education and training in geographically distant areas', Glasgow and Stornaway, September.

Quentin-Baxter, M. (2001). Invited presenter of ALT-C EASA Pre Conference Workshop 'How to create award-winning software', Edinburgh, September.

Jordan, R.K., Quentin-Baxter, M., Hardy, S., Hammond, G.R. (and others), (2001). Demonstration of Newcastle's NLE and PARS projects for curriculum developers and technical team from new medical school at Keele University, Newcastle, October.

Hobson, R. (2001). Invited speaker University Teachers Group and Computer Users Group at the British Orthodontic Society Annual Conference, Harrogate, October.

Jordan, R.K., Hammond, G.R., Quentin-Baxter, M. and Hardy, S. (2001). Demonstration and discussion of VMLE with senior faculty staff and technical team from Manchester University, Newcastle, December.

Jordan, R.K. (2002). Invited speaker at Medics C&IT Show Case Event, Oxford Medical School, Oxford, January.

Jordan, R.K. (2002). Key note speaker on 'Establishing the strategic value of MLEs' at the University of Wales College of Medicine Managed Learning Environments conference, Cardiff, January.

Hammond, G.R. (2002). Presentation on the work of LTSN-01 at the Newcastle University Phase I & II Co-ordinating Committee, Newcastle, January.

Quentin-Baxter, M. (2002). Key note speaker on C&IT for Queen's University Belfast 'Harnessing Communication and Information Technologies in Medical Education' conference, Belfast, January.

Conference/Meetings and Other Events Attended

Hardy, S. (2001). Online attendance of 'Facilitating Online Discussions' synchronous chat at <http://itlearningspace-scot.ac.uk/campus/people/groups/Groups.cfm?GroupsID=163>, August.

Hardy, S. (2001). Attendance at the 14th Slice of Life Workshop and Computers in Healthcare Education Symposium, Munich, Germany, August.

Jordan, R.K. (2001). Meeting with representative of the Medical Education Unit, University of Dundee, to discuss BEME, Newcastle, August.

Quentin-Baxter, M., McKendree, J. and Hardy, S. (2001). Meeting with representative of Newcastle Medical School, to discuss use of MCQ's, Newcastle, August.

Quentin-Baxter, M. (2001). Meeting with the Learning & Teaching Advisor in the Newcastle University Faculty of Medicine Computing Centre and the Faculty Staff Development Facilitator at Newcastle Medical School, to discuss SST, Newcastle, August.

Jordan, R.K., and Hammond, G (2001). Meeting with the Pro-VC, Newcastle, August.

Quentin-Baxter, M. (2001). Telephone interview with the Dean of Health and NPC for University of Keele, Newcastle, September.

McKendree, J. (2001). Attendance of LTSN/ESRC meeting to introduce Phase three of the Teaching and Learning Research Programme, London, September.

Cholerton, S (2001). Attended the LTSN Bioscience meeting 'Benchmarking and the new method for academic review', York, September.

Hobson, R. (2001). Facilitated meeting between the President of the General Dental Council, the Postgraduate Dean (Northern) and a representative of the ILT to discussion CPD relationship between the ILT and professional bodies, Newcastle, September

Hardy, S. (2001). Attendance at The Oxford Centre for Staff and Learning Development symposium 'Improving student learning using learning technologies', Edinburgh, September.

Hardy, S. (2001). Attendance at ALT-C 2001, 'Changing learning environments', Edinburgh, September.

McDonald, T. and Moss, J. (2001). Attendance at CETIS Workshop, Edinburgh, September.

Hobson, R. (2001). Attendance at first and second EU ESF Project Meeting, London, September & December.

- Hobson, R., Quentin-Baxter, M. (2001). Meeting with a Senior Lecturer in Oral Growth at St Bartholomew's and The Royal London School of Medicine and Dentistry, to discuss potential FDTL4 bid, Newcastle, September.
- Jordan, R.K., Hardy, S. and Quentin-Baxter, M. (2001). Meeting with European bid collaborator to discuss MedCAL reform of Swedish Medical Education, Newcastle, September.
- Quentin-Baxter, M. and Hardy, S. (2001). Meeting with a representative of Bristol BioMed to discuss the future of Bristol BioMed Image Archive, Newcastle, September.
- Spencer, J., Jordan, R.K. and Hardy, S. (2001). Meeting with the Senior Lecturer and NPC at University of Manchester Medical School, to discuss the use of CAL in the medical curriculum and VLEs, Newcastle, September.
- Quentin-Baxter, M. (2001). Telephone interview with the Director of Research Centre for Medical Education and NPC for the Royal Free and University College Medical School., Newcastle, October.
- Spencer, J. and Quentin-Baxter, M. (2001). Meeting with a representative of the medical education unit at University of Sheffield, to discuss OSCE examinations, Newcastle, October.
- Quentin-Baxter, M., Hardy, S. and Young, S. (2001). Meeting with the Manager of the Academic Development Unit at Newcastle University, to brief presenter on FDTL4 town meeting, Newcastle, October.
- Quentin-Baxter, M. (2001). Attendance at JISC launch of the Cochrane Library, London, October.
- Quentin-Baxter, M. (2001). Meeting with the manager of the medical skills lab at Newcastle University, Newcastle, October.
- Quentin-Baxter, M. (2001). Meeting the Director of LTSN Bioscience and C87, Newcastle, October.
- Jordan, R.K., Quentin-Baxter, M., McKendree, J., Hardy, S., Hobson, R. and Young, S. (2001). Meeting with LTSN-01 external evaluator from Dublin Institute of Technology, to discuss evaluation strategy, Newcastle, October.
- Hardy, S. (2001). Attendance at CETIS Metadata group, Loughborough, November.
- Quentin-Baxter, M. (2001). Participation in LTSN UK Centre for Material Education hosted meeting to discuss an LTSN TLRP bid, London, November.
- McKendree, J. (2001). Attendance of the ALT focus group on the Fretwell Downing Learning Environment 'Use of virtual learning environments to support problem based learning', Coventry, November.
- McKendree, J. (2001). Attendance at a Best Evidence Medical Education (BEME) workshop on systematic reviews of evidence, Edinburgh, November.
- Quentin-Baxter, M. (2001). Attendance of the Northern and Yorkshire NHS Executive Conference 'Good educational practice for developing core competencies of clinical teams', Wakefield, November.
- Quentin-Baxter, M. and McKendree, J. (2001). Participation in the Bristol University Teaching and Learning Exhibition, Bristol, November.
- Jordan, R.K., Hammond, G.R. and Quentin-Baxter. (2001). Attendance at Newcastle University FDTL4 planning meeting, Newcastle, November.
- Jordan, R.K. and McKendree, J. (2001). Participation in LTSN HSP hosted meeting re future interprofessional work/bids, London, November.
- Quentin-Baxter, M. and McKendree, J. (2001). Meeting with the Assistant Director of Quality and Standards at University of Newcastle, to discuss the Certificate of Academic Practice for New Lecturers, Newcastle, November.
- Hobson, R. (2001). CCUD&RW meeting to discuss Joint BDA/LTSN-01 conference, London, November.
- McKendree, J. (2001). Meeting with staff at LTSN Psychology to discuss current activity, York, November.
- Quentin-Baxter, M. (2001). Participation at Bioscience /HSP FDTL town meeting, London, November.
- Quentin-Baxter, M. and Hardy, S. (2001). Meeting with the BST Courses Development Co-ordinator at The Royal College of Surgeons of England, to raise awareness of LTSN-01, London, November.

Quentin-Baxter, M. (2001). Meeting with lecturer from Imperial College to raise awareness of LTSN-01, London, November.

Hardy, S. (2001). Meeting with the Educational Development Advisor for St Bartholomew's and The Royal London School of Medicine and Dentistry to raise awareness of LTSN-01, London, November.

Quentin-Baxter, M. (2001). Meeting with the Director of Undergraduate Medicine at Imperial College School of Medicine, to raise awareness of LTSN-01, London, November.

Hardy, S. (2001). Participation at Art and Design FDTL town meeting, London, November.

Quentin-Baxter, M. (2001). Meeting with the Staff Development Officer at University of Liverpool, to discuss Staff Development activities, Liverpool, November.

Hobson, R (2001). Meeting with the Associate Dean for Undergraduate Dental Studies at University of Manchester, to discuss LTSN-01 mini-project progress, Manchester, November.

Hardy, S. (2001). Meeting with USICA representatives, London, December.

Hobson, R. (2001). Attendance at second EU ESF Project Meeting, London, December.

McKendree, J. (2001). Invited guest at meeting of dental FDTL4 consortia to advise on bid, Birmingham, December.

Quentin-Baxter, M. (2001). Meeting with Newcastle led bioscience FDTL4 consortia, Newcastle, December.

Jordan, R.K., Hammond, G.R., Quentin-Baxter, M. and Hardy, S. (2001). Meeting with representatives of ANCOMM to discuss developments in electronic curriculum management, Newcastle, December.

Quentin-Baxter, M. (2001). Participation in National Co-ordination Team FDTL4 subject centre meeting, London, December.

Quentin-Baxter, M. (2001). Participation in Newcastle FDTL4 Medicine Bid, Newcastle, December.

Quentin-Baxter, M. and McKendree, J. (2001). Meeting with Professor of Medical Education at Newcastle University to discuss potential LTSN-01 TLRP bid on reflective learning, Newcastle, December.

Quentin-Baxter, M. (2002). Meeting of the Current Medical Practice steering group, BUFVC, London, January.

McKendree, J. (2002). Meeting with a Research Fellow and Lecturer at the Postgraduate Institute for Medicine & Dentistry, Newcastle, January.

Quentin-Baxter, M. (2002). Meeting with the Academic Sub-Dean of Newcastle Medical School, to discuss dissemination plan for TLTP3 project, Newcastle, January.

Hobson, R (2002). Attendance of DENTED meeting, Ireland, January.

Management Meetings

LTSN-01 Advisory Board meeting, October 2001

LTSN-01 Management Meetings, October 2001 and January 2002

LTSN-01 fortnightly team meetings August 2001 – January 2002

Quentin-Baxter, M., Hobson, R. and Hardy, S. (2001). LTSN-01 sponsorship brainstorm meeting, Newcastle, October.

Quentin-Baxter, M., McKendree, J., Hardy, S., Hobson, R. and Young, S. (2001). LTSN-01 strategy morning, Newcastle, December.

Training and Support

Hardy, S., Young, S. and McKendree, J. (2001). Appraisees training, Newcastle, August.

Hardy, S. (2001). Training day with BIOME, Nottingham, October.

Quentin-Baxter, M. and Young, S. (2001). BIOME entry training conducted by Suzanne Hardy, Newcastle, October.

Young, S. (2001). Participation in LTSN Administrator Staff Development Workshop, London. November.

Quentin-Baxter, M. (2002). Delegate at Sheffield Assessment Workshop, organised by Sheffield Medical Education Unit, Sheffield, January.

Hobson, R. (2001). Facilitator of staff development training at Newcastle Dental School, Clinical dental teaching skills: *assessing attitudes*, Newcastle, October.

Hobson, R. (2001). Attended Newcastle Postgraduate Institute for Medicine and Dentistry training course *good practice in recruitment and selection*, Newcastle, October.

Enquiries

Between August 2001 and January 2002 LTSN-01 has received and responded to over 513 enquiries. A high percentage of enquiries in the later three months have been regarding FDTL4.

Esteem Indicators⁶

Jordan, R.K. Honorary membership of the Royal College of Physicians.

Web Site

Work has continued between August 2001 and January 2002 to maintain and improve the content of the LTSN-01 website. The information on the website is regularly updated (at least twice a week, with two random pieces of information appearing on the front page) and the seven previously established databases continue to grow and are accessed by the community regularly.

- Educational funding opportunities (201 entries, used routinely)
- Events and conferences (412 entries, used routinely). Outputs to RSS for harvesting.
- News items (123 entries). Outputs to RSS for harvesting.
- Examples of good practice within the UK constituency (131 entries)

⁶ In addition to existing esteem indicators:

University of Newcastle winner of the Sunday Times University of the Year 2000-2001.

Members of LTSN-01 are on local teaching co-ordination committees who meet regularly.

Hardy, S. Member of Animal Health Information Specialists.

Hobson, R.S. On: Central Committee for Dental Teachers and Research Workers of the British Dental Association, and General Dental Services IT Committee of BDA.

Hobson, R.S. Member of the British Society for Computer Assisted Learning in Dentistry, and ILT. and ASME

Hobson, R.S. Referee for the J Medical Education, British Journal of Sports Medicine, British Dental Journal, Medical Education, Dental Update, International Journal for Paediatric Dentistry, Journal of Orthodontics.

Jordan, R.K. Member of the GMC review team.

Jordan, R.K. QAA reviewer and member of the Medical QAA Subject Review Overview Report group.

Jordan, R.K. Member of the Medical QAA benchmarking group (chaired by Prof R Stout, Queens University of Belfast).

Jordan, R.K. External examiner for a number of degree programmes.

Jordan, R.K. Member of ASME, AMEE and the ILT.

Jordan, R.K. UK Delegate to RAND/DITCHLEY/Nuffield Trust Conference on Systems Design for Quality Healthcare: a Future Perspective (2001).

Jordan, R.K. Member of the Health Sciences and Practice Advisory Board and many other advisory groups/committees.

Jordan, R.K. Referee for the Journal of Medical Education and other educational journals.

Jordan, R.K., Hammond, G.R. and P. Drummond. Members of the Internet-PARs Steering Committee.

Jordan, R.K., Hammond, G.R., McDonald, A.M. and M. Quentin-Baxter. Members of the TLTP3-86 Steering Committee.

Marshall, S.L. Member of veterinary medicine teaching committees.

McKendree, J. Member of: Cognitive Science Society, American Educational Research Association (AERA), AERA SIG on Advanced Learning Technologies, British Educational Research Association (BERA), ACM Special Interest Group on Computer-Human Interaction (SIGCHI), European Association of Research on Learning and Instruction, and the American Evaluation Association.

McKendree, J. On review board/programme committee for: Cognitive Science Conference 2001, Local Chair, Artificial Intelligence and Education Conference (AI&Ed 2001), Programme Committee, Euro-CSCL 2001, Programme Committee, Information Technology Awards Review Panel, National Science Foundation.

McKendree, J. Referee for: International Journal of Artificial Intelligence and Education, Cambridge University Press, Manuscript Reviewer, Journal of Computer-Aided Learning, Cognitive Science Conference, Computer-Human Interaction (CHI) Conference.

Quentin-Baxter, M. Member of: the JISC project Bristol BioMed Learning and Teaching Project (BB-LT) Advisory Group, Managing Agent Advisory Service (MAAS) Medical Advisory Group and the BMA working party on the use of SIFT.

Quentin-Baxter, M. Referee for the Journal of Medical Education, and 6 research-specific journals (e.g. ISDN and Computing Systems, IEEE TKDE and JODI).

Quentin-Baxter, M. Member of AMEE, and ASME.

- Definitions (392 entries, infrequently used at present)
- Virtual learning environments (318 entries, used routinely)
- Learning resource/courseware database (750 entries, established during set up period). Outputs to OAI for harvesting by other sites.
- Links database (149 entries, infrequently used at present due to interoperability discussions with BIOME)
- *Mini-projects proposals captured using a simple web form (60 entries). Not used since last reporting period.*
- Frequently Asked Questions (23 entries, used routinely)

Two new databases have been established over last six months.

- Projects database (184 entries, used routinely)
- Videos for digitalisation database (200 entries) and potential video reviewers.

Work is planned to introduce new databases for the site.

- LTSN-01 Diary database

Two RSS feeds are available, and an experimental harvester is running on LTSN-01 site. External web designers have been commissioned to deliver a new design for the LTSN-01 web site that will combine modern design principles with conformity to new accessibility legislation. This will not affect the back end of the site which will continue to be database driven.

Appendix 6: Staffing

6.1 LTSN-01 Staff

Role	Name	Status	Contribution	Associated Costs
Centre Management, Support & Administration:				
Director	Prof RK Jordan	In post	0.4 fte	met by Newcastle
Deputy Director	Dr GR Hammond	In post	0.1 fte	met by Newcastle
Centre Manager	Dr M Quentin-Baxter	In post	0.5 fte	met by Centre
Learning Development Officer*	Dr J McKendree	In post	1.0 fte	met by Centre
IT Advisor	Mr JD Moss	In post	0.1 fte	met by Newcastle
Information Officer / C&IT Manager	Ms S Hardy	In post	1.0 fte	met by Centre
Centre Co-ordinator*	Ms SM Young	In post	1.0 fte	met by Centre
Centre Secretary**	Ms D Stilgoe	In post	0.5 fte	met by Centre
Discipline-Specific Support, Medicine:				
Medicine Liaison Officer	Dr M Quentin-Baxter	In post	0.5 fte	met by Centre
Learning & Teaching Development	Dr JA Spencer	In post	0.1 fte	met by Newcastle
Discipline-Specific Support, Dentistry:				
Dental Liaison Officer / Learning Development Officer	Dr RS Hobson	In post	0.2 fte	met by Centre
Learning & Teaching Development	Dr NJA Jepson	In post	0.1 fte	met by Newcastle
Learning Development Officer*	TBA	TBA	1.0 fte	met by Centre
Discipline-Specific Support, Veterinary Medicine:				
Veterinary Medicine Liaison Officer	Dr AD Short	In post	0.1 fte	met by Edinburgh
Veterinary Medicine Deputy Liaison Officer	Ms G McConnell	In post	0.1 fte	met by Edinburgh
Learning Development Officer**	Dr SL Marshall	In post	1.0 fte	met by Centre
Discipline-Specific Support, Postgraduate Medicine:				
Postgraduate Medicine Liaison Officer	Ms W Wade	In post	0.1 fte	met by RCP
Postgraduate Medicine Deputy Liaison Officer	Mr D Liu	In post	0.1 fte	met by RCP

* new posts created in year two, (secretarial post has reduced to 0.5 fte and is currently occupied by temporary staff on a 3 month contract)

** new members of staff in post

6.2 Role Statements

6.2.1 Advisory Group

Membership of the Advisory Group remains as reported in the Annual Report 2000/2001. The second meeting of the AG is scheduled for 26th April 2002.

6.2.2 Centre Management Group

A Centre Management Group has been established, made up of up to two senior representatives of each of the Local Liaison Teams, it provides a forum for discussion and dissemination of experiences, and for advising the Centre Manager on day to day matters and some strategic issues. The Centre Management Group meets regularly and is self-managing. Liaison Teams or the Centre Management Group appoints additional Working Groups tasked with defined remits and reporting to the Liaison Team or the Centre Manager. A national network of key contacts in relevant institutions whose role would be to assist and otherwise facilitate the activities of the subject centre is established and managed by the Centre Manager.

6.2.3 Local Liaison Teams

Local Liaison Teams with a named Liaison Team Leader have been established at each site, and these are directly responsible to the Centre Manager for their contribution to the subject centre outcomes. The core staff of the Liaison Teams has remained small although wider membership is possible in order to achieve specific purposes. Specific roles are outlined below.

6.2.4 LTSN-01 Director (40%)

Overall authority for the Centre and ultimate responsibility to the funding bodies for the delivery of the subject centre's outcomes. The LTSN-01 Director has responsibility for the strategic direction and ensuring continuity of institutional and external support for the Centre, including securing resources, monitoring performance at a strategic level, and interfacing with external organisations on behalf of the subject centre.

The LTSN-01 Director is responsible for ensuring that appropriate documentation (which is required by the funding bodies through their representatives) is in order and provided on the due dates. The LTSN-01 Director is responsible for resolving conflicts not able to be resolved by the Centre Manager, and for seeking advice on such issues from third parties, if required.

The LTSN-01 Director is a member of the Advisory Board and the Centre Management Group and, when necessary, the Liaison Teams.

6.2.5 LTSN-01 Deputy Director (10%)

The Deputy Director represents the Director in his absence, and is responsible for the overall strategic approach to the application of communication and information technology (C&IT). The Deputy Director is a key member of the Centre Management Group and is an ambassador for the Centre. The Deputy Director can make some strategic decisions on behalf of the LTSN-01 Director.

6.2.6 LTSN-01 Centre Manager (50%)

Responsible for day to day running of the LTSN-01 (50% of time), reporting to the Director and the Advisory Board; is a member of the Centre Management Group and liaises on behalf of the subject centre at all levels. The Centre Manager is responsible for drafting the Strategic and Operational plans, Dissemination and Evaluation strategy, for ensuring that the Centre deliverables are met and that changes are managed in accordance with strategies outlined by representatives of the funding bodies.

6.2.7 LTSN-01 Medicine Liaison Officer (50%)

Responsible for delivering the aims of the subject centre to the constituency with special responsibility for Medicine. Is a member of the Centre Management Group and leads the Medicine Liaison Team. Responsible to the Centre Manager.

6.2.8 LTSN-01 Dental Liaison Officer / Dental Learning Development Officer (20%)

Responsible for delivering the aims of the subject centre to the constituency with special responsibility for Dentistry. Is a member of the Centre Management Group and leads the Dental Liaison Team. Responsible to the Centre Manager.

6.2.9 LTSN-01 Dental Learning Development Officer (100% to be appointed)

Responsible for delivering the aims of the subject centre to the constituency with special responsibility for Dentistry. Is a member of the Dental Liaison Team. Responsible to and deputises for the Dental Liaison Officer.

6.2.10 LTSN-01 Veterinary Medicine Liaison Officer (10%)

Responsible for delivering the aims of the subject centre to the constituency with special responsibility for Veterinary Medicine. Is a member of the Centre Management Group and leads the Veterinary Medicine Liaison Team. Responsible to the Centre Manager.

6.2.11 LTSN-01 Veterinary Medicine Deputy Liaison Officer (10%)

Responsible for delivering the aims of the subject centre to the constituency with special responsibility for Veterinary Medicine. Is a member of the Centre Management Group and deputises for the Veterinary Medicine Liaison Officer. Responsible to the Veterinary Medicine Liaison Officer.

6.2.12 LTSN-01 Veterinary Medicine Learning Development Officer (100%)

Responsible for delivering the aims of the subject centre to the constituency with special responsibility for Veterinary Medicine. Is a member of the Veterinary Medicine Liaison Team. Responsible to the Veterinary Medicine Liaison Officer.

6.2.13 LTSN-01 Postgraduate Medicine Liaison Officer (10%)

Responsible for delivering the aims of the subject centre to the constituency with special responsibility for the postgraduate sector. Is a member of the Centre Management Group and Medicine Liaison Team. Responsible to the Centre Manager.

6.2.14 LTSN-01 Postgraduate Medicine Deputy Liaison Officer (10%)

Responsible for delivering the aims of the subject centre to the constituency with special responsibility for the postgraduate sector. Is a member of the Centre Management Group and Medicine Liaison Team. Responsible to the Postgraduate Medicine Liaison Officer.

6.2.15 LTSN-01 Learning Development Officer (100%)

Responsible for generic learning development issues, supporting the constituency and the Liaison Officers, and advising subject based Learning Development Officers. Reporting to the Centre Manager; is a member of the Centre Management Group and liaises on behalf of the subject centre.

6.2.16 LTSN-01 Information Officer / C&IT Manager (100%)

Responsible for supporting the work of the Local Liaison Teams in delivering the aims of the subject centre to the constituency. Is a member of the Local Liaison Team at Newcastle. Responsible to and sometimes deputises for the Centre Manager.

6.2.17 LTSN-01 Information Technology Advisor (10%)

Responsible for providing technical advice to the LTSN-01 via the Centre Manager. Is invited to Local Liaison Team meetings at Newcastle and meetings with external technical groups when appropriate.

6.2.18 LTSN-01 Centre Co-ordinator (100%)

Responsible for providing comprehensive administrative support for the LTSN-01, researching basic information, managing contracts and other administrative duties including overseeing the management and recording of enquiries, and overseeing the work of the Centre Secretary. Responsible to the Centre Manager.

6.2.19 LTSN-01 Centre Secretary (50%)

Responsible for providing secretarial support for the Centre, including acting as an entry point for enquiries, maintaining databases and assisting the Centre Co-ordinator. Responsible to the Centre Co-ordinator.

6.2.20 LTSN-01 Affiliated Staff (10% each)

Affiliated staff will deputise for senior subject centre staff from time to time, and undertake specific duties at the request of the Centre Manager or Liaison Team Leaders.

6.2.21 LTSN-01 External Evaluator

The role of the External Evaluator is to oversee the development and implementation of the evaluation strategy, and to report to the Centre Manager and the LTSN Programme Director if appropriate.