

To whom it may concern.

22 June 2001

Learning and Teaching Support Network Subject Centre Medicine, Dentistry and Veterinary Medicine
LTSN-01 Report of the Consultation to set the LTSN-01 Pro-active Agenda.

Dear Sir Madam,

Please find enclosed a copy of the 1st report relating to defining the pro-active agenda for the *Learning and Teaching Support Network Subject Centre Medicine, Dentistry and Veterinary Medicine*.

This report summarises the outcomes of a consultation process to set the pro-active agenda for the LTSN-01 and reflects the outcomes of telephone interviews with nominated primary contacts, and workshops on the 17 May 2001.

Yours sincerely,

Dr Megan Quentin-Baxter

Centre Manager

cc

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

Report of the Consultation to set the LTSN-01 Pro-active Agenda

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

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Consultation to set the Pro-active Agenda

1 Learning and Teaching Support Network Subject Centre 01 Medicine, Dentistry and Veterinary Medicine

2 Executive Summary

This consultation document outlines the draft pro-active agenda for the Learning and Teaching Support Network subject centre for Medicine, Dentistry and Veterinary Medicine (LTSN-01). The LTSN-01 has established the pro-active aspects of its strategic aims (SA1-4 outlined below) through a process of engagement, consultation and reflection. Information has been obtained and documented about the delivery of programmes in the constituency, issues and priorities and methods of operating through a review of existing literature, telephone interviews with nominated primary contacts in each of the constituency programmes, a reflective one day conference and this consultation document.

This phase of consultation with the constituency has clarified and consolidated the implementation of many planned activities (methods of operating) which were already envisaged as 'core business' and funded by the funding councils, such as:

- Continuing to work through the nominated primary contacts
- Establishing databases of 'good practice', evidence and resources
- Liaising with existing subject associations and cognate subject centres
- Targeting staff development activities
- Utilising the website and discussion lists as the main communication channels

It was also clear that the LTSN-01 should take forward a pro-active research and development agenda on pedagogic themed areas, undertaking large scale research and utilising external consultancy where necessary to develop the resources to inform practice. The constituency envisaged action and identifiable/practical outcomes and assistance in adopting new methodologies, rather than rhetoric.

The pedagogic themed areas identified included:

- Assessment
- Community (practice) based teaching
- Continuum from undergraduate to postgraduate education
- Interprofessional learning
- Personal and professional development for learners and teachers (including personal development planning, fitness to practice, etc.)

Some subject bias favoured specific issues between subjects in the constituency. Activity in some priority areas, possibly outside the immediate scope of the LTSN-01, would focus on raising awareness and lobbying stakeholder groups, such as the statutory bodies and others responsible for continuing professional development.

The LTSN-01 should review its strategic aims and objectives, activities and targets to reflect the key findings and methodologies outlined here, and build these findings into its annual strategic and operating plans. The LTSN-01 should either allocate appropriate resources where activities fall into the category of 'core business', or plan to lobby for funds to support the pedagogic themed areas outlined.

Further comments are invited from the nominated primary contacts on this consultation document to set the pro-active agenda in order to verify the accuracy of these findings. This document will remain in 'draft' until 31st July 2001 when a final version will be made publicly available.

3 Scope and Purpose of this Document

As part of the four higher education funding councils' (Higher Education Funding Council for England (HEFCE), Scottish Higher Education Funding Council (SHEFC), Higher Education Funding Council for Wales (HEFCW) and Department of Higher and Further Education, Training and Employment for Northern Ireland (DHFETE)) programme to provide a national subject support network, the University of Newcastle has been contracted to provide the Learning and Teaching Support Network Subject Centre Medicine, Dentistry and Veterinary Medicine for three years in the first instance. The University of Newcastle has entered into an agreement with the University of Edinburgh and the Royal College of Physicians to deliver the LTSN subject centre for Medicine, Dentistry and Veterinary Medicine (LTSN-01).

To deliver the aims and objectives outlined below the LTSN-01 must respond reactively as required, and proactively identify and prioritise issues of key importance to the sector. This consultation document sets out the draft 'pro-active agenda', and methods of operating, for the next 3 years based on the objectives of the programme as a whole, and the outcomes of the analysis of needs undertaken to date. This agenda was primarily based on the outcomes of a series of telephone interviews and a one day conference (17 May 2001) to reflect the emergent issues with high level institutional 'nominated primary contacts'. This document represents the end of the first stage of consultation with the sector and provides a basis for strategic planning. Comments on this documents and the plans outlined here are welcomed until 31 July 2001. Thereafter it is expected that this phase of consultation will be finalised and a new, lighter-touch phase of consultation will begin.

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4 Mission, Aims and Objectives of the LTSN-01

4.1 Mission Statement

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

4.2 Strategic Aims Mapped to the Aims of the LTSN Programme

- SA1. To be the primary information and advice resource for all Medicine, Dentistry and Veterinary Medicine staff involved in learning and teaching [LTSN S1, S5 and S6 see Appendix 1].
- 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].
- 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 and to *foster life-long learning and the continuing professional development of practitioners* [LTSN S2 and S7].
- SA4. To work in an open and transparent way which is accountable to the constituency directly and through the appropriate 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 S4].

4.3 Objectives/Outcomes

Detailed operational objectives (activities) can be found in Appendix 2.

- To develop and sustain effective relationships and partnerships with appropriate stakeholders within the constituency [SA1].
- To respond to the generic and subject-specific needs of the constituency [SA1].

- To promote the LTSN within institutions, and the HE sector more widely, so that all staff involved in learning and teaching are aware of, and have access to, the resources provided by LTSN [SA1].
- To identify the needs of the constituency and to respond to the opportunities presented [SA1].
- To provide accessible and evaluated information to ensure that the wide range of C&IT resources now available is properly exploited to support and enhance the student learning experience [SA1 and SA2];
- To provide an evaluated, high quality UK-wide service, addressing equally and evenly both the common and individual needs of members of the constituency [SA1 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 [SA2].
- 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) [SA2].
- To provide advice and guidance on the implementation of change and its evaluation [SA2].
- To inform the continuing development of medical, dental and veterinary education through research and development [SA2].
- To promote and facilitate faculty and professional development [SA2 and SA3].
- 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 collate and disseminate accessible and evaluated information to ensure that learning and teaching may be informed by the accrediting bodies and the quality assurance subject review benchmarks and up-to-date evidence-based theory and practice [SA3].
- To 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 [SA3].
- To establish strong links with the Generic Centre and the Technologies Centre, 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 [SA4].
- To ensure that the strategic aims of the Subject Centre map to the strategic aims of the network as a whole by developing plans and regular reporting arrangements, and evaluating the effectiveness of the Subject Centre with the constituency [SA4].

5 Method

5.1 Summary

The LTSN-01 identified in its own planning documentation that it would require access to the knowledge and experience of a network of powerful stakeholders within the constituency, in order to discover examples of good practice across the sector, and identify/prioritise opportunities for delivering support in higher education. This was established over a period of months, with an eventual uptake of 100%. Some programmes nominated more than one primary contact and this has been indicated where appropriate. An evaluation strategy, centred around semi-structured telephone interviews (based on a knowledge of the relevant literature) and reflection of the priorities to the constituency through a one day conference, was planned. A wide range of good practice and issues was sought and documented using:

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

- Telephone interviews conducted with high-level, nominated primary contacts across the constituency and with reference to:
 - *Quality Assurance Agency (QAA) Subject Review documentation (England, Scotland, Wales and Northern Ireland)*
 - *Quality Assurance Agency Overview Reports*
 - *LTSN-01 Mini-project Proposals and Enquiries*
 - *Statutory Body published and unpublished documentation (General Medical Council, General Dental Council, Royal College of Veterinary Surgeons)*
 - *The NHS Plan and government literature*
 - *Literature produced by existing subject associations and informal groups*
- One day conference to reflect the most commonly identified topics from the sources above back to the nominated primary contacts, in order to further explore and prioritise specific areas, and determine the operational methods that the LTSN-01 should use.

5.2 Telephone Interviews

It was decided to interview all the nominated primary contacts (rather than sample) due to the considerable differences in the way that the programmes are delivered throughout the UK. The semi-structured telephone interviews (Appendix 3) composed of set questions with prompts relevant to the subject or geographical location, where appropriate. The interviewers' purpose was to elicit a wide range of responses and ideas, not to be able to directly compare any two interviews. The question areas could be summarised:

- What changes are you making to the curriculum?
- What changes are you making to the educational methods?
- What are your strengths and weaknesses (QAA headings)?
- What are your external change pressures?
- How are your programmes evaluated?
- How is educational research and published literature utilised?
- How do you conduct staff development and are your arrangements satisfactory?

All of the topics raised were entered into a spreadsheet and coded (Y/N where Y=yes and N=no; 1-5 where 1=weak and 5=strong; or empty if no response was given), and organised according to whether the response was background information, a teaching methodology, a strength or weakness, an external change pressure, quality management methodology, an educational research interest, staff development issue, or a suggestion for the LTSN-01 to take forward (the last, rather spontaneous, category was not presented at the one day conference). Where more than one nominated primary contact was interviewed for an individual programme the results were combined to give a single summary.

The frequency of each topic was indicated (as a percentage) in a complete list of topic areas which was provided to participants during the one day conference. Note that the percentage frequencies are approximate minimum values (schools may have considered a topic an 'issue', but different topics were encouraged from respondents, therefore a particular topic may not have been discussed in the time available). In addition, the results were separated by subject discipline and any subject bias noted on the complete list. The most frequently occurring topics (by subject) informed the first workshop of the one day conference.

5.3 One Day Conference

The one day conference held on 17 May 2001 in London was designed to reflect back to participants (comprised of the nominated primary contacts or their representatives) the outcomes of the research to date and to help to reach a consensus over the priority of the issues identified (Appendix 4). In addition, two invited speakers contributed presentations on Benchmarking for the new Quality Assurance Subject Review

and Funding Opportunities, specifically Phase 4 of the Fund for the Development of Teaching and Learning (FDTL-4).

Two 60 minute workshops were held during a one day conference. Four subject specific groups (2 in Medicine, 1 in Dentistry and 1 in Veterinary Medicine) were asked to consider prioritised headings arising from the telephone interviews. In the second workshop (non-subject specific) participants were asked to consider appropriate methods that the LTSN-01 might use in order to explore the areas prioritised in the earlier discussion. LTSN-01 staff facilitated each workshop, and a rapporteur was appointed to feed back. Flip charts were used to record the flow of discussion during the workshops, and these were later expanded by the facilitators.

The results from each of the workshop groups (workshop 1 and workshop 2) were compared in order to identify the major issues which were summarised in the results. Full documentation is supplied in the appendices and on the website.

6 Results of the Telephone Interviews

Forty-eight telephone interviews were conducted with nominated primary contacts (Appendix 5).

- 26 Medicine (missing 4 NPCs/schools; plus representatives from 2 new medical schools with no staff appointed yet)
 - 25 primarily undergraduate (2 from the same institution)
 - 2 postgraduate (University of Bath and London School of Hygiene and Tropical Medicine)
- 14 Dentistry (missing 2 NPCs from the same institution)
 - 12 primarily undergraduate
 - 2 postgraduate (Eastman Dental Institute University College London and University of Edinburgh)
- 6 Veterinary Medicine (primarily undergraduate)

The full list of responses and percentage frequencies is provided in Appendix 6. The results below represents a summary of the major topics arising from the telephone interviews, drivers for change from government policy, and some less frequently cited issues with potentially major implications. Note that some quality assurance subject Review Reports Scotland and Wales (from 1996-97) and from England and Northern Ireland (1998-2000) were considered by many nominated primary contacts to be out-of-date.

Most programmes confirmed that they were making **Changes to the Curriculum** with incremental/ongoing changes being the most frequently cited. Many schools either had or were changing more towards integrated/systems based curricula, with an emphasis on increasing horizontal and vertical integration. Over 40% of respondents reported changes to the methods of learning, teaching and assessment within curriculum:

- increased use of outcomes/competency based learning, PBL, early clinical 'patient' contact and community based learning, reflection reflective learning throughout curriculum, personal and professional development, special study modules/options, distributed/distance learning, C&IT.

The increase in the number of medical students according to government policy has brought new issues such as shortened graduate entry and access programmes, widening participation and regional development. Increased collaboration between HE and the NHS was required, and the adoption of interprofessional learning opportunities for Doctors, Nurses and Allied Health Professionals. The increase from 4000 to 6000 students entering medicine each year by 2004 (source: HEFCE) were thought to require new management and administrative structures, raised issues of active recruitment and retention (as students exercise choice) and prompted fears of an increased teaching load if resources are not scaled to match.

Despite the changes outlined above, **Curriculum Design, Content and Organisation** of existing programmes was generally stable (few examples of radical changes planned, except where new programmes and schools were starting up). Over-teaching and overload of the curriculum was still a problem in Medicine and Dentistry, and a particular problem in Veterinary Medicine where the statutory guidelines have been less prescriptive for reducing factual knowledge, and new topics, such as public health, have been introduced. There were difficulties in establishing a clearly defined 'core' curriculum, and integrating student choice

through special study modules/options (although there were clearly also examples of good practice). The organisation of some schools was optimised for research which made central control of the content of the curriculum more difficult to organise and oversee.

Staff were praised for their diligence and the attention paid to **Teaching, Learning and Assessment**, however there was decreasing access to particularly clinical staff time, which affected the delivery of the curriculum and potentially the quality of the experience for the student. Staff appointed for excellence in academic or clinical research found it difficult to adapt to teaching 'whole body systems' as outlined in the core curriculum, which also affected the 'ownership' of vertical themes such as personal and professional development.

Assessment was an area of particular concern with a wide range of sub-topics, such as the reliability/validity of progress tests; quality and timeliness of feedback provided to students; matching assessment to new teaching methods; assessing clinical skills, 'professionalism' and 'fitness to practice'. There were also examples of good practice and strengths cited.

Student Progression and Achievement was considered to be a strength in many schools, although its connection with assessment was highlighted in areas where interviewees wished to better track individual progress. New external factors were thought to be a significant problem by a few respondents, such as new legislation and a perceived increased tendency for students to assert their rights:

- Human Rights Act 1998, Disability Discrimination Act 1995, Public Disclosures Act 1998, Data Protection Act 1998 (e.g. 240% Increase in Students with Dyslexia in HE (source: HESA))

There was concern expressed by some schools (in all subjects) about the long term effects of the ratio of male/female students at admission, however no guidance had yet been offered by the statutory bodies.

Student Support and Guidance was considered to be a strength by most schools, with some thought being given to the implementation of 'progress files' or records of achievement to support students away from the traditional campus.

The provision of **Learning Resources** had increased markedly over recent years, with most schools reporting their clinical skills facilities, library resources and communication and information technology support (such as technology teaching, use of 'Curriculum Databases' and use of Computer Assisted Learning (CAL)) were either excellent or in the process of being established. Just a few schools felt that they needed to substantially improve these learning resources. The enthusiasm and positive attitude of staff was praised as a primary learning resource for students. There was considerable concern about the availability of adequate and appropriate space for teaching, and provision of learning resources in distributed teaching sites (away from the traditional campus).

In **Quality Management and Enhancement** there was perceived to be a mismatch of how programmes are evaluated vs. overall outcomes, such as assuring that what is taught is central to the curriculum and complete. The administration of QME was burdensome to students and staff (questionnaire fatigue), and the quality and timing of feedback to students and staff was patchy, and sometimes took too long. The power to effect change as a consequence of feedback was cited as a reason for poor performance in past subject reviews.

The most frequently cited '**External Change Pressures**' were the statutory bodies, research assessment exercise (RAE) and QAA. In addition, the expectations of an increasingly sophisticated public and student body, 'patient' availability and case-mix (e.g. opportunities to practise conscious sedation; access to a wide range of exotic animals), recruitment and retention of high calibre staff, and trends towards interprofessional learning were noted.

Educational Research (literature) was used to support educational decision making (evidence based education). Over 60% of interviewees were involved in educational research and expressed a wish to publish more.

Much effort had been expended on improving **Staff Development** opportunities over recent years, and this was a strength of many programmes (particularly for new staff engaged with the institutions learning and teaching certificate). In particular, processes were in place to facilitate especially new staff taking up learning and teaching qualifications and membership of the Institute for Learning and Teaching. Specific (targeted) staff development was also available, depending on needs, and sometimes focussed on 'training the trainers'.

Programmes of appraisal and peer observation of teaching were in use (especially cited in Dentistry). Staff development was variably provided by internal education units/staff development officers, the institution, postgraduate deaneries, NHS Trust or by the Royal Colleges. However, the majority of schools felt that they were not meeting all of the need (perhaps because of a difference between an individuals' identification of need, and what was required for the good of the programme), and there was confusion about what staff development was available from the many providers, especially for clinical staff.

Summary

The following priority areas for all subjects were identified from the documentation and the telephone interviews:

- Assessment
- Portfolios/reflection and recording achievement
- Educational research and staff development
- Network with existing organisations
- Interprofessional learning
- Quality assurance processes
- Assist with change
 - *Raising Awareness*
 - *Dissemination/sharing of 'Best Practice' - Within and Between the Disciplines/constituencies*

7 Results of the One Day Conference

Invitations were issued to over 50 nominated primary contacts to attend the one day conference, of which 43 represented undergraduate programmes from which at least one person was interviewed (8 were either not interviewed or from postgraduate-only institutions, and therefore considered less likely to attend). Approximately seventy percent (29/43) were represented at the one day conference, the remaining thirty percent (14) were not able to attend. Seventy-three percent of institutions (24/33) were represented by a delegate from at least one of the subject areas.

Workshop 1 (Morning)

The results of the morning workshops 'prioritising the issues' were presented by rapporteurs following lunch, and subsequently documented by LTSN-01 staff (Appendix 7, detailed notes from the flipcharts can be found on the LTSN-01 website). Key discussion areas across the four subject specific groups, and the frequency of agreement, included:

- Strengthening the relationship between undergraduate and postgraduate education, communication between the schools and the statutory bodies, NHS and Postgraduate Deaneries (4/4)
- Assessment – methods, validity and reliability, consistency and standards 'fitness to practice' (the effect of new legislation) (4/4)
- Teaching and learning, (the relationship of teaching and learning to the curriculum, clinical teaching standards, resources for teaching and learning e.g. space), educational methods, dissemination of good practice (4/4)
- Interprofessional learning and teaching (vs. multidisciplinary) (4/4)
- Monitoring increased community or practice based teaching and learning (4/4)
- Implementation of personal development plans or portfolios (4/4)
- Curriculum design, questions about the knowledge, skills and attitudes of graduating students, continued overload of content in the curriculum (this varies between subject discipline, and is a particular problem in Veterinary education) (4/4)

- Appropriateness of staff skills to the teaching requirements (staff recruited on the basis of research) (3/4)
- Identification of continuing professional development and staff development (3/4)
- Need for integration with existing subject associations and affiliations (not another 'talking shop') (3/4)
- Support research into big issues, use of 'experts' from constituency and elsewhere, 'proof' of teaching methods (2/4)

Workshop 2 (Afternoon)

A summary of the preferred methods of operating from all the groups was collated following documentation of the afternoon workshop (full details, including the 'list of issues' from the day, are available in Appendix 8). Specific potential methodologies will be built into the next annual operating plan.

- Continue operating through the nominated primary contacts, secure some 'quick wins' to reach others in the community; extend relationship into postgraduate sector (4/4)
- Use of electronic communication, particularly the website and discussion list, the LTSN-01 should be encouraged to resolve issues as they arise (hot topics) (4/4)
- Use of workshops and conferences should be limited to solving specific issues 'plugging gaps', which may include meetings of this group for specific purposes. Relations with subject associations should be supportive but not dilute their purpose. There was some potential for cross-over between subjects (and from outside the immediate constituency) in order to resolve, learn and gain experience (4/4)
- Targeted staff development should be available in relation to existing provision (establish relations with other providers), 'training the trainers' (4/4/)
- Don't produce own printed Newsletter/Journal, but broker links with existing educational literature (3/4)
- Take an overview/work on a larger scale than has been possible – across schools and subjects, commission research to promote genuine change (3/4)
- Providing consultancy, possibly sourced from the constituency, to assist programmes. Commission reviews, documentation and resources as appropriate and according to identified need (3/4)
- Establish a clearing house of 'good practice', documentation with examples (3/4)
- Lobby on behalf of the value of teaching, the need for CPD in education, and difficulties with staff recruitment (2/4)
- Generate new ideas from within or outside the constituency, encourage ideas and review/promote them (2/4)

8 Discussion and Conclusions

The anticipated priority issues identified from the documentation and the telephone interviews was generally reinforced by the reflective one day conference (see the summary points from workshop 1 above), with the exception of 'quality assurance processes' (and Quality Management and Enhancement) which was downplayed, (although there was some indication that this issue was implicit elsewhere/throughout). Publication of the new subject benchmarks for consultation may raise the profile of this issue and an appropriate response is planned. 'Fitness to practice' was strengthened as an identifiable part of personal and professional development during the one day conference.

There was considerable consensus over the priorities and issues across the subjects, with slightly more variability of consensus in the preferred methods. The congruent areas outlined above (e.g. monitoring community based teaching; uptake of personal development plans) are clearly 'big' issues (across subject=maximum scope) for the LTSN-01, however some subject bias was evident, such as content overload of the Veterinary curriculum, appropriateness of teaching space in Dentistry, the impact of interprofessional

learning (Medicine and Dentistry). It was apparent that some generic, cross-subject issues also have a strong subject focus (e.g. assessment). There was also anecdotal evidence that the different subject areas preferred different methods of operating (workshop 2 'methods' was mixed for subject area in the afternoon), and this needs to be explored further by LTSN-01 staff. It seemed that the current arrangements for a dedicated subject liaison officer (one in each of Medicine, Dentistry and Veterinary Medicine), with sufficient overlap to ensure cross-fertilisation of ideas and good practice, was reinforced, although specialisation might be necessary in order to provide the 'consultation' function requested. These staff should familiarise themselves with the detail for each subject area documented here and in Appendix 7, and operate so that subject based issues are tackled at a subject level.

The pro-active priorities and methods of operating fell into either one of two categories:

- 'core business' (provisionally identified for the LTSN-01 through prior planning processes and mapping to the strategic aims of the programme as a whole, see Appendix 2)
- strategic, subject specific pedagogic priority areas (see above)

The first has enabled LTSN-01 to prioritise the provisional tasks already outlined within its strategic and operating plans ('core business'), and the second requires a review of provision in order to identify resources to facilitate research and development. Progress will take into account existing programmes, projects and subject associations, and seek to facilitate optimal conditions for progressing outcomes of relevance to the constituency.

The strategic aims and objectives for the pro-active agenda for the LTSN-01 will be reviewed in respect of the findings outlined here.

9 Acknowledgements

Thanks to all the staff of the LTSN-01, especially our co-ordinator Susanne Young and the staff at the Novartis Foundation, the rapporteurs from each of the workshops and all of the Nominated Primary Contacts for their time and insight.

Appendix 1: Learning and Teaching Support Network: Mission and Strategic Aims

Mission Statement

To provide, through a coherent and integrated network of subject specific resources and generic centre, high quality information, expertise, and resources on good and innovative learning and teaching practices, and to effectively promote and transfer such practices to enhance learning and teaching activity in UK higher education.

Strategic Aims

- S1. To be the primary information and advice resource for all staff involved in learning and teaching in HE on subject specific and generic learning and teaching practices.
- S2. To promote, transfer and broker good and innovative learning and teaching practices, including those that meet the diverse learning needs of the HE student population, to enhance learning and teaching activity in UK HE and FE institutions.
- S3. To develop and maintain a coherent and integrated network of effectively managed centres with a clear remit and national identity.
- S4. To promote the LTSN-01 within institutions, and the HE sector more widely, so that all staff involved in learning and teaching are aware of, and have access to, the resources provided by LTSN.
- S5. 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.
- S6. To develop a network with the position and capacity to support the delivery of learning and teaching relation national policy objectives.
- S7. To provide an international outlook on learning and teaching matters in terms of importing ('observatory') and exporting ('beacon') L&T resources, materials, trends and ideas.

Appendix 2: Detailed Operational Plan (from Initial Planning)

Detailed Operating Plan for the Period 1st January 2000 - 31st January 2001

Subject Centre Name: LTSN-01 Medicine, Dentistry and Veterinary Medicine	Template Completed By: Dr Megan Quentin-Baxter
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LTSN-01 Strategic Aim	2000-2003 Strategic Plan Aim and Outcome	January 2000 – July 2001 Targets (Operational Objectives).	August 2001 – July 2003 Draft Targets (Operational Objectives).
SA1	<p>To develop and sustain effective relationships and partnerships with appropriate stakeholders within the constituency [SA1].</p> <p>To respond to the generic and subject-specific needs of the constituency [SA1].</p> <p>To promote the LTSN within institutions, and the HE sector more widely, so that all staff involved in learning and teaching are aware of, and have access to, the resources provided by LTSN [SA1].</p>	<ul style="list-style-type: none"> * Liaise with stakeholders & senior management. * Establish and maintain a people network based on the good offices of the CHMS, CDDS and CHVS. Review existing organisations & networks – facilitate collaboration & sharing including cognate centres (on-going). * Establish general ‘contacts’ databases. * Establish email mailing list. * Establish web site. * Survey constituency needs (consultation for the pro-active agenda) and feedback. * Respond to enquiries (on-going). * Establish e-community & feedback mechanisms. * Disseminate advertising materials & posters. Regular ‘E-Journal’ / ‘Newsletter’ on Web Site. * Attend relevant conferences/meetings & publish. 	<ul style="list-style-type: none"> Liaise with stakeholders & senior management. Increase market (majority). Visit sites, and encourage constituency to visit LTSN-01. On-going collaboration with existing organisations & networks. Maintain general ‘contacts’ databases. Maintain email mailing list. Maintain and expand web site. Develop operational plan and activities for the pro-active agenda based on the outcomes of the consultation Define generic & individual needs of Medicine, Dentistry & Veterinary Medicine. Respond to enquiries. Disseminate advertising materials & posters (on-going). Regular ‘E-Journal’ / ‘Newsletter’ on Web Site. Attend relevant conferences/meetings & publish.

LTSN-01 Strategic Aim	2000-2003 Strategic Plan Aim and Outcome	January 2000 – July 2001 Targets (Operational Objectives).	August 2001 – July 2003 Draft Targets (Operational Objectives).
	<p>To provide accessible and evaluated information to ensure that the wide range of C&IT resources now available is properly exploited to support and enhance the student learning experience [SA1 and SA2];</p> <p>To provide an evaluated, high quality UK-wide service, addressing equally and evenly both the common and individual needs of members of the constituency [SA1 and SA4].</p>	<p>* Inherit knowledge & IPR from the computers in teaching initiative (CTI) where legally possible.</p> <p>* Establish general 'resources' databases.</p> <p>Define role of & appoint External Evaluator.</p>	<p>Run conference/workshop(s)/working parties based on identified needs.</p> <p>Maintain and expand general 'resources' databases.</p> <p>Work with External Evaluator to deliver the aims of the LTSN-01.</p>
SA2	<p>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 [SA2].</p> <p>To actively promote innovative national initiatives and policies/strategies, such as outcomes of projects, and those envisaged by Dearing (e.g. resource-based learning, student-centred learning) [SA2].</p> <p>To provide advice and guidance on the implementation of change and its evaluation [SA2].</p> <p>To inform the continuing development of medical, dental and veterinary education through research and development [SA2].</p> <p>To promote and facilitate faculty and professional development [SA2 and SA3].</p>	<p>* Review & collate to national, QAA & professional body good practice guidelines.</p> <p>* Develop a database of examples of good practice.</p> <p>Develop draft dissemination strategy for 3 year period.</p> <p>Identify all outcomes of past and present programmes, and desired objectives, map targets and possible solutions.</p> <p>* Participate in research and submit relevant research proposals.</p> <p>Facilitate or deliver relevant staff development(on-going).</p>	<p>Maintain review of published literature and guidelines (on-going).</p> <p>Identify & disseminate examples of good practice.</p> <p>Develop strategies for working closely with specific projects and programmes for the benefit of the constituency.</p> <p>Review literature and outcomes of projects for evidence of successful change strategies.</p> <p>Pro-actively engage in research and submit relevant research proposals according to the identified pro-active agenda.</p> <p>Target staff development according to identified need.</p>

LTSN-01 Strategic Aim	2000-2003 Strategic Plan Aim and Outcome	January 2000 – July 2001 Targets (Operational Objectives).	August 2001 – July 2003 Draft Targets (Operational Objectives).
	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 profiles, and of health informatics and telemedicine will be of particular significance to the evolution of the undergraduate and postgraduate curricula [SA2 and SA3].	* Collaborate with ILT & GC to promote opportunities for personal development, e.g. communication & multi-disciplinary teamworking, personal development plans.	Focus on specific & generic issues e.g. staff development; teaching methods, curriculum design, assessment, teamworking, distance learning support, interprofessional learning, NHS and postgraduate collaboration, information management, evidence based practice, etc. arising from the consultation process.
SA3	<p>To collate and disseminate accessible and evaluated information to ensure that learning and teaching may be informed by the accrediting bodies and the quality assurance subject review benchmarks and up-to-date evidence-based theory and practice [SA3].</p> <p>To 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 [SA3].</p>	<p>Disseminate relevant information via the named dissemination channels, map specific needs to guidelines, promote examples of successful uptake (on-going).</p> <p>Develop draft evaluation strategy for 2-3 year period.</p> <p>* Attend meetings of the professional bodies, arrange specific meetings to identify necessary changes, develop implementation plan (on-going).</p>	<p>Disseminate relevant information via the named dissemination channels, map specific needs to guidelines, promote examples of successful uptake.</p> <p>Implement evaluation strategy.</p> <p>Attend meetings of the professional bodies, arrange specific meetings to identify necessary changes, develop implementation plan.</p>
SA4	To establish strong links with 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 [SA4].	* Liaise with cognate centres – share expertise, knowledge, activities & resources (on-going).	Develop specific projects in collaboration with cognate centres for the benefit of all constituencies.
	To ensure that the strategic aims of the subject centre map to the strategic aims of the network as a whole by developing plans and regular reporting arrangements, and evaluating the effectiveness of the subject centre with the constituency [SA4].	<p>* Establish Advisory Group.</p> <p>* Appoint staff.</p> <p>* Establish space and operating environment.</p> <p>* Formalise contract between host and partners.</p> <p>* Establish relationship with LTSN Programme Director.</p>	<p>Establish regular meetings of the Advisory Group.</p> <p>Maintain relationship with LTSN Programme Director.</p>

LTSN-01 Strategic Aim	2000-2003 Strategic Plan Aim and Outcome	January 2000 – July 2001 Targets (Operational Objectives).	August 2001 – July 2003 Draft Targets (Operational Objectives).
		* Establish reporting & other management procedures. Update & approve plans for years 2&3.	Maintain reporting & other management procedures.

* Indicates activity completed

Appendix 3: Semi-structured Telephone Interview Schedule

Interview schedule Nominated Contacts LTSN-01

Introduction and outline of purpose of the interview

Good-xxx, my name is xxx, I am telephoning from the LTSN subject centre for medicine, dentistry and veterinary medicine as part of an analysis of educational needs. Our purpose is to identify learning and teaching issues that you think we should be addressing. We will later develop a more detailed questionnaire to allow you to prioritise the issues identified by everyone. This will define and inform the agenda for the subject centre.

We anticipate that this interview should take about 20-30 minutes. Your answers will be treated confidentially and all results will be anonymised in accordance with legislation. We would prefer to record the conversation. Recordings will be erased following transcription. Is this okay with you?

There are 7 semi-structured questions and we would encourage you to be as free as you like with your answers as this is very much an exploratory exercise. The questions centre around anticipated changes, your schools strengths and weaknesses, what you are addressing systematically, your curriculum, staff development, postgraduate issues, educational research priorities and evaluation.

We already have access to the QA subject review reports, statutory body reports, examples of good practice and published literature, and prior responses from you to our communications.

Are you currently undergoing or planning significant changes to the curriculum?

What modes of learning are you adopting? How are you changing?

- New curriculum style
- Integrated, PBL, small group etc.
- Technology support
- CAL

What in your school are you having to address systematically?

Prompts: what are your problems (if any) in addressing these?

- CDCO (curriculum development, content and organisation)
- TLA (teaching learning and assessment) Are you revising your TLA strategy?
- SPA (student progression and achievement)
- SSG (student support and guidance)
- LR (learning resources)
- QME (quality management and enhancement)

Irrespective of the outcomes of the most recent Subject Review, what do you consider were your strengths?

- CDCO (curriculum development, content and organisation)
- TLA (teaching learning and assessment)
- SPA (student progression and achievement)
- SSG (student support and guidance)
- LR (learning resources)
- QME (quality management and enhancement)

(also see headings from previous rounds for University of Wales College of Medicine, Glasgow, Edinburgh, Aberdeen and St Andrews)

What external change pressures are you responding to?

- GDC (GDC Education Committee, London)
- GMC (Tomorrow's Doctors: Recommendations for Undergraduate Medical Education (1993) GMC Education Committee, London; The First Five Years (1997))
- RCVS guidelines (Report of the Working Party on Veterinary Undergraduate Education (1991) Royal College of Veterinary Surgeons, London)
- increasing student numbers
- inter (multi) disciplinary education
- NHS plan
- recruitment
- widening participation
- graduate entry
- employability
- key skills

How do you evaluate your programme?

- What is the process for conducting evaluation?
- Are you satisfied with your quality control and feedback procedures?

What are your educational research priorities?

- Have you time / access / desire to make use of the results of educational research?
- What evidence or support do you need to support curriculum decisions or change?

What staff development needs to you have?

- do you have a SD Officer
- Are you meeting your SD needs?

Appendix 4: One Day Conference Agenda (by invitation)

17 May 2001 The Novartis Foundation, London

1000 – 1030	Registration and coffee (<i>The Reception Room</i>)
1030 – 1050	Welcome, introduction to LTSN-01 and objectives of the day <i>Professor Reg Jordan, Director LTSN-01</i>
1050 – 1110	Benchmarking and its implications <i>Dr Norman Jackson, QAA and LTSN-01 Generic Centre</i>
1110 – 1130	Results of telephone interviews <i>Dr Megan Quentin-Baxter, Centre Manager LTSN-01</i>
1130 – 1230	Facilitated subject-based breakout sessions Prioritisation of issues identified for further attention <i>Group A – Veterinary Medicine (the Committee Room)</i> <i>Group B – Dentistry (the Breakfast Room)</i> <i>Group C – Medicine 1 (the Library Annex)</i> <i>Group D – Medicine 2 (the Reception Room)</i>
1230 – 1400	Lunch and an opportunity to network/liaise informally
1400 – 1500	Facilitated breakout sessions Role of LTSN-01 <i>Groups to be allocated on the day</i>
1500 – 1530	National funding opportunities <i>Professor Reg Jordan, Director LTSN-01</i> FDTL – Phase 4 <i>Carole Baume, Director National Co-ordination Team</i>
1530 – 1600	Plenary Session <i>Roundup, conclusion and action plan</i>
1600 – 1630	Coffee and departure

Appendix 5. Scope of the Telephone Interviews

Table 1. Indicating location of constituency schools, telephone interviews and attendance at the one day conference. Shading indicates programmes. Y indicates those attending the one day conference.

Institution	Medicine (26/32 schools 27/36 interviews w NPCs)	Dentistry (14/15 schools; 14/16 interviews w NPCs)	Veterinary Medicine (6/6 schools and interviews with NPCs)
Aberdeen, University of	Y 1 NPC		
Bath, University of	1 NPC (postgraduate)		
Birmingham, University of	1 NPC	Y 1 NPC	
Brighton (and Sussex), University of	0 NPC (no interview)		
Bristol, University of	Y 2 NPCs	Y 1 NPC	Y 1 NPC
Cambridge, University of	Y 1 NPC		Y 1 NPC
Dundee, University of	Y 1 NPC	Y 1 NPC	
Durham, University of (with University of Newcastle)	Y 1 NPC		
East Anglia, University of	1 NPC		
Edinburgh, University of	1 NPC	1 NPC (postgraduate)	Y 2 NPCs
GKT (Kings), London	1 NPC	2 NPCs (no interview)	
Glasgow, University of	1 NPC (no interview)	1 NPC	1 NPC
Hull, University of (with University of York)	0 NPC (no interview)		
Keele, University of	Y 1 NPC (no interview)		
Leeds, University of	Y 1 NPC	1 NPC	
Leicester, University of (with University of Warwick)	Y 1 NPC		
Liverpool, University of	Y 1 NPC	Y 1 NPC	1 NPC
London, Imperial College	2 NPCs		
Manchester, University of	Y 1 NPC	1 NPC	
Newcastle, University of	Y 1 NPC	Y 1 NPC	
Nottingham, University of	Y 1 NPC		
Oxford, University of	1 NPC		
Peninsula Medical School	Y 1 NPC		
London School of Hygiene Tropical Medicine	1 NPC (postgraduate)		
Queen Mary, University of London	1 NPC (no interview)	Y 1 NPC	
Queens University Belfast	Y 2 NPCs	1 NPC	
Royal Veterinary College			Y 1 NPC
Sheffield, University of	Y 1 NPC	1 NPC	
Southampton, University of	Y 1 NPC		
St Andrews, University of	Y 1 NPC		
St George's Hospital Medical School	Y 2 NPCs		
University College London and Eastman Dental Institute	1 NPC (no interview)	1 NPC (EDI, postgraduate)	
Wales College of Medicine, University of	1 NPC	Y 1 NPC	

Appendix 6. Results of the Telephone Interviews

The following frequency analysis of *issues* and *strengths and weaknesses* arose from telephone interviews with 45 Nominated Primary Contacts (NPCs) in Medicine, Dentistry and Veterinary Medicine in the spring 2001. The telephone interviews had a format of open questions which varied slightly depending on subject (e.g. different statutory bodies), country (e.g. slightly different legislation) and length of time available for the interview. Qualitative interpretation by subject is available from the website http://www.ltsn-01.ac.uk/ncp_for-us/ . An attempt to quantify frequencies is presented below. Issues are ordered according to the interview schedule.

The issues listed below were suggested by any NPC, and asterisk's (*) indicate minimum frequencies according to the following key. 'Bias' broadly indicates which issues were more important (mentioned proportionally more often) for a particular subject M=Medicine (n=26), D=Dentistry (n=13) and V=Veterinary Medicine (n=6).

**** >60% of Respondents

*** >40% of Respondents

** >20% of Respondents

* >10% of Respondents

- >0% of Respondents

Blank No Respondents in this Field

Recent/Future Changes to the Curriculum	Yes	No	Bias
The Course has a Central 'Curriculum Planning' Group	***		
Acute Changes have Occurred in the Curriculum:	***	*	
In the Recent Past	***		
Currently	***		
Are Planned Within 3 Years	**		
Incremental (Ongoing) Changes Occur to the Curriculum	****		
Type of Curriculum	Yes	No	Bias
Have an Integrated / Systems Based Curriculum	****	-	M, V
Have a PBL Curriculum	*	**	
Have a Strongly Departmental Curriculum	**		V
Have a Whole Patient Care Curriculum	-		D
Have a Non-Departmental Curriculum	*		
Have a Strong Pre-Clinical / Clinical Curriculum	***	-	D, V
Changing to Integrated / Systems Based Curriculum	**		
Changing to Full PBL Curriculum	-	**	
Changing to More Strongly Departmental Discipline Based Curriculum	-		
Changing to Competency Described Curriculum	*		
Vocational Training is Emphasised	-		

Type of Changes / Educational Methods	Yes	No	Bias
Changed the Teaching Methods	**	-	V
Changed the Assessment Methods	**		M, V
Increased Variety in Learning Methods	**	-	
'Restructured' the Timetable	**	-	V
Increased Use of PBL Throughout the Curriculum	***	-	M, V
Increased Use of Case/Scenario Based Learning	**		
Increased Outcomes/Competencies Based Learning	*		M
Increased Lecture / Didactic Teaching	-	*	
Increased Small Group Teaching	*	-	
Increased Independent Learning	**		V
Increased Early 'Patient' Clinical Contact	***		M
Introduced PRHO Shadowing	*	-	M
Increased Personal and Professional Development	**		M
Increased Special Study Modules (Options)	**	-	M
Increased 'Attention' Paid to Teaching in Clinical Rotations	**		M, V
Increased use of Clinical Skills Labs	*		
Increased use of Communications & Information Technology	***		M
Increased Reflection/Reflective Learning Throughout Curriculum	***		D
Increased Experiential Learning	**		
Increased Practice Based Learning	*		
Increased Community Based Learning	**	-	
Increased Distributed/Distance Learning	**		M
Increased Evidence Based Learning	*		
Increased Critical Appraisal Skills	*		
Introduced a 'Lecture Free' Final Year	*		V
Increased Apprenticeship Learning in Final Year	-		
Increased 'Attention' to 'Fitness to Practice'	**		
Increased use of Teaching-Only Contracts (Separated 'Those who Teach' and 'Those who do Research')	-		
Introduced Contracts/Standard Agreements with the NHS Trusts	*		M
Introduced Learning Support Systems in the NHS Trust	*		M
Increased Documentation of the Course	*		
Increased Administration of the Course	*		
Increased Quality of (Pure) Research	*		
'Change' has Become Tedious	-		
Strengths and Weaknesses using the QAA Headings	Strengths	Weak- nesses	Bias
Curriculum Design, Content and Organisation:	*	**	
Wide variety of opportunity	**		
Horizontal/Vertical Integration	**	**	
Clearly Defined 'Core Curriculum'	*	*	
Highly Student - Centred	*		

Good Team Working and Communication	-	-	
Documentation / Study Guides	*		
PPD / Professional Awareness and Development	*		
University-NHS Liaison	**		
Highly Departmentally Based		*	
Over-teaching/Overload of the Content		**	V
Public Health Teaching	-	*	V
Prosthetics/ Conservation/Sedation		-	D

Sociology Teaching			
Special Study Modules (Options)	**	*	V
Honours Project/BmedSci	-		
Communication and Other Skills Teaching	*		
Finance and Practice Management			D, V
Administration of the Course		-	
Being Highly Autonomous (College)	*		
Being Small/Single Site	**		
Blank Slate to Start With	-		
Teaching, Learning and Assessment:		**	
'RAE' Staff Skilled to Teach Whole Body Systems/Ownership		**	
Quality/Enthusiasm of Tutors	***	*	M, D
Number of Tutors/Time		*	
Experiential Learning		-	
Staff/Student Relationships	**		
Staff/Student Ratio	*		
Student Identity		-	
Use of GP Practices	**		
Community Based Teaching	**		V
Multi - disciplinary Teaching	*		
Use of Outreach Clinics	-	-	D
'Teacher of the...' Awards	-		
Small Group Teaching	-		
Assessment	*	**	
Reliable Progress Tests		*	
Assessment Feedback to Students		*	
Matching Assessment to New Teaching Methods		*	V
Objective Structured Clinical Examinations	**		
Long Cases	-		
Chair-side Presentations/Competency Scale/SCOTs	*		D
Portfolios	**		
Log Books	**		
Posters	-		
Multiple Choice Questions	-		
Essays	*		
Student Progression and Achievement:	*	*	

Tracking Individual Progress in Assessment		-	
Over 70% Female Intake		*	
PRHO Course	-		
Student Support and Guidance:	**	-	D
Progress Files	*	-	
Learning Resources:	*	-	
Adequate Space		*	D
Clinical Skills Laboratories/Facilities	*	-	
Library and Video Resources	*	-	
Delivery of IT into NHS sites		-	
C&IT Support/Technology Based Teaching	***	-	
'Curriculum Database'	**		M
CAL	**		
Cases	*		
Video Conferencing	-		
On-line SSM Selection	-		
Quality Management and Enhancement:	*	**	
Oversight/Management of QME		*	

Good Control Over Teaching and What is Taught		**	
Producing 'Fitness to Practice'	*		
Student Representation on All Committees	**		
Good (Sometimes Patchy) Peer Observation of Teaching	*	-	D
Good Staff Development	*		
Good Administration of QME		-	
Good Feedback to Students and Staff (Quality, Timing)		*	
Staff Views are Well Canvassed (as Well as Students)		-	
Good Induction for New Stage 3 Students (3rd year)	-		
University Imposed Issues	-	**	
External Change Pressures	Yes	No	Bias
General Medical Council	**		M
General Dental Council	-		D
Royal College of Veterinary Surgeons	*		V
Quality Assurance Agency and Benchmarking	***		M, D
External Examiners	-		
Public Expectation/Awareness	*		
Legislation e.g. Human Rights Act 1998; Data Protection Act 1998	*		
Students Expectation/Positive Attitude to Lifelong Learning		*	
Expansion/Increase of Student Numbers	**	-	M
Graduate Entry	**	-	M
Widening Participation	**		
Employability	-	-	
Key Skills	-		

Good Institutional Funding Model	*	-	D
Merger of Schools (e.g. London)	-	-	
Scottish and Welsh Governance	*		
Institute for Learning and Teaching Membership	*		
Professional Society Membership	-		
Research Assessment Exercise	**		
Recruitment/Retention of Staff	**		
Recruitment/Retention of Students	-	-	
NHS Plan: (not Scotland)	*	-	M
Clinical Governance / Revalidation	*	-	
Limiting/Decreasing Access to Clinical Teachers	**		
More Pressure on Clinical Teaching	**		M, D
Difficulty in Recruiting GPs to Teach Primary Care	-		
Inter/Multi Professional Learning:	*	-	M
Multi Professional 'Teaching'	*	*	
Inter Professional Learning	**	-	
Assessment of Clinical Skills	-		
Assessment of Professional Behaviour	-		
Space/Room to Teach/Organisation of Space	**	-	D
Available 'Patient' Base (Case Mix)	*	-	
How Programmes are Evaluated	Yes	No	Bias
Monitoring is Conducted by the Institution	**		
Students and Staff Can (Open) Comment at Any Time	**		
Questionnaires – End of Module/Course	****		
Questionnaires – Other	*		
Focus Groups	*		
External Reviewer of the Programme	-		
Visits to Hospitals are Monitored	-		
Exit or PRHO Skills are Evaluated	-	-	M
Monitoring is Compulsory for Students	-		
Students Have Questionnaire Fatigue	**		
Feedback is Given to Students and Staff	*		
Action Planning Follows Feedback	*		
Staff - Student Representatives on All Committees:	***		
Students Chair Committees	*		
Educational Research	Yes	No	Bias
Institutional Centre for Educational (Learning and Teaching) Development / Support Unit	**		
Faculty of Medicine (or College) Education Unit	***	*	M, D
Have a Professor of Education	**	*	
Have a Senior Lecturer in Education	**	-	
Have a Lecturer in Education	**	-	

Educational Research is a Concerted Effort and Planned	*		
Educational Research is Undertaken by Some Staff (Piecemeal/Ad Hoc)	****		
Educational Research is Not Undertaken	**		
Would Like to do More Educational Research	****		
Should be Able to Publish the Data from QME Monitoring	-	-	
Make use of the Published Literature	Yes	No	Bias
Make use of Published Educational Literature to Support Decisions	***	-	
It is Difficult to Make Use of What is Published (Not Enough Time)	**	-	
Member of ASME	**		M
Subscribe to Medical Education	**		
Subscribe to Medical Teacher	-		
Subscribe to the European Journal Dental Education	-		
Make use of the LTSN-01	-		
Staff Development	Yes	No	Bias
Dedicated Institutional Staff Development Officer for the Programme	***	-	
Faculty (or College) Staff Development Officer	**	*	
University Provides Staff Development in L&T for Basic Sciences Staff	**		D
University Provides Staff Development in L&T for All (Including NHS) Staff	**	-	
Staff Appraisal Programme Identifies Staff Development Needs	**		
Own Specific Programme for Staff Development in L&T:	**	-	
Targeted Based on Need	**	-	
Teaching the Teachers	**	-	
Postgraduate Deanery Provides Staff Development in L&T	**		M, D
NHS Trusts Provide Staff Development in L&T	*		
Royal Colleges Provide Staff Development in L&T	-		
Use of 'Retreats' or Away Days for Action Planning	**		
Lunchtime Seminars are used to Deliver L&T Staff Development	-	-	
All New Lecturers are Taking a L&T Certificate	**		
Some Non-new Lecturers are Taking a L&T Certificate	*		
All Lecturers are Taking a L&T Certificate	-	-	
Some Staff Have ILT Membership	*		
The Programme is Meeting Over 50% of the Staff Development Need	**		
The Programme is Meeting All of the Staff Development Need	*	**	

Appendix 7. Results of Reflective Workshop 1 (Morning)

Aim:

- To prioritise the issues identified through the telephone interviews

Objectives:

- To reflect back the issues to stakeholders which were identified through the telephone interviews.
- To check with stakeholders that these issues are correct.
- To ask stakeholders to prioritise the issues.
- To ask stakeholders to break down/unpack the issues to gain further consensus.
- To check the priorities are correct and to give the opportunity to change them.

Summary

Veterinary Medicine Group A

- Assessment
 - *Validity / reliability*
 - *Diversity / standards*
 - *(26 weeks extramural studies)*
- Interprofessional vs. Multidisciplinary
 - *Role models for General Practice*
 - *Teachers who can handle integration*
- Curriculum Design / Overload
 - *Relevance*
 - *Knowledge and skills*
 - *Paradigm shift: Knowledge → Knowledge Quality*
- Public Health / Food Safety
 - *Bacteria in ice-cream!*
 - *Sausage skins!*

Dentistry Group B

- Encourage dialogue with GDC educational committee specialities
- Medicine, Dentistry and Veterinary Medicine - communication between undergraduate/postgraduate
- Dissemination of good practice in Educational Methods (e.g. PBL, Assessment)
- General Practice as specialism/vocational training
- Resources for teaching and learning:
 - *Time*
 - *Space*
 - *Funding*

Medicine Group C

- Links to continuum of medical education (undergraduate/postgraduate)
- Questions about the University role during the PRHO year
- Staff issues
 - *Recruitment of staff (and students)*
 - *Development beyond the committed few Medical Educationalists*
- Assessment
- Broader competencies/attitudes
- Appraisal
- Interprofessional learning
- Good practice in clinical placements
- Evaluation/research
- Facilitating multi-centre work

Medicine Group D

- Debate about 'is it [LTSN-01] a talking shop'?
- Would it provide a technical expertise resource - i.e. employing people?
- Discussed issues around teaching learning and assessment
- Developments in interprofessional learning and teams
- Shared use of communication and information technology (C&IT)
- Developing personal professional development plans
- NHS involvement and staff development

Veterinary Medicine (Group A, The Committee Room)

Jean McKendree / Andrew Short

The group started out by eliminating some issues that they thought were not high priority. Quality management was not really felt to be a major concern. This was defined as the internal mechanisms for assessing and improving programmes.

They felt that the RAE itself was not a problem, but that it did exacerbate staff problems in that faculty were often hired more on their ability to contribute to a good research rating than for their ability to fill a needed gap in teaching. The group noted a disturbing lack of interest by many staff in knowing about what other schools were doing in the area of teaching and learning initiatives.

Assessment was definitely felt to be an issue. There was interest in learning more about OSCEs and improving what was currently being done in this area. There is a need for better structure in every type of assessment. One member noted a template that had been created by a committee for creation of MCQs. Once this standard had been agreed, the templates were put on laminated cards and circulated as the form to be used. (I'm not sure I have this exactly right). There was felt to be a need to know more about best practice in structured assessments and also there was noted a distinct resistance by some to moves toward more structured approaches, such as OSCEs.

There is a problem also with ensuring clear criteria and deciding on weighting and marking schemes, e.g. should negative marking be used in MCQs? Schools need to come up with standard practice, not only for reliability and validity, but to be able to defend the strategies for legal reasons, if the results are challenged as being unfair or inconsistent.

There was a concern by one member that sometimes project work could be carrying weak students through, because all students tend to get high marks and perhaps these are carrying too much weight.

Inter-disciplinary learning was defined by the group as having 'team teaching' in a course by experts in different areas. There was some objection to this approach because it was felt that it might send the wrong message to students. It could give the impression that you *must* have an expert specialist in order to approach a problem. There was a feeling that, instead, we should be encouraging a more generalist approach in which students feel competent and confident in a wide range of areas, though they should certainly know when they need to turn to other resources.

There was a feeling that there is a lack of role models for students among the staff, particularly perhaps the younger staff, who teach in one area and may feel uncomfortable teaching something else to students. This had been encountered in some problem-based exercises in which the students, if they didn't have the "expert" staff member as the facilitator in their group if a particular subject arose, felt they had somehow been short-changed.

This led into a discussion of multidisciplinary teaching, which was defined as the ability for one person to teach in more than one area with confidence, even if it is not their specialty. The group felt that it was getting harder to recruit staff who were willing to take on this type of teaching which also makes vertical integration more difficult.

Staff recruitment was a major issue. It is hard to justify the burden put on staff when they must take on research *and* teaching *and* administrative duties when compared to an industrial position in which they can concentrate on their research and make significantly more money. The group felt that it was critical to make teaching more rewarding. It was noted that research is the 'fast track' to promotion and if a particular person wanted to concentrate more on teaching than research, they had little chance of being promoted beyond Senior Lecturer, if even to that level. Should we hire people who want to concentrate on teaching more than research? Should we have a reward system for those who take on more teaching? How do we promote educational research as being as important and as highly rewarded as other research?

Public health teaching is a big issue currently, mainly because it has been required that it will be taught. There is no specific curriculum being given by the EU or the professional bodies which makes it difficult to design a course. Also, the necessary facilities such as abattoirs and factories are outside the university, so access will take time and, probably, money to arrange.

PBL and independent learning were not seen to be major issues. It was considered more important to evaluate the impact of the changes that have already happened, since many schools have already changed the way they teach in different ways. (Is this possible? Is there a baseline for comparison?)

Everyone felt that the curriculum needed to be reduced and that more time should be given for self-study, but found it very difficult to do. The group wondered why teaching committees allow material to be added back in once cuts have been made, as everyone suggested does happen. One member suggested that it might be useful to have the Heads of Teaching meet regularly in the way that Heads of Departments do.

There are other outside pressures that are going to have an impact at some point. For instance, the diminishing farm industry and the increasing involvement of vets in wildlife, exotic and environmental issues will at some point have to be reflected in the curriculum.

Another big issue was Extra Mural Studies (EMS). Apprenticing students to approved practitioners can take a huge amount of monitoring. The published code of practice requires a great deal of administration. There is a whole set of issues to do with quality assurance and assessment as well.

Dentistry (Group B, The Breakfast Room)

Suzanne Hardy/Ross Hobson

Discussions began with a general view that the undergraduate curriculum was becoming overloaded and that it was becoming increasingly obvious that the new graduate was not capable of 'independent practice' as defined by the GDC.

There is a need to define what skills are needed (and those that are not) by the new dental graduate – it was felt that this probably might to some extent be answered by the current benchmarking scheme and review of *The First Five Years* by the GDC (currently under review). However, this was likely only to reaccredit the current situation with little or no forward planning for the future development of dentistry.

The debate widened into a 'radical' review of dental education and the interface between undergraduate and postgraduate educational needs of future dentists. A number of issues were raised:

- The need for a radical forward review of dental education.
- The need for greater and improved dialogue between dental educators (not the dental deans CHDS who were seen as remote from the 'shop floor') as well as interfacing with medical and veterinary medicine educators to share ideas and methodologies.
- The need to recognise (especially by the GDC) that it was impossible for a graduate to be capable of 'independent practice' on graduation as it was impossible to teach all aspects of dentistry to competence within 5 years.
- Concern that the new revised GDC, with increased lay personnel will become more competence orientated and hence rigidly define the undergraduate curriculum in technical skills and less on holistic patient care. This prescription may be further increased by the current benchmarking exercise.
- The need to explore how the whole interdisciplinary (interprofessional) team will work and how they will be trained, particularly with the proposed increase in dental ancillaries i.e. hygienists, therapists, orthodontic auxiliaries and clinical dental technicians.

A wide debate is required to include specialist societies, the NHS and dental practitioners on what the skills are required of the new graduate and how they may best be taught. Also a definition of what are the basic skills required on qualification. There was discussion of a need to re-examine the concept of 'fitness to practice', and interpret current legislation in the context of dental education.

The need for better dialogue between CVT/ Vocational Trainers / Dental Schools to ensure a progressive move from undergraduate education to post graduate education possibly aided by personal development portfolios. It was considered necessary to broker relationships with specialist teachers/groups.

VT was seen as inaccessible to students and dental teachers. VTS is meant to fill in the missing skills, however this is not the way it is seen by vocational trainers. Maybe a way forward is that like medicine general practice becomes a speciality and 2 years or more post graduate training is required before the dentist can enter general practice. The moves to community/practice-based teaching may be beneficial – but only if the 'outside' teachers receive appropriate training in teaching and in standards and differences in learning styles and standards can be accommodated.

There was concern over how medicine is proposing (via benchmarking) that it should be an NVQ equivalent of an MSc course and that it was essential that dentistry retain parity. The overall relationship between Dentistry and Medicine and Veterinary Medicine was discussed, along with a need to overlap with postgraduate education and CPD.

There were questions about how does dentistry UK relate to the more global view? i.e. with in Europe, rest of the world, the need for freedom of movement within the EEC.

Assessment was a key issue that was discussed with regard to encouraging independent learning, possibly by PBL or other means. Courses are 'hybrids' of educational methodologies. The use of OSCEs (which are very resource intensive), portfolios, student reflection and recording achievement was to be encouraged – but how? There were questions about the process of mapping outcomes and competencies to curricula, and methods of assessment to validate these.

Networking with the various organisations was felt to be beneficial (possibly a role for LTSN-01) to broker relationships with:

- GDC
- CVT
- Dental Deans
- Post-graduate Dental Deans
- Specialist societies

The aims being to assist with change, raising awareness of teaching issues, dissemination of good practice.

How to improve the respect/awareness of education – via research and staff development. Particularly with the pressure from RAE. It was noted that staff are now appointed on their research ability (with a strong departmental focus), and not their role in teaching which further undermined the educational provision.

It was widely felt that open and frank discussions were required on what worked and what did not in dental education (rather than the 'window dressing of the QAA) particularly sharing of potential pitfalls of new methodologies. Perhaps a subject forum to facilitate dialogue with the GDC was required.

Medicine 1 (Group C, The Library Annex)

Megan Quentin-Baxter / Don Liu

Notes from the Workshop including initial discussion headings

There was very brief discussion of the Quality Assurance benchmarking which was considered to be relatively straightforward (by those who had knowledge of it) and this issue would need to be revisited after the benchmarks were published.

Curriculum Design, Content and Organisation; Teaching, Learning and Assessment and Quality Management and Enhancement

The discussion started by highlighting the so-called continuum from undergraduate to postgraduate and a lack of organisational and educational overlap between the two areas (for students and staff). After graduation the students became the responsibility of the Deaneries and the Royal Colleges. Many things were different between the two environments, such as assessment. The students received very different experiences, and clinical teachers with responsibility for undergraduates and postgraduates were often confused. Doctors who have a teaching role in the undergraduate sector also have teaching responsibilities for junior doctors in the postgraduate sector. Consequently, these doctors are faced with two systems of teaching, assessment, etc. It was suggested that the links between the two could be strengthened, especially in regard to information dissemination and knowledge input from the postgraduate down to the undergraduate sector.

Some measures, such as PRHO/SHOs shadowing were considered useful, if the shadow was of the post that the student was going into. It was highlighted that the PRHO year currently belongs to the University although this was sometimes forgotten. It is understood that CHMS were issuing new guidelines regarding the relationship between the University and the NHS (specifically the PRHO year) in June, 2001. It was slightly unclear how LTSN-01 could facilitate development, it was suggested that the Medical Deans could take the lead in the liaison between the sectors.

Assessment methods, in general, were seen to be inconsistent between the different medical schools. The group expressed a desire for someone (i.e. LTSN-01) to keep them up-to-date with new developments in assessment methods. It was noted that assessment needs to 'reliably and validly' confirm exit skills such as professionalism and fitness to practice. There was discussion of the coarseness of the definition of 'Fitness to Practice' which was a very broad expression, and there may need to be some teasing out to highlight the different parts. Fitness was about competencies, academic/professional practice (as described by the GMC), behaviour and attitudes, and assessment to outcomes. Participants were concerned that fitness to practice might be dealt with 'differently' to other (academic) progress (which is handled though the 'exam board' or 'progress committee'), and that legislation would require a greater transparency/tightening up of this process. Students who were considered 'unfit' would have to be considered within existing University procedures, and remedial training/education made available. The assessment of 'fitness' was a crucial to demonstrating competencies (as outlined above), and that this is difficult to do. There was some concern expressed about the possibility of grade creep in assessment leading to variability in skills of graduates (diversity in PRHOs between medical schools). Concern was expressed in regard to the behavioural aspects of medical education e.g. attitudes, communication skills, etc and how these aspects could be taught and especially assessed in a valid and reliable way (see above). It was suggested that the LTSN-01 might be able to facilitate a process to provide basic legislative information relevant to these issues, and perhaps encompassing new legislation such as the human rights act.

The concept of 'fitness to practice' was discussed in terms of the difficulties of the assessment of the outcomes of 'behaviour and attitudes', and how this may be dealt with via a different route than the 'exam board' or

'progress committee'. Despite the low numbers of students coming to the attention of the medical schools, it was of concern firstly in order to detect failures in 'fitness to practice', and secondly to ensure the robustness of the school's remedial action, in order to protect the public and the individual. It was felt that there was a role for the LTSN-01 in disseminating good practice. The shift from didactic methods to self-directed learning and the integration between basic and clinical medical education were seen to be important developments.

Participants reiterated student's resistance to independent learning. There was a desire for more reflective learning (professional development) but there was also seen a tension between the use of reflective records for assessment versus true (private) reflection. It was noted that appraisal achieved separation between these two issues (or was it separate again?). Further work was required to understand this area better.

Was it worth the LTSN-01 establishing a resource base of actual assessment questions? Participants thought not, but rather create a web based (up to date) resource of methods of assessment with examples (e.g. documented literature reviews on the use and effects of negative marking or testing 'outcomes'). It was suggested that LTSN-01 could play a key role in the collection, processing (e.g. evaluating research) and dissemination of information and knowledge. Particular areas highlighted included – good practice in educational methods; seeking out and / or providing expertise; undertaking systematic reviews; providing a database of multimedia materials; and facilitating the acquisition of CAL materials for medical schools. This would need to be peer reviewed by staff in order to moderate the materials provided (quality assure).

There were relatively few specific comments made about QME processes, although issues of quality were implicit in many of the discussions.

Staff Recruitment / Retention; Staff Development

There were very real problems perceived in recruiting staff of a high calibre to teach in undergraduate education, particularly ensuring that students had access to adequate clinical time provided by 'honorary' teachers. The number of students has and will continue to increase at the same time of increasing pressure for doctors to spend more time on their clinical duties. Questions of motivation to teach (when so many other pressures exist) were raised, with particular reference to maintenance or expansion of staff numbers in order to cope with increasing numbers of students, and possible training issues in relation to delivering a distributed course and additional monitoring.

Concerns were expressed in two particular areas:

- The number of clinicians available to teach medical students
- Training strategies to enable clinicians to teach more effectively with an aim of professionalising clinical teaching.

There were some suggestions for increasing the use of peer teaching between students to overcome staff shortages (not accepted by everyone). Some expressed concern that it is difficult to control the material taught by clinical teachers (often Departmentally based, with little central control) who tend to teach what they think is appropriate (perhaps forgetting the differences between what an undergraduate and a postgraduate need to know). Lapses in delivery are also more common than considered acceptable. It was thought that those delivering education have a responsibility for revalidation, self development and outcomes. In terms of training, a question was raised as to when clinicians should be introduced to formal training in educational methods. There is a need for staff development for faculty (students and staff). Perhaps some of this could be delivered using distance learning packs? Should the Postgraduate Deans be asked to take a lead in this area?

The relatively low uptake of membership of the Institute for Learning and Teaching by academics was an area for concern, and it was felt that an accredited route for clinicians should also be provided (with a specific 'health professionals' course which might be more achievable for a busy clinician than the standard route) in order to 'professionalise' clinical teaching. For example, honorary teachers are assessing clinical competence and outcomes, and there are implications for consistency and standards which might be easier to deal with in a 'professional' context. Various educational methods are currently used – internally organised workshops, courses organised by external bodies and the use of external consultants or 'experts'.

There were specific problems with recruiting new 'converts' to medical education within medical schools, as it was seen as a non-career route, and the net outcome is that medical education has 'shrunk' to being the domain of a few key individuals. It is difficult to secure new appointments on grounds of teaching, as some

potentially good candidates do not have an adequate research portfolio to be offered a teaching job. Some schools have implemented 'teaching only' contracts for some staff. Have the rules of the RAE changed? (It was thought that Senior Lecturer & Lecturer are returned in the Research Assessment Exercise, but Teaching Associates were not.) LTSN-01 was asked to find out.

Service Increment for Teaching

Medical schools need protection, especially in relation to the planned/potential changes for SIFT. The University perspective for education and training vs. moving the education of health care professionals into the NHS. It is expected that there will be policy advice (from the Audit Office) in about 18 months in relation to service delivery. The availability of new SIFT (non-ringfenced) following the increase in medical student numbers (only available to HEFCE-funded institutions) will allow flexibility for the first time.

Interprofessional Learning

This is a very political topic and it is part of the NHS plan which affects students, professional teams, healthcare and teachers differently. There was some discussion about the definition of Interprofessional and Multiprofessional, and the difference between learning and teaching. It was generally agreed that 'multiprofessional teaching' as had been tried in several schools, had not been effective because undergraduate students (at approximately 18 year of age) from different courses are very different, and there was not enough similarity or 'common purpose' in the material being delivered. See evaluation for further discussion of this.

Interprofessional learning between different groups of students (e.g. nurses, midwife, medicine) working in clinical teams was considered more effective when a common clinical goal was presented. There were questions about 'what should you be putting in' to interprofessional learning, perhaps clinical placements? This requires a high degree of co-ordination and administration. Classroom teaching is simple. However, some people successfully share teaching (and the admin of it) for subjects such as ethics or topics with generic learning objectives. Allied Health Professionals can be taught together with case-based materials in small groups. Interprofessional learning has been viewed (in the past) as a bit touchy-feely which has put some people off investigating its use more thoroughly.

It was suggested that the LTSN-01 should collate a directory of models illustrating examples of the use of interprofessional learning, and facilitate collaboration between those implementing it.

There were huge questions about 'where is the evidence to support interprofessional learning' as an educational technique. It was suggested that the evaluation of new learning methodologies should be large, well controlled (reliable) studies, not pilot studies which may be influenced by 'Hawthorne' effect and unable to be transferred elsewhere. It was considered that there is scope for major research into the use of interprofessional learning in order to identify and document educational outcomes for all students.

Educational Research

There was a discussion about the value of pure research and the RAE which provides a high level of motivation for research staff, and had its own rewards system. The emphasis placed on the RAE, and the difficulty of achieving high ratings from educational research, was considered to be a major barrier to the development of education and educational research. It was suggested that there is a separation of resources to support these. Research in medical education tended to be based on single-centred investigation, and it was felt that it was difficult to reproduce the findings and implement recommendations in other centres (i.e. medical schools). Funding for major research was generally considered to be not accessible for educational research, and that it may be necessary to form networks with other interested parties (possibly abroad). It was considered that European funding generally wasn't available for this sort of research. It was therefore suggested that LTSN-01 could provide or facilitate opportunities for multi-centred research into medical education especially in areas identified as 'major issues'.

Transfer of good practice tends to take place in 'corridor conversations' and is documented in relevant journals. Reviewers for Journals such as Medical Education reject anything other than the highest quality research. The number of successful submissions from the UK was falling (despite increased submission from the UK overall). New areas of journals might be considered in order to 'show and tell'.

Medicine 2 (Group D, The Reception Room)

John Spencer / Gill McConnell

This group identified that there is a need for more educational research and for putting research into practice. Better quality research was the issue (not more of the same or pilots).

The new QAA subject review process and benchmarking will affect programmes in the future.

Interprofessional teaching and learning (and assessment) are viewed as important. It was considered that difficulties of crossing professional boundaries – students may be taught in inter-professional groups, but they are not assessed together. Links are needed with LTSN subject centre for Health Sciences and Practice.

Assessment is too big an issue to address without subdivision. Some specific problems mentioned were:

- Integration of assessment with teaching and learning and across disciplines.
- Assessment as numbers rise.
- Small group assessment.
- Assessment of attitudes.
- There are experts on assessment who can help in these areas.

Personal and Professional Development – links with integration of early clinical contact. PPD might be linked with rotations and ‘distance learning’. There was a problem with student perception of PPD – it is hard to persuade students of its importance. Needs in PPD should be established from the view point of the consultant – what is looked for in a new consultant (including professional attitudes)? There is a need for evaluation of the PRHO or exit skills.

Some issues relating to staff – recruitment/retention & development were discussed.

There was a need to increase the use of C&IT throughout the delivery of the course and in assessment. Integration issues with IVLEs and personal portfolios, such that there is continuity beyond graduation. This might be an area for research and collaboration.

The web will clearly play a big role. The LTSN-01 should contact the editors of all relevant institutions and ask that a link be made to the LTSN-01. The publication of newsletters was not favoured. There was support for a chat room and “idea of the month” as well as a database of experts and good practice. It was considered important that examples of good practice should have information on context attached.

Practical help: Experts who can give practical help, possibly on a consultancy basis are wanted. LTSN-01 should act as a technical centre and a repository for information. E.g. pointers to experts, glossary (what do terms mean – benchmarking?). Funds might be sought to employ experts, or at least have a list of willing consultants.

The centre could go one step further and provide solutions: could be “invented here”, with help to tweak for local needs. The establishment of expert working parties to tackle ‘hot’ issues (identified by the constituency) would be of value.

The group reflected on the conflict between the research driven enterprise of higher education vs. teaching and education. There is tension between the need for high quality RAE-driven research and curricula innovation and demands of teaching. It was suggested that it was no longer possible to do everything and that academics/clinicians who choose a career in education may not be meeting the expectations of their institution.

The LTSN-01 should be demanding and not limit ourselves. Success will be seen if we “scratch where it itches”.

Appendix 8. Results of the Workshop 2 (Afternoon)

Aim:

- To clarify the preferred operating methods to be used by the LTSN-01.

Objectives:

- To ask how we can help with these challenges
- To ask stakeholders how we might best work with
 - Institutions – Universities/Faculty/Departments
 - Organisations – e.g. ASME, SEDA
 - Existing networks – Staff development units, learning technologists
 - Individuals
- To allocate methodologies
- To collate responses using flipcharts following the session

Summary

Summary of methods

- Providing a clearing house/knowledge base – a database of good practice, procedures, methodologies, examples. e.g. documentation of multi-professional learning.
- Template for provision and reportage.
- Facilitating collaboration within and across subjects by providing an interface with others (perhaps using electronic discussion etc.) spectrum from symbiosis to overlap.
- Printed newsletters (or an LTSN-01 'Journal') are a waste of resource; but there is scope for negotiating with existing journals.
- Generally don't want more meetings (waste of resource) unless targeted on specific subject areas, or solving problems. Promote existing conferences.
- Have to be pro-active/closing of the loop.
- LTSN-01 should be acting as pressure group.
- Commissioning/employing experts, solving issues through "Camp David" developments.
- Creation of a 'timeshare' person/consultant.
- Promoting advancement of teaching e.g. lifelong learning, CPD credits.
- Brokering relations.
- Continuation of projects.
- Gap analysis and identification of new issues / risks.

Group A (The Committee Room)

Jean McKendree / Andrew Short

Should we have workshops that are cross-disciplinary? There are certainly shared issues, but integration may just dilute or diverge from what is most useful. An example is that the Scottish medical schools can get together, as they are doing with an outcome based education group at the moment, and make more progress than might happen with larger or more disparate groups. Perhaps workshops within specialties with an occasional full meeting.

However, some group members thought that the vets and dentists might get some advantage by talking to medical schools because it is a larger group. The vet schools are pretty aware of what is going on in the other schools and so medicine can sometimes introduce new ideas (so long as they aren't seen as being 'imposed').

Lack of resources is a major issue. The LTSN-01 cannot just facilitate information and access to good ideas, but then leave the schools to pick them up and pay for them. Perhaps we need to think of better ways to pool resources. One suggestion was to commission teaching packs on particular subjects. If there was a consensus that a certain topic, e.g. back pain, would be useful to several schools, the LTSN-01 could commission someone (preferably an agreed expert) to pull together pieces from various schools and other resources and create a case-based (or other format) set of materials to be made available to all the constituency.

It was noted that good multimedia teaching materials are very useful, but are very pricey to create and must be kept current. Perhaps, since expertise resides in the LTSN-01 for creation of such materials, we could produce materials on certain topics.

LTSN-01 needs to play a role in co-ordination of dispersed effort and knowledge. One example could be training and development of OSCEs. There are many initiatives looking at the area, but not really a co-ordinated effort or means of maximising the resources being put into it in different places.

Another problem LTSN-01 needs to face is how to convert the 'rank and file'. We are communicating mostly with the converted in our primary contacts. Do we have good ideas of how to get to the rest? (Deliver something practical quickly, even if it isn't something big.)

General practitioners get money for CPD credits. How about getting education credits. Need some tangible reward for continual improvement in teaching. HEFCE puts in money for certain courses - will they do the same for courses on improving teaching? CME points should reflect the job plan of the person. People tend to go because something is convenient, not because it will necessarily enhance their job. Clinicians should have to get educational CME points if they are at all involved in teaching. Get the Open University and the Royal Colleges together, perhaps, and figure out a way to deliver and assess CPD courses flexibly. (Perhaps the BUFVC and Open University MAAS initiative should be looking into this?)

LTSN-01 should be a strong lobby group to the funding councils and professional societies. We need to propose practical solutions about professional education and how to improve it, including a reward system.

Quality assurance scoring for clinical rotations - should have a meeting every year to re-iterate the criteria and assessment procedures.

Group B (The Breakfast Room)

Suzanne Hardy

The group began by asking what the role of the LTSN-01 was. No answer was offered and the group was invited to examine what constituents might want from LTSN-01. The Computers in Teaching Initiative (CTI) was acknowledged in its success in raising the profile of computers in teaching, and it was suggested that the LTSN-01 should utilise and build on this success and the networks created. The standards set by the CTI should be kept up and applied to other areas pertaining to the business of the LTSN-01.

The group agreed that the level of seniority of the NPCs was the right way to approach the network in the first instance. The group expressed appreciation for the chance to meet in this forum and asked for further discussions to be facilitated either through meetings a couple of times a year, paid for by individual institutions, and/or through closed discussion lists.

The group expressed a need to build good links with existing networks such as MADEN and ASME, but asked for careful consideration to be given as to the nature of these links.

The provision of a meeting facility for heads of programmes to discuss ideas either on line or face-face (2-3 times per year) was discussed further - possibly an email discussion list or chat room with 'ideas of the month' or 'theme of the month' for open discussion. Travel costs should be met by institutions.

It was felt that the role for LTSN-01 might include the provision of mutual support across schools and further communities outside of individual schools e.g. this forum for NPCs, TLT officers, staff development units etc. It

was also felt that the subject centre had a role in lobbying groups at a higher level such as CHMS, CHDS, CHVS, GMC, GDC RCVS, so that leverage could be exercised with policy makers.

The RAE in relation to promotion was discussed. The group felt strongly that the current importance of RAE in relation to promotion was over emphasised, and that this meant that rewards for good teachers who did not have a high research profile were not accessible. It was suggested that this might be a topic with which to lobby decision makers.

In discussions about the website of LTSN-01 it was felt that this should be the main route for dissemination, supported by a short e-newsletter pointing out new areas of interest on the main site.

The group also asked for a private/closed discussion area where new topics could be discussed and once a consensus agreed, a digest produced which could then be posted on the main public part of the website. The website should provide links to seminal papers.

The group was asked about whether the LTSN-01 should organise workshops/conferences. The group expressed concern at more events competing for the same audience but suggested that the LTSN-01 might have a role in plugging gaps in workshops like for example OSCEs, or in suggesting streams/topics to existing groups and conferences e.g. ALT, ASME.

The group also suggested that the LTSN-01 had a role in dissemination of short reportages or reports from attendees at conferences/seminars/workshops. The group all agreed that they would be happy to provide such material for dissemination via the LTSN-01 website.

A further role was suggested for LTSN-01 in reflecting to the communities the breadth of issues in learning and teaching such as for example change management, organisational change and quality development. It was suggested that if other LTSN subject centres were doing work in these areas (such as BEST in quality issues) this might be highlighted via the website.

Brokering partnerships was felt to be an important role for LTSN-01, as was bringing new perspectives to the communities.

The group was asked about specific activities for dissemination which would be appropriate.

It was agreed that the LTSN-01 should not produce a journal but continue in its efforts to broker relationships with recognised specialist medical/clinical education journals such as Medical Teacher, Medical Education as well as the BMJ and BDJ. Further dissemination and relationships should be encouraged through existing networks such as MADEN, DENTED, etc

A case study approach was felt to be a useful approach to dissemination of best practice. It was suggested that the database of good practice should include examples of approaches institutions had tried which were not successful.

Other resources which were thought to be of use were:

- Guides around the mass of literature such as publication of lit searches/references – perhaps through a web enabled bank such as TIMELIT, BEME – the need to collect resources in one place was highlighted.
- Common bank of MCQs
- Dissemination of philosophical and pedagogic issues/pool of expertise

The LTSN-01 had to be able to demonstrate outcomes early, and the group suggested that there might be some easy 'wins' in the list above.

Group C (The Library Annex)

Megan Quentin-Baxter / Don Liu

Participants were reminded that this workshop was to focus on potential methods of working in order to progress prioritised issues identified in the morning.

The discussion started with Interprofessional Education (raised in the morning discussion). An area in need of extra research in order to understand the benefits and potentially negative effects.

*The dissemination of C&IT (electronic resources) and personal and professional development go together, leading to (for example) the establishment of personal development plans. (PPD – dissemination of PDPs, a need to increase the amount of reflection in the curriculum, and assessment of it). Promote PDPs and commission curriculum resources – to support the uptake of PDP, portfolios and possibly the ILT.

LTSN-01 should be involved in the evaluation of material/scoring. The LTSN-01 should secure and supply resources of all kinds – banks of resources and information, web based, downloadable.

Assessment (generic). Document assessment processes. Implement a database of good practice, advantages and disadvantages of different kinds of assessment, depending on the granularity and mode of existing courses. Use of appropriate local electronic resources in assessment.

Relationship with the NHS. The ILT doesn't recognise practitioners in the NHS. Awareness of the need to recognise teaching inside the NHS is required.

*Staff recruitment – major issue which needs to have a raised profile (lobbying key stakeholders such as the GDC).

*Staff development – identify and fill the gaps in existing provision, commission SD based on need (share this with local SD services in order to 'train the trainers'), reactive to specific needs. The identification of staff development in schools needs should be facilitated by the LTSN-01. Identification of courses needs a link with postgraduate deanery – otherwise there will be an overlap in provision where clinicians teaching both undergraduates and postgraduates receive duplicate courses. Develop a national database of training opportunities (especially incorporating new developments in the postgraduate sector, Deaneries, NHS Trusts and Royal Colleges). Additional conferences were not considered necessary, but the LTSN-01 should work with existing subject associations and informal networks in order to provide opportunities for sharing and learning.

Development of multi-centred, national educational research. There is an opportunity arising for a large scale evaluation of, for example, graduate entry to medicine which still needs to be documented and evidenced – the LTSN-01 could facilitate this. In the past evaluation has relied on the use of a cohort of students (in educational research). It might be possible to make use of multiple sites to amplify the outcomes of a study. There are problems with existing methods of evaluation e.g. questionnaire fatigue. ASME funds research, it may be possible to team up to create larger studies.

The LTSN-01 group should act as an advisory service to individual programmes. Have away groups set to resolve particular issues, sent away for a few days, facilitated to solve issues and advise. 'Camp David' style development time. Provision of direct expertise – teaching help, associates to undertake specific tasks in relation to programmes (practical help). Curriculum development needs to be done at a 'high level'. 'Real people', a person (of expertise) shared between a number of schools to help with a specific topic area. A sort of 'time share' or consultancy. The person doesn't need to be from the subject area, in most cases. The LTSN-01 could fund 'locum' replacement for specific educationalists, providing they could be found. There were questions about the potential supply of appropriately knowledgeable individuals who could act as a 'locum' replacement for a key educationalist, however this could be a common contractual arrangement. This would have financial implications for the LTSN-01 who would need to budget payment for this kind of activity.

New initiatives need to be long term in order to secure penetration. Some projects should be owned by the constituency, however there are also advantages for 'projects' to be owned by the LTSN-01 in order to avoid any conflict of interest between schools. It is important to be aiming at big issues. The LTSN-01 should also be aiming to make some quick wins.

Group D (The Reception Room)

John Spencer / Ross Hobson

Was LTSN-01 to be a pressure to inform policy and institutions – and if by what methods?

The group was fairly quiet in its deliberations – the discussion what the role of LTSN-01 should be was deliberate in nature and raised a number of issues:

LTSN-01 could help by facilitating collaborations between constituents, help with funding small grants and possibly staff development issues. How does the role of the primary contacts relate to this – possibly by raising awareness of LTSN-01 by information dissemination. By acting as a consultancy / clearing house to disseminate good practice.

Should the data collected (to a database on the web) be filtered and if so by whom – it was felt that probably best left unfiltered but allow comments to be made by users of the information on its application.

It was felt that LTSN-01 should work at a high level via NPCs and be pro-active. Commission work on a constituency need e.g. reviews of teaching methodology. Organise specific workshops – not otherwise covered by ASME or similar bodies.

The provision of a meeting facility to discuss ideas either on line or face-face. Possibly an email discussion list or chat room with ideas of the month or theme of the month for open discussion.

- Pressure groups need to be established in order to inform policy and institutions.
- Facilitate collaborative work between institutions – e.g. applications for larger scale funding.
- Provision of small grants in order to achieve specific tasks.
- Is there a role for staff development?
- It may be possible to widen dissemination – there is a role for the nominated primary contacts.
- This raises the question of what **level** the LTSN-01 should operate at?

Pro-active

Provide active help 'on the ground' - employing experts to act as resource/technical help.

Establishment of a 'consultancy clearing house'.

The LTSN-01 should be commissioning work on a need/demand basis

Interface with other organisations (e.g. ASME) in order to identify symbiosis and overlap.

Supported workshops (based on identified need or demand) should lead to conclusions which can be put into practice (and then ensuring that it is put into practice).

Organising conferences? Probably not as there are already many relevant conferences which LTSN-01 might encourage others to participate in.

Publications (other than web?) is not a very good use of resources.

Should the LTSN-01 produce a Newsletter? No, but a regular 'e' newsletter with feature articles would be useful.

Communication and Information clearing house

The establishment of an information clearing house (e.g. database/record/archive) would be useful but quality control (filtered or not?) would depend on the nature of the information.

- attaching contextual information.
- format for some information/template (including problems/context).

The use of a chatroom

There needs to be a process for generating ideas and prioritising these e.g. idea of the month.