



Project Document Cover Sheet

<i>Project Information</i>			
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Partner Institutions	NHS eLearning Repository, London Deanery; MedBiquitous		
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OER release meeting sector needs: Pathways for open resource sharing through convergence in healthcare education (PORSCHE)

Overview of Project

1. Background

Healthcare students train extensively in practice where they are supervised by clinical staff charged with providing education to pre-registration trainees. Students may be on long-term placement, or rotation whereby they are divided among the available clinical facilities and they rotate around until they have received education in a wide range of clinical specialties. Staff may see new students every few weeks and colleagues are simultaneously involved in teaching the same specialty to different students. Teaching staff are offered support and guidance by schools in what to teach and how their specialty fits the curriculum, but they are often left to design the detail in relative isolation. Thus there would be significant advantage in providing more comprehensive support for clinical staff and students in work based learning settings and collaborating with other key agencies working in the area of learning support.

The NHS eLearning Repository¹ (NeLR) is the UK's leading repository for healthcare learning resources (LR)². Led by the London Deanery and funded by the NHS Institute for Innovation and Improvement³ (until March 2010) it is an extensible **search and discover platform** to support the discovery and sharing of eLearning objects and learning resources held both within the repository and at external locations. They also provide advice and guidance to clinicians/educators on good practice when creating and sharing learning resources. NeLR have some LR which are Creative Commons⁴ (CC) licenced, but the majority are not, and clinical recordings are all 'consented' according to the local NHS policies/practice of the education provider.

Evaluation of the NeLR⁵ "*aimed to establish the value of the NHS eLearning Repository, examining its usage, purpose, content and design*" found that "*there is more searching activity than contributing activity*" and recommended that:

*"the eLearning Repository features links to resources and networks that will further encourage joint commissioning of eLearning objects and the collective generation of eLearning content"*⁵

In the face of changing healthcare education there is strong pressure to collaborate to achieve efficiency savings and provide a potentially convergent future for the NeLR with JorumOpen. NHS eLearning for Healthcare⁶ (e-LfH) and the NHS Learning Management System⁷ deliver NHS educational content is currently under restrictive IPR, with ownership often residing with Royal Colleges.

MEDEV, through its successful phase 1 *Organising Open Educational Resources*⁸ (OOER) project with 17 UK partners^{9,10} and international advisers, has experience of working with JorumOpen and

¹ NHS eLearning Repository (known also as the NHS eLearning Object Repository), www.elearningrepository.nhs.uk (a. Jun 2010).

² Health Information Resources (formerly National (electronic) Library for Health), www.library.nhs.uk (a. Jun 2010).

³ NHS Institute for Innovation and Improvement, www.institute.nhs.uk (a. Jun 2010).

⁴ Creative Commons (CC), creativecommons.org (a. May 2010).

⁵ Institute for Innovation and Improvement (2010). Establishing the value of the eLearning Repository, London, www.elearningrepository.nhs.uk/news/2010-03-independent-evaluation-of-repository.aspx (a. Jun 2010).

⁶ NHS eLearning for Healthcare, www.e-lfh.org.uk (a. Jun 2010).

⁷ A joint initiative between the Electronic Staff Record Programme (ESR), the Department of Health, NHS Connecting for Health, Skills for Health - Core Learning Unit and eLearning for Healthcare. <http://www.esrsolution.co.uk/esr-projects/the-national-learning-management-system-olm-elearning/> (a. Nov 2010).

⁸ Organising Open Educational Resources (2010). www.medev.ac.uk/ourwork/oer/ (a. Sept 2010)

⁹ Imperial College, London; Queen's University Belfast; St George's, University of London; University of Aberdeen; University of Bristol; University of Edinburgh; University of Liverpool; University of Nottingham; University of Southampton; University of Warwick.

other repositories (such as web2.0 and Intute). The team developed an API tool to simultaneously upload LR to JorumOpen and other places, such as YouTube, iTunesU, Flickr, SlideShare, etc., and a series of 'good practice' risk-assessment tools (the *OOER Toolkit*) based on sound ethical and legal principles for assisting healthcare workers to test their LR for compliance with good practice in relation to intellectual property and patients' (and non-patients') rights, set in a framework of good quality institutional policies. These were developed in academia with a wide range of user settings in mind. Bristol University, an OOER partner, was particularly helpful in relation to establishing the groundwork for a proposed *Consent Commons*, to be debated at OpenEd 2010¹¹, establishing the need for clear consent from all human subjects in materials to be made open.

This Strand A(i): OER release meeting sector needs project is a unique opportunity for MEDEV to work together with the NeLR repository to release 180 credits of content and secure a future long term collaboration around sharing LR between academic and clinical settings, with particular emphasis on supporting students in placement learning.

2. Aims, Objectives and Project Outcomes

We envisage seamless access to academic and clinical LR for students with the following objectives. We will;

- Deliver a substantial number (c.180 credits) of OER in medical and healthcare education;
- Establish the basis for a long term national partnership between the NHS and academia by sharing of appropriately licenced content between JorumOpen and the NeLR to aid discoverability and energise new creative solutions for the purpose of supporting students learning in practice;
- Achieve widespread uptake of the OOER Toolkit and recommendations (use of CC, consent, policies etc.) in a wide variety of NHS settings (and modify it based on experience);
- Promote debate, in collaboration with the SCA and OpenLearn, over the development of Consent Commons (based on the notion of Clinical Commons, proposed by Ellaway, et al., 2006¹²);
- Establish the value of the service/s to enhancing the student experience in clinical placement settings.

3. Overall Approach

This project is managed by MEDEV (see 11. Project Management on page 11 below) with work packages allocated to MEDEV and the NeLR. The project calls upon the expertise of the 17 OOER project partners and engages with the other OER Phase 2 healthcare-related projects.

Methodology and issues to be addressed

The NeLR will identify and categorise potential resources and document availability and compliance with OOER Toolkit. MEDEV together with Newcastle University will initiate consultation and delivery of technical developments for sharing content/metadata between JorumOpen and the NeLR.

The NeLR will analyse NHS policies and document policy practice relating to IPR and consent. The need for a Consent Commons will be evaluated and legal advice will be taken from HEI and NHS sources. Workshop and focus group events with clinical teachers via OOER partners and others will be used to raise awareness of NeLR. NHS colleagues will raise awareness of JorumOpen, use the OOER Toolkit, and encourage engagement and buy-in to OER.

MEDEV and NeLR together will exchange a substantial amount of learning resources between NeLR and JorumOpen. We will work with practice educators to document the processes necessary to enable LR from the NeLR to be made 'open'. Both partners, together with our external evaluator, will

¹⁰ A wide variety of approaches to support practice learning for staff and students are being implemented in the devolved nations.

¹¹ Hardy S, Williams J (2010). Proposing a '*Consent Commons*' in open education – balancing the desire for openness with the rights of people to refuse or withdraw from participation, Open Ed 2010 (November), openedconference.org/2010/ (a. Jun 2010).

¹² Ellaway R, Cameron H, and Ross M. Clinical recordings for academic non-clinical settings, The University of Edinburgh (on behalf of the Joint Information Systems Committee), 2006: 94p. [Available at: www.cherri.mvm.ed.ac.uk accessed May 2010].

evaluate the project according to evaluation strategy. All partners will externally disseminate according to the documented strategy.

Critical success factors

Critical success factors have been identified and detailed below:

- Comes in on time and on budget
- Meets identified deliverables
- Contributes a substantial amount of learning resources
- Meets with approval of stakeholders
- Makes recommendations for sustained JorumOpen-NeLR integration
- Reflects fully on formative information arising during the project and adapts to changing needs

4. Project Outputs

Project deliverables

Project deliverables have been tabulated below.

Table 1 Project deliverables with descriptions

<i>Deliverable</i>	<i>Description</i>
Toolkit	A refined OOER toolkit for the NHS
Licensing	Agreement between JorumOpen and NeLR for openly licenced LR to be exchanged
Metadata/content exchange	Exchange of at least metadata between JorumOpen and NeLR
Framework for consenting	Development of a framework integrating a 'Consent Commons'
Workshops	Engagement of clinical teachings
Website/blog	Dissemination through online media
Report	Final report

Toolkit

The OOER Toolkit is made up of 8 sections enabling those delivering education to test their compliance with good practice in order to minimise risk of litigation in the context of IPR and consent; maximise productivity and facilitate resource discovery¹³. The NHS eLearning Readiness Toolkit¹⁴ is a high level tool geared towards determining whether organisations are culturally and technically ready to implement eLearning¹⁵, where one of the 121 Likert questions reads “*New content is developed against recognised guidelines.*” We built complementarity with this statement into the OOER Toolkit which provides a much more detailed analysis of and guidance into processes underpinning the provision of eLearning especially in the area of consent. The OOER Toolkit will be refined so that it fits the purposes of the NeLH. We will embed these tools into the eLearning Readiness Toolkit and the OOER team will work with the NeLR towards this.

Licensing

In all cases in this proposal LR remain the property of the generating site, under their internal IPR arrangements. Reports, documentation and other deliverables will be released under an appropriate CC licence.

We will work towards an aligned licensing framework, intended to create and maintain parity between the types of CC licenses chosen in HEIs and NHS settings. This will be tested between partners from PORSCHE and OOER to ensure appropriateness.

¹³ OOER final report at www.medev.ac.uk/oer/ (a. Jun 2010) for details of the Toolkit.

¹⁴ NHS eLearning Readiness Toolkit, www.elearningreadiness.org/toolkit.html (a. Jun 2010).

¹⁵ Marshall, S (2008). E-Learning maturity model (eMM), Victoria University, www.utdc.vuw.ac.nz/research/emm/ (a. Jun 2010).

Metadata/content exchange

A lightweight but robust technical solution to share data between JorumOpen and the NeLR repository, will increase discoverability of JorumOpen resources by practice educators. Where resources pass the OER Toolkit, we will investigate housing some repository resources in JorumOpen.

The goal is to release content from NeLR but there is work to do on risk-management against the OER Toolkit. Access to content through NeLR is at two levels: to pilot linkages from JorumOpen where LR reach 'good practice' and to influence the development of new LR to ensure compatibility with open standards. This project will release a 'substantial amount' (~180 credits) of content across the partnership with particular focus on materials to support placement learners. Content in the NeLR will be analysed for possible inclusion in JorumOpen (or JorumPlus).

According to the QAA "*qualifications in medicine, dentistry or veterinary sciences [...] are not typically credit-rated*"¹⁶ meaning that it is hard to estimate how 'big' are some LR. An image may provide hours of learning content, or an expensive high production lecture/podcast only a matter of minutes, depending on how they are used. Experience in OER and elsewhere¹⁷ showed that staff and students value provision as small as an image as much as a longer piece of learning, in fact sometimes it was preferred.

Courses are typically made up of layers of descriptors and content, both are valid for OER. This A(i) project will focus squarely on LR supporting students in practice and to release materials already catalogued in the NeLR and work with clinical colleagues to promote uptake of the OER toolkit.

Re-use is a feature of this project as it will become easier to investigate as national repositories accrue more content. Resource discovery and re-use will be undertaken as part of the dissemination activities (16. Dissemination Plan on page 14 below)

Sharing metadata/contribution between the NeLR and other repositories has several challenges: JorumOpen is Shibboleth/OpenAthens authenticated and NeLR is Athens authenticated. The NHS doesn't currently provide students (or academic staff) with Athens ids, nor are they likely to implement federated access for several more years. This thus creates some id/login/policy barriers to uptake of and deposit of LR particularly into NeLR by academic staff.

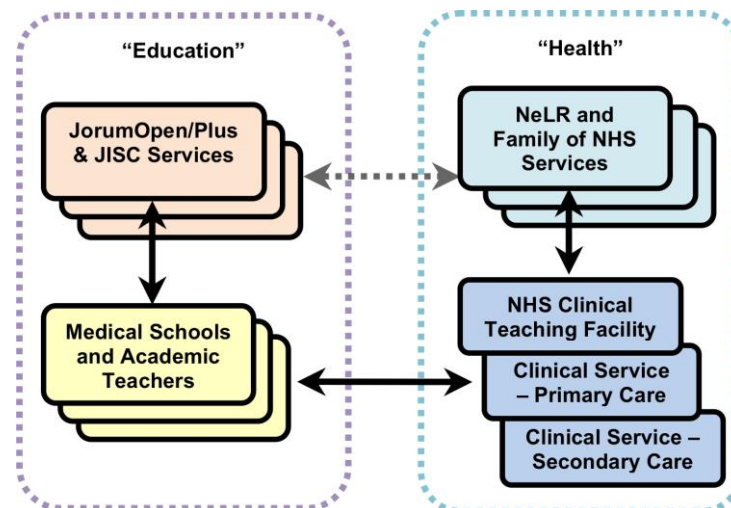


Figure 1 Proposed linkage (dotted arrow) between Jorum Open and NeLR

Access to some clinical teaching materials needs to be controlled, for reasons of respect, or data protection. The social and technical frameworks for managing access to clinical teaching materials were explored in the IAMSECT¹⁸ project. Big, seemingly impossible ideas have been successfully operationalised between academia and the NHS, such as the N3-Janet Gateway¹⁹ which greatly increases learners' access to academic services when in placement learning (via a secure gateway ported into full production in June 2010).

The need for 'JorumPlus' has been

¹⁶ Quality Assurance Agency (2008). Higher education credit framework for England: Guidance on academic credit arrangements in higher education in England, www.qaa.ac.uk/england/credit/creditframework.asp (a. Mar 2010)

¹⁷ Universities' Collaboration in eLearning www.ucl.ac.uk; and Reusable Learning Resources Centre for Excellence in Teaching and Learning www.rto-cetl.ac.uk/joomla/ (a. Mar 2010).

¹⁸ Inter-institutional Authorisation Management to Support eLearning in Clinical Teaching (IAMSECT), iamsect.ncl.ac.uk (a. Feb 2010).

¹⁹ N3-JANET(UK) (NHS-HE) connectivity project for England and Scotland, www.nhs-he.org.uk/n3-janet-gateway.html (a. Jun 2010).

discussed with Edina and would need to be explored in much more detail, however JorumOpen will provide us with a platform for a proof-of-concept while other alternatives are explored.

Framework for consenting ('Consent Commons')

Ellaway, et al., 2006¹² proposed 'Clinical Commons', a system similar to CC to cover how human consent might be licenced, and this work was extended to a concept of Consent Commons in OER by Jane Williams at University of Bristol. We would like to promote discussion of this important concept, picked up on by Professor Andy Lane during a 'sustainability' workshop run by the Open University in May and due to be presented at OpenEd 2010¹¹ in November.

Consent Commons would licence recordings of people (stills, videos, audios, performances, etc.):

- Teachers (academics, clinicians, practice/work based learning tutors, etc.);
- Students and 'product placement' (where commercial brands or other issues appear in the background);
- Role players/actors/performers/hired help (including recording crew members);
- Patients/patient families/care workers/support staff/members of public, etc. (we are working with the GMC to review the guidelines for patient recordings²⁰).

Consent Commons might have the following characteristics:

- Accepts a basic human right to refuse their image/voice appearing and, where they have previously consented, their right to withdraw their consent;
- Would work like Creative Commons in that you hallmark material with a *licence* illustrating the consent status and when consent needs to be reviewed;
- Has levels of release (e.g. Closed; 'medic restrict'; review[date]; fully open);
- Terms of the consent needs to be stored with/near the resource and in the patient record.

Workshops

Clinical colleagues from OER partners will be invited to workshops and focus groups to encourage awareness of OER, the tools available, and sources of content. Feedback and outputs will be documented.

Website/blog

There will be a project website and associated blog (see www.medev.ac.uk/oer/ and <http://www.medev.ac.uk/blog/oer-phase-2-blog/>) with RSS (see <http://tinyurl.com/oer-phase-2-rss>). The blog will be the primary tool for external dissemination of project progress and achievements, and will be updated by project partners.

²⁰ GMC (2002). Making and using visual and audio recordings of patients - guidance for doctors, General Medical Council, London, www.gmc-uk.org/guidance/ethical_guidance/making_audiovisual.asp (a. May 2010). Currently being revised, update is due summer 2010.

5. Stakeholder Analysis

Table 2 Stakeholder analysis

Stakeholder	Interest / stake	Importance
Project partners	Directly involved in delivering project; sharing and uptake of content; lessons learned	High
Medical Schools	Lessons learned; policy and process; uptake of content	High
NHS Institute	Strategic interest	
Other OER projects, JISC services, open content communities such as MedEdPortal and ALPS	Potential collaboration/partnerships; sharing and uptake of content	High
HEFCE	Funder/Strategic interest	High
Learners	Users of end products (OERs)	High
Staff in NHS Trusts/NHS education and training Sharing and uptake of content	Sharing and uptake of content	High
UK HEIs including PVCs Teaching and Learning	General conclusions; policy and process; lessons learned; uptake of content	Medium
Professional bodies, subject associations, publishers	Possible partnerships, observers/interested parties	Medium
Stakeholders expressing support for the project	External observer/interested party	Low
International users of repository	JorumOpen users	Low

6. Risk Analysis

This team believes that health education investment would not be directed by health agencies towards a future of open sharing, unless there is powerful influence to drive it. Providing an exit strategy for the NeLR in partnership with academia would deliver some immediate efficiencies and give the open education movement credibility in healthcare; although the risks of failure to achieve deep commitment to open education in such a large organisation are high. Pressure can be marshalled from the education leads of the 14 or so health and social care professional and statutory bodies (PSB) who meet twice yearly as the 'Inter-regulatory Group' (convened by the GMC) attended by MEDEV and Health Sciences and Practice, along with Skills for Health who favour open education²¹.

Table 3 Risk analysis

Risk	Probability (1-5)	Severity (1-5)	Score (P x S)	Action to Prevent/Manage Risk
NHS policy shift away from sharing LR	4	4	16	This is a serious risk with consequences for all healthcare students. Project proposal seeks to minimise likelihood / impact.
JorumPlus features not ready	3	3	9	Other repositories can be used as an alternative.
Guidance in OER Toolkit ignored by NHS staff/students	3	4	9	This could significantly impact on the planned roadmap for sharing LR. However the needs of academia are being sidelined anyway.
Insufficient funding for all partners	2	3	6	Because this project is high-risk the amounts requested are modest – if we can't succeed then
Partnership breakdown	2	3	6	Motivation for success for all parties is high.
Stakeholder involvement and collaboration ('buy-in')	2	3	6	Develop an effective communication strategy; project manager; early engagement of partners and wider

²¹ PSB letters of support have not been sought as MEDEV and HSaP have close relationships with the relevant groups through their joint advisory board 'HEALTH NG' and the Inter-regulatory group. GMC/GDC have policies of not supporting individual bids, regardless of affinity.

				constituency.
Scope creep	1	2	2	The scope of work outlined is clear; strong management.
Staffing	2	2	4	Wide experience in the sector able to assist.
Project management	2	1	2	The management is clear, with clearly identified leads for each work package.

7. Standards

This project relies heavily on standards, and we will conform to templates and standards as advised by CETIS and the JISC Programme Manager.

Table 4 Standards and specifications

Name of standard or specification	Version	Notes
Metadata Guidelines for the OER Programme	1	http://blogs.cetis.ac.uk/lmc/2009/03/30/metadata-guidelines-for-the-oer-programme/
Content packaging – standards as per JorumOpen requirements, likely to include IMS Content Packaging Specification, IMS Comon Cartridge	1.2 release v2.0 1.0	http://www.msglobal.org/content/packaging/
Intute cataloguing guidelines	1	http://www.intute.ac.uk/healthandlifesciences/policy.html
Accessibility, as appropriate	NA	http://www.techdis.ac.uk/
RSS 2.0 and Atom 1.0 for information output	2.0 and 1.0	http://en.wikipedia.org/wiki/RSS_(file_format)
Creative Commons	2.0 (3.0 when released)	http://creativecommons.org/
Consent Commons		under development by MEDEV and partners; project will trial
Intralibrary		for NHS eLearning Repository
ADL_SCORM		For export of content packages
OAI-PMH		from NeLR and JO
MeSH		NeLR standard taxonomy
Dublin Core		NeLR standard

8. Technical Development

No technical development is planned except for:

- A lightweight technical solution to share data between JorumOpen and the NeLR repository will be developed in consultation with Nick Sheppard (Leeds Metropolitan University)
- A cross-search solution will be investigated to search JorumOpen and MedEdPortal.

9. Intellectual Property Rights

All Background and Foreground Intellectual Property Rights (see definitions above) shall remain the property of the Consortium Partner introducing the same.

Any Consortium Partner claiming background rights in information or materials that already exist and directly relate to the Deliverables must notify the Project Manager at the outset of a Work Package (for inclusion in the Project IP Register), or they will be deemed to have been generated during the Project.

During the terms of this agreement any necessary modifications to information and materials (including Educational Resources) will be undertaken by the originating Consortium Partner. Rights in information and materials modified by anyone other than the originating Consortium Partner will be deemed to belong to the originating Consortium Partner (subject to 18.3 below).

Warranties and undertakings

Each Consortium Partner acknowledges that it is and shall remain liable for the consequences of any

failure on its part or on the part of its Personnel to fulfil the tasks and work packages assigned to it under this Agreement, and shall accordingly:

- procure and maintain its own insurance, with insurers of good repute, to cover its own liabilities and those on behalf of its Personnel;
- keep true and accurate records of all things done by its Personnel in relation to the tasks and work packages assigned to it under this Agreement;
- comply and assist the Consortium, the Executive Board and the Project Manager in complying with all relevant statutes, laws, regulations and codes of practice relating to its tasks and work packages from time to time in force;
- comply with all recommendations and requirements of its insurers; and indemnify, keep indemnified and hold harmless the Consortium and other Consortium Partners from and against all costs (including the costs of enforcement), expenses, liabilities, injuries, direct, damages, claims, demands, proceedings or legal costs (on a full indemnity basis) and judgments which they incur or suffer as a result of a breach of this Agreement or negligent acts or omissions or wilful misconduct of the Consortium Partner and/or its Personnel.

Each Consortium Partner shall be responsible for providing all appropriate facilities and services as shall be necessary in the proper performance of the tasks and Work Packages. Each Consortium Partner agrees and undertakes to make suitable Personnel available to attend Executive Board meetings with the Director and Project Manager to review progress at such times and locations as the Executive Board shall reasonably specify.

Each Consortium Partner shall provide the Executive Board and Director with such information as is necessary for the Director to make proper financial reports to the relevant committees of the Lead Institution and the Funding Bodies. These will include, but are not limited to:

- quarterly statements of expenditure incurred in relation to the provision of the tasks and work packages assigned to it, together with copies of staff timesheets, invoices and other relevant documentation for audit purposes;
- a declaration that confirms that expenditure has been incurred in accordance with the Contract with the Funding Bodies; and
- a final statement of expenditure within 4 weeks of the termination of this Agreement.

Each Consortium Partner undertakes that in the course of their contribution to the OOER they will promote equality of opportunity, comply with the requirements of relevant equal opportunities legislation and not disadvantage staff or students on the basis of their race, disability, gender, age, religious beliefs or sexual orientation.

Accuracy

Each Consortium Partner shall use reasonable endeavours to ensure the accuracy of any information or materials that it supplies to the other Consortium Partners under this clause and shall promptly correct any error therein of which it is notified. The donating Consortium Partner will provide no warranties to recipient Consortium Partners in respect of the information and materials, and the recipient Consortium Partners shall be entirely responsible for the use to which they put such information and materials.

Access Rights

Each Consortium Partner shall use reasonable endeavours to ensure the accuracy of any information or materials that it supplies to the other Consortium Partners under this clause and shall promptly correct any error therein of which it is notified. The donating Consortium Partner will provide no warranties to recipient Consortium Partners in respect of the information and materials, and the recipient Consortium Partners shall be entirely responsible for the use to which they put such information and materials.

Acknowledgements

Consortium Partners will acknowledge the Funding Bodies and the Project, as appropriate, in presentations, academic papers, further funding applications, etc., in order to raise the profile of the

Project and recognise the contribution of the Funding Bodies.

Project Resources

10. Project Partners

This partnership is greater than the sum of the parts because of the complementary expertise and broad range of approaches available within the collaboration. MEDEV and partners from OOER have extensive experience of eLearning, OER, local NHS teaching facilities and supporting placement learners. The NeLR has access to NHS teaching facilities and staff, buy-in from NHS support services and routes into effecting practice when developing LR in clinical teaching.

Bristol has been invited to work with the Strategic Content Alliance²² (SCA) who have received £50K JISC funding to continue developments in the area of consent (hence we request no further funding for *Consent Commons* here, but raise it as an important issue in clinical teaching).

Others have offered expertise: Nick Sheppard at Leeds Metropolitan University is part of the ALPs CETL which has some experience of dynamically sharing institutional repository content. MedBiquitous²³ creates technology standards (facilitating exchange educational content and track learner activities and profiles) to advance healthcare education and competence assessment. They published their *virtual patient standard* in 2010. The NHS-HE Forum has also lent support to this proposal.

Accountable Officers

Chair of Executive Group: Dr Brian Lunn (Senior Lecturer and Honorary Consultant Psychiatrist, Newcastle University; Associate Dean for Examinations, Royal College of Psychiatrists). Brian has substantial experience in generating multimedia teaching materials and use of CC and re-purposing content across disciplines. Interests include embedding pedagogic content in distributed learning.

Director: Suzanne Hardy (Senior Advisor (Information) MEDEV). Suzanne is highly experienced at supporting major projects, dissemination, communities of practice, social software, vocabulary and metadata involved in sharing (e.g. OOER, ACETS, AIRDIP, MEDEV miniprojects, CETIS metadata SIG). She is a member of the Academy Inclusion Group and the Joint Systems Steering Group.

NeLR Lead: Richard Osborn (Strategic Library Services Development Manager for NHS London). Richard has worked in health libraries for 25 years. He provides strategic leadership and co-ordination to the London Health Libraries network and nationally chairs the SHALL Consumer Health Information Group. He is also the London SHA's strategic lead for eLearning and since July 2009 has been the Programme Lead for the NHS England eLearning Repository.

Key Personnel

Project Manger: Lindsay Wood (Project Officer MEDEV). Lindsay joined the OOER project in 2010 and has worked on a variety of JISC and DH funded projects.

Project Officer: Kate Lomax (Project Officer). Kate has been with the London Deanery for several years where she has responsibility for upkeep of and engagement with the repository.

Project Officer: To be appointed (MEDEV).

Dr Tony McDonald (Assistant Director, Learning Technologies for Medical Sciences, Newcastle University). Tony is in charge of extensive systems used to support learners in placement for several undergraduate schools.

Chris Hoy (Business Development Unit, Newcastle University). Chris is responsible for management of teaching and learning contracts at Newcastle University.

Dr Margaret Sills (Acting Director, Subject Centre for Health Sciences and Practice). MEDEV works closely with other agencies supporting education in healthcare education, particularly the Academy Subject Centre for Health Sciences and Practice.

Evaluator: Helen Beetham (eLearning Consultant). Helen Beetham is an author, researcher and

²² Strategic Content Alliance, www.jisc.ac.uk/contentalliance/ (a. Jun 2010).

²³ MedBiquitous Consortium, www.medbiq.com (a. May 2010).

innovator in the field of e-learning, with particular expertise in Higher Education. She has played a leading role in the JISC e-learning programme as an advisor on pedagogic issues since 2004. She is co-author on several successful books²⁴.

Consultants and Advisors

Consultants and advisors will be drawn from:

- Colleagues from OOER
- Dr Megan Quentin-Baxter, MEDEV;
- Dr Margaret Stills, HSaP;
- Dr Peter Green or Dr Valerie Smothers, MedBiquitous; Dr Terry Poulton or Chara Balasubramaniam Medbiquitous, Europe;
- Michael Saleh or Robby Reynolds, MedEdPORTAL;
- Malcolm Teague, NHS-HE Forum, JANET(UK);
- Professor Andy Lane or Chris Pegler, OpenLearn, Open University;
- Gareth Frith or Nick Sheppard, ALPS CETL, Leeds Metropolitan University;
- Dr Jackie Carter or Dr Peter Burnhill, JorumOpen;
- Julie Badon, NHS.

We also plan to consult colleagues in relevant organisations such as CC, Strategic Content Alliance and JISC Legal as necessary in relation to legal issues arising within the project, and other funded projects in the OER programme and more widely, as appropriate.

11. Project Management

Project Management, Staffing and Reporting

The strategic direction, operational decisions and quality assurance of the project will be carried out by an Executive Group, representing participating organisations and chaired by Dr Brian Lunn. A Director, Manager and Project Officers have been identified (see Appendix B. Workpackages on page 19 below and Key Personnel on page 10 above). Stakeholders and students will be involved in partner sites as appropriate, and mini-working groups established as necessary to deliver stages/WP of the project. This worked well in Phase 1. Staffing has been spread primarily between the OOER team lead site (MEDEV) and the NeLR, with some consultancy to cover, for example, external expertise and legal advice; evaluation and dissemination (including engagement of the wider OOER team). Allocation of resources to WPs has been estimated in terms of overall effort. Travel, etc. have been calculated using pFACT at the lead site.

²⁴ Sharpe R, Beetham H, de Freitas S (2010). Rethinking learning for a digital age: how learners are shaping their own experiences, Routledge, 234p.

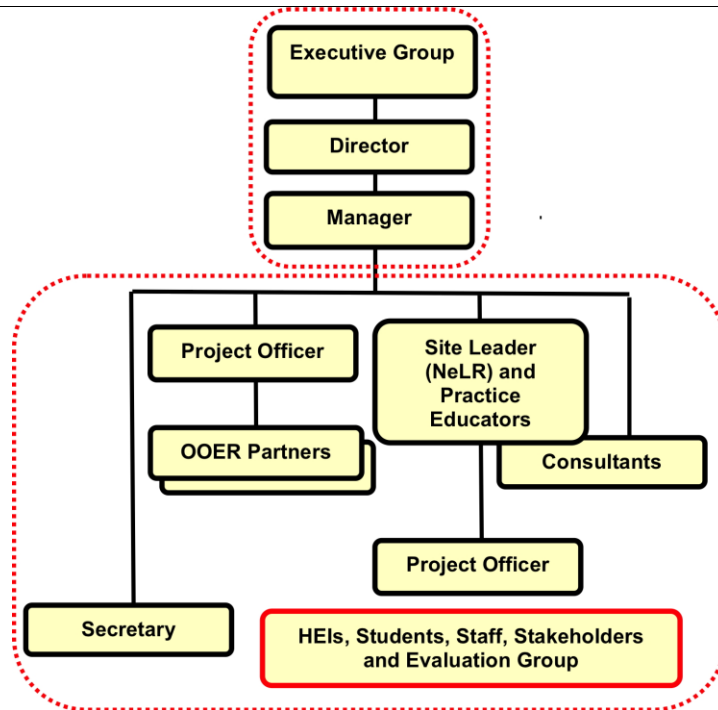


Figure 2. The overall organisation chart for the management of the project with OOER partners and NeLR colleagues coordinated by the Project Manager.

The OOER team included 17 partners who were signatories to an existing consortium agreement (agreed by institutional contracts officers). This consortium agreement has been agreed by the research offices in all existing partners and will be reused here. This project is governed under English law and adheres to FOI arrangements at the lead site. Disputes will be escalated to the HEALTH NG Advisory Board. Staff employed on this project will undergo training by attending relevant staff development events at host institutions; presenting at conferences and external development opportunities such as SEDA, Netskills, TASI, TechDis, JISC Legal, etc. It is anticipated that sharing expertise between the partners will be an important staff development activity. Operational plans (including refinement of e.g. risk analysis), detailed evaluation and dissemination strategies and progress/final reports will be prepared by the Project Manager and signed off by the Executive Group for the funders.

12. Programme Support

Programme Managers and Evaluators were instrumental in guiding and shaping OOER and we look forward to receiving their steer and advice in future.

We would appreciate programme level support in the areas of:

- evaluation
- dissemination across OER Phase 2 healthcare and IPE related projects

Detailed Project Planning

13. Workpackages

Please refer to Appendix B. Workpackages on page 19 below.

14. Evaluation Plan

This project needs robust and independent evaluation in order to understand not only the impact of the work, but to what extent it has achieved its intended outcomes (to inform the funders in the future). Some evaluation-type activities are planned within the WPs, such as workshops/focus groups with practice educators, and of course we will collect relevant baseline data throughout. Helen Beetham

has kindly agreed to assist the project team with evaluation advice on what strategies would be most appropriate, and what metrics and data to collect (and analyse). Without wishing to prejudice that advice it seems likely that evaluation will employ the following investigations:

- Exploring a ‘six-degrees of separation’ analysis to document the meaningful collaboration/linkages made by NeLR and the wider OOER team during the project;
- A modified Kirkpatrick’s scale for evaluating the OOER Toolkit (does the Toolkit change behaviour?);
- Gap/change analysis between the plans and the final report (to document deviation from the plan).

The project will comply with the overarching requirements of the HEFCE/Academy/JISC and seek answers to the following broad research questions (to be finalised/further focussed by the Executive Group).

Table 5 Evaluation plan with measures of success

Timing	Factor to Evaluate	Questions to Address	Method(s)	Measure of Success
July 2011	Objectives	Has the project met its specific objectives?	Compare to plan; documenting progress	Comparison with milestones as outlined in the plan. Success to be agreed with Programme Manager.
July 2011	Policy and procedures	How has the project moved the partners and repositories forward in relation to developing OER strategies?	Assess base line institutional procedures at outset; compare at close	Number of policies and procedures available; quality of procedures.
On-going	Cost effectiveness	Is the approach broadly cost-effective and convenient for staff and students, and their HEIs/the NeLR?	Estimate actual cost of making LR available; including time to upload. Estimate basic cost (min, max, medium, mode) per LR.	LR cost effective to make ‘open’ in organisations able to adopt OER policies.
On-going	LR	Are LR accessible, usable and of quality?	Sample LR; qualitative survey with students and staff.	HEI/NHS uptake LR. Positive reception elsewhere.
On-going	Collaboration/linkages	How can the NHS eLearning Repository and UK HEIs work together efficiently?	Evaluate relationship and survey partners	Transparent sharing of resources, tools, policies, practices and procedures across clinical and academic settings
On-going	OOER Toolkit	Is this suitable in NHS settings?	Survey NHS staff	OOER toolkit is refined and embedded in NeLR

Scenarios

We have identified some possible use case scenarios to evaluate the outcomes of the project against:

Scenario 1. A practice educator accesses the NeLR in search of learning resources and discovers LR housed in or accessed through JorumOpen which she downloads and uses. Curious about ‘Creative Commons’ she reads the licence terms and realises that this is how she can use and share LRs. Some months later she is asked to share LR which are destined to be sold commercially by e-LfH but her work is already licenced under CC by-nc-sa.

Scenario 2. A student in placement learning is looking for teaching materials to support learning in his current rotation in dermatology. By searching JorumOpen he has direct access to some content and a wide variety of other repositories as information about content in NeLR. He has to ask a clinical colleague for access but the resources are very worthwhile.

Scenario 3. A non-clinical member of staff searches for potential teaching materials for use in a seminar. Some of the LR that he finds are from the NeLR, but because they have been made available via JorumOpen and are hallmarked with CC and consent licences, he can re-mix them for

the presentation.

Scenario 4. Students are excited about a new 'dynamic learning map' (mind map) navigational interface to the extensive curriculum documentation at Newcastle²⁵. A case study (PBL) group is collaborating synchronously (but distributed) around a clinical problem. The map allows them to easily 'fast-forward' deep into clinical parts of the curriculum where they can learn more about the presentation, diagnosis and treatments relevant to the case. Related information (such as that related to a differential diagnosis) is linked through the map, along with further learning opportunities from external sources as the map is geared to find CC licenced materials.

15. Quality Plan

Table 6 Quality plan with quality criteria

Output	Work packages				
Timing	Quality criteria	QA method(s)	Evidence of compliance	Quality responsibilities	Quality tools (if applicable)
On-going	Change control	Changes flagged to the Executive Board.	No slippage.	Project manager/director.	Executive Board meetings.
On-going	Documentation	Version numbering.	All documents clearly identified.	Project manager	n/a
Oct 2010	Staffing	WP Leader appointed; staff identified.	All WPs are led.	Project manager.	Memorandum of Understanding.
July 2010	WP deliverables	WP plans completed and followed.	WPs completed on time.	WP leaders	Memorandum of Understanding.
On-going	Dependencies	Dependencies highlighted and anticipated.	WPs prioritised.	Project manager.	Project plan.
Output	Standards				
Timing	Quality criteria	Timing	Quality criteria	Timing	Quality criteria
On-going	OER	Follow CETIS mandated metadata guidelines.	Metadata added to ER	Project manager	Mandated metadata set via CETIS
On-going	OER	Quality criteria for metadata adhered to.	LR fulfil Intute quality criteria	Project manager	Cataloguing guidelines
On-going	OER	Content packaging to JorumOpen criteria met	CP standard met	Project Manager	JorumOpen
On-going	OER	RSS 2.0 and Atom 1.0	RSS/Atom feeds live	Project manager	Feedreaders e.g. Google Reader
Output	Accessibility				
Timing	Quality criteria	QA method(s)	Evidence of compliance	Quality responsibilities	Quality tools (if applicable)
On-going	OER	Guidelines adhered to.	TechDis guidelines complied with.	Project manager	TechDis guidelines
On-going	Twitter, del.icio.us	Use #ukoer/ukoer tag	OER findable.	Project manager	Use #ukoer tag
Output	Risk Management				
Timing	Quality criteria	QA method(s)	Evidence of compliance	Quality responsibilities	Quality tools (if applicable)
On-going	Risk mitigation	Maintain risk management strategy (see above).	Project documentation	Project manager	Project plan.

16. Dissemination Plan

Ongoing external dissemination will be primarily via a blog and the project website, a stakeholder

²⁵ Dynamic Learning Maps, www.jisc.ac.uk/whatwedo/programmes/elearning/curriculumdelivery/dynamiclearningmaps.aspx

meeting and academic papers. Full reports and deliverables will be available to the programme managers for the Academy/JISC website.

Table 7 Dissemination plan with activities and audiences

Timing	Dissemination Activity	Audience	Purpose	Key Message
Sept 2010	Project website	Internal and external.	A website will be established with web 2.0 facilities (including RSS/Atom feeding using #ukoer tag) and access to the LR upload facilities identified by this project. Draft and final versions of Toolkits will be available.	Information about the project.
Sept 2010	Project management site	Internal	A Basecamp project has been established.	Essential to plan, communicate and deliver work packages.
Oct 2010	Web 2.0.	Internal to project, and external as above (as appropriate).	A project blog has been established to facilitate within-project communication.	Essential to deliver work packages.
On-going	Meetings and Workshops	Internal to project.	Internal dissemination will be facilitated by regular project meetings (Skype and Elluminate) and workshops to progress the WPs, as appropriate.	Essential to deliver work packages.
On-going; after completion	Toolkits, reports, conference papers and refereed journal papers Please refer to Appendix C. Dissemination on page 24 below	Internal and external.	Regular reports will be produced and made available. The results will be presented at relevant conferences and to raise awareness. International stakeholders have expressed interest in this work (see letters of support in the original funding proposal).	'How to' go OER as an institution.

17. Exit and Sustainability Plans

This project is primarily about developing sustainable strategies to deliver long term benefits by establishing durable processes for sharing LR between academic and NHS repositories, and cultural awareness of the values associated with OER. This is not a continuation of OOER although this proposal clearly builds on the partnership developed and work done in that project. It is important that the results of this project permanently shift NHS services towards OER in order to contribute to a critical mass of OER LR and a direction of travel for collaboration.

Success will be defined by whether we are able to establish a culture of OER sharing in the NHS and in universities. Sustainability will be inherent if practice educators can contribute to academic learning repositories. If we do not undertake this project then we will have fewer chances to influence in the future.

Table 8 PORSCHE sustainability plan and exit strategy

Project Outputs	Action for Take-up & Embedding	Action for Exit	Why Sustainable	Scenarios for Taking Forward	Issues to Address
Licence agreements	Agree common licensing framework across HEIs and NHS	Publish and disseminate widely	Tested across OOER and NHS partners	Embed in NeLR repository deposit process	Changes in legislation, or licensing models. Changes in NHS/HEI structures
180 credits of material uploaded to Jorum Open	Toolkits tested and refined, then disseminated.	Body of content available together with documented processes.	Peer tested toolkits available to all interested parties in HEIs and NHS settings	becomes embedded work in HEIs Embed in regular OER workshops.	Ongoing availability of Jorum Open and NeLR. Multiplicity of available APIs. Consistency of metadata application.
Framework for consent	Agree common licensing framework across HEIs and NHS, test with CC communities	Publish and disseminate widely	Tested across OOER and NHS partners, developed in consultation with CC	Embed in NeLR repository deposit process	Changes in legislation, or licensing models. Changes in NHS/HEI structures. Explore possibility of embedding in Jorum Open
Workshops	2 events to be scheduled and added to Subject Centre schedule	Open bookings, run events	Easy to replicate both as physical and online events	Embed in further MEDEV workshops	Further events may be scheduled if demand exceeds supply.
Website/blog	Update regularly	Regular updates scheduled	Electronic publication – easy to change and keep updated	Embed in regular work of Subject Centre	Changes in staffing, funding arrangements, focus of HEA.
Project updates published in the MEDEV Subject Centre newsletter, 01.	Schedule 2 updates in future editions of 01.	Identify 'stories', commission authors.	Easy to replicate.	Citation.	Impact of newsletter vs peer reviewed journals.
Publication opportunities in relevant journals identified.	Identify authors.	Write and submit papers.	Part of contribution of project partners.	Citation.	Length of time from submission to publication.

Appendices

Appendix A. Project Budget

Project management/support, and a central budget for e.g. travel, consumables and dissemination have been transparently costed based on pFACT values for the lead site (Table 3); plus estimates for partner institutions (estimating staffing required to deliver the objectives of the project) based on costs provided to date. While the fEC calculated (£139,226) may represent an over-estimate, the total £347,850 for the project is well in excess of 100% of matched funds requested (£124,659).

Table 6. Costings as estimated by TRAC funding (pFACT). Directly Incurred [DI] (full time on and costed to the project) and Directly Allocated [DA] (costs and contributions allocated from existing time/resources) are indicated.

pFACT Costing	Estimate	Estimate	Institution		Total Budget
	Y1	Y2	Amount Requested	al Contribution	
Main Proposal	Aug 10 – Mar 2011	Apr 11 – Mar 12	Total	Aug 10 – July 11	Aug 10 – July 11
	£	£	£	£	£
Host/Lead Site					
Shared Costs					
Telephones (290), Access to Server (111) and PAT Testing (44) [DI]	297	148	445	0	445
Consumables (307) and School Administrative Cost (1,015) [DI]	881	441	1322	0	1,322
Equipment – Computer Equipment (2,112) + VC (4,580) [DI/DA]	2,153	0	2,153	4,580	6,733
Survey Costs (1,591) and Evaluation ((5,000) [DI]	4,394	2,197	6,591	0	6,591
Travel and Subsistence (5,093) Including Attendance @Programme Meetings and (1x training @254 per day and 4x conference attendance @501-estimated) [DI/DA]	4,901	2,450	7,351	0	7,351
Rights Clearance & Dissemination Activities – Workshops/Conference (10,134) [DI]	6,756	3,378	10,134	0	10,134
Sub-Total Shared Costs	19,382	8,614	27,996	4,580	32,576

<i>pFACT Costing</i>	<i>Estimate Y1</i>	<i>Estimate Y2</i>	<i>Amount Requested</i>	<i>Institutional Contribution</i>	<i>Total Budget</i>
<i>Main Proposal</i>	<i>Aug 10 – Mar 2011</i>	<i>Apr 11 – Mar 12</i>	<i>Total</i>	<i>Aug 10 – July 11</i>	<i>Aug 10 – July 11</i>
	<i>£</i>	<i>£</i>	<i>£</i>	<i>£</i>	<i>£</i>
<i>University Costs Including Estates</i>					
University Costs – Lead Site	0	0	0	59,486	59,486
University Costs – Partner Sites (x6) (estimated)	0	0	0	79,740	79,740
Sub-total University Costs	0	0	0	139,226	139,226
Sub Totals	83,379	41,280	124,659	223,191	347,850
<i>Waiver of University Costs (at 100%) and Institutional Staffing Contribution</i>	<i>(67%)</i>	<i>(33%)</i>	<i>Number of FTE used</i>	3.2	-223,191
Total Requested £					124,659

Appendix B. Workpackages

PORSCHE workpackages with timeline

<i>WORKPACKAGES</i>	<i>Month</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>
1: WP1		■	■	■	■	■	■	■	■	■	■	■	■
2: WP2					■	■	■						
3: WP3					■	■	■						
4: WP4					■	■	■	■					
5: WP5						■	■	■	■				
6: WP6								■	■	■	■	■	
7: WP7					■	■	■	■	■	■	■	■	■
8: WP8							■	■	■	■	■	■	■

Project start date: 1st August 2010

Project completion date: 31st July 2011

Duration: 12 months

<i>Workpackage and activity</i>	<i>Earliest start date</i>	<i>Latest completion date</i>	<i>Outputs</i>	<i>Milestone</i>	<i>Responsibility</i>
<p>WORKPACKAGE 1:</p> <p>Objective: To manage the project efficiently and deliver operational plans and reports on time.</p>	Aug 2010	July 2011			MEDEV with EB
Formalise roles including project management and appoint staff.			Appoint Director, Project Manager, Project Officer and WP Leaders	All parties aware of roles	
Establish TOR for the Executive Group; reporting structures and timetable for Executive Group meetings.			Terms of reference, regular meetings, meetings schedule	Regular meetings	
Circulate memorandum of understanding.			Memorandum of understanding	Memorandum signed	
Establish website.			Website	Delivered for supporting partners and external viewers	
Detailed project and financial planning.			Work package plans developed and budget assigned.	WP and project plans documented	
Submit operational plan and all necessary reports.			Operational plan and report.	Plan and report submitted	
Develop sustainability/exit strategy.			Sustainability plan.	Sustainability toolkit developed. Recommendations aligned to project outcomes. Recommendations made to project partners. Recommendations refined after consultation and included in final project report to funders. Further funding identified and applications considered.	
<p>WORKPACKAGE 2:</p> <p>Objective: To identify resources and map readiness.</p>	Nov 2010	Jan 2011			NeLR
Identify and categorise potential resources including student generated resources and preferred learning resources.			Categorised Resources,	Database of potential LR populated.	
Document availability and compliance with OER Toolkit.			Documents collected and assessed.	Compliance of LR logged.	

WORKPACKAGE 3: Objective: To initiate and deliver technical developments for sharing content/metadata.	Nov 2010	Jan 2011			MEDEV with Newcastle
Develop technical solution for sharing content/metadata between JorumOpen and the NeLR.			Protocol for sharing established.	All partners aware of protocol.	
Methods for aiding discovery (e.g. via learning maps).			Methods identified.	All partners aware of discovery methods.	
Document any irresolvable barriers and raise these with e-LfH and JorumOpen.			Issues raised.	Issues shared.	
WORKPACKAGE 4: Objective: To analyse NHS institutional policies.	Nov 2010	Feb 2011			NeLR
Analyse NHS policies (and achieve consensus, if possible).			Policies analysed.	Analysis incorporated into project plan.	
Document policy practice relating to IPR.			Policy documented.	Policy shared.	
Document policy practice relating to consent.			Policy documented.	Policy shared.	
Collaborate with other stakeholders and OER projects.			Networks established.	Issues shared.	
Evaluate the need for Consent Commons.			Need tested.	Commons framework established.	
Take legal advice (via Bristol/SCA/JISC Legal/NHS legal consultants/medical defense organisations).			Appropriate legal advice taken.	Advice incorporated into outputs.	
WORKPACKAGE 5: Objective: To host workshops, dissemination/engagement event/s to raise awareness of repositories.	Jan 2010	May 2011			MEDEV with NeLR
Host workshop/focus group event/s with clinical teachers via OER partners and others to raise awareness of NeLR; and with NHS colleagues to raise awareness of JorumOpen, to use the OER Toolkit, and encourage buy-in to OER (with other events to contain costs).			Run events/workshops	Events delivered. Newsletter articles written to encourage further uptake by the sectors.	

WORKPACKAGE 6: Objective: To upload 'a substantial amount /180 credits' of learning resources.	Feb 2011	Jun 2011			MEDEV with NeLR
Upload 'a substantial amount /180 credits' of learning resources to JorumOpen.			Upload 'a substantial amount /180 credits' of Learning Resources	A substantial amount of OER released under open content license.	
Work with practice educators.			Practice educators engaged.		
Document the processes necessary to enable LR from the NeLR to be made 'open'.			Process documented.	Processes documented.	
WORKPACKAGE 7: Objective: To evaluate the project according to evaluation strategy.	Nov 2010	Jul 2011			HB with All
Evaluate the project.			Evaluated project.	OOER SWOT methods reviewed and refined. Longitudinal qualitative 'talking-heads' analysis planned. Findings synthesised and disseminated to project partners. Findings analysed and written up.	
Consult with Evaluation and Synthesis Function Team on evaluation strategy			Evaluation Team consulted.	Evaluation plan refined to fit in across whole programme	
Commentary on meeting the projects aims and objectives as well as its deliverables			Regular reports to the Executive Board	Executive Board is briefed on progress according to the project aims, objectives and deliverables.	
Disseminate evaluation outcomes according to the strategy; publish on HEA/JISC websites, and in appropriate journals.			Publications	Appropriate publications identified. Papers submitted.	
Evaluating resulting services with placement students.			Placement students evaluation report.	Report completed.	

WORKPACKAGE 8: Objective: To externally disseminate according to the dissemination strategy.	Jan 2011	→			All
Externally disseminate according to the dissemination strategy; publish on Academy/JISC websites, and in appropriate journals.			Project disseminated.	Dissemination events delivered. Newsletter articles written to encourage further uptake by the sectors.	

Members of Project Team:

MEDEV = Higher Education Subject Centre for Medicine, Dentistry and Veterinary Medicine

NeLR = NHS eLearning Repository

EB = Executive Board

Newcastle = Newcastle University

HB = Helen Beetham

Appendix C. Dissemination

Table 11: List of conference and publications to target

Target	Date	URL (if available)
Conferences		
4th Annual STeLI Conference	20th December 2010	http://simulation.londondeanery.ac.uk/news/4th-annual-steli-conference-announced
9th National Multi-Specialty Conference	25 & 26 January 2011	http://www.nact.org.uk/nationalmeetings.html
NHS London elearning conference	February 2011	http://www.londondeanery.ac.uk/
JISC Conference, Liverpool	14-15 March 2011	http://www.jisc.ac.uk/events.aspx
AVTRW 2011, University of Nottingham	4-5 April 2011	http://www.avtrw.co.uk/
Medbiqitous Annual Conference, Baltimore, USA	9-11 May 2011	http://www.medbiq.org/conference2011
London Deanery Annual Conference	June 2011	http://www.londondeanery.ac.uk/
Ed Media 2011, Lisbon Portugal	27 June – 1 July 2011	http://www.aace.org/conf/#edmedia
HEA Annual Conference, Nottingham	5-6 July 2011	http://www.heacademy.ac.uk/eventsandnetworking/annualconference
University Health and Medical Librarians Group Annual Conference	July 2011	http://www.uhmlg.ac.uk/
ASME 2011, Edinburgh	13-15 July 2011	http://www.asme.org.uk/asme-annual-scientific-meeting-2011.html
AMEE 2011, Vienna, Austria	27-31 August 2011	http://www.amee.org/index.asp?pg=206
ADEE 2011, Antalya, Turkey	2-10 September 2011	http://www.adee.org/cms/index.cfm?fuseaction=page&PID=206
Publications		
Medical Teacher	2011	http://www.medicalteacher.org/
The Clinical Teacher	2011	http://www.wiley.com/bw/journal.asp?ref=1743-4971
01	Spring 2011, Autumn 2011	http://www.medev.ac.uk/newsletter/

For an up to date summary of activity please go to:
http://www.medev.ac.uk/dinky/conference_dates/

Appendix D. FOI Withheld Information Form

We would like JISC and the Academy to consider withholding the following sections or paragraphs from disclosure, should the contents of this proposal be requested under the Freedom of Information Act, or if our project plan is made available on JISC's website.

We acknowledge that the FOI Withheld Information Form is of indicative value only and that JISC and the Academy may nevertheless be obliged to disclose this information in accordance with the requirements of the Act. We acknowledge that the final decision on disclosure rests with JISC and the Academy.

Section / Paragraph No.	Relevant exemption from disclosure under FOI	Justification
Appendix A. Project Budget page17 above.	Section 40: Personal information ²⁶ .	Contains salary information relating to specific individuals.

²⁶ <http://www.ico.gov.uk/> (a. Feb 2009).