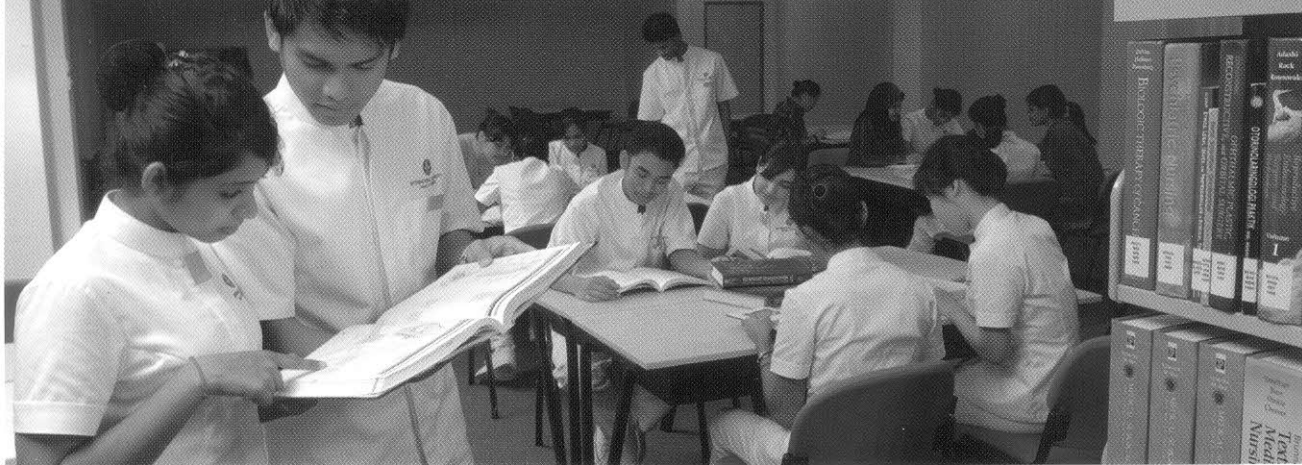


Education Governance: Definitions, Benefits and Benchmarks



This paper by Dr Fiona Smart, Associate Head of School in the School of Nursing & Midwifery, University of Cumbria, UK, explores education governance and its benefits. The focus is on six benchmark standards that promise to enable those who purchase nursing education as a product to monitor both quality and value for money. Arguably these same standards have the potential to focus the thinking and quality assurance processes of the organisations that sell the educational product.

The need to ensure that products purchased are of good quality and value for money has meaning across the world, and is perhaps even more important at a time of economic constraint.

This paper centres on nurse education as a commodity, a product that is purchased for a reason which is almost, if not always concerned, in some way, with the patient, client, carer or family. The need for systems and processes that enable quality assurance and its enhancement is indicated.

Definition of the term

The definition of education governance set out by NHS Scotland (2007) is that it is term used to describe the systems and standards through which organisations control their educational activities and demonstrate accountability for the continuous improvement of quality and performance (NHS Scotland 2007 cited in NHS NorthWest 2009, p5).

A number of words stand out in this definition, not least the expectation that educational activities are *controlled* and directly linked to *continuous improvement of quality and performance*. Education for education sake is not a feature of education governance. In other words, education that is purchased as a product has to have a patient-client-carer-family focused purpose and its impact must be subject to ongoing monitoring and reporting. Only then can nurse education achieve its full potential – real service improvement (NHS NorthWest 2008).

Somewhat controversially, perhaps, education governance has a broad focus and does not address in isolation the education and learning needs of any one part of the healthcare workforce. Instead it seeks to ensure open, transparent and accessible learning opportunities for everyone in

direct or, indeed, indirect contact with patients, clients, carers or families with the intention that the benefit of their individual educational experiences impacts positively on their role and function (NHS NorthWest 2009).

Therefore, it is evident that if adopted by an organisation, education governance means that nurses would have to compete with other professional groups and service providers to secure access to what will always need to be finite resources. This may prove advantageous in the end for nurses as a group because more thought would need to be invested in what education and learning opportunities really are required to accrue benefit for the recipients of healthcare.

From the perspective of the providers of the educational product, education governance focuses attention on:

- * The quality of the learning experience
- * The outcome of the learning experience linked to enhanced capability and capacity in the practice setting.

Inevitably this raises questions as to who defines what a quality learning experience is and what constitutes a positive outcome? It is possible that the answers to these questions and the others that link to them will challenge the providers of the educational product if they are not yet ready to run with the aspirations of education governance.

For sure, it would seem appropriate for the producers and the purchasers of the product to collaborate as never before to ensure that the priorities of both can be met, if this is at all possible. Collaborative working should also make it easier for work-based learning, a key component of education governance, to be the quality experience that it needs to be. This would include having appropriate resources in the workplace to support learning and its assessment, where required.

The benefits of education governance

Education governance may bring its challenges, however, it is argued that once embedded it supports the development of learning communities and so

effects change which benefits individuals and groups across the organisation (not just patients, clients, carers and families). NHS NorthWest (2009) suggests some of the benefits that might accrue, however, it is possible that others will be experienced depending on the culture and drive of organisation. For now, it is worth reflecting on the benefits suggested by NHS NorthWest (2009: 5).

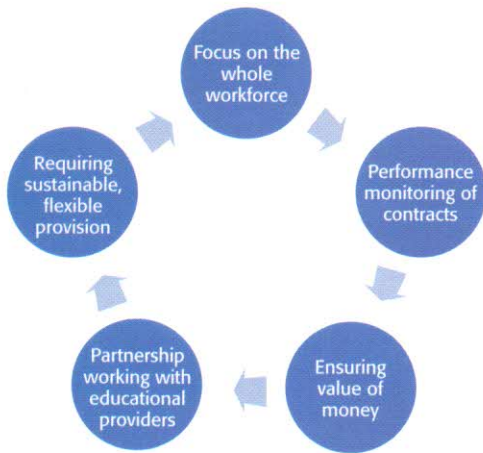
- Improved quality of care and patient safety
- A more effective and flexible workforce
- A match between skills needed and education commissioned
- Retention of staff
- Improved staff morale
- Improved recruitment
- Educational activity based on best evidence and impact
- Improved learner satisfaction
- Reduced inequalities in access to education and learning
- Better understanding of the contribution of education and learning to organisational priorities
- Innovation in education and learning activities
- Improved team work across all staff groups

Each of these benefits would be advantageous. The prospect that a number of them, perhaps even all of them will be the outcome of a commitment to education governance suggests that its potential warrants due regard and appropriate action to embed it into organisations.

However, it is argued that education governance will not just happen. Instead it requires a strategic approach within which the focus and scope of education governance must be aligned with the delivery and priorities of a comprehensive, organisation-wide education and learning strategy that is responsive to the training and development needs of **all** staff (NHS NorthWest 2009: 7).

NHS NorthWest (2009:7) goes on to contend that once a strategy is in place it will inform how monies might best be used to meet national, as well as regional, priorities and enable adaption "to the changing education and learning landscape".

Key components of an education governance strategy include:



Benchmarking to support education governance

Once a strategic approach to education governance is agreed and in place, the process of benchmarking enables an organisation to make visible and to forward-plan its journey towards achieving best practice. Six benchmarks are outlined here. For further details about component parts of an education governance strategy and indicators associated with each of the six benchmarks, please refer to NHS NorthWest (2009).

**Benchmark 1:
Education and Learning Leadership**

Score 10:
There is an accountable member of the Board with responsibility for education and learning activities

Score 0: There is no accountable member of the Board with responsibility for education and learning activities

**Benchmark 2:
Education and Learning Strategy**

Score 0: There is no whole organization workforce education and learning strategy

Score 10:
There is no whole organization workforce education and learning strategy which has been approved and its implementation is regularly reported by the nominated member of the Board
Score 2:

**Benchmark 3:
Education and Learning Plan**

Score 10:
The approved education and learning strategy is delivered through an annual education and learning plan, with priorities for action mapped to current organizational and workforce priorities

Score 0: There is no current education and learning plan

**Benchmark 4:
Engagement with Service Users and Consumers of Education and Training**

Score 0: There are no or limited attempts at ensuring education and learning activities are informed by the needs of patients, service users and learners.

Score 10: All education and learning activities are directly informed by the needs of patients, service users and learners.

Benchmark 5: Systematic Measurement of Education and Learning Activity

● Score 0: There are no or limited attempts to measure the impact of education and learning activities.

● Score 10: There are comprehensive, systematic data collection processes in place designed to measure all aspects of education and learning activities.

Benchmark 6: Evaluation of Education and Learning Activity

Score 0: There is no formal or regular evaluation of education or learning activity.

Score 10: All education and learning activities are regularly and formally evaluated within the context of effectiveness in meeting required service and workforce requirements, equality of access and value for money.

Reflections from an educational provider perspective

As already implied, if education governance promises to refocus the thinking of those who seek to purchase education/learning products, then it is inevitable that the producers of the product will experience change too. Just looking at the six suggested benchmarks makes this clear. For example, at present, how do education providers share information effectively with the purchasers of the product about process and outcome of the student's learning experience? Is failure on course a subject of report? And if the user's voice (i.e. the patient, client, carer, family) matters to the purchaser, how does the education provider work with what matters to the user as it creates and monitors the product that is sold?

Whilst gaps in collaborative working may be suggested here, even more apparent is the opportunity that education governance creates for providers and purchasers to work differently, enjoying new conversations, engaging in fresh discussions, creating shared visions and working to share responsibility for service improvement. A new horizon appears to be in focus. ■

References

NHS Scotland (2007)

Education Governance: A defining review

http://www.nes.scot.nhs.uk/about/educational_governance/documents/EducationGovernance_DefiningReview270907.pdf

NHS NorthWest (2008) The Workforce, Education Commissioning and Education and Learning

www.northwest.nhs.uk/UserFiles/Misc%20publications/3892_NW_Main%20DocAll.pdf

NHS NorthWest's Workforce and Education Directorate (2009)

Making Education Governance a reality in the North West

NHS NorthWest: Manchester