| **Cover Sheet for Proposals**<br>*(All sections must be completed)* | **JISC/Academy Open Educational Resources Programme Phase 2** |
|---|---|
| **Name of Initiative:** | **Open Educational Resources Phase 2 A1.18.d.** |
| | |
| **Name of Lead Institution:** | MEDEV Subject Centre, Newcastle University |
| **Name of Proposed Project:** | Pathways for Open Resource Sharing through Convergence in Healthcare Education (PORSCHE) |
| **Name(s) of Project Partner(s):** | **NHS eLearning Repository, London Deanery (funded by NHS eLearning for Healthcare); MedBiquitous** |
| **This project involves one or more commercial sector partners NO** | **Name(s) of any commercial partner company(ies)** |

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|---|---|---|---|
| **Length of Project:** | **12 Months** | | |
| **Project Start Date:** | August 2010 | **Project End Date:** | July 2011 |
| **Total Funding Requested from JISC/Academy:** | | **£124,659** | |
| **April 10 – March 11:** | ***83,379*** | **April 11 – March 12:** | ***41,280*** |
| **Total Institutional Contributions:** | | **£347,850 (estimated)** | |

**Outline Project Description**

This OER 'release meeting sector needs' proposal is a medium to high risk proposal on behalf of the Organising Open Educational Resources[1] (OOER) partners including HEIs from across the UK and the NHS eLearning Repository (NeLR), with stakeholder support.

NHS services are becoming more commercially oriented, and access to NHS services for undergraduate student learning, especially those located in practice education is limited. If the current trends are continue then all educational content created by clinical teachers will be locked down to NHS service providers. Examples of excellent collaboration between NHS and academia exist (e.g. the N3-Janet Gateway) where a pilot service to foster sharing has recently been mainstreamed and the support for them taken on by the NHS. In addition, services arising from the academic community, such as JorumOpen, are not typically highlighted to colleagues delivering practice education. There are considerable synergies and efficiencies to be gained from this work.

This proposal seeks to unlock a 'substantial amount' (~180 credits) of learning resources by working in partnership with NHS services through the NeLR to document issues and raise awareness of mutually useful resources and tools, and to pilot at least metadata exchange between JorumOpen and the NeLR.

MEDEV will lead on behalf of the partners who steer the project through an Executive Group. Evaluation will inform the partners and funders of issues, and the results will be disseminated via websites and workshops.

| | | |
|---|---|---|
| **I have looked at the example FOI form at Appendix A and included an FOI form in the attached bid (Tick Box)** | **YES** | |
| **I have read the Funding Call and associated Terms and Conditions of Grant at Appendix B (Tick Box)** | **YES** | |

[1] Organising Open Educational Resources (2010). *www.medev.ac.uk/oer/* (a. Jun 2010).

# 1 Open Educational Resources Phase 2 Ai: Opening Pathways for Sharing in Healthcare Education

## *1.1 Introduction*

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 on 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. 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. Therefore 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 Repository[2] (NeLR) is the UKs leading repository for healthcare learning resources (LR)[3]. Funded by the NHS Institute for Innovation and Improvement[4] 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 Commons[5] (CC) licenced, but the majority are not, and clinical recordings are all 'consented' according to the local NHS policies/practice of the education provider.

MEDEV, through its successful phase 1 *Organising Open Educational Resources*[1] (OOER) project with 17 UK partners[6] and international advisers, has experience of working with JorumOpen and 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[1]. These were developed in academia with a wide range of user settings in mind. Bristol University was particularly helpful in relation to establishing the groundwork for a proposed *Consent Commons*, to be debated at OpenEd 2010[7], establishing the need for clear consent from all human subjects in materials to be made open. Bristol has been invited to work with the Strategic Content Alliance[8] (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 Shepherd at Leeds Metropolitan University is part of the ALPs CETL who has some experience of dynamically sharing some institutional repository content. MedBiquitous[9] 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 lent support to this proposal.

This OER phase 2 A(i) proposal is a unique opportunity for MEDEV to work together with the 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. These existing OOER partners[6] have pledged their support for this proposal.

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[2] NHS eLearning Repository (known also as the NHS eLearning Object Repository) *www.elearningrepository.nhs.uk* (a. Jun 2010).

[3] Health Information Resources (formerly National (electronic) Library for Health) *www.library.nhs.uk* (a. Jun 2010).

[4] NHS Institute for Innovation and Improvement, *www.institute.nhs.uk* (a. Jun 2010).

[5] Creative Commons *creativecommons.org* (a. May 2010).

[6] Bedfordshire University; Cardiff University; Imperial College, London; Keele University; London School of Hygiene and Tropical Medicine; Queen's University Belfast; The Royal Veterinary College*; St George's, University of London; University of Aberdeen; University of Bristol; University of Edinburgh; University of Liverpool; University of Nottingham*; University of Oxford; University of Southampton; University of Warwick*. *note that these partners may be involved in other proposals.

[7] 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).

[8] Strategic Content Alliance *www.jisc.ac.uk/contentalliance/* (a. Jun 2010).

[9] MedBiquitous consortium, *www.medbiq.com* (a. May 2010).

## *1.2 Vision, Objectives and Outputs*

We envisage seamless access to academic and clinical LR for students with the following objectives:

- Deliver a substantial number (c.180 credits) of OER in medical and healthcare education;
- Establish the basis for a long term national[10] 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., 2006[11]);
- Establish the value of the service/s to enhancing the student experience in clinical placement settings.

## *1.3 Method*

### 1.3.1 Partnership, Context, Programme Managers and Working with Other OER Projects

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. Evaluation of the NeLR[12] "*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"[12]

There is strong pressure to collaborate to achieve efficiency savings and provide a potentially convergent future for the NeLR with JorumOpen, in the face of changing healthcare education priorities led by NHS eLearning for Healthcare[13] (e-LfH), who intend to commercialise NHS educational content, and the NHS Learning Management System run by Connecting for Health[14]. The need for 'JorumPlus' has been 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.

Readers may wonder if this proposal would be better funded by the NHS/Department of Health. This team believes that it is highly unlikely that health education investment would be directed by health agencies towards a future of open sharing, unless there is powerful influence. 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 20 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 education[15].

MEDEV will manage the project with partners leading on work packages (WP) (see 1.7 Project Management, Staffing and Reporting). The OOER team included 17 partners who were signatories to an existing consortium agreement (agreed by institutional contracts officers). The OOER team have also prepared a 'Cascade' proposal which is deliberately differentiated from this A(i) response, and from a C(i) proposal from the veterinary sector. Programme Managers and Evaluators were instrumental in guiding

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

11 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].

12 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).

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

14 Connecting for Health, *www.connectingforhealth.nhs.uk/systemsandservices/etd/elearning*; NLMS *www.connectingforhealth.nhs.uk/systemsandservices/etd/elearning/lms/nlms*; and NHS eLearning Content *www.connectingforhealth.nhs.uk/systemsandservices/etd/elearning/nhselearning* (all a. Jun 2010).

15 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.

and shaping OOER and we look forward to receiving their steer and advice in future.

### 1.3.1 Tools and the OOER Toolkit

The OOER Toolkit is made up of 12 tools (one was only partially completed for external reasons) 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 discovery[16]. The NHS eLearning Readiness Toolkit[17] is a high level tool geared towards determining whether organisations are culturally and technically ready to implement eLearning[18], 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. An ideal objective would be to embed these tools into the eLearning Readiness Toolkit and the OOER team will work with the NeLR towards this.

The OOER team will use its experience to work with clinical colleagues, through dissemination locally and via the NeLR (see Figure 1) to adopt CC and any other appropriate licences on NHS LR which will make them more flexible in order to upload into or link to from JorumOpen. Some of this may be able to be retrospective, but primarily this activity will focus on influencing practice in relation to the development of new LR. If it is possible to ensure that new developments are following good practice in CC licencing, etc., then (providing policies permit it) resources will be able to be shared in future. Sharing metadata between the NeLR and other repositories has several challenges: firstly that the NeLR is Athens authenticated and JorumOpen is authenticated through Shibboleth, thus creating id/login barriers to uptake of NeLR resources by academic staff, and deposit of LR into JorumOpen by clinical staff.

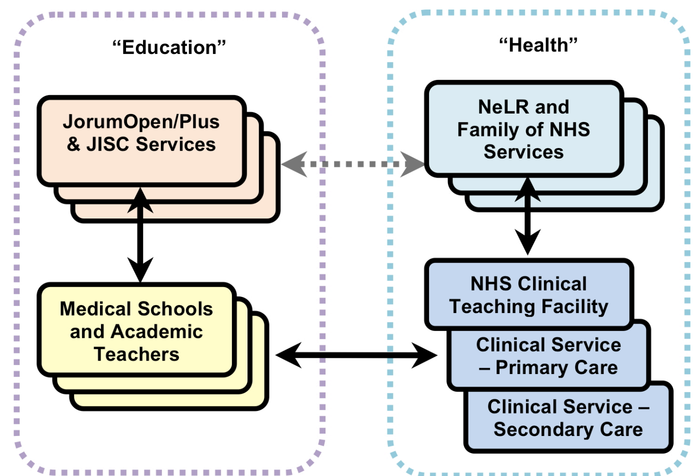


*Figure 1. Proposed linkage (dotted arrow) between JorumOpen/Plus and NeLR.*

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. We propose to invest in a lightweight but robust technical solution to share data between JorumOpen and the repository, to increase discoverability of JorumOpen resources by practice educators, and (where resources pass the OOER Toolkit) investigate housing some repository resources in JorumOpen. Simply linking from JorumOpen will be possible if the repository is able to expose content from behind their login, which will be explored within the project.

### 1.3.1 Content

Strategically the goal is to release content from NeLR but there is work to do on risk-management against the OOER 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 seeks to 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). Clinical colleagues from OOER partners will be invited to workshops and focus groups to encourage awareness of OER, the tools available, and sources of content (like a current OOER case study but on a more efficient scale). Feedback and outputs will be documented. According to the QAA "*qualifications in medicine, dentistry or veterinary sciences […] are not typically credit-rated*"[19] 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 OOER and elsewhere[20] showed that staff and

[16] See the Cascade proposal or the OOER final report at *www.medev.ac.uk/oer/* (a. Jun 2010) for details of the Toolkit.

[17] NHS eLearning Readiness Toolkit, *www.elearningreadiness.org/toolkit.html* (a. Jun 2010).

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

[19] 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)

[20] Universities' Collaboration in eLearning *http://www.ucel.ac.uk/*; and Reusable Learning Resources Centre for Excellence in Teaching and Learning *http://www.rlo-cetl.ac.uk/joomla/* (a. Mar 2010).

students value provision as small as an image as much as a longer piece of learning, in fact sometimes it was preferred.

The NeLR has not yet received confirmation of forward funding from the e-LfH, which would be essential for the continuation of this project. However we hope that this project would help leverage unlocking of this despite the constrained financial climate.

Courses are typically made up of layers of descriptors and content, both are valid for OER. Some general content release is already planned in the A(ii) Cascade project, which will be clearly identified to prevent dual counting. 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 OOER toolkit.

### 1.3.2 Resource Discovery and Re-use

Re-use is a feature of this proposal as it will be come easier to investigate as national repositories accrue more content. Resource discovery and re-use will be undertaken as part of the dissemination activities (1.7 Dissemination on page 6 below) but is a main feature of our Cascade proposal which we wish to keep separate.

### 1.3.3 Scenarios/Use Cases

We have identified some possible use cases as illustrative of the scenarios that may be encountered:

*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 Newcastle[21]. 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.

### 1.3.4 *Accessibility and Standards*

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 IAMSECT[22] project. Big, seemingly impossible ideas have been successfully operationalised between academia and the NHS, such as the N3-Janet Gateway[23] which greatly increases learner's access to academic services when in placement learning (via a secure gateway ported into full production in June 2010). We will also focus on access to learning for those with special requirements. Uptake of international pedagogic and technological standards were essential to Intute Health and Life Sciences/AIRDIP[24] and specific projects (e.g. ReViP[25]). MedBiquitous standards will be adhered to, with the possibility of contributing to standards development, based on this work, in the future.

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[21] Dyanamic Learning Maps, *www.jisc.ac.uk/whatwedo/programmes/elearning/curriculumdelivery/dynamiclearningmaps.aspx*

[22] Inter-institutional Authorisation Management to Support eLearning in Clinical Teaching (IAMSECT): *http://iamsect.ncl.ac.uk/* (a. Feb 2009).

[23] N3-Janet (NHS-HE) connectivity project for England and Scotland, *www.nhs-he.org.uk/n3-janet-gateway.html* (a. Jun 2010).

[24] Intute Health and Life Sciences: *http://www.intute.ac.uk/*; and the Academy Intute Resource Database Integration Project (AIRDIP): *http://www.medev.ac.uk/AIRDIP_Files/local_search.html* (a. Feb 2009).

[25] Repurposing Virtual Interactive Patients ReViP *http://www.elu.sgul.ac.uk/revip/* (a. Feb 2009).

### 1.3.5 Consent Commons

Ellaway, et al., 2006[11] proposed 'Clinical Commons', a system similar to CC to cover how human consent might be handled, and this work was extended to a concept of 'Consent Commons' in OOER 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 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';
- Role players/actors/performers/hired help (including recording crew);
- Patients/patient families/care workers/support staff/members of public, etc. (we are working with the GMC to review the guidelines for patient recordings).

A human subject version of Creative 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 the consent status and when consent needs to be reviewed (if ever);
- 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.

## *1.4 Project Plan and Timetable*

The project plan is described below in terms of 8 broad work packages together with indications of the implementation timetable and milestones. The project will commence in August 2010 and run for 12 months.

*Table 1. Work packages identified to deliver the outcomes of this project. WP 'leads' steer that aspect of work. Italics indicate deliverables/outputs.*

| ***WP*** | ***Description*** | ***Lead and support*** | ***~ % reso-urce*** | ***Start mnth*** | ***End mnth*** |
|---|---|---|---|---|---|
| WP1 | Formalise roles including project management. Appoint staff. Establish TOR for the Executive Group; reporting structures and timetable for Executive Group meetings. Circulate *consortium agreement*. Establish *website*. Detailed project and financial planning. *Submit operational plan* and all necessary *reports*. Develop sustainability/exit strategy. | MEDEV with Executive Group | 20 | Aug 10 | Jul 11 |
| WP2 | Identify and *categorise potential resources* including student generated resources and preferred learning resources. *Document* availability and compliance with OOER Toolkit. | NeLR | 10 | Sept 10 | Dec 11 |
| WP3 | Initiate and deliver *technical developments* for sharing content/metadata between JorumOpen and the NeLR, and for aiding discovery (e.g. via learning maps). Thoroughly document any irresolvable barriers and raise these with e-LfH and JorumOpen. | MEDEV with Newcastle | 10 | Sept 10 | Dec 10 |
| WP4 | Analyse NHS policies and *document policy practice* relating to IPR and consent; achieve consensus, if possible. Collaborate with other stakeholders and OER projects. Evaluate the need for 'Consent Commons'. Take legal advice (via Bristol/SCA/JISC Legal). | NeLR | 10 | Oct 10 | Jan 11 |
| WP5 | Host workshop/focus group *event*/s with clinical teachers via OOER partners and others to raise awareness of NeLR; and with NHS colleagues to raise awareness of JorumOpen, to use the OOER Toolkit, and encourage buy-in to OER (with other events to contain costs). | NeLR | 15 | Dec 10 | Apr 11 |
| WP6 | Upload *'a substantial amount /180 credits'* of learning resources to JorumOpen. Work with practice educators. Document the processes necessary to enable ER to be made 'open'. | MEDEV with NeLR | 30 | Feb 11 | Jun 11 |
| WP7 | Evaluate the project according to evaluation strategy including evaluating resulting services with placement students. | Evaluator with All | 5 | Nov 10 | Jul 11 |
| WP8 | Externally disseminate according to the dissemination strategy; *publish* on Academy/JISC websites, and in appropriate journals. This would be at MEDEV cost. | All | 0 | Jan 11 | → |

## 1.5 Risks and Limitations

A detailed risk assessment and management strategy will be developed with the operational plan.

*Table 2. Broad analysis of potential risks to the project.*

| Risk | Prob'lity (max. 5) | Impact (max. 5) | Score (max. 25) | Mitigation |
|---|---|---|---|---|
| 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 not ready | 3 | 3 | 9 | Other repositories can be used as an alternative. |
| Guidance in OOER 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 |
| Collaboration breakdown | 2 | 3 | 6 | Motivation for success for all parties is high. |
| Scope creep | 1 | 2 | 2 | The scope of work outlined is clear; strong management. |
| Project management/complexity | 2 | 1 | 2 | While this is a large and complex partnership the management is clear, with clearly identified leads for each work package. |

## 1.6 Evaluation and Quality Monitoring

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[26] 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).

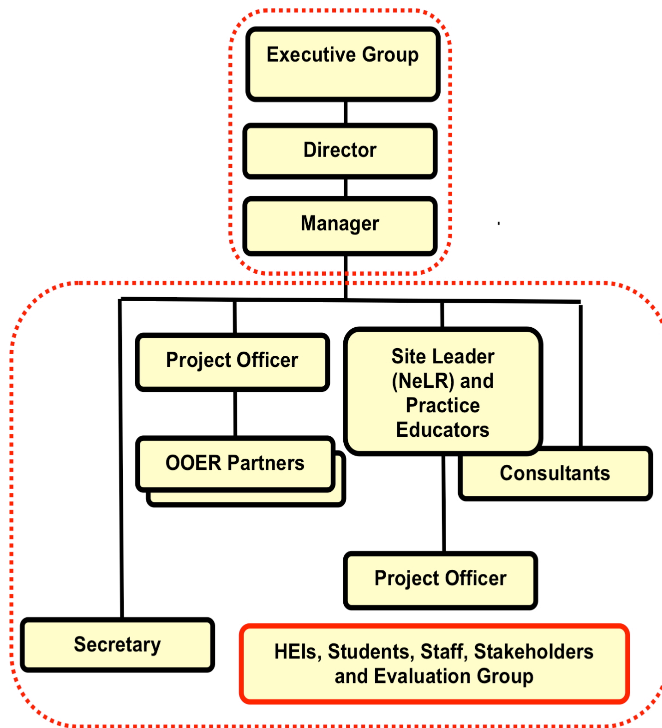
## 1.7 Dissemination

Dissemination is at the heart of this proposal, from extending the utility and uptake of academic and NHS repositories and the OOER Toolkit, to raising awareness of OER per se with the largest employer in the UK. Workshops and focus groups will be held with NHS and OOER team practice educators in order to better understand issues of uptake of NeLR/JorumOpen (from the perspective of users and contributors), wish lists, and disseminate details of the Toolkit. A facilitated workshop format has already been designed and will be piloted. Results will be documented for the partners and external evaluator. Negotiations with e-LfH and other stakeholders will be initiated in order to consider more extensive NHS uptake of the Toolkit. We are confident of a dialogue

A website will be established with web 2.0 facilities (including RSS/Atom feeding using #ukoer tag) and access to information about the shared LR from NHS and academia. A project management support site has been established (for OOER) on BaseCamp to facilitate within-project communication. Internal dissemination will be facilitated by regular project meetings (Skype and VC) and workshops to progress the WPs, as appropriate. As a high proportion of medical, dental, veterinary and staff development programmes are represented in this project, regular meetings will facilitate cross-project awareness. Toolkits will be refined following stakeholder feedback and disseminated back to medical schools following modification by NHS colleagues. *Toolkits, reports, conference papers and refereed journal papers* will be made available via the project website. The results will be presented at relevant conferences and to raise awareness.

[26] Kirpatrick DL, Kirkpatrick JD (2006). Evaluating training programs: the four levels, 3ed edition, Berrett-Koehler, 379p.

## 1.8 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, Site Leaders and Project Officers have been identified (see 1.4 Project Plan and Timetable on page 5 above and 1.11 Key Personnel on page 9 below). 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.

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

A consortium agreement has been agreed by the research offices in all existing partners and will be reused here. This project will be governed under English law and adhere 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.

## 1.9 Exit Strategy, Impact and Sustainability

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 clear 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.

Success will be defined by whether we are able to stem the tide of commerialisation in eLearning in the NHS. 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 in the future.

## 1.10 Budget, IPR, Licensing and Value for Money

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. 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 3. 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 Y1*** | ***Estimate Y2*** | ***Amount Requested*** | ***Institutional Contribut'n*** | ***Total Budget*** |
|---|---|---|---|---|---|
| ***Main Proposal*** | ***Aug 10 – Mar 2011*** | ***Apr 11 – Mar 12*** | ***Total*** | ***Aug 10 – July 11*** | ***Aug 10 – July 11*** |
| | ***£*** | ***£*** | ***£*** | ***£*** | ***£*** |
| ***Host/Lead Site*** | | | | | |
| [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] |
| [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] |
| [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] |
| [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] |
| [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] |
| [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] |
| [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] |
| [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] |
| ***Partner Sites (estimated)*** | | | | | |
| [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] |
| [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] |
| [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] |
| [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] |
| [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] |
| [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] |
| [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] |
| ***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 (810,134) [DI] | *6,756* | *3,378* | 10,134 | 0 | 10,134 |
| **Sub-Total Shared Costs** | ***19,382*** | ***8,614*** | **27,996** | **4,580** | **32,576** |
| ***University Costs Including Estates*** | | | | | |
| 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** |
| *Waiver of University Costs (at 100%) and Institutional Staffing Contribution* | *(67%)* | *(33%)* | *Number of FTE used* | *3.2* | *-223,191* |
| **Total Requested £** | | | | | **124,659** |

## 1.11 Key Personnel

### 1.11.1 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: Dr Megan Quentin-Baxter* (Director, MEDEV). Megan has extensive experience of managing and contributing to projects; and directs the MEDEV Subject Centre. She is a Newcastle Teaching and Learning fellowship holder; a fellow of the Academy of Medical Educators and a member of the Professional and Statutory Body 'Inter-regulatory Group'.

*Project Manager: 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* (). Richard is the Strategic Library Services Development Manager for NHS London 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.

*Project Officer: Gillian Brown* (Advisor (Education) MEDEV). Gillian has responsibility for supporting veterinary education on behalf of MEDEV and has extensive experience with projects like WikiVet[27] and the EMS Driving Licence[28]. She has contributed to the dissemination of the OOER project.

*Project Officer: James Outterside* (Advisor (Information) MEDEV). James has responsibility for supporting eLearning and technical developments on behalf of MEDEV and developed the API Toolkit (working with JorumOpen) for OOER. He liaised with Edina to establish regular bulk upload of data into JorumOpen.

*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.

*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.

*Evaluator: Helen Beetham* (eLearning Consultant). Helen Beetham is an author, researcher and 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 books[29].

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27 Wikivet *wikivet.net* (a. May 2010). Originally funded and managed by MEDEV/JISC, now internationally recognised and in receipt of annual funding from Pfizer and the subject of a separate bid into the OER Phase 2 call.

28 Extra Mural Studies Driving Licence, recommended by the professional and statutory body RCVS *www.vet.ed.ac.uk/ems_driving_licence/* (a. May 2010).

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