

LTC14D166 / LTC14A004



LEARNING & TEACHING SERVICE

FULL COURSE PROPOSAL FORM

(taught programmes only)

for NEW COURSES and
COURSE AMENDMENTS
with RESOURCE IMPLICATIONS

Please refer to the course proposal Procedure and Guidance CP-2013 to complete this or any other course proposal form: to ensure the correct form is being used; for information on early considerations and timescales; for general guidance on the course approval process; and for notes on completing the form.

Course Title(s)	new course? <i>note 1</i>		If no, please give existing course code	
UEA Health Online Phase I: 'Online Readiness & Market Test' Project		N	This is a collection of e-learning credit bearing modules and CPD courses	
School(s) of study & Faculty				
HSC & MED in FMH				
Proposer & proposer's school				
James Gazzard HSC				
Proposed start date (of new course or of changes)				<i>note 2</i>
May 2015				
This proposal requires: <i>note 3</i>	Prior approval by Council	n / A	Prior approval by LTC	Y N

This form is in 5 parts:

- Part 1 Summary and Rationale**
- Part 2 Business Case**
- Part 3 Academic Case including Programme Specification**
- Part 4 Key Information Set (KIS) data**
- Part 5 Approvals and Notification**

The initiator is responsible for completing parts 1-4

UEA LEARNING & TEACHING SERVICE

FULL COURSE PROPOSAL

Part 1 SUMMARY AND RATIONALE

Please see attached business plan – Health Online is a suite of stand alone courses as part of a market test and institutional readiness project. This is not an award programme

Course One				
S1	a	SCHOOL(S) OF STUDY	HSC MED	
	b	FACULTY or FACULTIES	FMH	
note S1c	c	JOINT COURSE? (ie owned/taught by more than one School)	YES	Phase I involves the launch of online stand alone credit bearing modules and CPD short courses from MED and HSC
			NO	
	d	NAME OF COURSE DIRECTOR (Home School)	N/A	
	e	NAME OF DEPUTY COURSE DIRECTOR (partner School, for Joint Courses only)	N/A	
S2 note S2a	a	COURSE TITLE	<p>For your information, please find below the course titles and academic leads list. These individual credit bearing post graduate modules or CPD courses do not make up an award programme, but are a market test to confirm interest and economic viability for 20 credit masters level stand alone modules and non credit bearing CPD courses.</p> <p>Antibiotic resistance (MED) Laura Bowater, Caroline Barker, David Livermore Non credit bearing</p> <p>Developing the Clinical Supervisor (MED) Veena Rodrigues, Emily Player, Dickie Young, Paul Everden, Yoon Loke Credit bearing</p> <p>Cognitive Behavioural Therapy in older people (MED) Ken Laidlaw, Naoko Kishita Non credit bearing</p> <p>Pharmacogenetics (PGx) and the application of stratified medicine (MED) Barbara Jennnings, Yoon Loke, Tom Shakespeare Non credit bearing</p> <p>Injection Therapy (HSC) Kath Mares, Katie Pak</p>	

			Non credit bearing Telephone Triage Communication and Assessment in Healthcare (HSC) Jamie Murdoch Non credit bearing
<i>note S2b</i>	b	COURSE CODE	N/A
<i>note S2c & S2d</i>	c	AWARD	The modules and CPD courses that come under Phase I of the UEA Health Online project are: (1) Non-credit bearing CPD courses (2) Level 7 credit-bearing modules
	d	EXIT AWARD(S) AND TITLE(S)	N/A
	e	FULL/PART-TIME (please specify)	All courses under Phase I are part-time
	f	LOCATION (UEA Norwich, UEA London, Distance Learning)	Distance Learning
	g	AVAILABLE FROM:	May 2015
S3 <i>note S3a</i> <i>note S3b</i>	a	PROFESSIONAL AWARD (if any)	N/A in Phase I. Following Phase 1 analysis, a suite of 20 credit modules that make up a PG Cert. will be considered.
	b	ACCREDITING/VALIDATING BODY (if relevant)	N/A
		Website (URL)	N/A
		Date when accreditation/validation may take place	N/A
S4 <i>note S4</i>	LEVEL	Sub-degree (e.g. Cert. Dip.)	
		Undergraduate	
		Integrated Masters	
		Masters	YES
		Other postgraduate (please specify)	YES – post-registration CPD (non-credit bearing)
S5 <i>note S5a</i>	a	DURATION (years or months)	Modules and CPD courses will typically operate for between a 4 - 12 week period
<i>note S5b</i>	b	MODE OF ATTENDANCE (full-time, part-time, distance, other)	Distance. Either fully online or blended learning for modules that require practical assessment.
S6 <i>note S6</i>		PLACEMENT(S)/WORK-BASED LEARNING REQUIRED	YES These courses will require registered healthcare professionals to reflect on their own practice NO

		If YES, does this conform with the UEA's code of practice on placements?	Students will not be on placements, but are employed members of staff
S7 <i>note</i> S7	RELEVANT SUBJECT BENCHMARK STATEMENT(S)	As the modules and CPD courses are aimed at registered healthcare professionals, relevant benchmark statements may be accessed as appropriate from Royal Colleges, Professional Bodies or Regulatory Bodies such as NMC, HCPC or GMC. Although not directly relevant to online delivery approach or to short modules the Common Masters Framework Regulations has been referenced to ensure alignment..	
S8 <i>note</i> S8	ENTRY REQUIREMENTS	Varying from module to module, or CPD course to CPD course, but those with clinical content will require proof of current status as a registered clinician with either (as appropriate) NMC, HCPC, GMC or GPhC	
S9	JACS Subject Level Code(s) To be completed by the Planning Office following approval of the Business Case		
S10	UCAS ADMISSION CODE / COURSE CODE To be completed by the Planning Office following approval of the Business Case		
S11 <i>note</i> S11	FURTHER INFORMATION available via...	A Health Online dedicated UEA internet page, managed by the Health Online (HO) student advocacy officer (SAO) will be available from February 2015, for interested students, explaining the admissions requirements, process and course learning outcomes. A welcome message from each module lead explaining learning outcomes will also be available.	
S12	COURSE HIGHLIGHTS (for publication in University Prospectus / Website / other publicity) NB Please include employability prospects/career possibilities		
<i>note</i> S12	<p>As noted above, UEA Health Online Phase I is not a new award programme proposal but rather a project to enable FMH to become a provider of high quality, market relevant online content and prepare the institution to be able to scale an online offering.</p> <p>Each module will have individual marketing approach implemented at the end of January 2015. Please find five of the six marketing summaries below.</p> <p>The objective is to engage a minimum of 15 students on each course. This is a large enough cohort to form a community of learning and generate feedback on the Health Online learning experience.</p> <hr/> <p>Antibiotic Resistance Lead academic Laura Bowater 4 Week course CPD</p> <p>This course provides healthcare practitioners with the insight and knowledge they need to limit the risk of antimicrobial resistance and minimise its impact on health, now and in the future.</p> <p>Achieve sufficient understanding of microbiology, virology and resistance</p>		

epidemiology to enable appropriate requesting and interpretation of laboratory investigations, and to understand their implications on treatment of infection and infection prevention and control.

Using case studies, open discussion forums and self-directed learning healthcare practitioners will

- Assess the current levels of antimicrobial resistance
- Discuss the current national and international policies designed to combat AMR
- Feel empowered to actively examine and challenge their own practice.

Suitable for any health care practitioner with an interest in antimicrobial stewardship including practitioners with prescribing duties, epidemiologists and public health officials.

Cognitive Behavioural Therapy Lead academic Ken Laidlaw
6 week course CPD

This course provides the fundamental knowledge needed to gain confidence in applying cognitive behavioural therapy (CBT) with older people.

It will provide a clear rationale for treatment interventions, not just the 'what to' and 'how to do' but the 'why' of interventions, so that anyone with an understanding of CBT will be able to use the information to tailor effective therapy for older people.

Suitable for individuals who either have a pre existing interest in CBT, have a CBT qualification, some clinical experience or are working clinically with older people.

Developing the Clinical Supervisor Lead academic Veena Rodriques
14 week course 20 credits at masters level

An accredited Masters level course to develop skills and prepare professionals to provide clinical supervision to health professionals in training.

This module is based on the standards for recognition of trainers included within General Medical Council guidance and based on the framework produced by the Academy of Medical Educator's Framework.

Learning objectives:

- Ensure safe and effective patient care through training
- Establish and maintain an educational environment
- Teach and facilitate learning
- Understand assessment of learners

Suitable for doctors/consultants (non-medical) who have, or are likely to have, supervisory responsibilities for junior doctors. Also for specialty registrars.

Pharmacogenetics (PGx) and the application of stratified medicine.
Lead academic Barbara Jennings 4 week course CPD

This course develops the learner's understanding of the science and application of pharmacogenetics to help the practitioner make informed choices about the selection of pharmacogenetic tests that can guide treatment and other choices about patient management.

Clinical case scenarios will activate prior knowledge and introduce concepts including:

- Clinical utility of PGx tests
- Policy frameworks for use in healthcare
- Adverse reactions and drug efficacy

	<ul style="list-style-type: none"> • Direct to consumer testing <p>Suitable for medically qualified individuals who are also</p> <ul style="list-style-type: none"> • Healthcare professionals • Members of the pharmaceutical industry • Members of regulatory authorities for pharmaceutical industry and clinical/research governance <p>Telephone Triage Communication and Assessment in Healthcare Lead academic Jamie Murdoch Length and credit to be confirmed</p> <p>This course uses the latest theories and evidence to enable health professionals to develop understanding and critically reflect on the impact of their own service and individual communication with patients during triage.</p> <p>With access to Odyssey software via independent Advanced Health & Care, we will evaluate the risks and benefits of triage systems in supporting safe and effective triage and build a network of peers to share learning about telephone triage delivery.</p> <p>Suitable for any professional delivering telephone triage.</p>
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****Please copy and paste the above table for additional (related) courses****

S13	RATIONALE FOR PROPOSAL
<i>note S13</i>	<p>Please explain why you are proposing this/these new course(s) or these course amendments, and why this proposal is being offered at this time. See guidance notes for further indication of what to include in this section.</p>
	<p>Project introduction</p> <p>The initial aim of UEA Health Online was to refresh and renew FMH's post-registration CPD portfolio in order to respond to the requirements of busy registered healthcare and medical professionals and their employing organisations, by providing high quality and highly accessible online educational resources, with the stretch target of having 50% of our CPD offer delivered via e-learning by 2020.</p> <p>In turn, the project intended to extend our reach as a training provider beyond Norfolk and Suffolk, into the wider UK and international markets. Thereby generating greater revenue and diversifying our income streams away from our dependence on one local health education commissioner. By growing our customer base as an online provider online students may then seek to become on-campus students; engaging with full campus-based or blended PGT programmes.</p> <p>However, it subsequently became clear that as online education to predominantly off-campus students is largely a new undertaking for UEA, that the Health Online project needed to be conceptualised in two phases. Phase I (the phase considered in this document) being the readiness and testing phase, and Phase II being a larger scale strategic launch of new programmes, modules and CPD courses.</p>

The market opportunity

The scale of the market opportunity is clear, and there is a strong rationale for developing an online CPD and PGT offer for the health sector. Without doing so there is also a serious risk that our on-campus offer will decline as students and commissioners select HEIs offering a choice of delivery modes, even if they ultimately elect to study on-campus.

The NHS in its document 'A Framework for Technology Enhanced Learning' (Department of Health, 2011) concludes, "the health and social care sector should continue to invest in technology to support learning as part of a managed learning process".

In 2013 the NHS employed 147,087 doctors, 371,777 qualified nursing staff, 154,109 qualified scientific, therapeutic and technical staff and 36,360 managers (NHS Confederation, 2014)

"The 700,000 registered clinical NHS employees and their UK-based counterparts working in the social enterprise (e.g. nurse-led providers of healthcare) and for-profit (e.g. care home providers) domains of the healthcare and medical workforces must be supported to maintain and develop their knowledge and skills against the backdrop of a rapidly changing healthcare landscape" (Department of Health, 2014).

In order to respond to this market opportunity, since the late 1990s HEIs, private educational providers and charitable educational trusts have developed a range of e-learning content for medical and healthcare professionals. Notable examples include Dundee, London School of Hygiene and Tropical Medicine, Open, Bedfordshire, Derby, University of Texas Arlington, Kaplan, BMJ Online, various Royal Colleges..

In 2012 UK universities provided £169m of CPD to the NHS (Universities UK, 2012) This figure does not include income from self-funding CPD students, employers outside of the NHS (e.g. Care UK, Virgin Health) or international healthcare providers purchasing CPD from UK HEIs. Data is not available on how much of this spend was allocated to fully online or predominantly online learning, but given the largest providers of CPD in the UK healthcare sector include Open, ARU, City, Derby and LSBU – all of which have dedicated online learning routes for modules or whole courses – it can be estimated that the online market is considerable (in the tens of millions of pounds), and growing. Significantly, e-learning is now considered by most commissioners and students to be part of the core CPD offer they expect from HEIs.

As evidenced-based clinical practice expands rapidly across the globe; particularly in geographies including Asia, South America, North Africa and the Middle East there is a worldwide demand for affordable and accessible CPD for medical and healthcare professionals. Many major UK HEIs are reaching into these markets by establishing e-learning links without having to place academic faculty in-country; thereby increasing revenue generation without decreasing academic efficiency.

Online learning at post graduate level

E-learning, either as a component of a blended learning programmes or through fully online courses, has been designed to respond to the learning needs of healthcare professionals and their employers. For example, it is widely reported that healthcare professionals find it increasingly difficult, due to resource constraints, increasing workload or work-life balance challenges to engage with conventional classroom learning. The accessible nature of e-learning addresses some of these barriers to engage with CPD. Furthermore specialist

fields, for example peer groups of clinicians, are often separated by geography. E-learning can enable these peers to form communities of learning.

However, E-learning has not been without its detractors in the healthcare sector. Too many health professionals have, for example, been excluded from the agenda due to poor digital literacy. Also the educational quality of significant swathes of e-learning has been criticised for its limited range of pedagogies (and hence limited learning transfer), exclusively asynchronous (leading to student isolation) and offering poor value for money (e.g. high attrition rates as a consequence of poor student support)

Health Online Phase 1 key deliverables

UEA is a late entrant to the field of health-related e-learning* and to ensure that future courses follow a strategic, efficient and quality process in sign off, design and delivery, and that we enter the market in a well prepared manner Health Online Phase 1 has two central aims.

- (1) ensure that UEA's regulations, internal infrastructure, market-facing processes, student support mechanisms, quality assurance processes and academic expertise in digital pedagogy and course design enable us to enter this highly competitive marketplace on a scalable and successful basis ('Online Readiness')
- (2) enter the market in a controlled way to test our 'Online Readiness' but also to identify and exploit market opportunities which overlap with the needs of healthcare and medical professionals and HSC and MED's areas of educational strength ('Market Test')

[*As has been the case at a number of HEIs, e-learning ventures have arisen at the margins of the university in response to the entrepreneurial drive of academics and market pull. For example, MED launched the Master of Surgery programmes in 2011. These programmes have won national awards, but require alignment with central services processes. Phase 1 will ensure that future online delivery is integrated into the mainstream of UEA's systems and procedures, which in turn should enable them become sustainable]

Health Online is driving institutional 'Online Readiness' supporting ARM, DoS, library, IT and LTS in making explicit their offering to online students. This will assist future UEA Health Online courses and the MS programme, and pave the way for other UEA Schools and Faculties to proceed to offer their own e-learning postgraduate and CPD courses on a scalable basis (Engineering are considering a majority online award bearing programmes and Creative Writing are offering a Crime Fiction MA in 2015/2016).

A key deliverable in the Health Online project is to provide a critique and recommendations for the content, length, nature of award/non award, which will inform a strategic approach to deciding the subject and type of future CPD and credit bearing modules and allow FMH to enter the Health Professional e-learning market in a managed way. The data for this process will be collected throughout Phase 1 of the project and a report generated at the end of Phase 1 August 2015.

The Market Test is a series of commercial experiments and will probe areas such as

- (1) whether we are best positioned in niche or mass markets
- (2) whether the preference for online learning is for non-credit bearing CPD, standalone credit-bearing modules or full programmes. There is currently a lack of clarity in the profession around whether healthcare professionals (most of whom are now graduates) continue to want to

engage with credit-bearing options. We want to test the assumption that the relatively high cost of credit bearing components can be off-putting to employers (who pay for the majority of CPD).

Health Online Phase 1 module delivery

The modules and CPD courses that will form the basis of our Market Test are summarised in the table below.

During this test we do not intend to launch a full PGT programme; this was seen as a commercial risk (the upfront resource required to create a full PGT programme is significant), and we did not have academic(s) offering to launch a full programme. UEA Health Online Phase 1 has very much become a pragmatic programme, working in concert with already busy academics, to support UEA to grow the systems, skills and confidence to become an online provider of high quality education.

Consequently we plan to launch six standalone credit-bearing modules and short CPD programmes.

Course Title	20 credit Module Only	CPD Course Only	Course Length
Antibiotic resistance (MED)		X	4 weeks
Developing the clinical supervisor (MED)	X		12 weeks
Cognitive behavioural therapy in older people (MED)		X	6 weeks
Pharmacogenetics and the application of stratified medicine (MED)		X	4 – 5 weeks
Injection Therapy for AHPs (HSC)		X	TBC following LT director feedback
Telephone triage (HSC)		X	TBC following LT director feedback

Because Health Online is not an award programme, for the individual CPD modules, there is no directly applicable existing process or an expectation to engage with current processes. However, as we test institutional 'online readiness' and work towards defining a best practice quality course development approach for online offerings of this kind, we have engaged with the processes as though we were an award programme.

This will inform changes or additions required for future fully online courses at award level as well as develop quality processes for CPD courses.

In regards to pricing, 20 credit Level 7 module will be priced at £1,000 and non-credit bearing option at £500. Each module is prepared to run for three – five years. Each year there will be a review and refresh of content, based on student feedback.

It should be noted that non-credit bearing CPD does not impact on SSR. Credit bearing options will be carefully monitored such that SSR does not exceed the

university target.

20 credit Level 7 modules with strong market interest will be developed in one of two directions. A further 40 credits of relevant content could be developed quickly to create a fully online PgCert in that discipline focus area. Alternatively the module will be added to an existing on-campus PGT programme in order to encourage students to join our conventional PGT programmes.

With regard to assessment strategy, online learning and the Blackboard software allow for summative and formative assessments. MCQs and quizzes can be marked automatically and results provided via Blackboard shortly after the closing date. Discussion Boards will have contributions from the academic lead, responding to and providing direct feedback to the students' contributions. Written assessment marking is completed online, so that the student receives feedback quickly and easily.

All module design and development and student interaction follows the industry standard exemplary online course design, provided by Blackboard consultants and is guided by Blackboard design specialists.

UEA LEARNING & TEACHING SERVICE

FULL COURSE PROPOSAL

Part 2 BUSINESS CASE

note BC

BC1	ACADEMIC AND RECRUITMENT STRATEGY	Consult with HOS, Faculty Dean, PLN, ARM (including Admissions)
BC1.1	How does the proposal fit with the University's Corporate Plan?	
<i>note BC1.1</i>	<p>Overall this project supports the corporate ethos of encouraging career-long student engagement with UEA, innovation and stimulating enterprise.</p> <p>This project supports the following individual Corporate Strategies:</p> <p>Health Online will inform an approach to develop and deliver financially viable high-quality postgraduate modules and CPD courses to meet the professional development needs of a global health workforce. The income from these activities is HEBCIS returnable under the CPD / Professional Education category and as such will help to drive future HEIF income. The overall approach is being documented in a Health Online Blackboard Page for use across faculties.</p> <p>Health Online is working with representatives from each relevant central service to test the internal processes to prepare for the expectations and requirements of 'off campus' post graduate students. Numerous processes and services will also be applicable at undergraduate level, and supports the stated aim to further utilise technology enhanced learning on-campus. For example, the Health Online project directly led to the purchase of a campus-wide licence for Camtasia for use by students and academics.</p> <p>An outcome of this project, with the support of Blackboard consultants, will be that each central service will have tested their student deliverables against the needs of an 'off campus' student. What is appropriate to provide an off-campus student and how you communicate that offering to them will have been developed and tested for appropriateness and robustness whilst delivering the Health Online modules.</p> <p>A UEA Academic leads each module. They have engaged with developing best practice online pedagogy; we have discovered this is a key professional development need for all UEA academics. They have been trained in the Blackboard software, have had external specialists through Changing the Learning Landscape (HEA) [Health Online won support from LFHE and HEFCE's CLL programme] visit to discuss how to design and deliver an exemplary online course. Academics are working in partnership with learning technologists and will take advantage of internal film and audio technology to deliver an engaging interactive online module. The learning technologists' professional development has also been supported through this project through attendance at Blackboard trainings.</p> <p>An aim of this project is for FMH faculty to test a market opportunity. Online training is geographically boundless, allowing, over time, to market courses that can be paid for and taken by health professionals across the world. Phase I delivery will provide feedback on interest, quality delivery approaches, effective marketing strategies, to inform a future strategy of online CPD delivery.</p>	

	<ul style="list-style-type: none"> - Student/staff ratios. As mentioned, one module of the six is credit bearing and will be carefully monitored such that SSR does not exceed the university target. - Good Honours scores. Not applicable as this is not an undergraduate award programme - Entry tariffs – All of the programmes created will be at the postgraduate / post-registration level so these programmes will not impact on A-level entry tariffs. These students are also likely to be potential PGR candidates after engaging with Level 7 learning. - Drop-out rates. Will be measured through Blackboard software reporting. As part of the admissions process, each student will receive direct support from a 'student advocacy officer' based in the Workforce Hub from enquiry through to the first 4 weeks of engagement with the module, to ensure they are receiving a quality service. - Employability. The market for the Health Online modules and CPD courses are employed Health Professionals, and the focus is to support their professional development. We will investigate the appropriate signposting with the Careers Service and will engage with professional bodies to ensure we provide careers advice signposting.
BC1.2	Proposed Recruitment Strategy
<p><i>note</i> BC1.2</p>	<p>ARM marketing staff are working to identify and engage an external marketing agency to drive a central marketing push to start at the end of January 2015</p> <p>Each of the six Health Online modules has highlighted an initial target market. For Phase 1 online readiness and market test the focus is the UK only, except CBT for Older People, which will include marketing through the academic lead, to a network in the USA.</p> <p>One in ten of the UK working population work in health and social care. 1.4m in health (registered and unregistered) and 1.6m (registered and unregistered) in social care (Kings Fund). The professionals work across the NHS, councils, social enterprises and private providers.</p> <p>In terms of international numbers, for example, there are 2.9m nurses in the United States, 330,000 in Australia and 75,000 in Malaysia. Health Online is developing a product to find a formula that works to project into these markets in the future. A strength of fully online modules is that they enable access to learning across geographical boundaries. As developing countries expand their internet provision, this enables the creation of communities of practice and knowledge transfer from Health Practitioners in developed countries.</p> <p>As part of the feedback and reporting process from this market test project, we will confirm interest from a broader market, providing recommendations from UK peers who have engaged in the course as to the learning value to interested global market. Target markets will be specific to each module in the first instance growing to target markets for groups of modules as the module catalogue grows.</p> <p>The recruitment strategy will centre on promoting the courses via specialist networks within a small number of mature health markets. Promotion will be via multiple channels, in particular paid online marketing to specific groups and regions, via professional publications and selling access via health CPD gatekeepers in the UK market. Channels agreed and budgeted for include The Guardian Healthcare Professionals Network and NHS Trusts.</p> <p>The product will be presented as a high-quality set of short courses aligned to the professionalism of the schools involved and underpinned by UEA's reputation. An</p>

	introduction by the lead academics behind the modules will be presented as part of the promotion and the quality and character of the schools will be emphasised to bring greater validity to the courses.		
	Pricing is set at £1000 for a 20-credit master level course and £500 for the short courses. This is a competitive price against the 41 UK HEI's currently offering similar post graduate Health Professional short courses and what the market will bear.		
	Antibiotic Resistance is being priced lower at £295. This course has fewer directed learner hours and also a broader market. The lower price may also encourage students who are hesitant of online learning and provide the opportunity to analyse price sensitivity in different markets.		
BC1.3	Partnership and commercial sensitivity		
<i>note BC1.3</i>	Has this proposal, in outline, been approved by the Partnerships Office?	YES	
		NO	X
	Please paste their comments below		
	Not applicable		

BC2 <i>note BC2</i>	MARKET RESEARCH	Consult with Market Research team	
BC2.1	What other and type of institution offers identical and/or similar courses in the UK?		
	<p>41 Universities currently offer 113 postgraduate Health Care Management online CPD courses to the global market (postgraduatesearch.com). Both HEIs and private providers provide courses but HEIs are generally able to demand greater fee rates. In general, research within FMH suggests UEA is a late entrant to the online health market with competitors such as Edinburgh, Sheffield and Imperial offering modular catalogues.</p> <p>As part of the market test approach, market analysis will continue throughout Phase I, engaging the market research team (who do not have standard channels for post graduate analysis and were not able to resource this project until November 2014). It has been confirmed that no further intelligence is currently available within UEA other than that residing in the Workforce Hub and leads within FMH. This approach will support the improvement of postgraduate market information, which is currently far more difficult to generate than undergraduate information.</p> <p>The market research to inform the Phase II plan, will lead to the launch of market led courses of an appropriate size and credit nature for the market.</p> <p>No single source of market research is available for the global health market's interest in online training however, therefore this piece of work will require some external consultancy and significant ongoing discussion with overseas departments of health and private health contacts.</p> <p>This market research will advise both promotional marketing techniques but also which modules will be developed for Phase 2 delivery. It is acknowledged that the current set of modules are developed based on FMH disciplinary strengths and local demand rather than in response to online market trends. Currently, FMH provides in</p>		

	excess of £2.2m of annual CPD training and the initial wave of modules is advised by this experience of the profession.
BC2.2	Are there any likely international competitors? (Please give brief details)
	<p>It is generally the case that most leading global HEIs in the medical and healthcare space are already delivering online CPD courses, modules and full programmes into their local health economies, into their national contexts and internationally.</p> <p>The global market is growing (e.g. the growth of Broadband access globally, the global use of smart phone devices, the associated growth in digital literacy, the growth of socialised and for-profit healthcare provision around the globe, the shortage of registered healthcare practitioners worldwide) the market is expanding and continually evolving. We are confident that UEA can leverage its high quality brand into this market.</p>
BC2.3 <i>note</i> <i>BC2.3</i>	What is the annual number of applicants currently applying nationally for similar courses, and what are the entry requirements for these competitor courses?
	<p>Health Education England pay UK Universities for the majority of CPD in the UK, as noted elsewhere, around £170m annually. HEE are clear in their policy documentation that technology enhanced learning, blended learning and fully distance learning are a part of their commissioning strategy. They need fewer health professionals to have to leave the work setting to conduct their CPD. Hence online learning is a basic requirement of any HEI seeking to deliver CPD into the NHS, and to private providers.</p> <p>£1.7m per annum is paid on our NHS CPD contract, so around 1% of the £170m is paid to UEA. This is very limited as we can only project into our local market as we don't have a distance / online offer. Every part of the Health Education England structure can commission 'out of area' e.g. Newcastle HEE could commission with UEA.</p> <p>As mentioned, there are around 700,000 registered clinicians in the NHS alone. Although we are not aware of any verified data about engagement with online learning, at a 1% market penetration rate per annum it could be calculated that 7,000 online modules and CPD courses are engaged with each year. Obviously, at 5% that would be 35,000 and 10% 70,000 course registrations. There is a clear market in terms of volume for the right products.</p> <p>Our target market will be registered graduate-level clinicians seeking to undertake CPD and PGT as part of the requirement to maintain their registration, develop their careers and delivery high quality and compassionate care.</p> <p>There are also self-funders, funding from sponsors such as equipment manufacturers / pharmaceutical companies to provide places on HEI-run courses or funding from non-NHS sources such as healthcare providers including Serco, Virgin Health etc.</p>
BC2.4	What is the evidence for current and future demands for the course from <ul style="list-style-type: none"> • potential students? • employers (public services, private sector, the professions etc)
	Each module lead has spoken to peers and as part of their enterprise and outreach commitments is engaged with the potential market for their module. When presenting the module proposal for consideration, each module lead provided a summary of the market need and market interest (in many cases there has been engagement with employers and commissioners from academics to confirm market

	<p>interest).</p> <p>Since then, critical feedback on the course outline and learning outcomes has been gathered through the QA module development process. Part of this quality course development process includes contacting a representative of a professional body for feedback. Each of these communication channels has provided feedback that there is current interest and has contributed to the thinking around learning outcomes. Each module lead has confirmed that the relevance and contemporary nature of the module content allows for it to be delivered for at least three years.</p> <p>As this is a market test project, the evidence for current and future demand will be collected as part of the reporting process at the beginning and end of the module delivery.</p> <p>NHS commissioning bodies have been engaged to gauge interest and appropriate professional bodies are a key part of the marketing approach.</p>	
BC2.5	Can current and projected demand be met from existing provision?	
	Nationally:	No (technical and service development required)
	Regionally:	No (technical and service development required)
BC2.6	Where is/what are the competitive advantage(s) for UEA?	
	<p>There is a clear market position for UEA to provide its recognised student-centred education in the online environment to healthcare professionals.</p> <p>Our programmes will be engaging (utilising a range of online pedagogies), contain synchronous components and high levels of peer-to-peer engagements. They will be research-informed, inter-professional and draw on leading academic expertise from across UEA and from our wider networks.</p> <p>We will draw on the approaches of the award winning MS Surgery programmes in terms of how they have created an online community of practice. The modules will also play on the increased interdisciplinary approach and strategic alignment with WHO aims which have been encapsulated in the School of Health Sciences' strategy.</p> <p>In summary we aim to put clear blue water between the poor reputation of asynchronous 'click, click, click' e-learning in the NHS (e.g. used for mandatory training) and develop a range of courses that meet the needs of registered clinicians and their employers.</p> <p>Put in starker terms we must obtain a foothold in the online market. It is now a default expectation of commissioners and students that part of the offer of a leading Global Top 200 university such as UEA will include online courses. We are repeatedly asked about our online off-campus offer in professional education and we have to reply that, other than MS surgery, we do not have one.</p> <p>Additionally, when we engage with international health providers as we have done recently in territories such as China, Algeria and Malta they ask about our online offer and often propose an initial engagement through online learning. We are currently excluded from these types of interaction.</p> <p>Quality online education is a way of growing UEA's international reputation and reach. For example, through a mixture of face-to-face and online programmes we</p>	

<p>could reach out to whole hospital systems overseas to support their clinical and non-clinical learning requirements.</p> <p>As previously mentioned, an outcome of this project will be that the institution will be prepared to support online teaching initiatives across the institution not just within FMH.</p> <p>A tested mechanism to confirm the appropriate market, and economic validity of the development of new CPD modules will be developed in – avoiding the development of courses based solely on academic interest.</p>
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BC3 <i>note</i> BC3	MARKET DEMAND AND RECRUITMENT	Consult with Careers and Employability team
BC3.1	What graduate career opportunities may be available?	
	<p>This is a postgraduate / post-registration, professional education, offering – with a focus on the delivery of effective clinical care and professional development.</p> <p>Therefore, students will be in paid work. Representatives of regulatory and professional bodies are being consulted as part of the individual design and development of the modules. Employers will most often be paying for these courses as part of CPD and on-going discussions as part of Phase I marketing will ensure ability to apply skills directly back into the workplace.</p> <p>A large number of free online courses are currently available to NHS professionals if they provide their registration details during the admissions process. Generally this is via training agreements with Local Education Training Boards, within which FMH has a number of strong links.</p> <p>In addition, there are a number of foundations and professional associations, which offer training funds for health professionals undertaking CPD without recourse to employer funds. Directions to the key funds will be identified within the promotional messaging.</p> <p>Signposting will be provided to continuing opportunities for career development.</p> <p>Finally, pricing will not be prohibitive for the target market in the UK and a number of other mature markets. It is expected that direct fee-payers will also be attracted by the offer.</p>	
BC3.2	Who (externally) has been consulted about the proposals (e.g. Professional Associations, employers' groups, PSRBs)?	
	As part of the exemplary course design process each module lead has requested critical feedback from peers and representatives of professional associations.	

BC4 <i>note</i> BC4	STUDENT NUMBERS AND TUITION FEES	Consult with HOS, PLN, Faculty Dean, FFM
BC4.1	Student Numbers	

a	Proposed student target intake	number			
<i>note BC4.1a</i>	Full Time (Home/EU)	0			
	Full Time (International)	0			
	Part Time (Heads)	0			
	Distance Learning (Heads)	15 students per module. This equates to 10fte in Y1, 50fte in Y2 and 100fte in Y3 (NB a small fraction of these figures will be credit-bearing)			
	Minimum viable intake (full times equivalents)	10 students per module (1.1 fte)			
	Maximum viable intake (full times equivalents)	90 students per module (10 fte)			
b	Are the student numbers:				
<i>note BC4.1b</i>	a) available via redistribution within the School? <i>Consult the Head of School</i>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
	b) available via redistribution with the Faculty? <i>Consult the Dean of Faculty</i>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
	c) additional numbers required? <i>Consult the Planning Office (PLN)</i>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
Please give a summary of how your answers to a), b) and c) above will be achieved.					
<p>Answers to 4.1b relate to the fact that the student load is not expected to affect student planning in year 1. All modules are post-graduate and the five non-credit-bearing students will not affect the SSR calculation (confirmed by HESA).</p> <p>Credit-bearing student fte ranges from 1.7fte in Y1 to 33fte in Y3. Provision has been made locally to balance the university SSR in relation to these students.</p>					
BC4.2	Tuition Fees				
Please select the relevant fee schedule:					
a) Standard Home/EU/International		£500 / £1000 (non-credit/credit)			
b) Full-cost <i>Please consult with FFM</i>		N/A			
c) Other <i>Please provide brief details</i>		N/A			

BC5	IMPACT				
BC5.1 <i>note BC5.1</i>	EQUALITY AND DIVERSITY	Consult with Equality & Diversity Manager and Widening Participation team			
a	Does the course and/or School cover a subject area(s) which traditionally attract(s) a very specific or narrow student profile?	YES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		NO	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b	If yes, what steps will be taken to attract non-traditional students to the course/School? (Aspects to consider include: age, disability, ethnicity (home and international), gender, sexual orientation, religion and belief, and socio-economic				

	group.)					
	<p>The course will attract a different demographic which will be more mature students, who are able to add study to their professional timetable.</p> <p>All students will be health professionals currently working. However, as we develop best practice for online learning in UEA, we are committed to the following processes for each module:</p> <p>Blackboard content benefits from highest attention to accessibility and compatibility with adaptive technology.</p> <p>Individual users are able to override Blackboard themes, colours and fonts with their own set preferences which supports users with dyslexia and Irlen's syndrome.</p> <p>All click and point options in blackboard have keyboard alternatives for users with limits to their fine motor control</p> <p>We are encouraging colleagues to script their screencasts and one of the reasons for this is to enable the script to then be used as a transcript for users.</p> <p>Alt text against images in Blackboard can be read by screen readers and will be available throughout</p> <p>We are placing content directly into Blackboard pages (rather than PowerPoint for example) to enable access by screen readers.</p>					
c	Will students undertake placements/ come into direct contact with vulnerable groups as part of their study? If so, will a CRB be required?					
	It is anticipated that all of the modules and CPD courses will have work-based learning components. Those students with service user and patient contact will be registered healthcare professionals with up-to-date DBS reports. UEA will take no responsibility of this aspect of the course or the actions of students in those environments.					
BC 5.2 <i>note BC5.2</i>	CURRENT STUDENTS AND/OR APPLICANTS					
a	Have School SSLCs been consulted regarding this proposal? If YES, what has been their input/response?	<table border="1"> <tr> <td>YES</td> <td></td> </tr> <tr> <td>NO</td> <td>X</td> </tr> </table>	YES		NO	X
YES						
NO	X					
	<p>Not as at the time of writing. Consultation with students is on the project plan as content becomes available through a quality content testing process being designed by Helena Gillespie and will utilise FMH alumni students and current pre and post registration student in FMH.</p> <p>The project has been raised with NHS Trust Training leads and our local health commissioners. A follow-up teleconference and online demonstration is planned as content becomes available.</p> <p>The project's inception is aligned to both Health Education England and the NHS's strategy around technology enhanced learning, and the need for a mix of classroom based, blended learning and fully online programmes.</p>					
	Will any current students or applicants be	YES				

b	affected by this proposal?	NO (go to 5.3)	X
c	Evidence of consultation of current students and written consent obtained Please briefly describe what consultation has taken place and what responses there have been. Is there full support from all members of the relevant student cohort(s)?		
	The project manager is in consultation with post-graduate student representative – Liam McCafferty and Jo Spiro. Both will continue to be consulted on aspects relating to student experience. Student Union Commitment that Health Online Students will have full access to all current student union offerings has been given. They will work together to ensure support form any relevant student cohorts.		
d	Informing applicants What arrangements have been made (for informing applicants who may be affected by any change(s))? Written notification, including advice about any alternative options that may be given, must be sent to applicants holding unconditional/ conditional firm or conditional insurance offers.		
	Not applicable		
BC5.3 <i>note BC5.3</i>	ACADEMIC STAFF	Consult with HOS, Dean of Faculty	
a	What is the impact / what are the resource implications of the proposal on academic staff? Please give an indicative number of additional teaching hours required within the school to deliver the new course/changes to the course in any one year		
	Additional teaching time will vary per module, each one has a different number of directed teaching hours per week. Across the two schools, the suggested contact hours for the 6 module leads is 100 hours – the most being 30 for one academic, and the least being 4 hours. This includes contributions to discussions, feedback on formative assessment. A lot of the formative assessment is automatically marked, and the academic time is on student follow up. For online modules the academic time resource is in the Module development time – where virtual academic delivery is created. This module development time is being captured as part of phase 1 to inform commitment for new module creation for phase 2		
b	Is a new discipline or specialism being introduced that requires a new appointment?	YES	
		NO	X
c	Are new appointments required to meet any additional hours?	YES	
		NO	X

d	If yes to either b or c above, how many of what type (eg Teaching and Scholarship, Teaching and Research) and at what level?	
	Not applicable	
e	What is the source of funding for new academic staff?	
	Project generated income when necessary and will be spent via associate tutor contracts (although this is not expected to be particularly frequent or costly).	
f	Are there any implications outside the sponsoring School/s e.g. service teaching, by other Schools of Studies?	
	No other schools of study are involved with these modules at the present time.	
g	Are any other teaching adjustments required? For example, will new modules be introduced, other modules withdrawn or combined?	
	As part of Health Online market test, modules will be delivered stand alone. As part of the market test process and a focus on creating as much value from the creation of quality online content, a review of where module content can be incorporated into existing courses will take place. Alternatively for highly successful modules in new domains, it is anticipated that we will seek to rapidly create a further 40 credits of related online study to allow students to access a PG Cert exit qualification. This creation of new content will form Phase II of the UEA Health Online project.	
BC5.4 <i>note BC5.4</i>	COURSE RATIONALISATION	Consult with HOS, Dean of relevant Faculties, PLN
a	DO ANY SIMILAR COURSES ALREADY EXIST AT UEA?	YES <input checked="" type="checkbox"/>
		NO <input type="checkbox"/>
	If YES, please specify Course name, UCAS Code(s) / Course codes	
	The Masters of Surgery Level 7 programmes in Oncoplastic Surgery, Coloproctology and Regional Anaesthesia share a similar delivery mechanism. These programmes are not part of Health Online Phase I (e.g. they operate on a Moodle platform). However, we will be seeking to align them to Health Online in Phase II.	
b	IS/ARE ANY COURSE(S) TO BE CLOSED TO NEW APPLICANTS AS PART OF THIS PROPOSAL?	YES <input type="checkbox"/>
		NO <input checked="" type="checkbox"/>
	If YES, please specify Course name, UCAS Code(s) / Course codes and date from which course(s) is to be withdrawn?	
	Not in Phase I of UEA Health Online. However, in Phase 3 the intention is to replace a subset of FMH's 80 classroom modules with fully online modules. By 2020 there is an aim for around 50% of FMH's PGT / CPD offer to be offered online. This will increase potential market size, potential module cohort size, academic efficiency and likely profitability.	
c	Please give an indicative number of teaching hours <u>released</u> within the school in any one year by the closure of the courses listed above	TBC after data collection following Phase 1

	of Health Online and a full review of FMH courses
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BC6	PHYSICAL RESOURCES	
BC6.1 <i>note BC6.1</i>	What new or additional facilities and /or equipment are required for the delivery of this course?	
a	Classroom and study facilities	Not applicable for online courses
b	Computer equipment	As required by the university, we will be using the existing Blackboard VLE
c	Other equipment	As part of the Health Online budget – Blackboard Community is being supported and available at institution level.
d	Consumables	iStock Photos – an online copyright paid image bank Videoscribe – an animation video creation software is available to all Health Online academic. iMindMap7 – a mind mapping animation creation software package Camtasia – UEA now has a site-wide licence Planet E-stream – UEA now has a site-wide licence There is going to be a need for an online classroom resource such as Blackboard Collaborate or cheaper alternative Hardware and software installation and support costs will fall to ISD and has been discussed.
BC6.2	What additional books/journals/electronic resources other than those already available will be required year by year until steady state is reached?	
	<p>For Phase I of Health Online each module lead is being guided to provide links only to core reading, available from the Library, online.</p> <p>Any requests to embed documents into the Blackboard module will be checked with Faculty librarian to ensure copyright requirements are being met.</p> <p>Each module or CPD course has been asked to provide a reading list including Journal access, to confirm that these are currently available from the Library. Any specialist journals required.</p> <p>Health Online have budget contingency to supplement the library allocation for any specific journal requirements not already available.</p> <p>Academics will be providing their own teaching materials, of which UEA owns the copyright.</p> <p>Academics have attended a workshop around Creative Commons and are being encouraged to source content with 'Attribution CC BY', which can be reused for commercial gain</p>	

	<p>Library can provide open access journals – but confirmation will be gained to confirm the rights are appropriate for rights and reuse.</p> <p>All third party readings will be logged, confirmation of scale of use will be gathered and consultation with Faculty librarian will take place as the CLA needs to be paid for multiple readings – and if it is digitised as part of the module learning, as a legal requirement.</p> <p>A best practice process will be established by the end of 2014, in consultation with the Librarian and published on the Health Online page to share learning within the institution.</p> <p>The use of You Tube and other online video providers will be checked with the Security policy and compliance department.</p> <p>All of these actions are ongoing, as the module content continues to be developed in stages.</p>		
BC6.3	Are there any other special arrangements on which this course proposal will depend? (E.g. placements, year abroad).	YES	x
		NO	
	<p>If Yes, please give details of likely costs/whether appropriate agreements are in place/have to be drawn up?</p> <p>As mentioned elsewhere in this paper, delivering online education to predominantly off-campus students has required a comprehensive review of the university's rules and regulations, student handbook and service capabilities of professional service divisions.</p> <p>The key central services – ARM, DoS, Student Union, LTS, ITCS have all attended a workshop run by Blackboard to ascertain any changes or additions required of them to support online post graduate students (see below for workshop details and consulted parties). The Blackboard report as part of the workshop outputs will be available in January 2015</p> <p>Rules and regulations have been checked with Jon Sharp and Becky Fitt to confirm if any changes are required.</p> <p>Each department has committed to supporting the 6 courses planning to launch from May. For Phase I of this project we do <u>not</u> intend to change the current service offer for online students wherever possible. For example, they will only be able to support available in normal business hours. We will not be providing out-of-hours support.</p> <p>There is recognition by engaging the central services in the process to understand and adjust the student offering for Health Online that they are also taking the first necessary step to preparing themselves for future online and blended courses, whether CPD or award based.</p> <p>The Phase 1 market test provides the opportunity for central services to test their current provision against the actual requirements of a subset of off campus students.</p> <p>Process mapping for the application and admissions process takes place the first week in January 2015. The PM will review progress in February 2015. Excellent resources are already available online for library and learning enhancement,</p> <p>HR has been consulted and there is no expectation of a change in staff contract due to Health Online.</p>		

Blackboard workshop 3 and 5 December 2015:

1. Student marketing and recruitment requirements (including promotion, enquiry, application process, applicant management, finance and enrollment)
2. Student support requirements (including induction, ongoing pastoral support, customer service and helpdesk support)
 - o Wellbeing
 - o International
 - o Finance Advise
 - o Learning enhancement
3. Student learning support requirements (including library, academic skills support, careers etc)
4. Academic policy, regulations and guidance (including learning and teaching, assessment, progression, conduct and appeals)
5. Learning technology support (including supporting academics in design, production and maintenance of the courses developed; learning technology support direct to students any design/development of learning technology specific to this group)

You will be working with Louise Thorpe from Blackboard, who will be guiding us through the process.

These workshops will contribute to:

A central online location for registered students. It will signpost to all appropriate information regarding student services that they are eligible for.

The development of processes for:

- o Module marketing
- o Inquiry generation
- o Inquiry conversion
- o Admission process including cancellation and refund
- o Student admitted
- o An off campus student experiences

Department	Consulted	Attending Implementation workshop 3rd and 5th December
Dean of Students	Jeremy Schidlt, Helena Gillespie	Annie Grant, Jane Amos (international student advice). Jane Abson (Disability co-ordinator), Jeremy Schidlt (learning enhancement)
IT	Steve Jackman, Mark Jones, Alicia McConnell	Jonathan Richardson, Mark Jones, Alicia McConnell
Library Services	Nicolas Lewis, Jane Helgesen, William Jones	William Jones, Jane Helgesen
Careers	Suzanne Walker, Julie Schofield	
Learning and	Andrea Blanchflower,	Becky Fitt, Robbie Meehan

	Teaching Services	Becky Fitt, Robbie Mehan	
	Admissions	David Giles	David Giles
	Planning Office	Andrew Watson	Andrew Watson, Peter Courridge
	Market research	Becky Price	
	Faculty Finance Manager	Mark Hitchcock, Helen Latham Brigitte Nelso	Mark Hitchcock, Brigitte Nelson
	Marketing	James, Sophie Rosas, Suzanne Harvey	Sophie Rosas (apologies), Suzanne Harvey
	Faculty Learning and Teaching	Rosie Doy, Mary Jane Platt, Zoe Butterflint	Rosie Doy
	Union of UEA students	Liam McAfferty	Liam McCafferty, Jo Spiro
BC6.4	Are there any start-up costs (e.g. any initial publicity and promotion?)	YES	x
		NO	
If yes, please give details:			
<p>After consultation across the university it was advised that we utilised an external consultant to support the process. Blackboard Educational Consultants were selected to undertake (1) a readiness report (2) digital pedagogy training and (3) guidance for professional service divisions on the online student journey. The cost of this input will total £52,000.</p> <p>The output of all this work will be transferable across the institution. Best practice is being captured in a Blackboard site, available to all staff.</p> <p>The effective delivery of online courses to off-campus students will require the purchase of Blackboard Community at a cost of £28,017. This had previously been purchased by the university, but the subscription lapsed. It will be of utility across the campus to others setting up their own online courses.</p> <p>An outcome from the Blackboard readiness report was the identified need for a project manager for the UEA Health Online Project. Between May 2014 and June 2015 we will have purchased 54 days of project manager input at the cost of £12,260.</p> <p>A short term 0.6 FTE Student Advocacy Officer role within the Workforce Hub is being confirmed to manage student enquiries and deliver a high quality, supported student experience into the first four weeks of module delivery. This is at an estimated cost of £9,000.</p> <p>A further £30,800 has been ring fenced by FMH to ensure the module developers can secure expert input from external contributors (e.g. academics working at third party HEIs, copyright paid digital images, licences to software packages including iMindMap7 and VideoScribe). It may be the case that this budget is not expended in full. (It should also be noted that the Health Online project also catalysed the purchase of the site wide licence for Camtasia)</p>			

	<p>A marketing budget of £20,000 has been anticipated in the launch cycle. £8,000 of this will be drawn from the existing FMH marketing budget held by ARM. £12,000 will be provided by the Faculty.</p> <p>All of the lead academic resource is on the payroll, and the development of Health Online modules and courses have been taken on as additional activity.</p> <p>The total start-up cost will not exceed £145,000 and will show a campus-wide return on investment given that the spend has supported improved digital pedagogy skills amongst academics and e-technologists, key professional support divisions will be able to support e-learning for off-campus students at scale, and rules and regulations will be amended to protect the interests of online students and the wider university.</p>
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BC7 <i>note</i> BC7	IMPACT / RESOURCE IMPLICATIONS FOR OTHER UNIVERSITY SERVICES	
COMPLETION OF THIS SECTION TO BE COORDINATED BY LEARNING AND TEACHING SERVICE (LTS) COORDINATOR		
Please circulate Parts 1 & 2 to the following for their comments (if any). Comments to be returned within 10 working days.		
<i>note</i> BC7	What is the impact of the proposal on support staff and resources in the office for which you are responsible?	
Date of circulation:	14 December 2014	
BC7.1	Dean of Students (DOS)	
	<p>This development has huge implications for all of DOS (with the possible exception of Accommodation unless residential experiences are planned as part of some courses) and in principle we are very keen to support all courses and ensure that we contribute our expertise to what we would hope and aim to be an exceptional student experience. We already have developing expertise in supporting off-campus students (year abroad, placement etc) and are keen to consolidate and further develop this.</p> <p>What is needed for the Dean of Students' Office to support these students is not a specific ring-fenced resource but a general increase in capacity in key areas so that those who already have the relevant expertise can add this work to their existing roles. There will need to be an initial investment in setting up a 'virtual' DOS online provision followed by an increase in the overall investment in DOS to make it possible to appropriately guide and support on-line students without negative impact on existing students and staff. The investment required has been scoped and has been estimated to require an additional £80k per annum.</p> <p>The immediate priorities, should this course be approved, would be to identify/recruit someone to work with us to develop the web resource to be ready ahead of the first cohort and to be able to employ additional sessional Learning Enhancement Tutors when the modules commence.</p> <p>Dr Annie Grant</p>	
BC7.2	Deputy Dean of Students (accommodation)	
	Since the students will not be full-time, they are ineligible for University accommodation.	

BC7.3	Director of Information Services (ISD)
	<p>It is probably worth reiterating that section BC6.4 identifies costs associated with the provision of the course and this includes the need for Blackboard Community - a cost of £28K pa. This cost was included in the original business case and will need to be funded by the School.</p> <p>The more general question raised of ISD readiness for supporting a growing number of on-line award bearing courses is somewhat different to consideration of a single course. If UEA is going to develop a significant portfolio of online courses then we will need to consider:</p> <ol style="list-style-type: none"> 1. How to resource course development. For Health online we extended the model we use of training academics to develop online content (currently seen as an adjunct to traditional teaching). In an online only model the reliance on high quality digital content is increased and this may require more specialist digital developer resources to work alongside academic colleagues, particularly if video content needs to be created. If we are going to develop high quality online courses then we will need to consider not just the academic course design but also the digital design and branding of the courses and this is not something that ISD is currently resourced to provide. 2. Supporting students on the course. Moving to an online only delivery stretches the teaching day, potentially to a 24/7/365 model. Access to many of our services (Library support, IT Helpdesk, etc.) is delivered in a traditional on campus model and while we do provide some materials to support self-service / online access this is limited. Increasing online delivery will require ISD to invest in the development of more self-service / self-help materials and tools and this may require investment. 3. Technical implications. The IT infrastructure at UEA is designed to be resilient but we do not guarantee 24/7 availability, indeed we offer a limited "out of hours" support service for a small number of systems. This may need expanding to provide wider coverage and will require additional investment (both in staff and in hardware). Similarly our systems are designed in such a way that they do, from time to time, require downtime to allow for patching, rebuilds, installations, etc. 4. Student status Careful thought will need to be given to the status of online students as this may restrict the licenced services that can be made available.
BC7.4	Director of Library Services (LIB)
	<p>Where section 10 (Indicative Reading List) of the module forms has been completed (for 3 of the courses), the Library has been able to review what online access can be provided to the students. Where UEA already has subscribed access, it should be possible to provide links and references, ensuring seamless access for distance learners. There are also some resources listed which we do not currently have access to, but which the Library has costed up and will provide from 2015 (see below), as long as funding remains at current levels.</p>

	<p>However, as of 9th January we have not yet received indicative reading for the remainder of the modules, so we are not able to review them or provide links. We would urge that the remainder of the indicative reading lists are provided to the Library as soon as possible. Otherwise we cannot make guarantees about the provision of any material not yet indicated or provided to the Library to review.</p> <p>It should be noted that some material unavailable to UEA (either through subscription or Open Access or as e-book format) may be difficult to acquire in online format, making it harder to access for online learning students, and we happy to advise further on alternatives if required.</p> <p>Should additional needs be identified <u>after</u> course approval, the Library will need advance notice and discussions will need to take place around whether additional funding may be needed from the School or whether we will need to cancel existing subscriptions to fund new ones.</p> <table border="1" data-bbox="240 786 1069 1003"> <tr> <td>Course: CBT for Older People</td> <td></td> </tr> <tr> <td>Subscription to “ International Psychogeriatrics”</td> <td>£672 per annum</td> </tr> <tr> <td>Course: Antibiotic Resistance</td> <td></td> </tr> <tr> <td>The Journal of Antimicrobial Chemotherapy</td> <td>£992 per annum</td> </tr> <tr> <td>Antimicrobial Chemotherapy, OUP (online subscription)</td> <td>£147 per annum</td> </tr> <tr> <td>Course: Developing the Clinical Supervisor</td> <td>No additional funding requested/required</td> </tr> </table> <p>We wish you every success with these new initiatives.</p>	Course: CBT for Older People		Subscription to “ International Psychogeriatrics”	£672 per annum	Course: Antibiotic Resistance		The Journal of Antimicrobial Chemotherapy	£992 per annum	Antimicrobial Chemotherapy, OUP (online subscription)	£147 per annum	Course: Developing the Clinical Supervisor	No additional funding requested/required
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Antimicrobial Chemotherapy, OUP (online subscription)	£147 per annum												
Course: Developing the Clinical Supervisor	No additional funding requested/required												
BC7.5	Heads of Careers Service												
	<p>The on-line MyCareerCentral system is available to all currently registered students and this we envisage will meet most careers information needs. It will enable us to provide distance learners with access to a comprehensive online careers resource which should meet most of their needs. This can be scaled up with no compromise on the quality of our offer although some cohorts would need tailored information resources created for them and we would need suitable notice to do this. Also, depending on the number and size of on-line course planned we would need to review access to start-up funding, bursaries and internships.</p> <p>Tailored careers advice and guidance from careers or enterprise advisers is another matter as it is quite resource intensive to deliver remotely, so this will have to be managed carefully based on the numbers registered on online courses. If we are anticipating 100's of additional students each year, I would seek to address most needs through FAQs, advice documents and links and our 'Ask a question' feature – i.e. via online provision, with a few students referred for telephone/ Skype consultations who really need it.</p> <p>If we are anticipating 1000's of students then provision would have to be almost exclusively online/ information-based. We would have to monitor carefully demands on our frontline staff time answering queries and would need to set realistic student expectations. In this scenario, there is potential for future development of MOOC-like online career development modules available to students, created in collaboration between module organisers and Careers Service.</p> <p>We are currently looking to expand our provision of videos of careers events – and in future distance learning students could have access to video of key careers events and interviews with employers. From a career development perspective though it is important to bear in mind this is not a substitute for face-to-face encounters and it is also very-resource intensive to produce these on a routine basis.</p> <p>James Goodwin and Julie Schofield</p>												

BC7.6	Head of Learning & Teaching Service (LTS)
	<p><u>General comments in relation to the development of on-line learning at UEA</u> Our regulations have been reviewed and with some minor changes will be suitable for a distance-learning community of students. These changes will be made for 2015/16 academic year.</p> <p>During discussions the notion of an on-line student portal was devised to recognise that these students require tailored content and that not all the content that is circulated to our physical community of students will be relevant for them. We support this initiative and would be happy to tailor our information for these purposes. It would be useful to see comments from ARM and ISD in relation to progress with this development.</p> <p><u>Specific comments about UEA Health on-line</u> It should be noted that the quality assurance processes will be different for credit bearing modules and those studied for CPD purposes only. Therefore we are pleased to note that the proposed Health modules are distinctly to be studied for either CPD only or credit bearing but not both. We would strongly recommend keeping this distinction.</p> <p>With staff delivering and students studying modules for CPD being supported via the FMH Workforce Hub and students studying for credit and the staff delivering these modules supported by LTS there is scope for confusion and misunderstandings. Care will need to be taken and staff working to support these programmes will need to be well briefed to ensure nothing falls between them and that no work is duplicated.</p> <p><u>Resources</u> Whilst the Service can absorb one 20 credit module if modules numbers and student numbers grow and award bearing courses developed there will come a point when additional staffing in LTS will be required.</p>
BC7.7	Head of Admissions (ARM)
	See below response Director ARM
BC7.8	Director of Planning Office (PLN)
	<p>My comments below are based on the assumption that the technical solutions required to enable online learning to take place are in situ and I am not commenting on any work required to enable SITS solutions etc. to be put in place.</p> <p>I anticipate that there will be some additional support required to deliver registration though all of our current processes are delivered online and there is virtually no face-to-face contact. We will need to consider how the "mark as seen" process is managed but this is an LTS/PGR process. For credit bearing solutions there will be a requirement to include numbers in the HESA return and non-credit bearing students will need to be recorded for inclusion in the CLA return. Significant numbers will potentially impact on our HESA subscription (likely to be £1,000 per 1,000 students).</p> <p>I would expect fees to be at least at the same level as the equivalent face-to-face programmes i.e. £7,000 for PGT (rising by £1,000 per annum to £9,000). There is a discussion to have about what the discount should be (if any) for non-credit bearing content.</p>

	Student numbers are unlikely to be an issue as these are not currently controlled.	
BC7.9	Any other service or department	
note BC7.9	<p><u>Director of Human Resources</u> Whilst it is anticipated that the Health on-line modules do not require a change in staff contracts, preparing the University more generally for a growth in this activity might require a review of working practices and/or terms and conditions, particularly if there is an expectation of staff working from home and/or outside of standard day time working patterns.</p>	
	<p><u>Director of Finance</u> If students are not being registered on SITS and payment for courses needs to be taken online then we need to have implemented the new online payment system (WPM) to handle this effectively. Paper suggests a possible start date of May 2015 by which time WPM may not have been implemented. Please refer to ISD for clarification on the timescale.</p>	
	<p><u>Director ARM</u></p> <p>Overall we believe there is definitely potential for making Health Online a success. We do get enquiries for CPD (which we push to the Workforce Hub currently). Also we believe it could be a model for other online courses, which we feel could be an important income stream for UEA such as elements of the Business School portfolio and postgraduate courses.</p> <p>Any online study package has to be delivered into market with a seamless user experience – the user must be able to move from their initial search/response to marketing, through registration, study, feedback and ultimately graduation in a consistent and well thought-out way. The expectation of users is to engage, purchase and complete in an “Amazon” style – fewest clicks and minimal disruption - any system has to be created with this in mind.</p> <p>Online delivery is less reliant on the physical student experience – it is therefore harder to ensure users remain engaged and satisfied with their interaction – the experience becomes much more transactional.</p> <p>The cost of entering the market should not be underestimated – the pricing model needs to include the need for up front aggressive marketing. This is likely to include the need to secure search advertising within google for search terms related to particular subject areas and professions. Budget will also be required for advertising/sponsorship within particular sector channels such as publications, websites, physical locations and sector groups with in linked in – as outlined below. Digital marketing campaigns need constant monitoring and management if they are to remain effective – budget is therefore required to outsource to specialist agencies or to allocate resource within the team.</p> <table border="1" data-bbox="239 1601 1061 1825"> <tr> <td> <p>Competitors</p> <p>At the very low end of the market, both pulse learning and BMJ offer an online module membership for £80 per year. At the higher end of the market, competitors will also be universities that offer full online Masters degrees.</p> <p>Taking this into consideration we aren't really competing with the very cheap 'click,click,click' end of the CPD market directly. The competition are courses like the following:</p> </td> </tr> </table>	<p>Competitors</p> <p>At the very low end of the market, both pulse learning and BMJ offer an online module membership for £80 per year. At the higher end of the market, competitors will also be universities that offer full online Masters degrees.</p> <p>Taking this into consideration we aren't really competing with the very cheap 'click,click,click' end of the CPD market directly. The competition are courses like the following:</p>
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- <http://qualifications.bmj.com/diabetes/postgraduate-diploma>
- http://www.ed.ac.uk/studying/postgraduate/degrees?id=702&cw_xml=details.php
- <http://www.sheffield.ac.uk/postgraduate/taught/courses/sscience/is/health-informatics-msc-distance-learning>
- <http://www.coventry.ac.uk/course-structure/2013/faculty-of-health-and-life-sciences/cpd/clinical-leadership-and-entrepreneurship-online-315cpd/>

By entering a market above low cost, but below masters level may necessitate educating audiences as to why this type of course is suitable for them.

Channels: Suggested or proposed channels

We have identified the following channels which may be suitable for marketing Health Online courses.

Paid for channels

LinkedIn: Display advertising filtered by job title, job function, industry, geography, age, gender, company name, company size, or LinkedIn Group.

Google AdWords: Set up ad groups based on selected keywords, including Google's search network partners and the Google Display Network.

Google Remarketing: Additional advertising to reinforce AdWords marketing by following up on people who have already visited our site.

The Guardian Healthcare Professionals Network: Promote via their website and communications sent out to their members, networking groups and related events.

Partner Relationships

NHS Trusts: Submit articles for inclusion in newsletters and professional network updates as well as message boards and digital screens on site.

In-house marketing and Direct Audience engagement

Customers Relationship Marketing: Develop a bespoke series of communications to deliver conversion messages to enquirers and applicants.

Health Online Blog/Newsletter: Develop a forum to position Health Online as a thought leader, giving UEA the opportunity to post new and curated content as well as course material. This would be promoted via various social media channels and other relevant blogs.

Twitter: Create a Twitter profile for Health Online and build an audience using promoted Tweets which will enable us to target potential students based on their interests, geography, gender, or users similar to existing followers. In addition, we could maximize the relevancy of our message by targeting keywords in people's Tweets.

Internal marketing and networking: posters/leaflets produced and these can be distributed around UEA and NHS trusts and at networking events (this can be done in house)

Other channels to consider

- Various blogs on relevant websites
- Facebook
- <http://www.pulsetoday.co.uk/>

	<ul style="list-style-type: none"> • http://www.doctors.net.uk/ • British Medical Journal • International marketing: this needs to be considered • BBCeduate possible channel for international market?
	<p>In terms of Admissions, the current pilot is built in to the Workforce hub admissions process and resourced from there. Other than some minimal support from the Operations team in ARM there is no additional impact on admissions predicted at this stage. However, if there were to be a wider rollout of online education across UEA it would make sense for an integrated online application form and payment gateway to be developed, which would incur additional cost. The future impact on admissions staff largely depends on what admissions processes will be followed – is it just a registration process with minimal personal details or a full blown qualification check and selection process requiring more information and admissions/academic time?</p> <p>While we agree that there is a much wider institution question about online learning that needs to be worked through we are happy for this pilot to run noting our caveat on proper resources and budget for marketing.</p>

BC8	ADDITIONAL COMMENTS
	COMPLETION OF THIS SECTION TO BE COORDINATED BY LEARNING AND TEACHING SERVICE (LTS) COORDINATOR
	Please circulate Parts 1 & 2 to the following for their comments (if any). Comments to be returned within 10 working days.
<i>note BC8</i>	Is there anything further to add to the proposal from the perspective of your service and expertise?
	Date of circulation:
BC8.1	Market Research Manager (on Section BC2)
	See above
BC8.2	Careers Manager (on Section BC3)
	See above
BC8.3	Equality & Diversity Manager (on Section BC5.1)
	I fully support this series of exciting developments. The business case is one of the best I've seen put forward since viewing these Course Proposal documents and by the very nature of on line learning the School will access markets currently excluded by full time, on site study. I note the School's attention to the kinds of adaptations available to those needing to have some technical flexibility in the presentation of the module (aspects which often get overlooked) and look forward to seeing how the initiative develops.
BC8.4	Director of Planning Office (PLN) (on full Business Case)

	See comments above
BC8.5	Faculty Finance Manager (on full Business Case)
<i>note BC8.5</i>	All budgets have been built into faculty plans as per the presented business case.

BC9	PROPOSER'S RESPONSE TO COMMENTS IN BC7 & BC8 ABOVE
<i>note BC9</i>	<p>7.4 – Academic leads for the modules that have not sufficiently outlined their indicative reading list have been asked to provide this list to their faculty librarian by 21st January at the latest, for confirmation of costs.</p> <p>Academics have been made aware of the potential difficulty in securing online versions of requested reading material and to discuss this further with faculty library to resource alternatives.</p> <p>The school remains committed to financially supporting reading material and unforeseen requirements following the 28th January from the Health Online budget.</p> <p>Comments from Rosie Doy:</p> <ul style="list-style-type: none"> • All Directors are thanked for their detailed responses especially in considering the impact for UEA beyond the Phase 1 Health Online offer being used as a market test. • To note that Veena Rodrigues has developed a MOOC to advertise the Developing the Clinical Supervisor module and has already got 1000+ enrolled. This is a 'taster' for the full module commencing in May.

UEA LEARNING & TEACHING SERVICE

FULL COURSE PROPOSAL

Part 3 ACADEMIC CASE (including Programme Specification)

AC1	COURSE MANAGEMENT INFORMATION				
AC1.1	REGULATORY FRAMEWORK (please tick all that apply)				
	Undergraduate Regulations (including Integrated Masters)				
	Postgraduate Taught Regulations				
	Graduate Diplomas				
	PGCE				
AC1.2a	Is the course as a whole assessed on a pass/fail basis?	YES		NO	x
AC1.2b	Are any modules assessed on a pass/fail basis?	YES	x	NO	
AC1.2c	<p>If so, how many modules and what is the credit volume for each module?</p> <p>Health Online is completing the programme specification document as a route to ensure that the project fully engages with all central services and allows critical review of the project.</p> <p>However, it is important to reiterate here that the modules being delivered in Phase I are stand alone CPD or short course modules that do not make up an award.</p> <p>Also that the key objectives for the project are testing institutional online readiness and gathering data for market viability by delivering a suite of CPD modules with differing markets.</p> <p>One module – Developing the Clinical Supervisor, is credit bearing, equivalent to 20 credits. Follow on modules that would make up a PG certificate have been outlined and will be considered for design and delivery as part of the process of feedback and further market interest analysis at the end of Phase 1 of the project.</p>				

AC3	BOARD OF EXAMINERS				
AC3.1	Is there an existing Board of Examiners?	YES	x	NO	
AC3.2a	If YES, which existing board will be responsible for the course?	FMH Shared Progs			
AC3.2b	If NO, please enter details for new board of examiners				
	Are any new external examiner(s) required?	YES		NO	x
AC3.3b	If yes, how many?				

PS

PROGRAMME
SPECIFICATION

Please see 6 Appendices for individual faculty short course forms.

These have received critical peer review and feedback through the school learning and teach directors with Rosie Doy's support. Each module will be presented to Faculty LTQC on 21 January 2015.

Please note, telephone triage and Injection therapy are still working through the school LT process, and will have responded to critical review for the LTQC.

Each module is being developed following internal QA as outlined below and using the Blackboard exemplary course guidelines, also below.

Health Online – Module Development Quality Assurance

UEA Health Online subscribes to the following online module design standard of excellence. This rubric has been developed by BlackBoard - an industry leader in developing online teaching modules.

These guidelines will inform the following:

- All academics contributing to module content
- UEA Learning Technologists supporting module development
- BlackBoard consultants completing a module content review prior to launch

This document covers the following areas of module development

- Course design
- Interaction and collaboration
- Assessment
- Learner support

Please find below these guidelines for reference whilst in module development phase.

Please also find a list of critical appraisal processes to put your module design through.

Course Design	Best Practice	Course Design	Best Practice
Goals & Objectives	<ul style="list-style-type: none"> Goals and objectives are easily located within the course Goals and objectives are clearly written at the appropriate level and reflect desired outcomes Goals and objectives are written in measurable outcomes (students know what they are expected to be able to do) Goals and objectives are made available in a variety of areas in the course (within the syllabus and each individual learning unit) 	Learner Engagement	<ul style="list-style-type: none"> It is clear how the instructional strategies will enable students to reach course goals and objectives Course design includes guidance for learners to work with content in meaningful ways Higher order thinking (e.g., analysis, problem solving, or critical reflection) is expected of learners and explained with examples or models Individualized instruction, remedial activities, or resources for advanced learning activities, such as integrated publisher resources, are provided
Content Presentation	<ul style="list-style-type: none"> Content is made available or "chunked" in manageable segments (i.e., presented in distinct learning units or modules) Navigation is intuitive Content flows in a logical progression Content is presented using a variety of appropriate mechanisms (content modules, single pages, links to external resources,) Content is enhanced with visual and auditory elements; supplementary resources are made available and are well-integrated with other course materials (integrated publisher resources, e-textbooks, course manuals, etc.) 	Technology Use	<ul style="list-style-type: none"> Tools available within the LMS are used to facilitate learning by engaging students with course content LMS tools are used to reduce the labor-intensity of learning (e.g., providing links to needed resources where they will be used in the course, integrating publisher resources that are tailored to the course materials, and providing streamlined access to supplementary materials) Technologies are used creatively in ways that transcend traditional, teacher-centered instruction A wide variety of delivery media are incorporated into the course An effort has been made to use low-cost or no-cost materials when available

<p>Interaction & collaboration</p>	<p>Best Practice</p>	<p>Assessment</p>	<p>Best Practice</p>
<p>Communication Strategies</p>	<ul style="list-style-type: none"> • There are plentiful opportunities for synchronous and/or asynchronous interaction, as appropriate • Asynchronous communication strategies promote critical reflection or other higher order thinking aligned with learning objectives • Synchronous communication activities benefit from real-time interactions and facilitate "rapid response" communication (i.e., students gain practice discussing course content extemporaneously without looking up basic, declarative information) 	<p>Expectations</p>	<ul style="list-style-type: none"> • Assessments match the goals & objectives • Learners are directed to the appropriate objective(s) for each assessment • Rubrics or descriptive criteria for desired outcomes are provided (models of "good work" may be shown, for example) • Instructions are written clearly and with sufficient detail to ensure understanding

<p>Development of Learning Community</p>	<ul style="list-style-type: none"> • Communication activities are designed to help build a sense of community among learners • Student-to-student interactions are required as part of the course. Students are encouraged to initiate communication with the instructor • Collaboration activities (if included) reinforce course content and learning outcomes, while building workplace-useful skills such as teamwork, cooperation, negotiation, and consensus-building 	<p>Assessment Design</p>	<ul style="list-style-type: none"> • Assessments appear to measure the performance they claim to measure (e.g., activities are explained using appropriate reading level and vocabulary) • Higher order thinking is required (e.g., analysis, problem-solving, etc.) • Assessments are designed to mimic authentic environments to facilitate transfer • Assessment activities occur frequently throughout the duration of the course • Multiple types of assessments are used (research project, objective test, discussions, etc.)
<p>Interaction Logistics</p>	<ul style="list-style-type: none"> • Guidelines explaining required levels of participation (i.e., quantity of interactions) are provided • Expectations regarding the quality of communications (e.g., what constitutes a "good" answer) are clearly defined • A rubric or equivalent grading document is included to explain how participation will be evaluated • The instructor actively participates in communication activities, including providing feedback to students • The instructor uses communication tools to provide course updates, reminders, special announcements, etc. 	<p>Self-assessment</p>	<ul style="list-style-type: none"> • Many opportunities for self-assessment are provided; • Self-assessments provide constructive, meaningful feedback

<p>Learner Support</p>	<p>Best Practice</p>	<p>Learner Support</p>	<p>Best Practice</p>
<p>Orientation to Course and LMS</p>	<ul style="list-style-type: none"> • Clearly labeled tutorial materials that explain how to navigate the LMS and the specific course are included • Tutorials are found easily (few clicks) whether internal or external to the course, with easy return to other areas of the course • Tutorial materials support multiple learning modalities: audio, visual, and text based 	<p>Course/Institutional Policies & Support</p>	<ul style="list-style-type: none"> • Links to institutional policies, materials, and forms relevant for learner success (for example, plagiarism policies) are clearly labeled and easy to find • Links allow easy navigation from the course to the information and back; course/instructor policies regarding decorum, behavior, and netiquette are easy to file and written clearly to avoid confusion • Links to institutional services such as the library, or writing centre, are clearly labeled and easy to file

<p>Supportive Software (Plug-ins)</p>	<ul style="list-style-type: none"> • Clear explanations of optional and/or required software including any additional costs are provided within the course • Software required to use course materials is listed with links to where it can be captured and installed • Links are located within the course where learners will use the software (i.e., near the materials requiring its use) 	<p>Technical Accessibility Issues</p>	<ul style="list-style-type: none"> • Course materials use standard formats to ensure accessibility • If specific software is required to which some learners may not have access, alternative file types are provided • Large files are identified to help learners consider download times • Alternative (smaller) files are provided where appropriate • Videos are streamed whenever possible; graphics are optimized for web delivery and display without needing extensive scrolling
<p>Instructor Role and Information</p>	<ul style="list-style-type: none"> • Contact information for the instructor is easy to find and includes multiple forms of communication (for example, e-mail, phone, chat, etc.) • Expected response time for e-mail replies is included • The instructor's role within the course is explained (for example, whether he/ she will respond to "tech support" type questions) • The instructor's methods of collecting and returning work are clearly explained 	<p>Accommodations for Disabilities</p>	<ul style="list-style-type: none"> • Supportive mechanisms allow learners with disabilities to participate fully in the online community • The design and delivery of content integrate alternative resources (transcripts, for example) or enable assistive processes (voice recognition, for example) for those needing accommodation • Links to institutional policies, contacts, and procedures for supporting learners with disabilities are included and easy to find • Design factors such as color, text size manipulations, audio and video controls, and alt text • Accessibility considerations
<p>Feedback</p>	<ul style="list-style-type: none"> • Learners have the opportunity to give feedback to the instructor regarding course design and course content both during course delivery and after course completion • Feedback mechanisms allow students to participate anonymously in course evaluation 		

**Best Practice guidelines for UHO module development, to ensure quality teaching delivery
and student learning experience**

Best Practice module development process for module academic leads

Action	Comments	Date Completed
Complete the Academic case form		
Read and follow the Exemplary Course Design guidelines as set out in this document		
Present the academic case to at least two academic peers for critical review		
Present the academic case to at least two representatives from appropriate external bodies for critical review		
Present the academic case to School learning and teaching staff for critical review		
Attend a BlackBoard training or refresher training offered by the Learning Technology team		
Work with a learning technologist in ITCS so they can support you creating quality online content		
Engage in debate with peers on Online pedagogy		
Contact Viv Rolfe from Changing the Learning Landscapes to discuss module development		
On final draft of the online module request review by Blackboard consultant		

AC4	MODULE OUTLINES FOR EXISTING COMPULSORY MODULES			
<i>note</i> AC4	Number of existing COMPULSORY modules			
	Module outlines attached? (as Appendix 1 to this form)	YES	NO	

AC5	MINOR CHANGES TO EXISTING MODULES	
<i>note</i> AC5	Please list all existing modules, compulsory and optional, to which you are proposing minor changes	
Module Code	Module Title	Minor changes proposed

AC6	NEW MODULES	
<i>note</i> AC6	How many new modules are being proposed?	
Please complete a table AC6.x for each proposed new module		

AC6.1	NEW MODULE			
Module Title				
Level				
Credit Value				
Teaching period, eg Semester 1, Year-long				
Likely Module Organiser				
Module Type (eg EX/CW/WW/PR etc)				
Does the Module include an Exam? Yes/No		How long will the exam be? (ie 1, 2 3 hours)		
Module Marking Scheme (Please tick as appropriate)	Pass/Fail?		Percentage marking?	
Proposed Module Code				

Module Delivery (eg distance-learning campus based, work placement)	
Brief Description	
Aims / learning outcomes	
Key Reading (2-5 key texts or resources for targeted Library expenditure/purchase)	

****Please copy and paste the above table for additional new modules****

AC 7 <i>note</i> AC7	DEFINED CHOICE
How do you envisage 'Defined Choice' working for the course in question? Please specify, for each year of the course, defined choice within the 3 categories of:	
<ul style="list-style-type: none"> • Programme-specific choice • Enrichment and Employment modules (EEC) • Language choice 	

AC8 <i>note</i> AC8	JOINT COURSES		
	Is the proposed course is a joint course?	YES	
		NO	
	If YES, how will the student experience be managed?		

AC9	COMMENTS/FEEDBACK FROM EXTERNAL PROFESSIONALS/ BODIES
<i>note</i> AC9	Please provide a summary of external professional feedback received. Append full reports as Appendix 2
<i>note</i> AC9	Please provide a summary of Professional, Statutory or Regulatory Body (PSRB) approval, if appropriate. Append any relevant documents as Appendix 3

AC10	COMMENTS ON ACADEMIC CASE AND PROGRAMME SPECIFICATION
COMPLETION OF THIS SECTION TO BE COORDINATED BY LEARNING AND TEACHING SERVICE (LTS) COORDINATOR	
<i>note</i> AC10	Please circulate Parts 1, 3 & 4 to the following for their additional comments (if any). Comments to be returned to proposer within 10 working days. NB these comments should focus on the <i>ACADEMIC CONTENT</i> of the proposal
Date of circulation:	
AC10.1	Careers Manager (CCEN)
See BC 7.5	
AC10.2	Learning & Teaching Service (LTS) Manager (UG or PGT, as appropriate)
No comments. Becky Fitt and Jon Sharp were consulted at a lengthy meeting on Friday 5 th december.	
AC10.2	Equality & Diversity Manager (PPE)

See BC 8.3

AC11	PROPOSER'S RESPONSE TO COMMENTS IN AC9 & AC10 ABOVE
<i>note AC11</i>	

FULL COURSE PROPOSAL

Part 5 APPROVALS AND NOTIFICATION

APPROVALS

Note AP

THIS SECTION WILL BE COORDINATED BY THE SECRETARY TO YOUR FACULTY TEACHING AND LEARNING QUALITY COMMITTEE (FLTQC)				
AP1	APPROVAL OF THE BUSINESS CASE			
	APPROVAL/SIGNATURES	Name	Signature/ evidence of approval	Date
AP1.1	School Director of Learning, Teaching and Quality	Mary Jane Platt Zoe Butterfint		10/12/14
AP1.2	Head of School (on behalf of School Board)	To note the proposal wasn't considered at School Board but at each of the schools' Teaching committees. Rosie Doy.		
AP1.3	Dean of Faculty (on behalf of Faculty Executive)	Ian Harvey	By email	
AP1.4	LTC (if relevant)			
AP1.5	Council (if relevant)	N/A	N/A	N/A
AP1.6	Reasons for approval being withheld (and by whom)			

AP2 APPROVAL OF THE ACADEMIC CASE				
AP2.1	Head of School	Name	Signature	Date
	Approved:	Prof Ian Harvey (Dean)		18/12/14
	Approved with amendments:			
	Rejected:			
	Comments (if any):			
AP2.2	Faculty Associate Dean (for Faculty LTQC)	Name	Signature	Date
	Approved:	Rosie Doy Considered by FMH LTQC on 21/1/15	Rosie Doy	16/01/15
	Approved with amendments:			
	Rejected:			
	Comments (if any):			
AP2.3	PVC Academic (for LTC)	Name	Signature	Date
	Approved:			
	Approved with amendments:			
	Rejected:			
	Comments (if any):			
Where applicable:				
AP2.4	Secretary to Council	Name	Signature	Date

Approved:	N/A	N/A	N/A
Approved with amendments:			
Rejected:			
Comments (if any):			

FULL COURSE PROPOSAL

<i>Note</i> <i>N1</i>				NOTIFICATION OF APPROVAL	
This section should be completed by Faculty FLTQC Secretary once a course proposal has been approved. Its purpose is to ensure that relevant Offices are informed of the approval of course proposals (new courses and course amendments), in accordance with the procedures for course approval.					
FACULTY				SCHOOL	
NEW COURSE?		Y	N	If NO, please enter existing course code	
DEGREE AWARD (e.g. BSc/MA)					
TITLE OF PROGRAMME					
START DATE				LENGTH OF COURSE	
Course Approved by:		Name of Committee Chair		Date of approval	
Faculty Learning and Teaching Quality Committee (FLTQC)					
Learning and Teaching Committee (LTC)					
RELEVANT OFFICE INFORMED? *insert date					
Planning Office	Admissions and Marketing		Learning and Teaching Service		Union of UEA Students
*	*		*		*
sis.records@uea.ac.uk	arm.operations@uea.ac.uk		Email the LTS coordinator responsible for the course		union.academic@uea.ac.uk

<i>Note</i> <i>N1</i>		IMPLEMENTATION ACTIONS	
COURSE NAME		NEW ROUTE CODE	
ACTION		DATE	
COURSE INFORMATION LIVE IN ADMISSIONS			
PROGRAMME SPECIFICATION UPLOADED ONTO WEBSITE			
COURSE PROFILE UPLOADED ONTO SITS			

FORM_LTQ_006

COURSE CLOSURES COMMENCED (where appropriate)	
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UNIVERSITY OF EAST ANGLIA

LEARNING, TEACHING AND QUALITY COMMITTEE

HEALTH ONLINE

MODULE PROFORMA

(1) Module Details:				
Module Title: Injection Therapy		Module Code:		
Module Leader: Kath Mares		Start Date:		
Credit rating:	Level:	Assessment Mode: CW (delete as necessary)		
Pathway:		Slot Type:		
Weekly Hours:				
Contact:	Directed :	Self-directed	Clinical:	No. of Weeks:

(2) Rationale: (Reasons for developing the module including appropriate evidence from policy and research etc)
<p>The scope of practice for allied health professions has increased to include extended scope activities which include injection therapy. There is currently limited access to high quality training courses for practitioners to obtain the required qualification in both musculoskeletal injection therapy and botulinum toxin injections primarily for the treatment of central nervous system induced spasticity.</p> <p>http://www.csp.org.uk/professional-union/practice/medicines-use-prescribing/injection-therapy</p> <p>http://www.csp.org.uk/publications/use-of-medicines-injection-therapy</p> <p>UEA currently runs an MSc in Advanced Musculoskeletal Research and Practice which would benefit from the addition of this module.</p>

(3) Module Description: *(note that this will appear in the course catalogue) (Brief summary of theoretical and practical content. List of major themes/topics to be covered with reasons. Does the module contain any overlap with existing modules? If yes, provide details.)*

This stand alone injection therapy module offers advanced allied health professionals the opportunity to qualify as being competent to deliver either extra/intra articular injections relevant for musculoskeletal practitioners or botulinum toxin injections for the treatment of neurologically derived spasticity. Practitioners undertaking the musculoskeletal route can undertake this as part of the MSc in Advanced Musculoskeletal Research and Practice. This module will be delivered via a blended learning route.

Theoretical content for both strands includes:

Clinical knowledge – Relevant anatomy and pathophysiology

Clinical decision making and diagnosis

Pharmacology

Performance of Injection therapy and aspiration where appropriate

Patient information and informed consent

Communication and documentation

Legal aspects of practice

(4) Access and prerequisites:

Students who wish to be admitted to the course must have the following requirements:

At least 2 years clinical experience in a relevant speciality.

Evidence of current HCPC registration

Evidence of current indemnity insurance

Currently practising in a country where injection therapy is recognised as being within the scope of physiotherapy practice.

Be working within the relevant specialist area (musculoskeletal or neurological practice).

Formal identification of a mentor who has agreed to supervise the learning-in-practice.

Have access to a medically qualified prescriber or be able to independently prescribe the relevant medicines.

Hold a valid CPR/Life support certification

Hold a valid anaphylaxis management training

Evidence of appropriate Hepatitis B immunisation

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(5) Learning Outcomes for the Module:

(This will cover the knowledge, skills and attitudes that students will be expected to achieve on completion of the module.)

On completion of this module students will be able to:

- Justify and articulate the clinical reasoning used to inform the decisions leading to the use of injection therapy for relevant musculoskeletal or neurological impairments.
- Critically evaluate the underpinning research literature for their relevant pathway (musculoskeletal or neurological).
- Be aware of and practice within the constraints imposed by the relevant professional bodies.
- Understand the importance of communication and informed consent specific to injection therapy.
- Demonstrate understanding of the relevant pharmacology
- Safely and effectively administer injection therapy in either musculoskeletal or neurological conditions, including post injection after care and rehabilitation.
- Understand the potential for adverse drug reaction and be able to administer appropriate emergency action.

(6) The Learning Process:

(How the students will learn ie the teaching and learning strategies.)

Students will engage in a blended learning approach using both online learning, face to face and supervised assessments in practice.

(7) Content:

(Brief summary of indicative content.)

Relevant anatomy and pathophysiology (relevant to either musculoskeletal practice or neurological practice).
Pharmacology relevant to route
Legal and ethical implications
Communication and consent

Clinical reasoning supporting the indications/contraindications for injection therapy
Technique for injection therapy relevant to route
The role of injection therapy within the wider context of rehabilitation for either musculoskeletal injections or spasticity management.

(8) *Assessment:*

(Details of assessment(s), marking criteria and weighting.)

Assessment of technique, anatomy and clinical reasoning will be carried out via an OSCE exam before the students will be able to engage in any practice based learning. Pass mark will be 50%. Weighting 20% but this component must be passed before students are able to engage in practice based learning.

Musculoskeletal injections will be assessed in practice by a designated mentor. Ten injections will be assessed 5 of those intra articular, and 5 extra articular, the mentor will be required to sign a record assessing the student was safe, accurate and used injection therapy appropriately.
Neurological injections will be assessed in practice by a designated mentor. Ten injections will be assessed, the mentor will be required to sign a record assessing the student was safe, accurate and used injection therapy appropriately. 25%

A 4000 word essay describing one case study will be required. Students will be expected to:

Briefly describe the case study

Critically discuss the clinical reasoning used to underpin the decision to perform injection therapy, this discussion should include relevant pathophysiology and evidence based literature.

Critically reflect on the outcomes from the injection therapy.

Weighting 50%

(9) **Transferable Skills:**

(Core skills eg. IT, cognitive abilities etc. developed during this module which will be appropriate in other settings.)

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IT – through use of the online learning material
Clinical reasoning
Interpretation of evidence base

(10) *Indicative Reading:*

Core

Supplementary

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LEARNING, TEACHING AND QUALITY COMMITTEE

HEALTH ONLINE

MODULE PROFORMA

(1) Module Details: This module is a non-credit bearing course which provides generalist practitioners in clinical psychology with fundamental knowledge needed to gain confidence in applying cognitive behavioural therapy (CBT) with older people.				
Module Title: Fundamentals of CBT with Older People		Module Code:		
Module Leader: Kenneth Laidlaw Naoko Kishita		Start Date: May 2015		
Credit rating: NA	Level: NA	Assessment Mode: NA		
Pathway:		Slot Type:		
Weekly Hours:				
Contact:	Directed :	Self-directed	Clinical:	No. of Weeks:
2		2		6

(2) Rationale: (Reasons for developing the module including appropriate evidence from policy and research etc)
<p>The world is experiencing a profound and irreversible demographic shift that will impact on the structure of societies (United Nations Department of Economic and Social Affairs, Population Division, 2007). As a consequence of demographic change, many more psychotherapists are going to come into contact with older people seeking help (Karel et al., 2012; Laidlaw & Pachana, 2011).</p> <p>In the UK, 17 percent of the population was aged 65 years and older in 2010, but by 2035, it is expected that this figure will increase to 23 per cent (the Office for National Statistics, 2012). However, currently, just over five per cent of the Clinical Psychology workforce specialises in work with older adults (the Department of Health and the British Psychological Society National Workforce Survey, 2003). One of the major barriers is that generically trained psychotherapists lack their competencies in geropsychology practice</p>

(www.iapt.nhs.uk/equalities/older-people).

Considering the demographic shift in societies, it is clear that there is an urgent need for clinical psychologists to be equipped with fundamental knowledge about this population as well as the clinical skills to address their needs. This online module outlines specific skills and competences that therapists may wish to consider when working with older people.

- (3) Module Description: *(note that this will appear in the course catalogue) (Brief summary of theoretical and practical content. List of major themes/topics to be covered with reasons. Does the module contain any overlap with existing modules? If yes, provide details.)*

This course provides generalist practitioners in clinical psychology with fundamental knowledge needed to gain confidence in applying cognitive behavioural therapy (CBT) with older people.

This course provides therapists with a clear rationale for treatment interventions, not just the 'what to' and 'how to do' but the 'why' of interventions, so that anyone with the most basic understanding of CBT will be able to use the information to tailor effective therapy for older people.

The module is divided into six topics. The first part of the module (Topic 1, 2, 3 and 4) is designed to establish a deep theoretical knowledge. The second part (Topic 5 and 6) focuses on the practical application of theories.

Topic 1 outlines the basic background information on growing older and demographic projections. In Topic 2, a model of CBT is described with its essential efficacy evidence. Topic 3 provides the basic information that therapists would need to work effectively with older people. Following Topic 3, we will focus on how CBT is different with older people in Topic 4.

Finally, Topic 5 and 6 describe CBT for late-life depression and anxiety including basic information on planning treatment and the use of cognitive and behavioural techniques with older people.

- (4) Access and prerequisites:

This course is designed to help generalist practitioners in clinical psychology to gain confidence in applying cognitive behavioural therapy (CBT) with older people. Therapists with the basic understanding of CBT are most likely to benefit from this course. However, we will briefly cover a model of CBT and provide basic background information of this therapy in module 2. Therefore, students will have the opportunity to relearn the basic theory, skills and applications of CBT.

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This module is open to:

- *Individuals who have a pre-existing interest in CBT,*
- *Individuals having a qualification in CBT,*
- *Individuals with some clinical experiences of applying CBT, OR*
- *Individuals who are working clinically with older people.*

(5) Learning Outcomes for the Module:

(This will cover the knowledge, skills and attitudes that students will be expected to achieve on completion of the module.)

By the end of this course students will be:

- Able to describe what demographic change is and explain the implications for therapists working with older people
- Able to describe how working with older people may have unique features and unique challenges
- Able to explain the need for an age-appropriate case conceptualisation of cognitive behavioural therapy (CBT) with older people and compare the differences between the standard CBT model and age augmented model.
- Able to discuss what information therapists need to gather in order to develop a successful case conceptualisation
- Able to effectively intervene to improve the lives of older people using psychological understanding and techniques based on CBT

(6) The Learning Process:

(How the students will learn ie the teaching and learning strategies.)

This interactive online 'course' affords clinical psychologists the opportunity to gain fundamental knowledge about older people as well as the clinical skills to address their needs. This course is flexible in that it can be accessed at any time to support individual circumstances.

Each topic will start with an introduction and learning objectives followed by multiple choice questions which help students to assess their knowledge before taking part. Each theme in the topic will be consisted of a) interactive teaching materials, b) key facts, c) clinical toolkits (e.g., assessment tools), and d) the list of additional readings. The multiple choice questions will be re-presented at the end of the topic to help students to reflect and review on what they have gained from the course. Moderated online discussion forum will be made available throughout the module. Students will be given the opportunity to ask questions and more deeply explore the fundamental aspects of the subject through the forum.

(7) *Content:*
(Brief summary of indicative content.)

The content of the course will comprise of the following elements:

Topic 1. Introduction to ageing

- 1) Demographic change and the new cohort of older people
- 2) Global and UK life expectancy and longevity
- 3) Challenging stereotypes
- 4) Psychological and physical health in late life

Topic 2. Brief Introduction to CBT

- 1) Beck model of CBT
- 2) Essential efficacy evidences for CBT

Topic 3. Working with older people

- 1) Establishing a therapeutic relationship
- 2) Cohort Factors
- 3) Attitudes to ageing

Topic 4. How is CBT different with older people?

- 1) Age appropriate conceptualise
- 2) Age appropriate assesment tools
- 3) Age appropriate focus (physical health, dementia, and chronicity of problems)

Topic 5. CBT for late-life depression

- 1) Practical examples and tips

Topic 6. CBT for late-life anxiety

- 1) Practical examples and tips

(8) *Assessment:*
(Details of assessment(s), marking criteria and weighting.)

This course will be a non-credit bearing course. Therefore, assessments such as research papers or objective tests will not be used. However, multiple choice questions will be provided at the beginning and end of every module for the purpose of self-assessment. We will provide automated feedback for each question to help students to reflect and review on what they have gained from each module.

(9) **Transferable Skills:**

(Core skills eg. IT, cognitive abilities etc. developed during this module which will be appropriate in other settings.)

The course helps students to develop reflective independent learning skills, awareness of thier own individual qualities and strength, and the self-confidence in practice and beyond.

It also offers the unique opportunity to build a network with students who specialises in the area of clinical psychology.

(10) *Indicative Reading:*

Core

Laidlaw, K. (2015). CBT for Older People. London: SAGE.

Supplementary

The list of additional readings will be provided in each module.

Some examples of supplementary reading materials:

UNFPA, United Nations Population Fund and HelpAge International (2012).

Ageing in the twenty-first century: a celebration and a challenge. New York: UNFPA.

Westbrook, D., Kennerley, H., & Kirk, J. (2011). *An introduction to cognitive behaviour therapy: skills and application (2nd ed.)*. London: SAGE.

Gallagher-Thompson, D., Steffen, A., & Thompson, L. W. (Eds.) (2007).

Handbook of behavioral and cognitive therapies with older adults. New York: John Wiley & Sons.

Cuijpers, P., van Straten, A., Smit, F., & Andersson, G. (2009). Is psychotherapy for depression equally effective in younger and in older adults? A meta-regression analysis. *International Psychogeriatrics*, 21, 16–24.

Bryant, C., Jackson, H., & Ames, D. (2008). The prevalence of anxiety in older adults: methodological issues and a review of the literature. *Journal of Affective Disorders*, 109, 233–250.

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LEARNING, TEACHING AND QUALITY COMMITTEE

HEALTH ONLINE

MODULE PROFORMA

(1) Module Details:				
Module Title: Antibiotic Resistance		Module Code: UHO-AR_2015		
Module Leader: Dr Laura Bowater		Start Date: May 2015		
Credit rating:	Level:	Assessment Mode: CW (delete as necessary)		
Pathway:		Slot Type:		
Weekly Hours:				
Contact:	Directed :	Self-directed	Clinical:	No. of Weeks:
		0.5	0.5	4

(2) Rationale: (Reasons for developing the module including appropriate evidence from policy and research etc)
<p>The UK Five Year Antimicrobial Resistance Strategy 2013 to 2018 <i>'There are few public health issues of greater importance than antimicrobial resistance (AMR) in terms of impact on society. This problem is not restricted to the UK. It concerns the entire world and requires action at local, national and global level. AMR cannot be eradicated but a multi-disciplinary approach involving a wide range of partners will limit the risk of AMR and minimise its impact for health, now and in the future.'</i></p> <p>DoH/DEFRA</p> <p>UK Five Year Antimicrobial Resistance Strategy 2013 to 2018 is the latest report that draws attention to the life-threatening situation of increasing levels of antibiotic resistance. Antimicrobial resistance is a serious concern, infections are increasingly developing that cannot be treated because we have increasing numbers of multi-drug resistant (MDR) bacteria. An outcome of this is we are approaching a position where the odds of primary empirical treatment failing is raised and in severe infection this is associated with increased mortality. Many existing antimicrobials are becoming less effective. Bacteria, fungi (and perhaps viruses) are adapting naturally and becoming increasingly resistant to medicines used to treat the infections they cause. Inappropriate use of these valuable medicines has added to the problem and this module addresses this concern.</p> <p>As the development pipeline for new antibiotics is at an all-time low it is essential that we conserve the antibiotics we have left by using them in an optimal informed way. The WHO/ Europe also points to the need for free, high-quality educational resources on antimicrobial issues and antimicrobial stewardship. This module is designed as an action that can be taken</p>

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to address this need. It will provide an inexpensive, readily-accessible Continuing Professional Development module focused on the delivery of safe, up to date, considered, appropriate clinical use and prescription of antibiotics in healthcare.

(3) Module Description: *(note that this will appear in the course catalogue)*
(Brief summary of theoretical and practical content. List of major themes/topics to be covered with reasons. Does the module contain any overlap with existing modules? If yes, provide details.)

There are few public health issues of greater importance than antimicrobial resistance (AMR) in terms of impact on society.'

This module is designed to provide healthcare practitioners, working as part of a multidisciplinary team, with the insight and knowledge they need to limit the risk of AMR and minimise its impact on health, now and in the future. Using case studies, open discussion forms and self-directed learning healthcare practitioners will

- *assess the current levels of antimicrobial resistance,*
- *discuss the current national and international policies designed to combat AMR,*
- *feel empowered to actively examine and challenge their own practice.*

(4) Access and prerequisites:

Open to any health care practitioner with an interest in antimicrobial stewardship including practitioners with prescribing duties, epidemiologists, public health officials.

(5) *Learning Outcomes for the Module:*

(This will cover the knowledge, skills and attitudes that students will be expected to achieve on completion of the module.)

Over all Aim

To achieve sufficient understanding of microbiology, virology and resistance epidemiology to enable appropriate requesting and interpretation of laboratory investigations, and to understand their implications on treatment of infection and infection prevention and control.

Learning Objective

1. Outline the principles of epidemiology, presentation, diagnosis and management of clinical syndromes including infections in the immunocompromised, deep infections, common nosocomial infections, infections in travellers, community-acquired infections.
2. Describe routes of transmission and methods of preventing nosocomial spread of common and important pathogens, particularly those where resistance is presents major problems.
3. Understand and describe sample processing for simple microbiology and virology specimens, including the potential for rapid molecular techniques
4. Explain the methods used in the identification of common viral and microbial pathogens and distinguish between clinically significant and non-significant pathogens.
5. Use of biomarkers to detect infection and to distinguish bacterial and viral infections
6. Explain the range of tests available and the circumstances in which they are used.
7. Explain antimicrobial and antiviral susceptibility testing and its interpretation
8. Explain the basic principles behind antimicrobial drug monitoring and its uses
9. Explain the classification of antimicrobial agents
10. Explain the mechanism of action of antibiotic agents and mechanisms whereby resistance develops to these agents.
11. Explain the basic principles of action and resistance for other antimicrobial agents, including antiviral agents, their uses and limitations
12. Explain the roles of outbreak strains and epidemic plasmids in the expansion of resistance
13. Explain the basic principles of prophylaxis with antimicrobials
14. Discuss the current level of antimicrobial resistance and the potential impacts on society.
15. Discuss the potential for the development of new antibiotics
16. Discuss the development of new methods to detect resistance swiftly, thereby adapting therapy
17. Discuss how clinical guidelines can be developed to manage antibiotic use
18. Discuss principles of antibiotic stewardship, guidelines to aid selection of appropriate therapy, audit and feedback to clinical teams.
19. Understand public health measures – sanitation, vaccination, hospital infection control etc for the control of resistance

(6) *The Learning Process:*

(How the students will learn ie the teaching and learning strategies.)

The module will use different approaches to facilitate participant learning. The module will use a constructivist and an adult learner approach to learning.

Activation of prior knowledge.

Participants will be asked to think about their own areas of practice and to consider and share with coparticipants how they relate to the scenarios and concerns associated with a growing problem of antimicrobial resistance. Interactivity within this process will be provided by discussion boards.

Elaboration of knowledge

Participants will be provided with reading material , short videocasts and vignettes that allow the participant to gain additional 'real' experience using authentic scenarios that may occur in a health care setting, and peer teaching.

Learning in Context

Participants will be provided with vignettes that will be designed to highlight the relevance to problems they will encounter in their present and future practice. The intention is to enhance learning using this approach and to facilitate transfer of knowledge as participants will be encouraged to compare the material presented in vignettes with others in their experience.

(7) *Content:*

(Brief summary of indicative content.)

This module will address

- a brief overview of the mechanism of development and spread of antimicrobial resistance.
- the current levels of antimicrobial resistance at a local, national and international level.
- the previous and current local, national and international policy positions and decisions towards combating antimicrobial resistance.
- examination of current best practice towards prevention, treatment and diagnosis of antimicrobial resistance.

(8) *Assessment:*

(Details of assessment(s), marking criteria and weighting.)

Summative assessment opportunities will be embedded within the module at the end of each session. These opportunities will be a mixture of single best answer questions, ranking questions, and true false questions. It is expected that students will need to 'pass' at least 70% of the questions in each session before they move on to the next session or to complete the module. However students will be allowed to repeat each assessment in order to successfully meet the criteria.

(9) Transferable Skills:

(Core skills eg. IT, cognitive abilities etc. developed during this module which will be appropriate in other settings.)

1. Demonstrate awareness of patient safety in a practical situation.
2. Demonstrate a willingness to take responsibility for clinical governance. Demonstrates ability to undertake risk management and audit to improve the quality of a service.
3. Demonstrate a desire to strive for continuing improvement in delivering patient care services.
4. Demonstrates compliance with national guidelines that influence healthcare provision.
5. Demonstrates a broad range of scientific and policy publications relating to delivering healthcare services.
6. Demonstrates enthusiastic approach to learning and application of knowledge
7. Establishes an understanding of laboratory staff.
8. Demonstrates how to seek and obtain expert advice and support.

(10) Indicative Reading:

Core

European strategic action plan on antibiotic resistance (WHO 2011)

http://www.euro.who.int/data/assets/pdf_file/0008/147734/wd14E_AntibioticResistance_111380.pdf?ua=1

The UK Five Year Antimicrobial Resistance Strategy 2013 to 2018 (DoH, DEFRA)

<https://www.gov.uk/government/publications/uk-5-year-antimicrobial-resistance-strategy-2013-to-2018>

Prevalence of antimicrobial resistance in the WHO European Region

<http://www.euro.who.int/en/health-topics/disease-prevention/antimicrobial-resistance/data-and-statistics/prevalence-of-antimicrobial-resistance-in-the-who-european-region>

European Commission on antimicrobial resistance

http://ec.europa.eu/health/antimicrobial_resistance/policy/index_en.htm

Supplementary

The Journal of Antimicrobial Chemotherapy. (2011) 66 (9): reports on the *Working Party on the Urgent Need.*

WHO and antimicrobial resistance

<http://www.euro.who.int/en/health-topics/disease-prevention/antimicrobial-resistance/antibiotic-resistance>

Antimicrobial Stewardship: The President, PCAST and Beyond – (Eli Perencevich 2014)

<http://haiconroversies.blogspot.co.uk/2014/09/antimicrobial-stewardship-president.html#sthash.hX8Bfne4.dpuf>

Antimicrobial Chemotherapy, OUP Oxford David Green wood, Roger Finch, Peter Davey, Mark Wilcox, (2007)

ISBN-13: 978-0198570165

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LEARNING, TEACHING AND QUALITY COMMITTEE

HEALTH ONLINE

MODULE PROFORMA

(1) Module Details:				
Module Title: Developing the Clinical Supervisor			Module Code: TBC	
Module Leader: Veena Rodrigues			Start Date: TBC	
Credit rating: 20		Level: M	Assessment Mode: CW (delete as necessary)	
Pathway:			Slot Type:	
Weekly Hours:				
Contact:	Directed :	Self-directed	Clinical:	No. of Weeks:
3 (pro rata)	5	5	-	10 (+4 for assignment)

(2) Rationale: (Reasons for developing the module including appropriate evidence from policy and research etc)
<p>GMC guidance for medical schools (Tomorrow's Doctors 2009) requires that all medical schools must make sure that those involved in educating medical students have the necessary knowledge and skills for their role. Similarly, new GMC guidance requires all doctors in training to have a named clinical supervisor for each placement (hospital or community) who is appropriately trained and able to tailor the level of supervision to the competence, confidence and experience of their trainee. The Academy of Medical Educators have developed a framework of standards for medical educators which has been adopted by GMC and Health Education England as the benchmark for accreditation of clinical and educational supervisors.</p> <p>This module is being developed to map to this framework. Clinicians completing it will develop all the skills required to undertake the clinical supervisor role.</p> <p>At present, training for clinical supervisors is delivered via face to face training through several providers, often as a half-day workshop eg. NNUH, and in some Regions as two half-day workshops. There does not appear to be any e-learning module available for this nationally although various universities offer PG Cert</p>

courses in medical education which map broadly to the requirements for educational supervisor training. These courses do not have a sub-unit suitable specifically for clinical supervisor training hence the development of this module.

If the uptake of this module is good, it is anticipated that two further modules will be developed to cover additional learning/ skills required by educational supervisors with the total 60 credits eligible for an alternative route to a PG Cert in Clinical Education.

Additionally, I have been approached by various people to ask if this module could be generic enough to meet the needs of clinical supervisors in other settings so there is potential for several spin-off projects in future.

(3) Module Description: *(note that this will appear in the course catalogue)*
(Brief summary of theoretical and practical content. List of major themes/topics to be covered with reasons. Does the module contain any overlap with existing modules? If yes, provide details.)

Day to day supervision of trainees is a key role of the clinical supervisor - this could include teaching on-the-job with developmental conversations, carrying out workplace-based assessments and providing regular, timely feedback to trainees. The level of supervision provided should be tailored to the competence, confidence and experience of a trainee. Any concerns regarding trainee performance should be reported to the trainees' educational supervisor.

All clinical supervisors involved in recruitment processes would be expected to be trained in interview and/or selection skills. Clinical supervisors are expected to be selected, and re-selected at least every third year. In addition, they will be required to participate in annual professional appraisal & review and in GMC revalidation if they are medically qualified.

Some clinical supervisors might wish to advance their personal professional development by undergoing further training to become educational supervisors and beyond that, to mastery as an educator.

This online course will enable health professionals to complete an accredited (20 M level credits) Masters level course to develop and prepare professionals to provide clinical supervision to health professionals in training.

The learning outcomes for this module are based on the Standards for recognition of trainers included within General Medical Council guidance and are based on the framework produced by the Academy of Medical Educator's Framework.

(4) Access and prerequisites:

Suitable for doctors/ consultants (non-medical) who have, or are likely to have, supervisory responsibilities for junior doctors and/ or specialty registrars and/ or medical students on clinical/ public health placements.

(5) *Learning Outcomes for the Module:*

(This will cover the knowledge, skills and attitudes that students will be expected to achieve on completion of the module.)

By the end of this module, you will be able to:

1) Ensure safe and effective patient care through training

- a) Design induction programmes for new junior doctors and trainees that include mandatory organisational training.
- b) Explain to trainees the benefits of taking responsibility for their own training
- c) Discuss strategies to ensure a balance of service and educational priorities
- d) Use education to improve patient care, e.g. in handover and transitions, informed patient consent

2) Establish and maintain an educational environment

- a) Create and maintain an environment conducive to learning and protect trainee time for learning opportunities
- b) Identify and plan learning opportunities for trainees and exploit available opportunities to facilitate inter-professional teaching & learning.
- c) Evaluate learning and training through use of appropriately tailored methods
- d) Recognise the importance of equality and diversity training

3) Teach and facilitate learning

- a) Assess learning needs of trainees
- b) Identify and use a variety of methods to deliver & assess the curriculum, such as reflection, small group teaching, peer teaching, coaching and feedback

4) Assessment of learners

- a) Explain the principles of workplace-based assessment and use of commonly used tools e.g. mini-CEX, MSF
- b) Utilise a variety of frameworks to provide effective feedback
- c) Describe the importance of calibration to assess competence
- d) Identify early and manage trainees in/with difficulty

5) Develop as a medical/ clinical educator

- a) Create a personal development plan that includes continuing professional development in education
- b) Reflect critically on practice
- c) Evaluate your own teaching/ training activities

(6) *The Learning Process:*

(How the students will learn ie the teaching and learning strategies.)

Pace and timing: The module will be delivered entirely through e-learning. It will be structured so that some parts of it are completed synchronously and other parts asynchronously, recognising that this course will attract busy clinicians with significant service delivery commitments with a very small allocation in the job plan towards educational activities. The delivery of content will also be staggered to allow more time for weeks when the content and additional study (directed and self-directed) required are more intense.

Innovation and technology enhanced learning: The content will include a wide

array of materials to make it interesting and engaging and to address various learning styles. It is anticipated that this will comprise of screencasts using Camtasia, videos, podcasts, links to e-textbooks where available, and the use of social media. The synchronous sections will enable learners to engage with each other and the module tutors to develop an inclusive learning cohort whereas the asynchronous sections will allow sufficient opportunity for participation around busy individual schedules but still within the learning cohort. It will be delivered entirely through Blackboard and the module organiser has completed Blackboard training to enable this.

Assignments and assessments: Each section will include activities to assess, reinforce and consolidate learning provided by the content delivered. These will take multiple forms such as multiple choice questions, use of reflective notes and discussion boards. There will be an end of module assignment comprising of a reflective essay documenting the professional development of the learner through completion of the module.

(7) Content:

(Brief summary of indicative content.)

Ensure safe and effective patient care through training

This section of the module will focus on the value of induction programmes for new junior doctors and trainees, and ongoing education to ensure the delivery of safe and effective patient care in the clinical setting. The importance of trainee-driven training so that trainees get the benefits of taking responsibility and ownership for their own training will be covered. Finally, as training occurs within the workplace, the need to be able to support trainees in successfully balancing service and educational priorities will be discussed.

Establish and maintain an educational environment

This section will cover the need and the process for creating and maintaining an environment conducive to learning and the importance of protecting trainee time for learning opportunities. We will also discuss how to identify and plan learning opportunities for trainees and to exploit available opportunities to facilitate inter-professional teaching & learning using examples. The final part of this section will discuss the value of using appropriately tailored methods to evaluate learning and training. Learners will also be expected to have come prepared to discuss the role of 'equality and diversity training' having completed training on the same.

Teach and facilitate learning

This section will focus on how to assess learning needs of trainees. It will also cover the personal development plan (PDP) and how to facilitate trainees in developing an achievable plan within the specified timeframe.

It will also cover various methods that could potentially be used for supervised learning events (SLE) in the workplace to deliver & assess the Foundation/ specialty curriculum. These include the use of reflective frameworks to support reflective learning, various types of teaching and training methods including small group teaching and tutorials, providing timely feedback to supervisees, and the use of peer teaching and coaching. Learners will be expected to critically evaluate various types of SLEs so as to be able to comment on the effectiveness of each. Trainee viewpoints on this theme will also be included.

Assessment of learners

Clinical supervisors have to be trained to conduct workplace-based assessments (WBA) using commonly used tools e.g. mini-CEX, as well as contribution to multi-source feedback tools. This section will critically evaluate the various tools available for WBA to discuss the relevance to learning theories. It will also cover evidence-based methods for providing good feedback including various frameworks to provide feedback effectively. As clinical supervision is carried out by several individuals during the course of training, clinical supervisors need to be clear about the importance of calibration to assess competence in order to decrease variation in standards between supervisors.

A major concern within any training programme is the need to identify early any trainees in difficulty so that adequate support can be provided to them including signposting to sources of support. It is equally important to identify early and manage adequately and appropriately trainees who are facing difficulty in progressing through training milestones. The importance of maintaining links with trainees' educational supervisors in order to discuss issues raised and keep them informed on trainee progress (or lack of it) will be considered. This will include covering the evidence-base around this topic as well as the need for good, clear documentation. Trainee viewpoints on this theme will also be included.

Develop as a medical/ clinical educator

The final part of this module will cover the personal and professional development of the learners themselves as medical educators through creating a personal development plan to facilitate continuing professional development in medical education. This will include the skill of reflecting critically on own practice and the importance of evaluating their own teaching/ training activities through educational audits to improve quality of training delivered.

(8) Assessment:

(Details of assessment(s), marking criteria and weighting.)

Assessment will include:

- 1) Participation in the session discussion forum in each section (20%).
- 2) Completion of MCQs in each section (30%)
- 3) Submission of a 2,000 word end-of-module assignment comprising of a reflective essay documenting the professional development of the learner through completion of the module (50%).

(9) Transferable Skills:

(Core skills eg. IT, cognitive abilities etc. developed during this module which will be appropriate in other settings.)

IT skills, interacting with other learners remotely and forming 'learning sets', getting the trainee perspective on their training.

(10) Indicative Reading:

Core

1. Academy of Medical Educators. *A framework for the professional development of postgraduate medical supervisors: Guidance for deaneries, commissioners and providers of postgraduate medical education*. London: AoME, 2011.
2. *The Gold Guide*. A reference guide for postgraduate specialty training in the UK. 5th edition, Conference of postgraduate medical deans, 2014. Available at: <http://specialtytraining.hee.nhs.uk/files/2013/10/A-Reference-Guide-for-Postgraduate-Specialty-Training-in-the-UK.pdf> (Accessed on 08/10/2014).
3. General Medical Council. *The Trainee Doctor: Foundation and specialty, including GP training*. London: GMC, 2011.
4. Spencer J. *Learning and teaching in the clinical environment*. *BMJ* 2003; 326: 591-4.
5. Kilminster S, Cottrell D, Grant J and Jolly B. *AMEE Guide No. 27: Effective educational and clinical supervision*. *Medical Teacher* 2007; 29: 2-19.
6. Martin P, Copley J, and Tyack Z. *Twelve tips for effective clinical supervision based on a narrative literature review and expert opinion*. *Medical Teacher* 2014; 36: 201–7.
7. Browne J, Bullock A, and Gallen DD. *The Essential User Guide to Recognition of Trainers in Secondary Care*. November 2013. Cardiff: Academy of Medical Educators on behalf of Health Education England and the General Medical Council.
8. General Medical Council. *Recognising and Approving Trainers: The Implementation Plan*. London: GMC, 2012.

Supplementary

1. *Clinical supervision in the medical professions: Structured reflective practice*. Eds: Owen D and Shohet R, first edition. Berkshire: Open University Press, 2012.
2. General Medical Council. *Best practice guidance for clinical supervision*.
3. Stenfors-Hayes T, Hult H and Dahlgren LO. What does it mean to be a good teacher and clinical supervisor in medical education? *Adv in Health Sci Educ* 2011; 16:197–210.

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TC Approval Date

UNIVERSITY OF EAST ANGLIA

LEARNING, TEACHING AND QUALITY COMMITTEE

HEALTH ONLINE

MODULE PROFORMA

(1) Module Details:				
Module Title: Pharmacogenetics (PGx) and the application of stratified medicine.		Module Code:		
Module Leader: Barbara Jennings		Start Date: From May 2015		
Credit rating:	Level: Not Credit-Bearing. This is a CPD course for postgraduates	Assessment Mode: CW (delete as necessary)		
Pathway:		Slot Type:		
Weekly Hours:				
Contact:	Directed :	Self-directed	Clinical:	No. of Weeks:
Online 20 to 30 hours		Study of Case Scenarios 4 hours		4 weeks

(2) Rationale: (Reasons for developing the module including appropriate evidence from policy and research etc)
The term "Personalised medicine" is used to describe the prevention, diagnosis and treatment of diseases using information from an individual's genome. For some it was the ultimate goal of the human genome project; and the technologies developed as a result of that initial three-billion-dollar endeavour mean that we can now generate whole genome data for just one

thousand dollars [1] [2]. The timeliness of this proposal relates to recent developments in the field of pharmacogenetics, particularly for the management of cancer [3]; and technologies such as next generation sequencing and bioinformatics. As genomic medicine is used more widely in health services, there will be a rapidly growing demand for the sustained training and education of medics [4].

This CPD course has been designed to complement existing courses; e.g. the provision of very short online courses (3 hours) by the NHS Genetics Education Centre and the proposed provision of much longer MSc level courses funded by Genome England.

1. Lander ES (2011) Initial impact of the sequencing of the human genome. *Nature* 470: 187-197.
2. van El CG, Cornel MC, Borry P, Hastings RJ, Fellmann F, et al. (2013) Whole-genome sequencing in health care. *Eur J Hum Genet* 21: 580-584.
3. Majewski IJ, Bernards R (2011) Taming the dragon: genomic biomarkers to individualize the treatment of cancer. *Nat Med* 17: 304-312.

(3) Module Description: *(note that this will appear in the course catalogue) (Brief summary of theoretical and practical content. List of major themes/topics to be covered with reasons. Does the module contain any overlap with existing modules? If yes, provide details.)*

The aim of the online course is to develop the learner's understanding of the science and application of pharmacogenetics. The over-arching objective is

- To help the practitioner make informed choices about the selection of pharmacogenetic tests that can guide treatment and other choices about patient management.

Clinical case scenarios will be used to activate prior knowledge and to prime interest in the topics covered by each session/lesson. These case scenarios will serve as vehicles to introduce concepts, such as clinical utility of PGx tests; policy frameworks for use in healthcare (e.g. NICE guidelines); adverse reactions and drug efficacy; direct to consumer testing; non-invasive assays for genetic testing.

(4) Access and prerequisites:

Designed for medically qualified individuals who are also

- healthcare professionals
- members of the pharmaceutical industry
- members of regulatory authorities for pharmaceutical industry and clinical/research governance

(5) *Learning Outcomes for the Module:*

(This will cover the knowledge, skills and attitudes that students will be expected to achieve on completion of the module.)

This is a multi-disciplinary course and the curriculum will span Genetics; Clinical Pharmacology; Sociology and Ethics.

LOs

- Define the terms genomics and pharmacogenetics
- Describe human genome organisation and genetic variation
- Describe the new technologies that are used in pharmacogenetics and stratified medicine; including next generation sequencing and whole genome analysis.

- Define pharmacokinetics and describe the absorption, distribution, metabolism and excretion of commonly prescribed medicines and the impact of genetic variation on these.
- Define pharmacodynamics and explain how the effect of the drug on the body is modulated by genetic variation.
- Explain rational drug design including examples of tyrosine kinase inhibitors and monoclonal antibodies.
- Discuss clinical validity and clinical utility.

- Describe the benefits and barriers for the application of stratified medicine for the patient; the practitioner and the healthcare system.
- Discuss incidental findings and aspects of participatory medicine such as the use of direct-to-consumer testing and DNA passports.

(6) *The Learning Process:*

(How the students will learn ie the teaching and learning strategies.)

Three modes of delivery will be used:

- Clinical-scenario led teaching (online problem based learning)
- Screencasts will be used to deliver core content (currently in development)
- Discussion boards will enable communication between faculty and registered students

(7) *Content:*

(Brief summary of indicative content.)

1. 3 or 4 study weeks of study
2. Each study week comprises 2 clinical scenarios linked to screencasts and short films (expert talking-heads); followed by linked summative assessments.

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(8) *Assessment:*

(Details of assessment(s), marking criteria and weighting.)

Summative Assessment Will Use MCQs and EMQs delivered online and from an exam bank. The assessments will be randomly generated for each student.

(9) **Transferable Skills:**

(Core skills eg. IT, cognitive abilities etc. developed during this module which will be appropriate in other settings.)

Use of curated databases; synthesis of research findings; data interpretation.

(10) *Indicative Reading:*

Study reading list in development.

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UNIVERSITY OF EAST ANGLIA

BUSINESS CASE FOR APPROVAL OF NEW MODULE

(1) Module details:

1. Proposer: Jamie Murdoch

2. Module title: **Telephone Triage Communication and Assessment in Healthcare**

3. Module Leader: Jamie Murdoch

4. Level and credit rating:
Level 7 20 credit module

5. Proposed date of first intake and number of intakes per year:
TBC

6. Expected number of students in each intake: need to work out costs to develop/deliver and then work out number of students

PART-TIME: Y

FULL TIME: N

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Basis/Rationale for numbers:

(2) **Module Rationale:**
(Reasons for developing the module including appropriate evidence from policy and research etc)

Telephone triage is a process by which people with a healthcare problem are given advice or directed to another service over the telephone. This form of service delivery is increasingly being used internationally, to help with the provision of out-of-hours care; to ensure ambulances are appropriately dispatched (for example in UK Hear & Treat roles); manage demand for care; or provide an additional source of help and advice (Bunn, Byrne, & Kendall, 2005). Nurses, midwives, physiotherapists and non-clinical professionals are increasingly taking on extended roles including first contact care, typically using telephones and computerised decision support software (CDSS) to assess, diagnose and triage patients.

The quality of patient–clinician interaction during triage and telephone consultation is key to aspects of safety, effectiveness, patient experience (Bunn, Byrne, & Kendall, 2005; Roing, Rosenqvist, & Holmstrom, 2013) and, potentially, to health outcomes (Street, Makoul, & Arora, 2009). How triagists communicate with patients and respond to their presenting concerns within telephone triage consultations is therefore central to decisions about its delivery across healthcare widely.

There is equivocal evidence that using CDSS to triage patients is a safe and effective means of triaging patients, raising debates about which professionals and levels of training are required to conduct triage safely, effectively and in a way which is satisfactory to patients (Greatbatch et al, 2005; Hanlon et al., 2005; Kawamoto, et al, 2005; O’Cathain et al., 2004; Randell et al., 2007). Our recent research (Murdoch, et al, 2014) was the first study to obtain video data of CDSS as used by nurses during triage. We highlighted how CDSS impacts on nurse–patient communication in ways which may lead to a divergence in information-gathering, placing communication and the role of CDSS at the heart of ongoing debates about patient safety.

There is therefore a pressing need to train the range of professionals delivering triage, using the latest theories and evidence, to enable them to: develop understanding and critically reflect on the impact of their own service and individual communication with patients during triage; develop their own communication skills for conducting triage; evaluate the risks and benefits of different triage systems, including different options of CDSS for supporting safe and effective triage; and to build an international network of peers to share learning about telephone triage delivery.

Currently available courses on communication within telephone consultations and/or triage focus on equipping students with knowledge and awareness of carrying out cost-effective and safe assessment. However, we are not aware of any online courses that systematically incorporate the latest evidence into the course materials; enable students to critique different models of telephone triage communication using real

triage interactions; or offer students the opportunity to try out telephone triage communication using one type of CDSS. We are now in a unique position to provide such a course drawing on the video and audio data of our completed research and, in collaboration with Advanced Health & Care, to enable students' remote access to Odyssey CDSS to practice and evaluate their own communication skills using CDSS.

- (3) **Module Description:**
(Brief summary of theoretical and practical content. List of major themes/topics to be covered with reasons. Does the module contain any overlap with existing module? If yes, provide details.)

Learning Outcomes

1. Demonstrate an in-depth appreciation of how triage decisions are made
2. Critically evaluate the risks and benefits of different triage systems
3. Demonstrate enhanced individual communication skills for conducting telephone triage
4. Critically evaluate different available CDSS platforms
5. Critically evaluate own triage service and impact on patient care
6. Be able to engage in self-directed learning that promotes professional development
7. Develop network of peers working internationally to deliver telephone triage
8. Explain the legal and data protection implications of telephone triage

This will be a synchronous online course delivered two times a year. However, given this course will be provided internationally, students will be able to complete each week of online directed study (5 hours per week) at any time of day without the need to engage with peers or the module tutor. Similarly, students will be able to post comments to the discussion board, and questions and comments to the course tutor at any time. The discussion board will be an opportunity for students to share, on a weekly basis (3 hours per week), their reflections on the content of the directed study, and also to contribute learning from applying the principles in the week's materials to their own practice. Students will therefore be advised that in order to get the best out of the course they should complete each piece of directed study and related practice-based tasks within the recommended week.

There will be access to Odyssey software via independent Advanced Health & Care website. Students can access course materials at any time, however access to Odyssey software restricted to (a one month period?? Check with AH&C) from point of registration. Students to complete non-disclosure agreement and disclaimer regarding use of Odyssey. The following media will be used to deliver the course:

Media:

1. Use of Odyssey computer decision support software
2. Audio and video recordings of actual telephone triage consultations from ESTEEM sub-study
3. Video/Audio of simulated consultations
4. Videos of interviews with healthcare professionals and patients about triage

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5. Videos of interviews with authors of research articles required for background reading
6. Student-led activities: peer networking; discussion board; practice-based reflection
7. Screencasts
8. Use of interactive questions (drag and drop options (question type); questions requiring free text response – e.g. response to case studies, question type); quizzes
9. Externally produced images, video and audio clips requiring copyright permission
10. Webinars
11. Youtube clips

Module structure:

The total learning time for the module is 200 hours delivered over 15 weeks. A broad breakdown of time spend on the course is as follows:

15 hours total per week for first 10 weeks = 150 hours, including:

- 5 hours directed online;
- 10 hours self-directed, including:
 - 3 hours students applying principles to practice;
 - 1 hour on discussion board;
 - 4 hours reading
 - 2 hours formative assessment

10 hours total per week for last 5 weeks, of self-directed study for summative assessment = 50 hours.

Each week will broadly follow the same structure to enable students to understand how to engage with each topic and other students.

1. Background to week's topic
2. Overview of main debates, evidence, details of model/theory of triage communication covered.
3. Structured activities with peer learning (students need to share ideas with other students in discussion group as requirement of course) – e.g. study and answer questions of telephone triage transcript/recording; read and answer questions on research papers;
4. Self-directed learning in own workplace – e.g. interview a colleague about role, present learning to colleagues, shadow a colleague, keep a diary of practice, phone service as patient (mystery shopper), study transcripts of triage calls at own service.

Draft outline of content to cover

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Week 1: Introduction to course

- Introductory video with Val Lattimer
- Screencast outlining course content
- Video conference/webinar with students as means of introducing students to one another
- Definitions of triage and assessment
- Differences between telephone and face-to-face consultation
- Challenges of describing symptoms for patients
- Challenges of interpreting presenting problems for clinicians
- Role of computer decision support software

Week 2: Methods for researching telephone triage – 5 hours content, 10 hours self-directed study

- RCTs
- Qualitative methods
- Process evaluations
- Ethnographic, linguistic methods for studying patient-provider communication

Week 3: Telephone triage – workload, safety, patient experience, cost

- Definition, historical development, international prevalence
- Demand for primary and emergency care & strategies for managing demand (Bunn review, ESTEEM and previous literature)
- Patient safety: OoHs (Lattimer – video interview)
- Workload (John Campbell video interview??)
- Cost (Colin Green video interview??)
- Patient experience (video interviews with patients)

Week 4: Theories and evidence of technology-mediated communication

- Health informatics literature – positivist, rational, goal-oriented approaches
 - Incorporate evidence based protocols and decision-support
 - Minimise risk by overcoming human failures
 - Ensure clinical information is complete, accurate and accessible
 - Improve efficiency of health interactions
- Systematic review of EPR research (Greenhalgh, Potts, Wong, Bark, Swinglehurst, 2009)
 - Four philosophical approaches: positivist; interpretivist; critical; recursive
 - Identified key 'tensions & paradoxes' in literature:
 - "EPR as tool or container" vs "EPR as actor"
 - Cognitive vs relational view of user
 - "Context as setting" vs "context as EPR-in-use"
 - "Clinical work as decision-making" vs "clinical work as situated practice"
 - "Knowledge as transferable facts" vs "knowledge as information-in-context"

Week 5: Consultation skills (Michelle Fromage, UEA to assist with content)

- Calgary Cambridge Model
 - Communication

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- History-taking
- Clinical Reasoning

Week 6: Using computer decision support software to triage patients

- Introductory video with Val Lattimer
- Interactive slides and screencast (Advanced Health & Care)
 - Overview of different types and structures of CDSS
 - Safety netting
 - Litigation
 - Data Protection, documentation standards and protocols.
 - Costs
 - Third party calls
- Simulated consultations of Odyssey decision support software in use
- Student remote access to Odyssey software to follow different patient scenarios, choice of alternatives and trajectories.
- ESTEEM sub-study findings
 - Introductory video by Jamie Murdoch
 - Using conversation analysis to understand telephone consultations
 - Question-design and information gathering
 - Patient, CDSS and nurse voices in triage consultations
 - Implications for nurse training and CDSS developments
- Formative assessment

Week 7: Assessing the quality of telephone triage consultations using RICE tool

- Video interview with Hay Derkx
- Details of RICE communication tool;
- Example assessments of transcripts of consultations

Week 8: Dealing with difficult patients

- Actor video of difficult patient consultation
- Training – guidance for managing difficult patients
- Transcript analysis

Week 9: Communicating with vulnerable groups: patients at the end of life; learning difficulties; English not first language; patients with psychological problems

- Case studies, students select options for different trajectory of consultation
- Simulated consultations with vulnerable patients, student choice of alternatives and trajectories.

Week 10: Evaluating telephone triage communication and assessment

- Overview of course content
- Interactive slides giving overview of Weeks 1-9
- Quiz

Weeks 11-15: Student-directed learning and submission of summative assessment –

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10 hours per week.

Maintenance of online content; student engagement

The following are estimates based on having 30 students enrolled per cohort:

9. Summative assessment: 3,000 word assignment, 1 hour per student to mark = **30 hours**.
10. Time for moderation of summative assessment: **2 hours**
11. 750 word formative exercise which can take 30 minutes per student to comment on and write feedback = **15 hours**.
12. Weekly review and responses to discussion board; track activities and learning on Blackboard; response to emails and enquires; 20 minutes per student per week (10 hours per week x 15 weeks) = **150 hours**.

Assessment

There is both a formative and summative component to the assessment process.

Formative: Reflecting on a patient that the student has triaged (or a colleague if not a call handler), develop & write a case study of about 750 words, demonstrating new skills and learning. Ideally, students will be able to provide a transcript of the triage call. These case studies will allow for formative feedback during the course to support critical reflection and writing skills.

Summative: *A critical evaluation of own triage service of 3,000 words. This should comprise a minimum of one case study (including transcript of triage call if possible) plus any relevant supporting information such as case note analysis, or reflections on clinical situations.*

Overlap with existing (UEA) courses:

There is some overlap with the Hear & Treat module. Hear & Treat is designed to facilitate and develop knowledge and skills in the care and management of people seeking assistance with illness or injury in the pre-hospital setting. Its content covers: bio-psycho-social factors upon disease and presentation in the First Contact/pre-hospital setting; complexities of multiple pathologies in the same patient/client; safe prescribing conventions and the supply of medicines including the pharmacology of any medications; health education and health promotion messages in negotiating the management of an episode of care; communication skills, history taking and differential diagnosis, and red flags (a component of CDSS). There is therefore some overlap with the proposed module in terms of communication, history taking and differential diagnosis. However, Hear & Treat is a specific UK service provided by ambulance services to triage 999 calls. The proposed module has an international

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focus, aimed at any professional delivering telephone triage, with a specific focus on communication. Hear & Treat also doesn't critically evaluate theories of computer-mediated triage proposed in this module or have a component dedicated to examining the impact of CDSS on communication, question-design and history-taking. See section 4 for proposed links to existing course structure.

(4) Module Links:

(Place of module within existing course structure, link with other modules.)

The proposed online module could precede the Hear & Treat module in a PGCert/Dip and in the MSc in Advanced Practice. It would offer students the opportunity to compare and contrast the risks and benefits of the different CDSS used and discussed in the course, and then enable them to evaluate the CDSS used (if any) in their own organisation. This would then prepare students for a more specific examination of their own service in Hear & Treat.

4A which courses will it serve?

CORE:

COMPULSORY:

OPTIONAL:

(5) Market Demand:

(Explain the market demand for such a module, results of any training needs analysis, educational need, research etc)

The following professionals would be interested in this course: Nurses; non-clinical triage call handlers; physiotherapists, paramedics and midwives.

Probable countries: UK, Holland, Sweden, Spain, Italy, US, Canada, Australia, New Zealand.

A market research questionnaire was sent via the following channels to gauge demand:

The European Forum of Primary Care (EFPC)

All 11 Ambulance Service NHS Trusts in the England

CHAIN - Contact, Help, Advice and Information Network – online international network for people working in health and social care.

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There were 70 responses to the questionnaire - see attached document 'Market research survey results'.

(6) *Market Research:*

(Indicate or attach evidence of purchaser endorsement e.g. from CWG/JEF or Trust(s). Show evidence of local and national provision or gaps in the market.)

See Section 5 above.

Competitors: See attached document: 'Competitors June 2014'

(7) *Access:*

(Describe who the module is intended for, any limitations or pre-requisites.)

Any professional delivering telephone triage in healthcare services, likely to include: nurses; non-clinical triage call handlers; physiotherapists and midwives

(8) *Location:*

Online course only

(9) **Module Planning/Management Team and other contributors:**

(Names, qualifications and present posts of members of the Module Management Team, including clinical representatives. Also name other teaching staff involved in the implementation of the module.)

UEA

Dr Jamie Murdoch, Ph.D – Senior Research Associate
Professor Jim Gazzard, Ph.D. – Professor in Workforce Futures
Mrs Rosie Doy – Course Director, Post registration programmes; Reader,
School of Health Sciences
Professor Val Lattimer Ph.D. – Head of School, School of Health Sciences,
Professor of Health Services Research
Dr Michelle Fromage - Associate Tutor in Clinical Consultation Skills

Exeter University

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Professor John Campbell - Professor of General Practice and Primary Care
Others...

Lynn Shrimpton (Advanced Health & Care) – to be confirmed

Consultant

Caroline Broad ...
Hay Derkx (Netherlands)

Course Reviewer

Paul Kinnersley (UK Council of Clinical Communication; Director of Clinical
Consultation skills programme - Cardiff University; GP)

9A **Admissions / marketing perspective**
??

(10) **External Examiner:**

(Name and status of a member of academic staff at another institution as prospective External Examiner. Please discuss this with the Chair of Examiners before answering the question.)

(11) **Funding arrangements:**

(Will this Module be funded through the SHA Contract? If not, please describe proposed source(s) of funding.)

Jim, could you complete please? Thanks

(12) **Resource Implications:**

1. **Module plan and length:**

(Hours of classroom, individual and practice based learning; pattern of attendance; overall length.)

200 hours total – All taught content online.

- **15 hours total per week for 10 weeks = 150 hours, including:**
- 5 hours directed online;
- 10 hours self-directed, including:
 - 3 hours students applying principles to practice;
 - 1 hour on discussion board;

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- 4 hours reading
- 2 hours formative assessment
- **10 hours total per week of self-directed study for summative assessment, for 5 weeks = 50 hours.**

This will be a synchronous online course delivered twice a year. However, given this course will be provided internationally, students will be able to complete each week of online directed study (5 hours per week) at any time of day without the need to engage with peers or the module tutor. Similarly, students will be able to post comments to the discussion board, and questions and comments to the course tutor at any time. The discussion board will be an opportunity for students to share, on a weekly basis (3 hours per week), their reflections on the content of the directed study, and also to contribute learning from applying the principles in the week's materials to their own practice. Students will therefore be advised that in order to get the best out of the course they should complete each piece of directed study and related practice-based tasks within the recommended week. However it will not be compulsory to do so to complete the course.

Access to Odyssey software via independent Advanced Health & Care website. Students can access course materials at any time, however access to Odyssey software restricted to (a one month period?? Check with AH&C) from point of registration. Students to complete non-disclosure agreement and disclaimer regarding use of Odyssey.

2. Total number of teaching hours by UEA/Exeter staff:

Course Development

- Time to agree 50 hours of content of course in discussion with contributors/reviewers = **30 days**
- Time to write 35 hours (15 hours external to UEA/Exeter) of course content = **70 days**
- Time to write simulated consultation transcripts = 1 day per 10 minute consultation x 15 consultations = **15 days**
- Time for to write script and record 10 hours of screencasts = **10 days.**
- Time to source Youtube clips x 6 and manage copyright = **3 days**
- Time to write self-directed study materials, formative and summative assessments (including identifying consultation transcript for students) = **10 days**
- Time to identify and recruit members of public for patient interviews = **5 days.**
- Time to identify and recruit actors for simulated consultations = **5 days**
- Time to arrange filming and organise payments = **2 days**
- Time to conduct interviews and simulated consultations = **12.5 days** (0.5 day per consultation)
- Time to manage integration of UEA Blackboard and Advanced Health & Care course materials = **5 days**

Total = 167.5 days

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Course Maintenance

- Weekly review, moderation and responses to discussion board; track activities and learning on Blackboard; response to emails and enquires; 20 minutes per student per week (10 hours per week x 15 weeks) = **150 hours**.

2A Other (non FMH) UEA teaching hours

External consultancy:

- Time for Advanced Health & Care to write 10 hours of course content including writing scripts for 5 simulated consultations = **25 days**.
- Time for non-UEA academics to review course material and provide feedback = 5 staff x 5 days = **5 days**.

3. Total number of hours marking by HSC staff:

- Summative assessment: 3,000 word assignment, 1 hour per student to mark = **30 hours**.
- Time for moderation of summative assessment: **2 hours**
- 750 word formative exercise, 30 minutes per student to comment on and write feedback = **15 hours**.

3A Other (non UEA) marking

None

4. Total number of paid hours teaching by visiting speakers:

Speakers will participate in video interviews either in person or via videoconference. Estimated hours = **10 hours**.

5. Staff travel:

Travel to video interviews: **5 trips x £200 per trip** (incl travel and accommodation for 1 night)

6. Classroom and study facilities – any special requirements?

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None

7. Additional library, IT and other learning resources:

- Time for e-learning technologist to build 50 hours of online course content = **100-150 days**
- Support and maintenance for online course via Blackboard – **15 hours**
- Time for UEA audio-visual department to film/audio record and edit introductory videos, interviews and consultations:
 - o Introductory videos x 4 x (n hours/days)
 - o Patient interviews x 3 x (n hours/days)
 - o Academic interviews x 7 x (n hours/days)
 - o Videos of simulated consultations x 5 x (n hours/days)
 - o Audio-recordings of simulated consultations x 20 x (n hours/days)

8. Additional equipment needed:

Filming; recording equipment and software; Advanced Health & Care set up, access and maintenance of remote access to Odyssey computer decision support software (CDSS); expert engagement; market research; marketing of course.

(13) *Initial development costs:*

(Total number of hours required to develop the module by FMH staff.)

As stated above:

- Time for staff to write 30 hours (20 hours external to FMH) of course content = **75 days**

13A E-Learning set up costs

- Time for e-learning technologist to build 50 hours of online course content = **100-150 days**

Cost of Marketing strategy??

(14) *Running costs:*

1. Cost per student based on expected number of students:

(a) including development costs

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(b) *excluding development costs*

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2. *Income per student:*

IF:

<i>4 FTE</i>	<i>8FTE</i>	<i>12FTE</i>	<i>16FTE</i>	<i>Proposed number - Section 1(6)</i>

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LTC Health Online proposal – Appendices

Pages 2 -3	Founding principles and key performance indicators
Page 4	Module target market summary
Pages 5 – 8	UK HEI Market for Health Professional short courses
Pages 9 – 13	QA module development
Pages 14 – 15	Online Readiness workshop agenda
Pages 16 – 28	Blackboard report – guidelines

NB all recommendations from the Blackboard report have been incorporated into the project work plan. The Online Readiness Workshops – running 3rd and 5th December will deal with the majority of the central services recommendations.

Also attached. Academic forms for:

- CBT in older people
- Antibiotic resistance
- Clinical supervisor
- Pgx and stratified medicine
- Emergency triage
-

(please note Injection Therapy and Introductory Statistics and Epidemiology for Critical Appraisal are still in the critical appraisal process – deadline for completion is 28th November)

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An introduction to the Health Online project

The Health Online project aims to deliver seven income generating modules by May 2015

Following numerous innovative and high quality online modules created within FHM, Health Online will create a quality and learning support framework for future online module creation.

These modules are to meet the needs of health care professionals with patient needs as their priority. However the content of these modules can also be re-tasked for existing pre and post registration teaching at UEA.

Approach:

The Health Online project has engaged Blackboard consultants to work with a small team within FMH to test Faculty and Institutional readiness for delivering online training to the post graduate market.

Health Online is a market test project to gauge and understand the commercial viability and market interest in delivering online post graduate continuous professional development (CPD) training

The outcome of the project will be the launch of seven short post graduate CPD modules for health professionals in May 2015. Each HO module is following QA process and industry standard exemplary course design guidelines.

The aim is to recruit a minimum of 25 and maximum of 100 students on each module.

Non credit bearing equivalent to 20 credit modules are priced at £500. 20 Credit bearing modules are priced at £1000, which is a competitive rate.

The FMH Faculty Finance Manager and Health Online Committee members have developed an illustrative costing for each module

At the end of the Health Online project a thorough review will take place. Using evidence gathered through Blackboard reports and feedback from all internal stakeholders. This will measure academic and commercial success criteria for each individual modules and indicate the internal resource impact if scaling the offering.

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Founding principles for Health Online

The Founding Principles

- QUALITY ONLINE COURSE DESIGN
- PROFESSIONAL DEVELOPMENT FOR HEALTH PRACTITIONERS
- MARKET RELEVANT CONTENT
- THE DIVERSIFICATION OF FMH INCOME

Health Online objectives to support these founding principles are:

Quality Course Design

- To create a generic course framework using Blackboard features for the creation of FMH online modules.
- To create guidance for online module creation. Continually review and update.
- To ensure appropriate and long term FMH Blackboard technology support for online module creation and update.

Effective Teaching Strategy

- Ensure that any accreditation is to a QAA standard
- Ensure that content is current and renewed as required
- Ensure that the life of the module is for as long as the content is relevant and contemporary

A Learner Focused Experience

- Ensure that module delivery creates a positive engaging learner experience
- Ensure that student administrative and technical processes are straight forward.

Market Relevant Content

- Focus learning objectives on the requirements of the health practitioners.
- To map learning objectives to guidance from appropriate external governing bodies and associations.

Diversifying FMH Income Stream

- Ensure that the market exists before committing to creating the online content

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Summary of module lead market

Module Name	Module lead	Commitment to creating the module	Credit bearing or Non credit bearing	Follow on modules to create a PG Cert	Delivery date	Lead market
Antibiotic Resistance	Laura Bowater		CPD only	NA	May 2015	Consultant microbiologists, , Biomedical scientists
CBT in older people	Ken Laidlaw	Committing post-doc time to module creation	CPD only	NA	May 2015	IAPT CBT deliverers CBT practitioners in the US
Clinical supervision	Veena Rodriquez	Cleared commitments for August and Sept. Engaged a Junior Doctor to assist	30 credit module	Education supervisor – 30 credit module	May 2015	GP's Secondary care doctors
Genetic information and education	Barbara Jennings	Session plans being scoped	CPD only	NA	May 2015	GP's who have not received personalised medicine education
Injection Therapy	Kath Mares	Committed team to create content	CPD with potential to become 20 credit	Non medical prescribing course	April 2015	Private Physiotherapists
Statistics	Gill Price	Making good progress on module planning	20 credits	How to analyse your data	April 2015	Late stage health profs. who haven't studied stats or need a refresher
Telephone Triage	Jamie Murdoch	Secured £5000 sponsorship	20 credits	Hear and treat Older people	May 2015	Nurses

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Examples of current postgraduate fully online paid courses.

The [PostGraduate course search website](#) states that there are 41 Universities offering 113 postgraduate Health Care Management degrees

Awarding body	Award level	Title	Cost	Content
University of Essex	PG Cert	Infection Control	£3000	Introduction to Medical Microbiology and Immunology Public Health and Communicable Disease Control
University of Essex	PG Dip	Infection Control	£6000	Cert + Applied Microbiology and communicable disease control Research methods
University of Essex	MSc	Infection Control	£9000	PG Dip + dissertation
London school of Hygiene and Tropical Health	PG Cert (6 modules)	Public Health	£6850	(core) Basic Epidemiology Basic Stats for public health and policy Intro to health economics Principles of social research
London school of Hygiene	Diploma (10 modules)	Public Health	£9300	http://www.lshtm.ac.uk/study/masters/dmsph.html#second

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and Tropical Health				
London school of Hygiene and Tropical Health	MSc (14 modules)	Public Health	£1177 0	http://www.lshtm.ac.uk/study/masters/dmsph.html#second
London school of Hygiene and Tropical Health	Individual module	Public Health	£1695	http://www.lshtm.ac.uk/study/masters/dmsph.html#second
Cardiff University	PG Dip.	Occupational Health : policy and practice	£2750 (2012 prices)	<p>The prediction, recognition, evaluation and control of biological, physical, mechanical, chemical and psychosocial hazards in the workplace;</p> <p>The application of epidemiology and statistics to occupational health problems;</p> <p>Problem-solving in occupational health and critical appraisal of published evidence;</p> <p>Clinical, toxicological, psychological, ethical and legal perspectives;</p> <p>Placement and fitness for work;</p>

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				Occupational rehabilitation and employment of the disabled; Regulatory aspects of occupational health.
University of Bristol (accredited by The HE Academy)	PG Cert	Medical Education	£2975	Core modules <ul style="list-style-type: none"> ☐ Core Unit 1: Teaching, Learning and Assessing in the Health Professions (2.5 days, 20 credit points) ☐ Core Unit 2: Creating a Learning Environment to Support Learner Diversity (10 credit points) ☐ Core Unit 3: Further Assessment and Feedback (10 credit points) ☐ Core Unit 4: Further Planning and Teaching
University of Bristol	PG Dip	Medical Education	£2975	http://www.bris.ac.uk/medical-education/tlhp/tlhp-programme/
University of Bristol	MSc	Medical Education	£2975	http://www.bris.ac.uk/medical-education/tlhp/tlhp-programme/
University of Bristol	Individual Module	Medical Education	10 credits - £496 15 credits	http://www.bris.ac.uk/medical-education/tlhp/tlhp-programme/

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			- £744 20 Credits - £992	
University of Edinburgh	MSc	Advanced Clinical Skills	£9300 – each module is available as a stand alone CPD option	
University of Edinburgh	Masters in Surgery	Trauma and Orthopaedics		
HORIBA medical (accreditation from the IBMS)	CPD modules	Haematology		
HORIBA medical	CPD Modules	Clinical Chemistry		
National Pharmacy Association (GPhC accredited)			£130 per CPD module for NPA members	For Pharmacy Technicians, medicine counter assistants and dispensary assistants

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Health Online – Module Development Quality Assurance

UEA Health Online subscribes to the following online module design standard of excellence. This rubric has been developed by BlackBoard - an industry leader in developing online teaching modules.

These guidelines will inform the following:

- o All academics contributing to module content
- o UEA Learning Technologists supporting module development
- o BlackBoard consultants completing a module content review prior to launch

This document covers the following areas of module development

- o Course design
- o Interaction and collaboration
- o Assessment
- o Learner support

Please find below these guidelines for reference whilst in module development phase. Please also find a list of critical appraisal processes to put your module design through.

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Course Design	Best Practice	Course Design	Best Practice
Goals & Objectives	<ul style="list-style-type: none"> • Goals and objectives are easily located within the course • Goals and objectives are clearly written at the appropriate level and reflect desired outcomes • Goals and objectives are written in measurable outcomes (students know what they are expected to be able to do) • Goals and objectives are made available in a variety of areas in the course (within the syllabus and each individual learning unit) 	Learner Engagement	<ul style="list-style-type: none"> • It is clear how the instructional strategies will enable students to reach course goals and objectives • Course design includes guidance for learners to work with content in meaningful ways • Higher order thinking (e.g., analysis, problem solving, or critical reflection) is expected of learners and explained with examples or models • Individualized instruction, remedial activities, or resources for advanced learning activities, such as integrated publisher resources, are provided
Content Presentation	<ul style="list-style-type: none"> • Content is made available or "chunked" in manageable segments (i.e., presented in distinct learning units or modules) • Navigation is intuitive • Content flows in a logical progression • Content is presented using a variety of appropriate mechanisms (content modules, single pages, links to external resources,) • Content is enhanced with visual and auditory elements; supplementary resources are made available and are well-integrated with other course materials (integrated publisher resources, e-textbooks, course manuals, etc.) 	Technology Use	<ul style="list-style-type: none"> • Tools available within the LMS are used to facilitate learning by engaging students with course content • LMS tools are used to reduce the labor-intensity of learning (e.g., providing links to needed resources where they will be used in the course, integrating publisher resources that are tailored to the course materials, and providing streamlined access to supplementary materials) • Technologies are used creatively in ways that transcend traditional, teacher-centered instruction • A wide variety of delivery media are incorporated into the course • An effort has been made to use low-cost or no-cost materials when available

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Interaction & collaboration	Best Practice	Assessment	Best Practice
<p>Communication Strategies</p>	<ul style="list-style-type: none"> • There are plentiful opportunities for synchronous and/or asynchronous interaction, as appropriate • Asynchronous communication strategies promote critical reflection or other higher order thinking aligned with learning objectives • Synchronous communication activities benefit from real-time interactions and facilitate “rapid response” communication (i.e., students gain practice discussing course content extemporaneously without looking up basic, declarative information) 	<p>Expectations</p>	<ul style="list-style-type: none"> • Assessments match the goals & objectives • Learners are directed to the appropriate objective(s) for each assessment • Rubrics or descriptive criteria for desired outcomes are provided (models of “good work” may be shown, for example) • Instructions are written clearly and with sufficient detail to ensure understanding
<p>Development of Learning Community</p>	<ul style="list-style-type: none"> • Communication activities are designed to help build a sense of community among learners • Student-to-student interactions are required as part of the course. Students are encouraged to initiate communication with the instructor • Collaboration activities (if included) reinforce course content and learning outcomes, while building workplace-useful skills such as teamwork, cooperation, negotiation, and consensus-building 	<p>Assessment Design</p>	<ul style="list-style-type: none"> • Assessments appear to measure the performance they claim to measure (e.g., activities are explained using appropriate reading level and vocabulary) • Higher order thinking is required (e.g., analysis, problem-solving, etc.) • Assessments are designed to mimic authentic environments to facilitate transfer • Assessment activities occur frequently throughout the duration of the course • Multiple types of assessments are used (research project, objective test, discussions, etc.)
<p>Interaction Logistics</p>	<ul style="list-style-type: none"> • Guidelines explaining required levels of participation (i.e., quantity of interactions) are provided • Expectations regarding the quality of communications (e.g., what constitutes a “good” answer) are clearly defined • A rubric or equivalent grading document is included to explain how participation will be evaluated • The instructor actively participates in communication activities, including providing feedback to students • The instructor uses communication tools to provide course updates, reminders, special announcements, etc. 	<p>Self-assessment</p>	<ul style="list-style-type: none"> • Many opportunities for self-assessment are provided; • Self-assessments provide constructive, meaningful feedback

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Learner Support	Best Practice	Learner Support	Best Practice
Orientation to Course and LMS	<ul style="list-style-type: none"> Clearly labeled tutorial materials that explain how to navigate the LMS and the specific course are included Tutorials are found easily (few clicks) whether internal or external to the course, with easy return to other areas of the course Tutorial materials support multiple learning modalities: audio, visual, and text based 	Course/ Institutional Policies & Support	<ul style="list-style-type: none"> Links to institutional policies, materials, and forms relevant for learner success (for example, plagiarism policies) are clearly labeled and easy to find Links allow easy navigation from the course to the information and back; course/instructor policies regarding decorum, behavior, and netiquette are easy to file and written clearly to avoid confusion Links to institutional services such as the library, or writing centre, are clearly labeled and easy to file
Supportive Software (Plug-ins)	<ul style="list-style-type: none"> Clear explanations of optional and/or required software including any additional costs are provided within the course Software required to use course materials is listed with links to where it can be captured and installed Links are located within the course where learners will use the software (i.e., near the materials requiring its use) 	Technical Accessibility Issues	<ul style="list-style-type: none"> Course materials use standard formats to ensure accessibility If specific software is required to which some learners may not have access, alternative file types are provided Large files are identified to help learners consider download times Alternative (smaller) files are provided where appropriate Videos are streamed whenever possible; graphics are optimized for web delivery and display without needing extensive scrolling
Instructor Role and Information	<ul style="list-style-type: none"> Contact information for the instructor is easy to find and includes multiple forms of communication (for example, e-mail, phone, chat, etc.) Expected response time for e-mail replies is included The instructor's role within the course is explained (for example, whether he/ she will respond to "tech support" type questions) The instructor's methods of collecting and returning work are clearly explained 	Accommodations for Disabilities	<ul style="list-style-type: none"> Supportive mechanisms allow learners with disabilities to participate fully in the online community The design and delivery of content integrate alternative resources (transcripts, for example) or enable assistive processes (voice recognition, for example) for those needing accommodation Links to institutional policies, contacts, and procedures for supporting learners with disabilities are included and easy to find Design factors such as color, text size manipulations, audio and video controls, and alt text Accessibility considerations
Feedback	<ul style="list-style-type: none"> Learners have the opportunity to give feedback to the instructor regarding course design and course content both during course delivery and after course completion Feedback mechanisms allow students to participate anonymously in course evaluation 		

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Best Practice guidelines for UHO module development, to ensure quality teaching delivery and student learning experience

Best Practice module development process for module academic leads

Action	Comments	Date Completed
Complete the Academic case form		
Read and follow the Exemplary Course Design guidelines as set out in this document		
Present the academic case to at least two academic peers for critical review		
Present the academic case to at least two representatives from appropriate external bodies for critical review		
Present the academic case to School learning and teaching staff for critical review		
Attend a BlackBoard training or refresher training offered by the Learning Technology team		
Work with a learning technologist in ITCS so they can support you creating quality online content		
Engage in debate with peers on Online pedagogy		
Contact Viv Rolfe from Changing the Learning Landscapes to discuss module development		
On final draft of the online module request review by Blackboard consultant		

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Health Online – Blackboard Online Readiness workshop 3rd and 5th December 2015

A series of working sessions that focus on different aspects of the student lifecycle and engagement support. These workshops are designed to support central services departments in confirming which of the existing services that you offer and processes that you need to provide fully off campus students – in readiness for launch of Health Online modules in May 2015.

Workshops:

6. Student marketing and recruitment requirements (including promotion, enquiry, application process, applicant management, finance and enrollment)
7. Student support requirements (including induction, ongoing pastoral support, customer service and helpdesk support)
 - o Wellbeing
 - o International
 - o Finance Advise
 - o Learning enhancement
8. Student learning support requirements (including library, academic skills support, careers etc)
9. Academic policy, regulations and guidance (including learning and teaching, assessment, progression, conduct and appeals)
10. Learning technology support (including supporting academics in design, production and maintenance of the courses developed; learning technology support direct to students any design/development of learning technology specific to this group)

You will be working with Louise Thorpe from Blackboard, who will be guiding us through the process.

These workshops will contribute to:

A central online location for registered students. It will signpost to all appropriate information regarding student services that they are eligible for.

The development of processes for:

- o Module marketing
- o Inquiry generation
- o Inquiry conversion
- o Admission process including cancellation and refund
- o Student admitted
- o An off campus student experiences

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Workshop attendees:

Department	Distribution List for LTC Document	Persons Consulted on project	Attending Implementation workshop 3rd and 5th December
Dean of Students	Annie Grant	Jeremy Schidlt, Helena Gillespie	Annie Grant, Jane Amos (international student advice). Jane Abson (Disability co-ordinator), Jeremy Schidlt (learning enhancement)
Director of Information Services	Jonathan Richardson	Steve Jackman, Mark Jones, Alicia McConnell	Jonathan Richardson, Mark Jones, Alicia McConnell
Directory of Library Services	Nicolas Lewis	Nicolas Lewis, Jane Helgesen, William Jones	William Jones, Jane Helgesen, Nicolas Lewis (apologies)
Careers Manager	Julie Schofield	Suzanne Walker, Julie Schofield	Suzanne Walker
Head of Learning and Teaching Services	Andrea Blanchflower	Andrea Blanchflower, Becky Fitt, Robbie Mehan	Becky Fitt
Head of Admissions	David Giles	David Giles	David Giles
Director of Planning Office	Ian Callaghan	Andrew Watson	Andrew Watson
Market research Manager	Becky Price	Becky Price	TBC
Equality and Diversity Manager	Annie Grant	TBC	TBC
Faculty Finance Manager	Helen Latham	Mark Hitchcock, Helen Latham Brigitte Nelson (addition Carrie White)	Mark Hitchcock, Brigitte Nelson
Marketing	Giles Watham	James, Sophie Rosas, Suzanne Harvey	Sophie Rosas (apologies), Suzanne Harvey
Faculty Learning and Teaching Services	Becky Fitt	Rosie Doy, Mary Jane Platt, Zoe Butterflint	Rosie Doy
Union of UEA students	Liam McCafferty	Liam McCafferty	Liam McCafferty

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UEA Health Online – Student Lifecycle Requirements

University of East Anglia

Prepared by
Jeff Rabey and Louise Thorpe
Blackboard Education Services
3 October 2014

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UEA Health Online – Student Lifecycle Requirements

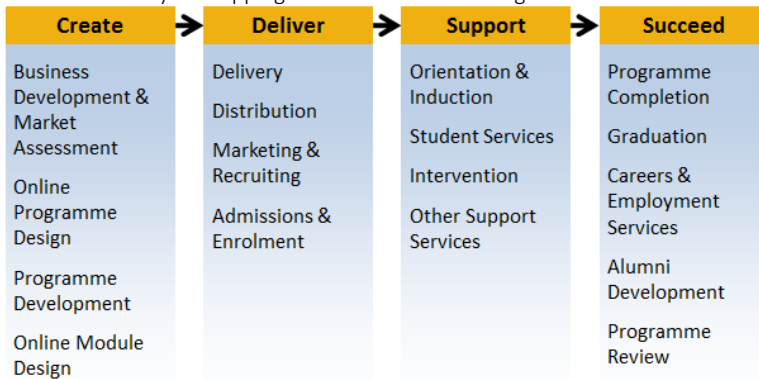
Overview

On 15-16 September 2014, the University of East Anglia Health Online leadership and Blackboard consultants met to review the student lifecycle from recruitment and inquiry to graduation and alumni relations for the fully online modules being developed within the Faculty. The purpose of this exercise was to define responsibility for each student touch point along the lifecycle and to discuss effective practices in the area. Blackboard Consulting has developed a set of conceptual swim lanes to illustrate organisational processes and concepts for effective online learning. The swim lanes demonstrate the flow of major steps in each stage along the path of online module development, module delivery, and subsequent interactions with students to ensure successful learning experiences.

The diagrams place Faculty staff (ie both academic staff and professional services staff located within the Faculty) and central services in the top two lanes with the UEA Health Online project team situated at the bottom. The object of this was to identify what activities would be completed by the Faculty staff or Central Services staff as part of their “business as usual” or with additional resources made available and which activities would remain the remit of the UEA Health Online project team as an interim measure for Phase 1.

In the sections that follow, we present our recommendations for each stage of the conceptual workflow – create, deliver, support and succeed – and illustrate the concepts with at least one (or more) swim lane diagrams with associated descriptions. Key points are represented in the diagrams by boxes residing in one of the three swim lanes described above. The boxes represent responsibility for specific tasks and/or who is responsible for leading a coordinated effort among various departments.

The student life cycle mapping was divided into four high-level areas.



These four boxes and subheads that lie beneath them represent the high-level, key components of a successful online learning offering.

Create Stage

The create stage involves the identification of new opportunities for online learning offerings through to the design and development of course-related materials. Although there are many areas one can focus on when it comes to processes and workflows related to creating

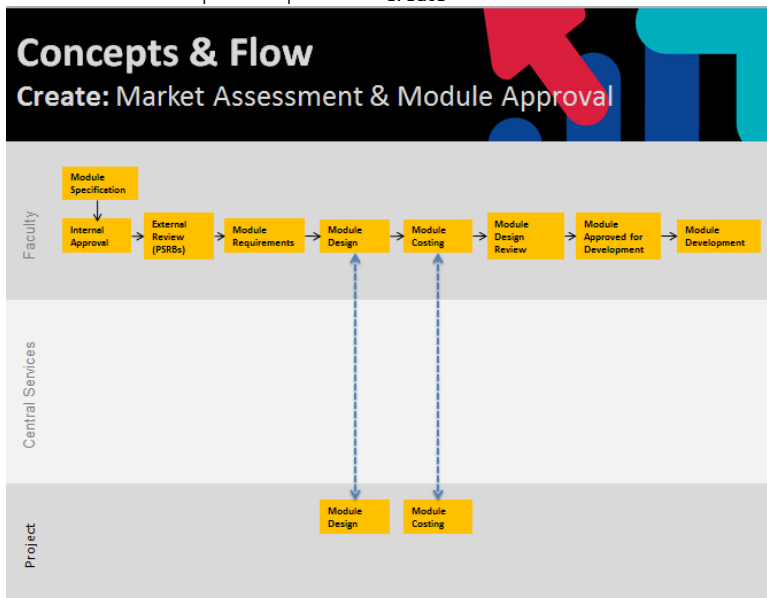
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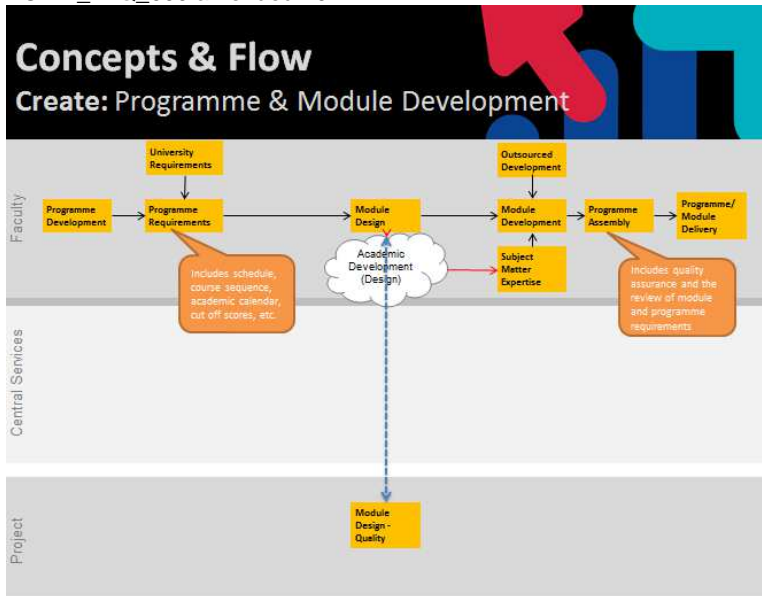
online modules and courses, key areas of focused consideration within this aspect of the conceptual model include:

- **Market Assessment and Module Development:** identifying modules and courses needed to complete key institutional business development goals and addressing market needs.
- **Online Programme/Portfolio Design and Development:** identifying and compiling the design criteria for a programme or a portfolio of standalone modules, from curricular objectives to resource needs and instructional requirements.
- **Online Course Design:** developing online courses for the adhering to user experience, pedagogical approach, principles of quality course design, and evaluation and assessment standards.

Below are the conceptual maps for the **Create** area.



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Market Assessment and Module Development

Progress to date

Seven Postgraduate, 20 credit sized standalone modules have been identified to be the focus of the UEA Health Online Phase 1 for launch in Spring 2015. These are:

- Antibiotic resistance (MED)
- Clinical Supervision (MED)
- Cognitive Behavioural Therapy in older people (MED)
- GENIE – Genetic Information and Education (MED)
- Genomics and Personalised Health
- Injection Therapy (NSC)
- Introduction to statistics (MED)
- Telephone Triage (NSC)

A provisional Market Assessment has been undertaken by the Module Leaders in each case identifying competitors, whether competition is online, where the market is (highlighting the lead and follow up market).

In addition the UEA Health Online project leadership has produced a financial model based on recruitment targets of 25/50/100 per course.

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Online Programme/Portfolio Design and Development

Progress to date:

To launch UEA Health Sciences online, UEA has used a “coalition of the willing” approach. In other words, UEA recruited academic staff willing to take their modules online for phase 1 of the project. For subsequent phases, UEA should begin selecting modules in a more strategic process based on a formal market analysis and for revenue potential.

Also, UEA will need to establish success measures for students, academic staff, courses, programmes and processes developed to support online learning. Phase 1 of the project will be used to set baseline numbers for success. As UEA moves forward with online learning, a more comprehensive set of measures should be developed and monitored.

Recommendations:

- Use market-based research to determine which modules are developed for subsequent phases of the UEA Health Online
- Use established internal processes or develop new internal process to approve module development procedures including cost of development and return on investment.
- Establish module and programme success criteria and a process to track those measures. Measure should include:
 - At a minimum for modules, UEA should monitor enrolment size, completion rates and student success rates.
 - For programmes, UEA should monitor programme enrolment, retention, student success and graduation rates.
 - In support of this effort, UEA should establish an evaluation team that identifies goals and expectations, constructs/selects the appropriate evaluation tools, performs the evaluations, and reports on progress.

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Online Course Design

Progress to date:

To date, UEA has followed the current QAA process and internal approval processes. These focus on the academic rigour and quality of the curriculum design. For fully online courses it is advisable to undertake an additional strand of quality management that considered the course design and structure. For phase 1 of the project, formal course approval with additional course design quality review (based on Blackboard's Exemplary Course Rubric, Quality Matters or similar) will enable UEA to refine the approval mechanisms recommended going forward.

For Module development, UEA has been focusing on content quality to this point, which is appropriate. As UEA moves forward with Module development they will want to establish online course design quality standards. UEA is in the process of developing a course template to unify the student experience, which a great step toward quality course design. Academic staff development in phase 1 has focused on how to use Blackboard Learn and how to design high quality courses within that environment. The training has been conducted by Blackboard personnel and has largely been focused on staff participating in phase 1 of the project and the UEA learning technologists. As UEA looks to scale online learning, developing a academic staff development plan will be necessary to ensure quality online offerings.

Recommendations:

- UEA will want to establish and adopt a course design process for future course development based on lessons learned from the pilot. As UEA looks to scale for future increased online offerings, this process will be very important for the success and viability of the programme.
- UEA should adopt an established course design rubric for quality assurance
- As UEA moves forward with online learning, module (and eventually course of study) costing should take place to ensure that module design demand and expectations are inline.
 - The university has developed some very visually appealing MOOC's with professionally done video, expectations need to be held in check that not all modules need this quality of design nor does it need to be in place for quality learning to happen
- UEA should consider developing a holistic set of guidelines for academic staff development that includes progressive mastery of technology literacy and digital pedagogy. This plan could include certifications and/or badging process for academic staff accomplishments as well as a train the trainer model for increase adoption of teaching with technology across the university. This type of model would not only benefit online learning, but increase the use of technology (adoption) in the curriculum across the university.

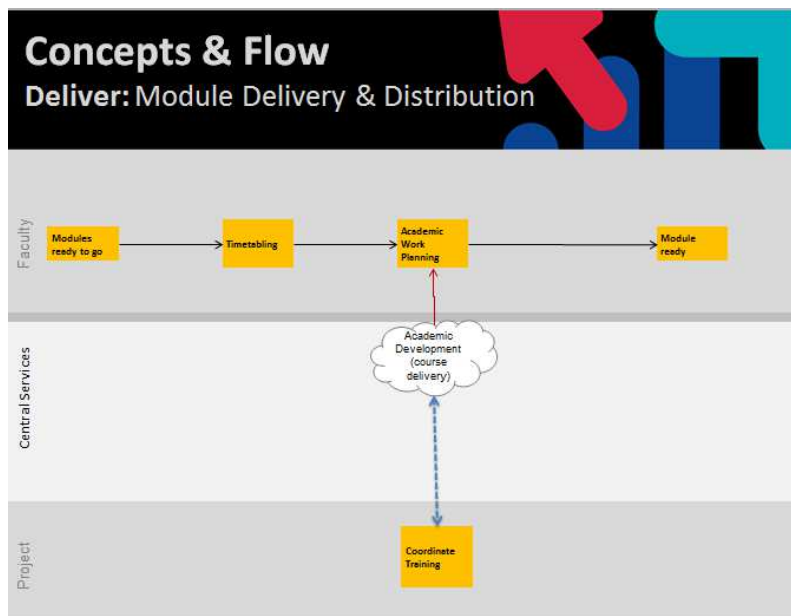
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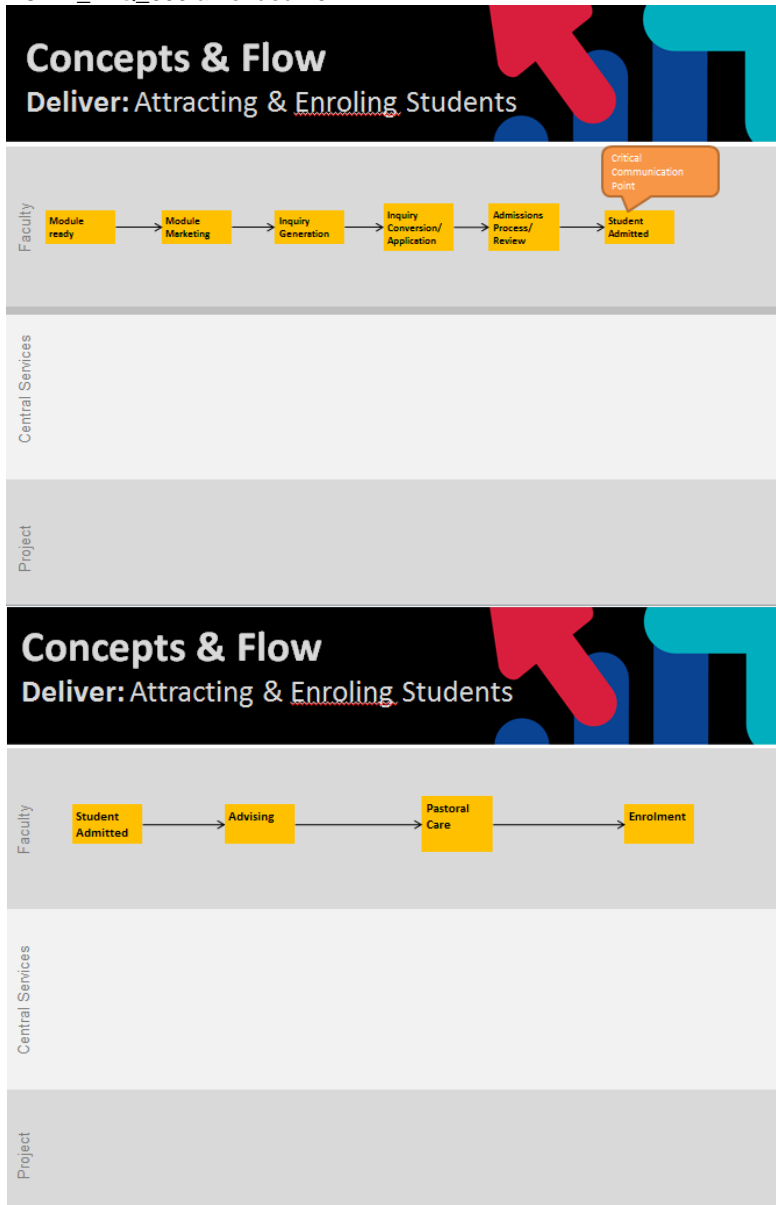
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Delivery Stage:

The deliver stage includes placing module offerings online, raising awareness of their availability, identifying prospective students, and moving admitted students through enrolment. Of the myriad of areas of potential focus, we concentrated on these key areas within the conceptual model:

- **Marketing and Recruiting:** raising the awareness of online offerings available in a manner appropriate for each market and actively seek students who can take advantage of the offering.
- **Admissions and Enrolment:** admitting and moving online students through the enrolment process and into the modules.



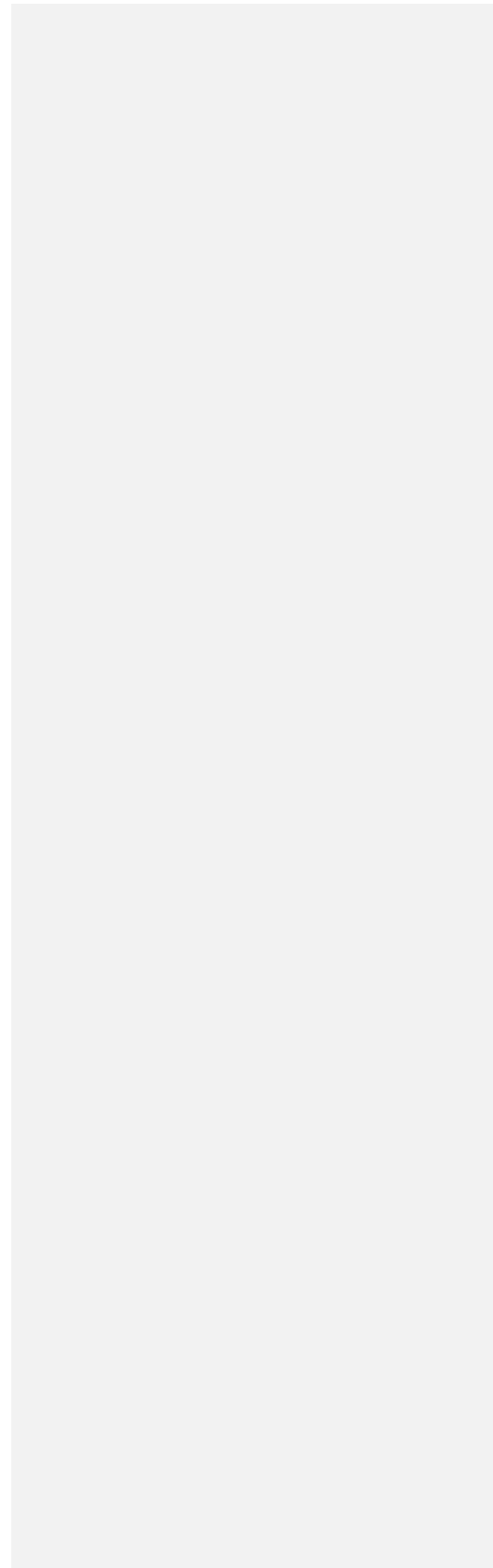


Marketing and Recruiting

Progress to date:

For phase 1 of the project, UEA anticipates contacting local health care institutions and commissions to gauge interest in and market their online offerings. They also plan on marketing through the British Journal of Medicine and other medical related avenues within country. To date, a plan to reach international markets has yet to be developed.

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Recommendations:

For marketing, UEA should consider the following:

- Develop Brand Messaging - Set the positioning, tone of voice, and key benefits for describing online programmes
- Tactical Optimization and Planning - Determine the marketing approach and make plans for media purchases and tactical execution (ex. display advertising, events marketing, direct mail, email marketing, etc.)
- Creative Development - Initiate plans to have all the necessary creative assets developed to support the launch (ex. banner ads, website, landing pages, event signage, collateral, etc.)
- Brand positioning and Relationship – Determine the marketing approach for Brand positioning inside and alongside core UEA branding and ensure effective click through from main UEA site to UEA Health Online offering.

For student recruitment, the following need to be addressed:

- Lead Generation – Identify the sources of student leads for each online module/programme and develop a process for handling and tracking potential students
- Student Inquiry – Determine a process for recruiting students that express interest in UEA online programmes including:
 - Messaging to students
 - Timeline and flow for touch points during recruiting process
 - Media and enrolment support processes used for messaging and touch points

Admissions and Enrolment

Progress to Date:

Many of the current processes can be followed provided remote access to services and transitional processes are present for online learners.

Recommendations:

- The student enrolment process needs to be developed. Central services will need to engage in the process to make sure the students have a good experience and are able to complete necessary university requirements and process, enrol in and get access to courses and content.
- It is recommended that UEA use the student services concierge approach for the pilot. This approach would ensure students would not get the “runaround” while UEA moves toward institutionalizing online learning.
- UEA will need to develop advising and pastoral care processes for online students.
- Student Acceptance & Registration – UEA will need to set up a process for students accepting admission to online programmes and registering for courses, including messaging, touch point timeline and media for messaging. This process should also include:
 - Billing and payment information
 - Programme Advising

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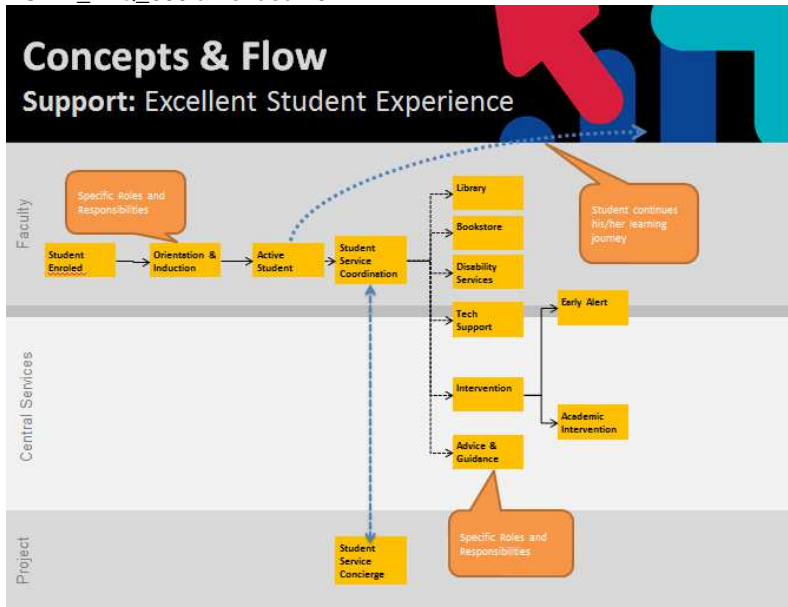
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- Registration process
 - Advice regarding credit/non-credit options
 - Module orientation
 - Academic support
 - Support for library and access to other academic resources
- Course Enrolment Process – The course enrolment process should include both technical and student-focused steps. The technical process supports the transfer of registration & enrolment information from the SIS to the LMS course shell.

Support Stage:

The Support area of the student lifecycle is focused on helping students achieve their goals from the point of starting a course of study to the journey through graduation and on to becoming alumni. Key components include orientation, student support services, and retention interventions. This stage includes services needed for a student to be as successful as possible and attempts to break down barriers to success where a student can focus on learning rather than technology or process. Key areas, which include:

- **Orientation:** unifying both module and technology orientation for online students.
- **Student Services:** coordinating student services to provide a coherent and positive experience for online students.
- **Retention Interventions:** providing both early-warning and academic intervention services in the context of an online learner.
- **Other Support Services:** provisioning and providing a range of additional support options tailored to online students.



As UEA looks to scale online learning, the University will have to develop comprehensive student support system. UEA will also need to include some academic interventions for students that might be struggling academically or otherwise. It is recommended that UEA develop processes for academic intervention, like developing an at risk profile, that can be proactive versus reactive.

UEA will need to identify and finalize processes, guidelines, policies and resources for student support offered to online learners. Recommended student support services include:

- Academic Skills/Learning enhancement
- Library, book store and other content services
- Disability services
- International student services
- Academic Intervention
- Advice and Guidance

UEA will need to develop module orientation and welcome messaging. The module orientation process includes showing the student how to use Blackboard and where to get help when needed. The module orientation also sets the expectation of it means to be an online student at UEA. At a minimum, online student welcome messaging should include messaging prior the start of the module, at the start of the module, at the end of one month, and at the midway point. UEA will need to develop a time line and determine media for welcome messaging.

The landing page within Blackboard for UEA Health Online can provide specific information that is applicable to the online students ensuring that services are appropriately presented and signposted.

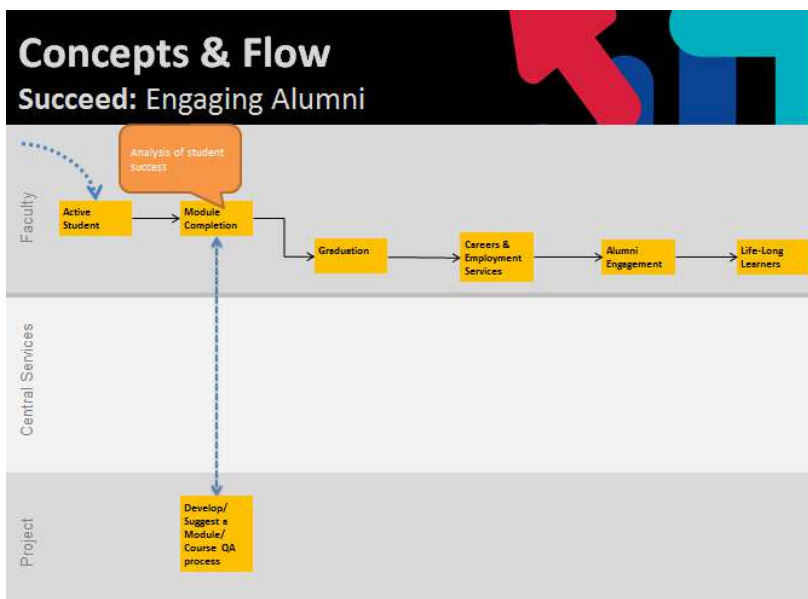
Succeed Stage:

The succeed stage involves programme completion, graduation, employment placement, and alumni services. Because of the nature if the initial target market, UEA may not need to V:\PLN_COMMITTEE OFFICE\Becky Work\COMMITTEES\2014-15\LTC\Documents\18 March 2015\lrc14d166 na and ncp Health Online Phase 1 New course proposal.doc

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prioritise this at this stage, however it is important to consider how the University would handle these steps as it looks to scale. It is also an important stage of the process particularly for Health Sciences department as want to develop a brand for lifelong learning that employers and employees look to for further training needs. For the succeed stage, we chose to focus on these key areas:

- **Programme Completion:** successfully finishing the programme as an online student.
- **Graduation/Completion:** recognizing in a formal manner the accomplishments of a student.
- **Life Long Learners:** engaging with the student after graduation/completion.
- **Programme Review:** assessing the effectiveness of the online programme.



UEA has understandably not focused on this phase of the lifecycle to date as the focus has been on readiness to launch modules. As online learning progresses at the university, UEA should consider the following:

- Establishing a process for how students acknowledge and received certification of completion through official university means.
- Establishing career placement services.
- Engaging with students after completion to keep the UEA online brand front centre as former students look for further learning opportunities.
- The evaluation, evolution and renewal of online programmes, services, and support efforts are a critical aspect of a success online learning effort. UEA should establish a continuous improvement lifecycle approach to online learning to ensure programmes are up-to-date, relevant, and responsive to changing student and market needs. This renewal process closes the loop with regard to quality assurance and ensures that

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UEA continues to grow and adapt its online offerings to an expanding and changing local, regional and international learning marketplace.

Conclusion

This is an exciting moment in the journey of the University of East Anglia. With a compelling set of offerings and a highly respected image it is also an opportunity for UEA to invest for a more abundant future. The Blackboard team would like to express its appreciation for the privilege of working with UEA to realize a vision for the future of online learning.