



Developing a UK wide training specification for non medical staff involved in collecting and using data for improving cancer clinical outcomes: final report executive summary

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September 2009

Contents

1 Executive summary 3

1.1 Introduction..... 3

1.2 A description of the target groups to be covered 3

1.3 A description of the factors that need to be taken into account 4

1.4 A suggested approach to the overall design 4

1.5 A description of the possible learning routes 6

1.6 Descriptions of the variety of media and activities proposed 6

1.7 A short review of the qualification options and their implications..... 7

1.8 A suggested project plan, with timelines and ballpark costs..... 8

1 Executive summary

1.1 Introduction

1.1.1 This document is the first stage of the development of a training course specification to support the creation of an accredited programme for non medical staff involved in collecting and using data for improving cancer clinical outcomes.

1.1.2 This specification provides an overview of the options available, with examples. This includes:

- a description of the target groups to be covered
- a description of the factors that need to be taken into account
- a suggested approach to the overall design
- a description of the possible learning routes
- descriptions of the variety of media and activities proposed
- a short review of the qualification options and their implications
- a suggested project plan, with timelines and ballpark costs.

1.2 A description of the target groups to be covered

1.2.1 The two main target groups for this initiative – MDT coordinators and registry staff – currently receive very different levels of training. Consequently, although the curricula for both groups overlap to a large extent, we believe that the learning resources offered will be used differently by each.

1.2.2 Typically, registry staff undergo a full-time work-based programme, working alongside colleagues for seven to nine months, during which they gain skills and competence but do not carry out any live tasks. This is a powerful methodology. Our recommendation is to add value to this programme by blending in additional elements, including:

- offering a nationally recognised qualification
- formally assessing skill and knowledge levels
- providing a consistent framework of knowledge through e-learning
- offering e-learning as a source of reference, revision and further exploration.

1.2.3 MDT coordinators face a completely different set of issues because they often find themselves in the role with little or no induction, and with few opportunities to develop their skills. Furthermore, some of the challenges they face are not caused solely by their own lack of skill; but may also involve a lack of teamwork culture amongst other members of the team. Our recommendation is that they would be best supported via on-the-job learning, including:

- providing a mentor/coach to help with preparation and learning from experience
- using resources designed to support team-building, ideally with expert facilitation
- collecting evidence of competence in the workplace for a formal learning programme that builds on workplace experiences, with evidence contributing to a portfolio
- providing a blended learning approach, which includes supported e-learning.

1.3 A description of the factors that need to be taken into account

1.3.1 The interim report findings made it clear that there is no single learning design that will be equally suitable for everyone. As well as the question of preferred learning styles and preferences, there are wide variations in many areas, including:

- availability of protected time
- access to face-to-face training
- access to PCs for e-learning in the workplace
- lack of IT skills or confidence
- availability of work-based support
- finance to pay for the programme
- availability of workplace assessment for QCF credits.

1.3.2 The ideal solution for this would be a fully personalised model where every individual receives a programme tailored entirely to their specific needs, circumstances and preferences. The most practical approach will be to create a core of content that can be delivered in more than one way.

1.4 A suggested approach to the overall design

1.4.1 There is a very wide choice for today's learning designers; digital media have made it increasingly possible to design packages that are fit for purpose for specific groups or contexts. It is clear that learners do not always need to start at the same place or learn at the same pace, that they are not necessarily available at the same times, and that they may have very different learning preferences. Programmes should ideally be personalised, with each learner having their own version of the curriculum and their own route through it. The ideal learning programme combines:

- initial assessment to identify the right starting point and learning route for each learner
- clear goals for all participants
- good-quality tutorial support
- opportunities for group discussion and collaboration
- high-quality learning resources using a variety of media
- flexible access to learning to fit different working patterns and learning styles
- learners having good access to any appropriate technology and being fluent in its use, and support being available where needed
- capability to respond to learners' challenges and problems
- appropriate accreditation.

1.4.2 The learning programme will be preceded by an initial assessment, leading to the creation of a personal learning plan; this would take the form of a portfolio of skills and knowledge and would generate a learning route through the modules of the training programme. Initial assessment should be delivered online so that the collation of results is automated and seamlessly linked to each individual learning plan.

1.4.3 The curriculum model includes a core set of modules; with optional modules for those who need or want to do them. Following the core modules, the course effectively splits into two

separate strands, one for MDT roles and one for registry staff. Their roles have some common features and there will be overlapping modules, but there are significant differences so it will be simpler to split them. MDTs normally require technical information about one or two sites; registry staff will need to cover all of them. The seven modules, with a total notional learning time of 75–150 hours, are:

- Clinical understanding of cancer (core – 10 units)
- Data (core – 5 units)
- The Wider NHS: background to the NHS and cancer (core – 10 units)
- MDT coordinator-specific skills (for MDT coordinators – 4 units)
- Registrar-specific training (for registry staff – 2 units)
- Generic personal skills (optional – 10 units)
- ICT skills (optional – 2 units).

1.4.4 The choice of modules and the order in which they are to be taken will depend on the initial assessment. Core modules need not be taken if the individual is already competent, but the material may still be useful for revision, information checking or updating. The priority for learning may also vary, e.g. the NHS background is a high priority for new entrants; while clinical understanding will be critical for both those who already have an NHS background and those from outside it who are new to the MDT or registry role.

1.4.5 The modules will not all be equivalent in size, so it may be necessary to split the larger ones into smaller units. This applies especially to the module Clinical understanding of cancer. As MDT coordinators specialise in one or a maximum of two sites, and cancer registry staff need to cover all of them, it makes sense to split this topic into one generic introduction with a separate unit covering each site. As this programme will need to dovetail with the current registry staff training arrangements it will be useful for them to do the introductory modules when they start their employment, and work through the next few months of learning, using e-learning resource to add value by providing structured information, and offering access to a virtual community of learners.

1.4.6 Each module will have a coherent and common structure that will apply to all formats and learning routes, including: module title; one-sentence description of what the module covers; overall purpose; aims; outcomes; pre-test check of how much you already know; post-test check on learning and progress; what you need to get started; sources of help if you're struggling; how long the module will take; module content, including explanation text/audio or video introduction; sense check activity to check basic understanding; application activity with case studies to apply skills/knowledge with feedback; and portfolio-building activities covering projects completed away from the course. In the e-learning mode the tracking system will upload pre- and end-test results to the learner record.

1.4.7 Details on all proposed modules and units are provided in section 4, including the following information for each unit: key topics; target groups; suggested learning time; suitability of format options (face-to-face; e-learning; on the job); and further comments.

1.5 A description of the possible learning routes

1.5.1 The practical approach will be to create a core of learning content that can be delivered in more than one way, including some elements that are common to all and some (the majority) that can vary. We provide four examples of this approach:

- face-to-face plus e-learning surround
- enhanced face-to-face with e-learning surround
- e-learning blended with face-to-face and online tutoring
- on-the-job learning with e-learning backup.

Additional options could blend any combination of methods such as using online or face-to-face materials as a resource for team development sessions or forming small learner partnerships to support one another.

1.5.2 There are many possible routes, depending on the specific factors in learners' jobs or personal circumstances; ideally it should be possible for learners to pick from a variety of different options. The generic features that learners could be offered are:

- assessment, to generate a personalised learning plan that will apply to all learning routes
- optional access to a virtual group of people also on the programme
- optional access to online modules covering specific topics on an as needs basis
- optional online progress tracking.

1.6 Descriptions of the variety of media and activities proposed

1.6.1 Although it was originally envisaged that e-learning would be the main delivery mechanism, our research suggests that this may not meet the full requirement for potential learners. It is best seen as part of a larger whole, not an end in itself, because it comes in many forms, can be used in different ways and can combine with and add value to other formats to address different contexts. The term 'blended learning' is useful because it acknowledges the value of mixing different methods to achieve greater impact. Conventional teaching is also made up of 'blends' of different techniques. Typical examples include face-to-face lectures; seminars and discussion groups; distance learning; TV, radio, video and audio recordings; a mixture of any and all of these as pioneered by the Open University; activity embedded into the workplace through an informal self-driven process supported by group work; and external and residential intensive training.

1.6.2 E-learning need not be a replacement for these more conventional teaching techniques – it can also add value and provide choices, offering virtual equivalents or adding further dimensions. Typical examples include: Classroom plus, using technology to support consistency and quality in face-to-face sessions; digital lesson plans with embedded resources ensuring consistency of coverage and making it easier for trainers to prepare; adding value to group process development through the use of video and audio to model and provide feedback on behaviour; webcasting; webinars; e-groups and online conferences; social networking; online content; multimedia; learning platforms – management systems (MLS) or virtual learning environments (VLEs); e-tutors; and m-

learning.

1.7 A short review of the qualification options and their implications

1.7.1 Broadly, we have considered three qualification options for this training programme:

- **vocational** qualification – a course (NVQ/SVQ) approved and accredited by a dedicated awarding organisation
- **university** qualification – a course approved and accredited by a university
- **standalone** qualification – a course approved and accredited by a specialist organisation such as the qualification developed for clinical coders, IHIRM.

For each of these three options we provide a summary of qualification options, process and cost, and further factors such as UK-wide applicability, implications for delivery, credibility, and so on. The choice as to which route or routes should be followed will need to be made in discussion with the NHS as there may be factors to take into account that are outside the remit of this project, Our recommendation is that all three options have particular benefits and this approach would also offer choice to potential candidates..

1.7.2 It is clear that awarding bodies, both vocational and academic, would be keen to involve themselves despite the relatively small candidate numbers each year. Consultation on accreditation has been held with a number of different awarding bodies:

- vocational qualification specialists – City & Guilds, EDI, SQA, OCR, NCFE, EdExcel
- university qualification/HE institutions – University of Cambridge, the Open University, University of Strathclyde
- standalone qualification – IHRIM (awarding organisation for the clinical coder’s qualification)

We also contacted Skills for Health, who are prepared to provide general advice and support to the project but will not have direct input into the design of the qualification or accreditation. It would be advisable for Skills for Health to maintain a monitoring role in the development of the qualification.

1.7.3 We provide details on the four main vocational options:

- **employer QCF qualification**, where an employer requires a national qualification that has level and credit
- **customised award with an awarding organisation certificate**, where the qualification is not on a national framework so does not have a level or credit
- **customised accreditation**, where the programme remains the intellectual property rights of the employer and they award the certificate, via the awarding organisation
- **mapping in-house materials to existing national qualifications** to find units that already exist and meet the needs.

1.7.4 We provide details on the three main higher education options:

- HEI managing accreditation *and* delivery themselves or via approved external organisations such as FE colleges, leading to an academic credit-based award such as provided by the University of Cambridge
- as above, but leading to a non-credit-based certificate

- HEI manages accreditation only of externally delivered learning, leading to an academic credit-based award, such as that offered by the Open University.

1.8 A suggested project plan, with timelines and ballpark costs.

1.8.1 The project will require nine workpackages over a period of six to eight months, depending factors such as the need to engage the support of all relevant stakeholders, to engage with awarding institutions, and to make the necessary decisions on content, format and assessment. A contingency of eight weeks has been included in both the timeline and the cost assumptions. Workpackages 1–3 are component packages that form part of the initiation and mobilisation phase. Workpackages 4–9 assume that the programmes will be developed along the lines suggested in this report. These workpackages are as follows:

- WP1: Project initiation and mobilisation (weeks 1–8). Under PRINCE2 methodology this stage is about finalising the details of the project plan.
- WP2: Selection of qualifications (weeks 2–7). Negotiations with candidate awarding institutions, SSC and other stakeholders resulting in an agreed qualification strategy.
- WP3: Course delivery options (weeks 2–7). Strategy and development plan to enable the learning programme to get going, including materials, courseware, MIS, technology platforms and other resources that might be harnessed such as the DH e-learning programme (ELFH).
- WP4: Face-to-face support materials development (weeks 9–24). The development of face-to-face programme support materials that will form the components of the digital session plans, together with user guidance.
- WP5: E-learning content development (weeks 9–26). The development of e-learning materials using the technical guidelines agreed as part of the PID.
- WP 6: Tutor/trainer identification and development (weeks 9–20). Identification of a cadre of face-to-face trainers and e-tutors.
- WP 7: Tracking, monitoring and evaluation systems (weeks 9–22). Most e-learning platforms and LMS have in built tracking and monitoring, although these will not always meet the needs of specific qualifications or programme. Given that there may be complexity in requirements it will be useful to provide an overview of options and possibilities for tying them together in a coherent way.
- WP 8: Final testing, proofing (weeks 22–25). Final stage of testing (beta trials) with live users to address any issues in technical or usability areas.
- WP 9: Launch (weeks 26–33). A formal, high-profile launch is a very powerful way to begin the promotion of the programme with the target group.

1.8.2 The full timeline for this would be around 9 months.